



**Republic of the Philippines**  
**Department of Social Welfare and Development**

IBP Road, Batasan Pambansa Complex, Constitution Hills, Quezon City 1126

Telephone Nos. (632) 931-8101 to 07; Telefax (632) 931-8191

e-mail: [osec@dswd.gov.ph](mailto:osec@dswd.gov.ph)

Website: <http://www.dswd.gov.ph/>

**ADMINISTRATIVE ORDER**

No. 04  
Series of 2009

**SUBJECT: GUIDELINES IN THE IMPLEMENTATION OF THE HEALTHY  
START FEEDING PROGRAM**

---

**I. BACKGROUND AND RATIONALE**

1. The 2003 FNRI Facts and Figures revealed that significant Protein Energy Malnutrition (PEM) affects pre-school children. Twenty seven (27) in every one hundred (100) zero to five (0-5) year-old children are underweight and thirty (30) in every 100 are underheight. Aside from PEM, young children also suffer from deficiencies in iron, iodine, zinc and Vitamin A. Almost three (3) out of ten (10) 0-5 year-old children are anemic while four (4) out of ten (10) are vitamin A deficient. Poverty has been singled out as the root cause of the young children's poor nutritional status.
2. On June 8, 2005, President Gloria Macapagal-Arroyo launched "Dunong ng Bata, Yaman ng Bansa" also known as the National Supplemental Feeding Program (NSFP) for pre-schoolers, in partnership with local government units, the business and private sectors. NSFP is a two-pronged pro-poor intervention, in response to the Philippine Millennium Development Goals (MDG) of halving the prevalence of underweight 0-5 year old children by 2015, and of reducing poverty through job creation and increasing income of Filipino dairy workers and coconut farmers and entrepreneurs. The NSFP was implemented by the Department of Education for Grade I pupils and pre-schoolers and the Department of Social Welfare and Development for the 3-5 year-old children attending day care sessions. The DSWD supplemental feeding program scheme provided for hot meals and hot milk with coco pandesal to children in day care centers 5 days a week for 60 days. Parents were involved in the actual feeding based on the prepared cycle menu for hot meals using locally available food ingredients. Children were weighed before and after a feeding cycle to determine any changes in the nutritional status of children.
3. The Social Weather Station (SWS) survey on hunger reported a rise from 15.1% during the 3<sup>rd</sup> Quarter of 2004 to 15.5% of the same period in 2005 or, an estimated 2.6 Million families going hungry at least once during the quarter. The Accelerated Hunger Mitigation Program (ACMP) is the government's response to the increasing hunger incidence in the country. This program calls for a two-pronged approach to mitigating hunger: 1) on the supply side, measures at producing more food and ensuring efficient logistics and food delivery to whom and where it is needed; and 2) on the demand side, measures at putting more money in people's pocket, diversifying their diet and managing population levels.
4. In the President's State of the Nation Address (SONA) in July 2008, she mentioned the launching and initial implementation of the massive school feeding program by the DSWD which was later on called Healthy Start Feeding Program (HSFP) in all provinces of Mindanao and in the fourteen (14) provinces that are either one of the ten (10) poorest and 10 food poorest or both and in the three additional food poor provinces namely Agusan del Sur, Kalinga and Surigao del Sur.

## II. PROJECT DESCRIPTION:

The Healthy Start Feeding Program (HSFP) is the provision of supplemental food to day care children aged three to five (3-5) years old. For CY 2009, food supplementation will be in a form of hot meals to be served either during breakfast or, before the afternoon session to children in day care centers five (5) days a week. The parents will manage the feeding program based on a prepared cycle menu using available indigenous food materials. The children will be weighed and measured in height at the start of the feeding and a monthly weight and height measurement shall be conducted thereafter to determine improvements in their nutritional status.

## III. OBJECTIVES:

1. To provide supplementary feeding using indigenous foods and other available foods equivalent to 1/3 of the daily Recommended Energy and Nutrient Intakes (RENIs);
2. To improve knowledge, attitude and practices of parents and caregivers through intensified nutrition and health education;
3. To monitor the nutritional status and growth of all beneficiaries;
4. To assess and manage any health and nutrition related problems.

## IV. COMPONENTS

1. **Social Preparation/Team Building** - This component shall include coordination/consultation with the Day Care Parents Group (DCPG), Parent-Teachers Community Association (PTCA) and organization into different working committees, orientation on the roles and responsibilities of stakeholders and consultation/teambuilding of the agencies involved at the LGU level. Baseline data of the beneficiaries will be established. The family and children beneficiaries shall be oriented about the program including their roles and responsibilities.
2. **Weighing and Deworming** - At the outset of the feeding cycle, all children shall be dewormed by the Barangay Nutrition Scholar (BNS)/Barangay Health Worker and trained Day Care Worker under the supervision of Rural Health Midwife, twice a year using a deworming syrup at two pesos (P2) per child and their nutritional status shall be determined using the weight-for-age tables based on the new Child Growth Standards prepared by the National Nutrition Council. The results shall serve as basis for further intervention and referral. Funds for this shall be taken from the funds provided for under the HSFP.
3. **Height Measurement**- Height of all children shall be measured to determine their nutritional status using the height-for-age tables based on the new Child Growth Standards prepared by the National Nutrition Council. The results shall serve as determinant in terms of progress.
4. **Supplemental Feeding**- Five (5) days a week feeding program for two hundred (200) days to the target beneficiaries using locally available foods. Cycle menu as recommended by the Food and Nutrition Research Institute (FNRI) will be prepared considering religious beliefs and practices. The venue of the feeding

will be the day care center to be managed by the Day Care Service Parents Group (DCSPG) and Day Care Workers.

5. **Micro-nutrients Supplement** - This will be provided to children to be administered by BNS in addition to the supplemental feeding. This includes vitamin A at P9.50 each to be given twice a year and iron supplement at P1.75 per 5 ml to be given daily for three months. Iron shall be given along with the Ascorbic Acid at P2 per 5 ml to ensure iron absorption. These will be obtained by the concerned DSWD FOs to be turned over to LGUs and shall be taken from the funds provided for under the HSFP.
6. **Parent Effectiveness and Home Care Sessions** - Parents will be required to attend all the nine (9) sessions on **Myself as a Person and as a Parent, The Filipino Family, Challenges of Parenting, Child Development, Keeping your Child Safe from Abuse, Building Children's Positive Behavior, Health and Nutrition, Home Management and Keeping a Healthy Environment for your Children**. The sessions will enhance parent's knowledge, attitude and skills to enable them to perform their roles as parents. Further, part of the sessions shall also emphasize responsible parenthood to raise awareness and to help parents decide and choose appropriate and acceptable family planning method. As a form of "conditional" support, one of the parents, either husband or wife, is required to attend all the nine PES sessions/modules. Appropriate sanctions shall be imposed and agreed upon by the DCSPG and PTCA themselves should they fail to attend the PES sessions.

## V. TARGET BENEFICIARIES

Beneficiaries of the program will be the day care children aged 3-5 years old in all provinces in Mindanao and in the fourteen (14) provinces that are either one of the 10 poorest and 10 food poorest provinces or both as identified by the National Nutrition Council Board.

## VI. IMPLEMENTING MECHANICS AND PROCEDURES:

### 1. Coverage and Target Areas

- 1.1 **March 2009.** Children listed as beneficiaries based on 2009 summer enrolment in day care centers are to be targeted for the 200-day supplemental feeding.
- 1.2 **April 2009 to January 2010.** Actual feeding period in all target areas from the fourteen (14) identified priority provinces.
- 1.3 All the targeted LGUs should sign a memorandum of agreement with the concerned DSWD Field Offices for day care children indicating specific tasks and commitments.

### 2. Intake/Baseline Information

- 2.1 **The Day Care Worker shall accomplish intake form for each child.** If there is already an existing intake information on the child, records should be updated. Such information may be gathered from the Barangay Nutrition Scholar, Barangay Health Workers and other

secondary sources. A home visit with the family is necessary to gather and validate information. The intake form shall be kept by BNS who will monitor the child's nutritional status.

2.2 **Weighing of children** shall be done by the Barangay Nutrition Scholar /Barangay Health Worker and trained Day Care Workers under the supervision of the Rural Health Midwife to determine the children's nutritional status before the start of feeding using the weighing scale of the Rural Health Unit. Results of Operation Timbang (OPT) from the preceding quarter of the year of implementation can be used as the baseline data to determine improvements on children's nutritional status. In case there is no data on previous quarter's Operation Timbang, a monthly weighing shall be done during the feeding period guided by the OPT manual. The day care worker should establish a permanent growth monitoring record for each child that contains the name, age, birthday, and the baseline and monthly weight record of the child. The data obtained at this stage shall be maintained in the FO's databank. Height of the child shall likewise be measured to determine children's nutritional status.

2.3 **Medical Screening/Evaluation or Deworming** - Children shall be referred to Rural Health Unit (RHU) for assessment of their health condition for medical intervention before the start of the feeding and as necessary. The Rural Health Midwife supervises the deworming of children. The RHU should be requested to look into the wasting and stunting cases among children to enable the HSFP program to respond properly. Such cases can be referred to the Department of Health through their Garantisadong Pambata program where zero to seventy two (0-72) month old children are the target beneficiaries.

2.4 An Agreement shall be signed by the parents to ensure participation in the program.

### 3. Organization of the Community and Parents

The success of the program depends on the level of awareness, interest and participation of the community. Organizing the community is a pre-requisite in the implementation of the HSFP.

The following activities shall be undertaken by the MSWDO prior to the implementation of the services:

3.1 **Orientation of Local Officials and stakeholders** about the program and identification of areas for support.

3.2 **Conduct of Barangay Assemblies/Meetings** to get the support of the people in the barangay.

3.3 **Organization of Parents of Day Care Children.** Parents shall be organized and their support and commitment to the program shall be obtained. They shall be organized into working committees to involve all parents in various activities in the center. Regular meetings shall be held to discuss issues and problems affecting the implementation of the program. The organization shall be called **Day Care Service Parents Group (DCSPG)**.

3.4 **Social preparation and team building sessions shall be conducted** to prepare parents in to managing the project and to build them as a team based on the existing PES module. This will include activities that will strengthen their awareness of their role and responsibilities in the project and as member of a team/organization. This will also develop the spirit of volunteerism and sharing. A template on the different sessions will be provided to guide the implementer.

**4. Instructions on Weight & Height Measurement, Deworming and Micronutrients Supplementation**

4.1 **Weight and Height.** The tables based on the new Child Growth Standards prepared by the National Nutrition Council shall be used in determining weight-for-age and height-for-age. Proper procedures in weight and height measurement of children should be observed.

**4.1.1 Weighing.**

- a) Remove unnecessary clothing from the child, including shoes and slippers.
- b) Place the child in the weighing scale and stand straightly.
- c) Wait for the needle to stop moving before reading the weight. Relay the child’s weight to the recorder/assistant who records the weight in the HSFP form 1.

**4.1.2 Height Measurement.**

- a) Children’s hair ornaments, jewelry, buns, braids, and corn rolls from the top of the head should be removed first in order to measure stature properly.
- b) Have the child stand on the floor with the heels of both feet together and the toes pointed slightly outward at approximately a sixty (60) degrees angle.
- c) Make sure the body weight is evenly distributed and both feet are flat on the floor.
- d) Check the position of the heels, the buttocks, shoulder blades, and the back of the head for contact with the measuring tape pasted in the wall.
- e) Position the headboard firmly on top of the head with sufficient pressure to compress the hair to read the exact measurement to be recorded in the HSFP form 1.

4.2 **Deworming.** For children aged 1-12 years, it is recommended to deworm twice a year or every six (6) months since re-infection rate in this group is almost one hundred percent (100%) at 6 months after treatment. Below is the drug dosage and frequency:

Target Group	Drug Dosage	Frequency
(1) 12-24 months children	Albendazole, 200 mg, single dose or Mebendazole, 500 mg, sing dose	Every 6 months
(2) more than 24 months old children	Albendazole, 400 mg, single dose or Mebendazole, 500 mg, single dose	Every 6 months

**4.3 Micro-Nutrients Supplementation**

The Guidelines and Procedures for Micronutrient Supplementation issued by the Department of Health shall be used in the administration of Vitamin A and Iron.

4.3.1 **Vitamin A** capsule is given orally by the BNS. The nipple like projection of the capsule is cut halfway and the content is squeezed into child’s mouth. There are about six (6) drops in

each 200,000 I.U. capsule. In instances that the 100,000 I.U. is not available, the 200,000 I.U. can be used and three (3) drops from the capsule will be equivalent to 100,000 I.U. For children aged twelve to seventy one (12-71) months, 200,000 I.U. of vitamin A should be prepared and to be given every 6 months.

4.3.2 **Iron.** One teaspoon/5 ml syrup should be given together with 5 ml syrup of ascorbic acid to ensure iron absorption once a day for children aged 1-5 years old for three (3) months with supervised administration.

## 5. Conduct of Actual Feeding Sessions

5.1 Feeding shall be provided to all the children in the day care center for five days a week for the duration previously stated. If there are two sessions, feeding shall be given to children in both sessions. The supplemental feeding shall consist of:

**Daily Hot Meals.** The cycle menu as recommended by FNRI National Guidelines for Filipinos or the menu prepared by the Regional Senior Nutritionist depending on its availability shall be used in the preparation of hot meals. The Day Care Service Parents Group and/or the Local Nutritionist may enhance the cycle menu depending on available nutritionally adequate food items in the community.

5.2 The Parent Committee on Food Preparation shall provide voluntary labor for the cooking/preparation of food and management of feeding sessions. Labor work of parents group will be their counterpart to the program. The Day Care Worker and the President of the DCSPG shall prepare a monthly schedule of cooks.

5.3 Aside from feeding, children should be taught proper hygiene such as washing the hands before and after eating, table manners, and prayer before meals etc. and simple concepts on health care and nutrition and importance of nutrition for their health and development, among others. Soaps as required by the DCCs shall be provided by the parents of the children.

## 6. Conduct of Learning/Value Formation Modules

The parents shall be required to finish all the nine (9) Parent Effectiveness Sessions on **Myself as a Person and as a Parent, The Filipino Family, Challenges of Parenting, Child Development, Keeping your Child Safe from Abuse, Building Children's Positive Behavior, Health and Nutrition, Home Management and Keeping a Healthy Environment for your Children** to improve/enhance their knowledge, attitude, skills and practices.

6.1 **Duration/Sequence of Sessions.** The sessions shall be held at least twice a week depending on the available time of parents. It shall be conducted following the order of importance established/agreed upon by the parents.

6.2 **Methodologies.** In the conduct of sessions, the methodologies should be evocative and should involve the maximum participation of the parents.

6.3 **The MSWDO shall facilitate the sessions.** Resource persons may be invited to discuss specific topics.

## 7. Funds Flow

### 7.1 Fund Allocation and Releases

The amount of twelve pesos (Php 12.00) per child per day for 200 days hot meal feeding for the period April 2009 to January 2010, shall be allocated. Requirement for administrative and monitoring costs shall also be allocated.

7.1.1 **The fund for supplemental feeding (hot meal)** shall be sub-allotted to the DSWD Field Offices to be released in tranches to the Municipal Social Welfare Office following the CIDSS scheme of fund disbursements. **A Memorandum of Agreement shall be signed among the Provincial and Municipal LGU, the Day Care Service Parents Group, and DSWD-FO.** The MOA shall define the roles and responsibilities of each party and should highlight solidary obligation of the LGU and the DCSPG for its utilization and liquidation.

7.1.2 The DCSPG shall **open a savings account** with 3 signatories namely: **1) the President, 2) the treasurer, and 3) the Municipal Social Welfare Development Officer (MSWDO).**

7.1.3 The DCSPG shall be required to liquidate the funds released to them for transparency and accountability.

### 7.2 Procurement of Goods

Field Office shall provide training or technical assistance on community procurement to MSWDOs and Day Care Service Parents Groups (DCSPG).

7.2.1 The LGU shall assist the DCSPG in the establishment of a system on procurement of goods in accordance with the existing rules.

7.2.2 The DCSPG shall only be allowed to purchase the food requirements from the market if and when unable in commercial outlets issuing official receipts.

## VII. INSTITUTIONAL ARRANGEMENTS:

### 1. National Level:

#### 1.1 Program Management Bureau - DSWD Central Office

- a) Act as the lead bureau in managing and coordinating the implementation of the HSFP.
- b) In partnership with the National Offices of the lead agencies (NNC, DA, NDA, DOH, and DepEd), assist in the orientation of the Regional Social Development Committee and Provincial Governments, LGUs, NGOs/POs and other stakeholders on the objective, mechanics and their roles and responsibilities in the program.
- c) Monitor and submit reports on the implementation of the program for submission to the Department Secretary, Office of the President and the National Nutrition Council.

## 2. Regional Level

### 2.1 DSWD Field Office

- a) Manage and coordinate the regional implementation of the HSFP.
- b) Designate a Focal Person for HSFP to provide guidance and technical assistance to the Social Welfare & Development Officers and Day Care Workers in the implementation of the HSFP.
- c) In partnership with the Regional Offices of the lead agencies (NNC, DA, NDA, DOH and DepEd) assist in the orientation of the Municipal Social Development Committee and Municipal Government and others on the objective, mechanics and their roles and responsibilities in the program.
- d) Monitor and be responsible for responding to urgent concerns of the LGUs.
- e) Consolidate LGU program data and submit monthly summary progress report to the Program Management Bureau and the Regional Sub-Committee on the Welfare of Children quarterly.

### 2.2 Local Government Units

#### 2.2.1 Provincial Government

- a) Oversee, coordinate and monitor the implementation of the HSFP program of the LGU in the province.
- b) Through the Provincial Nutrition Coordinator (PNC), organize an inter-department / inter-office (PSWDO, Provincial Nutrition Action Officer (PNAO), Provincial Agricultural Officer (PAO), Provincial Health Officer (PHO), Provincial Planning and Development Coordinator (PPDC), Provincial Local Government Operations Officer (PLGOO), and Non-Government Organization (NGO) representative) committee to be responsible for the orientation of the LGUs and other stakeholders on the objective, mechanics and roles and responsibilities in the program.
- c) Integrate HSFP in the provincial nutrition plan and strategy to solve the problem on hunger and malnutrition.
- d) Provide augmentation funds to the LGUs for HSFP program.
- e) Ensure regular submission of LGU report to the DSWD Field Office.

#### 2.2.2 Municipal Government

- a) Supervise/monitor the implementation of the HSFP in the day care centers.
- b) Designate the Municipal Nutrition Action Officer (MNAO) as Focal Person for the HSFP with the task of providing guidance, technical assistance and support to the Day Care Workers and Parent's Groups.
- c) Organize an inter-department oversight committee, with the MNAO as the lead (MSWDO, Municipal Agricultural Officer (MAO), Municipal Health Officer (MHO), Municipal Planning and Development Coordinator (MPDC), Bureau of Local Government Operations Officer (BLGOO)) to provide the following:
  - Conduct orientation with the Barangay Council, parents, service providers and other stakeholders on the objective, mechanics and their roles and responsibilities in the program including nutrition education activities.
  - Submit project proposal to the DSWD-FO together with a master list of target children, to include the child's birthday, age and weight and height as baseline.
  - Formulate Nutrition Action Plan to address nutrition-related problem of the LGU

- In coordination with the health office, ensure periodic weighing and height measurement of children which shall be done before the implementation of the program and five (5) and ten (10) months thereafter and administer deworming of the said children before feeding.
  - Integrate supplemental feeding in the LGUs Local Investment Plan for sustainability.
- d) The Social Welfare and Development Officer shall be responsible for providing administrative and technical assistance in the operationalization of the HSFP and overseeing the organization of Parent Committees in each DCC, including preparation of documents for the opening of bank accounts. In areas where banks are not available, money for the DCPSG shall be coursed through the account of the Federation of Day Care Workers at the municipal level. The MSWDO shall ensure that funds intended for the DCPSG shall be received for the latter's operation of the supplemental feeding in their respective day care centers.
  - e) In coordination with the LGU Accountant and General Service Officer, the Social Welfare Officer shall assist the Day Care Service Parents Group (DCSPG) in the establishment of a system on procurement of goods and financial management as well as the actual feeding of children.
  - f) Issue Official Receipt for the funds transferred by DSWD;
  - g) Submit liquidation report verified/audited by COA Auditor to DSWD in accordance with COA Circular No. 94-013 dated December 13, 1994;
  - h) Maintain a separate subsidiary record/ledger for the funds transferred pertaining to the program;
  - i) Take responsibility in the proper disposition/disbursement of funds for the implementation of its programs, in accordance with COA rules and regulations;
  - j) Use the funds released by DSWD solely for the implementation of its programs/project and must keep and maintain Financial and Accounting records for the said fund in accordance with the generally accepted accounting and auditing principles;
  - k) Make available all records and files pertaining to transactions involving the fund upon request of the COA auditor;
  - l) Refund to DSWD any unused funds after the program implementation;
  - m) Submit within 30 days after the end of the agreed period the Report of Check Issued (RCI) and the Report of Disbursements (RD) to report the utilization of funds. The report shall be approved by the Municipal Government Official and verified by the COA Resident Auditor;
  - n) The Official of Municipal Government shall be liable to the DSWD in the event that MSWDO failed to comply with its obligations under this Agreement for misappropriation of the program fund, or for failure to liquidate the same. In all cases, the Municipal Government shall be held responsible for reimbursement of unutilized project fund under this Agreement;
  - o) Monitor, consolidate and submit monthly reports to DSWD Field Offices for consolidation, copy furnished the Provincial Office.

### **2.3 Day Care Service Parents Group (DCSPG)**

- a) Facilitate the organization and election of its officers.
- b) Open bank account in the name of the Day Care Service Parents Group (DCSPG).
- c) Manage and implement the daily supplemental feeding to the

- preschoolers at the day care center according to the guidelines and protocol of the program.
- d) Submit periodic liquidation report to the DSWD Field Office through the MSWDO in accordance with COA rules and regulations;
  - e) Manage the funds of the project released through them.

### **VIII. REPORTING SYSTEM**

1. Report on validated target beneficiaries by the DSWD Field Office to PMB should be submitted on the following schedules where total number of enrollees is expected to be already final for both summer and regular school year:
  - End of April 2009 for the summer feeding
  - End of July 2009 for the regular school feeding(Note: Additional beneficiaries after the cut off is suggested to be funded by the LGUs)
2. The following are the reporting templates (attached) to be used with corresponding schedules of submission:
  - HSFP Form 1 and 2 to be utilized by the Day Care Center for submission to the LGU every 1<sup>st</sup> day of the month
  - HSFP Form 3 for the LGU to be submitted to DSWD Field Office on the 3<sup>rd</sup> day of every month
  - HSFP Form 4 for DSWD Field Offices to be forwarded to PMB every 5<sup>th</sup> day of every month
3. The Day Care Worker through the Municipal Social Welfare Officer, the Pre-school Teacher and Class Adviser through the Office of the Principal, shall prepare and submit reports on the feeding program to the DSWD Field Office on a weekly basis. Consolidation of the report of the Day Care Workers shall be done by the MNAO.
4. The DSWD Field Office shall prepare and submit monthly reports on the program implementation to the DSWD Central Office for consolidation.

### **IX. MONITORING AND EVALUATION**

1. The nutritional status of children shall be determined through the conduct of weight and height measurement before the start of the program implementation to serve as benchmarks for evaluation. Progress on the nutritional status shall be evaluated five (5) months thereafter and at the end of the program.
2. Monitoring shall be strictly observed at all levels to determine effectiveness and progress of the program implementation.
3. The inter-agency committee at the LGU level shall institutionalize a monitoring mechanism in assessing the effectiveness of the program.
4. Post evaluation at the LGU level shall be conducted by the DSWD Field Offices to determine the outcomes of the program based on the set objectives. National evaluation shall be conducted by PMB.

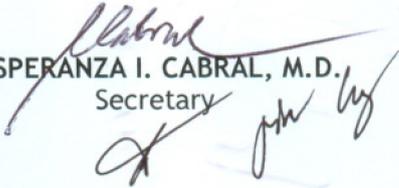
X. **FUNDING**

Funding for the program implementation shall come from the Five (5) Billion KATAS ng VAT. Such funds shall be released to the DSWD Field Offices to cover expenses for the food subsidy as well as for administrative, supplies & materials and monitoring purposes.

XI. **EFFECTIVITY**

This order takes effect immediately upon approval.

Issued in Quezon City this 21<sup>st</sup> day of May 2009.

  
ESPERANZA I. CABRAL, M.D.  
Secretary