




Home-Grown School Feeding (HSGF) Programme Checklist



SY: 2023

A. GENERAL INFORMATION	
A1. Date of visit: <i>dd/mm/yyyy</i> (autogenerated on kobo)	A2. Arrival time : (hh:mm) ___ / ___ (autogenerated on kobo)
A3. Province name: _____ (Dropdown list)	A4. District name: _____ (Dropdown list)
A5. Commune name: _____ (Dropdown list)	A6. School name: _____ (Dropdown list)
A7. School code-MoEYS: _____ (autogenerated on kobo)	A8. Modality: <input type="checkbox"/> HGSFP-hybrid <input type="checkbox"/> HGSFP-full
A9. School Level: <input type="checkbox"/> 1. Primary <input type="checkbox"/> 2. Pre-Primary & Primary	A10. Monitoring Shift: <input type="checkbox"/> 1. Morning <input type="checkbox"/> 2. Afternoon
A11. Monitor is from: <input type="checkbox"/> 1. WFP <input type="checkbox"/> 2. Plan <input type="checkbox"/> 3. WV <input type="checkbox"/> 4. P/DoE	A12. Monitor name: _____
A13. Number of children enrolled in the school at the beginning of school year (based on school data)	<input type="checkbox"/> 1. Total _____ <input type="checkbox"/> 2. Girls _____ <input type="checkbox"/> 3. Disability _____
B. SCHOOL MEALS PREPARATION/FEEDING	
B1. [Observation] Is the breakfast cooked and served to school children on the day of visit?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (<i>Skip to B8</i>) <input type="checkbox"/> 3. Thursday-No cook/Afternoon shift (<i>Skip to B8</i>)
B2. Where was the school meal cooked today?	<input type="checkbox"/> 1. In the school kitchen <input type="checkbox"/> 2. In the school campus (no kitchen) <input type="checkbox"/> 3. At cook's own house <input type="checkbox"/> 4. Other _____
B3. [Ask cook, school principal or storekeeper] Are there sufficient utensils (provided by WFP) being used to serve the school meals?	<input type="checkbox"/> 1. Yes (<i>Skip to B4</i>) <input type="checkbox"/> 2. No
B3a. Please specify the items	_____ (please write) _____
B4. [Observe or ask Cook] What soap does the cook use to wash the dishes/cooking utensils? (<i>Single Answer</i>)	<input type="checkbox"/> 1. Dishwashing liquid <input type="checkbox"/> 2. Handwashing soap <input type="checkbox"/> 3. Powder soap <input type="checkbox"/> 4. Not using soap <input type="checkbox"/> 5. Cannot be observed
B5. [Observation] Is cooked food covered and stored in an appropriate storage equipment and a safe place? (e.g: store hot food in metal pan with cover and not store food on the ground)? (<i>Single Answer</i>)	<input type="checkbox"/> 1. Yes- All (<i>Go to B6</i>) <input type="checkbox"/> 2. Yes- Some (<i>Go to B6</i>) <input type="checkbox"/> 3. No <input type="checkbox"/> 4. Not able to observe (<i>Go to B6</i>)
B5a. If no, how food is stored? (<i>Single Answer</i>)	_____ (please write) _____
B6. [Observation] What time is breakfast usually served?	(hh:mm) ___ / ___
B7. [Observe or ask] Do (or did) the school cooks/teachers wash their hands with soap prior to distributing the school meal? (<i>Single Answer</i>)	<input type="checkbox"/> 1. Yes - all <input type="checkbox"/> 2. Yes - some <input type="checkbox"/> 3. No <input type="checkbox"/> 4. Not able to observe/Not cook today/Afternoon shift
B8. [Any other notes] Any other issues observed with the food cooked, cooking process and/or infrastructure please note here	_____ (please write) _____
B9. [Observe] Where did the school display programme poster? (<i>Multiple answers</i>)	<input type="checkbox"/> 1. On the Information Board <input type="checkbox"/> 2. Inside school campus <input type="checkbox"/> 3. Poster is broken or torn <input type="checkbox"/> 4. School does not display <input type="checkbox"/> 5. Other _____
B10. [Observe] Where did the school display food safety poster? (<i>Multiple answers</i>)	<input type="checkbox"/> 1. On the Information Board <input type="checkbox"/> 2. Inside school campus <input type="checkbox"/> 3. Poster is broken or torn <input type="checkbox"/> 4. School does not display <input type="checkbox"/> 5. Other _____
C. COOKING OF SCHOOL MEALS (QUESTIONS ARE ASKED TO THE SCHOOL PRINCIPAL, STOREKEEPER AND COOK)	
C1. Was school meals provided to students every day in the last 6 school days? (<i>School days mean days that have class, exclude holiday, Thursday and the day of visit</i>)	<input type="checkbox"/> 1. Yes (<i>Skip to C2</i>) <input type="checkbox"/> 2. No
C1a. If no, how many days in the past 6 school days were the school meals not cooked and provided to students?	# of school day without meal: [_____] (<i>Kobo: should be at least 1 and no more than 6 days</i>)
C1b. If the school meal was not cooked for the past 6 school days of the survey, please indicate reasons (<i>School days mean days that have class, exclude holiday, Thursday and the day of visit</i>) (<i>Multiple Answers</i>)	<input type="checkbox"/> 1. Food commodities were out of stock <input type="checkbox"/> 2. The cooks were absent <input type="checkbox"/> 3. The storekeepers were absent <input type="checkbox"/> 4. Supplier did not deliver food <input type="checkbox"/> 5. Other: specify _____
C1c. If cook was absent, please tell a reason (if this question appears, please ask the cooks directly. If not available, please call and ask)	<input type="checkbox"/> 1. Being sick <input type="checkbox"/> 2. Having family issues (family member was sick, no one looked after home, etc.) <input type="checkbox"/> 3. Participating in social event (funeral, wedding, cultural/religious event etc.) <input type="checkbox"/> 4. Did not have much incentives to come to school <input type="checkbox"/> 5. Other, please specify _____

C2. [Any other notes] - anything you want to add	_____ <i>(please write)</i> _____
D. HYGIENE	
D1. [Hand washing stations] Does the school have hand washing station/mobile hand washing station? <i>(Single Answer)</i>	<input type="checkbox"/> 1. Yes - All functioning <input type="checkbox"/> 2. Yes - Some are functioning <input type="checkbox"/> 3. Yes - but not functioning <i>(skip to D1c)</i> <input type="checkbox"/> 3. No hand washing station <i>(Skip to D2)</i>
D1a. If "D1= 1, 2, 3" is hand washing station/mobile hand washing station accessible for children with disabilities (Ex: Is the student on a wheelchair can reach the handwashing station?)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
D1b. If "D1= 1, 2", does the school have soap at the hand washing station/mobile hand washing station? <i>(Single Answer)</i>	<input type="checkbox"/> 1. Yes - all stations <input type="checkbox"/> 2. Yes - some stations <input type="checkbox"/> 3. No
D1b1. If "D1b= Yes", are school children washing their hands with soap before eating school breakfast? <i>(Single Answer)</i>	<input type="checkbox"/> 1. Yes- All students <input type="checkbox"/> 2. Yes- Some students <input type="checkbox"/> 3. No <input type="checkbox"/> 4. Not able to observe/Not cook today/Afternoon shift
D1c. If not functioning, why?	_____ <i>(please write)</i> _____
D2. Does the school have improved water sources (pipe, pump, protected dug well, rainwater catchment with treatment, etc.) for school use (all year round)?	<input type="checkbox"/> 1. Yes - Functioning all year round <input type="checkbox"/> 2. Yes - Functioning most of the year <input type="checkbox"/> 3. Yes - but not working <input type="checkbox"/> 4. No improved water source
D3. For the current hand soap/dish soap in stock and/or planning, how many months of this school year does the school possibly have for school use? <i>(Single Answer)</i>	<input type="checkbox"/> 1. Less than 1 month <input type="checkbox"/> 2. 1 to 3 months <input type="checkbox"/> 3. 3 to 5 months <input type="checkbox"/> 4. More than 5 months <input type="checkbox"/> 5. Whole school year
D4. [Any other notes] - anything you want to add	_____ <i>(please write)</i> _____
E. STORAGE	
E. Please check stock balance between the actual physical stock and daily cook stock position records <i>(Single answer)</i>	<input type="checkbox"/> 1. Yes, able to check both documents and do physical stock <input type="checkbox"/> 2. Cannot check 'Daily stock position record' <input type="checkbox"/> 3. Cannot check 'Physical stock'
E1. Rice	
E1a. Daily stock position record	(In Kg) _____
E1b. Physical stock (actual amount)	(In Kg) _____
E1c. If commodity is out of stock (physical stock = 0), what is the reason?	_____
If over/under <i>(Auto calculation)</i>	<input type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Same <i>(Go to E1e)</i>
E1d. If stock is imbalance, please note the main reasons <i>(multiple answers)</i>	<input type="checkbox"/> 1. Theft <input type="checkbox"/> 2. Mis-calculation (unintentional) <input type="checkbox"/> 3. Scale/weighting error <input type="checkbox"/> 4. Food misuse/diversion (intentional) <input type="checkbox"/> 5. Spoiled <input type="checkbox"/> 6. Other: _____
E1e. [Observe] Are there any issues with these commodities?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>(Go to E2)</i>
E1e1. [Observe] If yes, please indicate if any of the following problems are found with food commodities <i>(multiple answers)</i>	<input type="checkbox"/> 1. BBD/expiry <input type="checkbox"/> 2. Bad smell/color changed <input type="checkbox"/> 3. Insects <input type="checkbox"/> 4. Other: _____
E2. Oil	
E2a. Daily stock position record	(In Kg) _____
E2b. Physical stock (actual amount)	(In Kg) _____
E2c. If commodity is out of stock (physical stock = 0), what is the reason?	_____
If over/under <i>(Auto calculation)</i>	<input type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Same <i>(Go to E2e)</i>
E2d. If stock is imbalance, please note the main reasons <i>(multiple answers)</i>	<input type="checkbox"/> 1. Theft <input type="checkbox"/> 2. Mis-calculation (unintentional) <input type="checkbox"/> 3. Scale/weighting error <input type="checkbox"/> 4. Food misuse/diversion (intentional) <input type="checkbox"/> 5. Spoiled <input type="checkbox"/> 6. Other: _____
E2e. [Observe] Are there any issues with these commodities?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>(Go to E3)</i>
E2e1. [Observe] If yes, please indicate if any of the following problems are found with food commodities <i>(multiple answers)</i>	<input type="checkbox"/> 1. BBD/expiry <input type="checkbox"/> 2. Faulty packaging <input type="checkbox"/> 3. Other: _____
E3. Iodized Salt	
E3a. Daily stock position record	(In Kg) _____
E3b. Physical stock (actual amount)	(In Kg) _____
E3c. If commodity is out of stock (physical stock = 0), what is the reason?	_____

If over/under (Auto calculation)	<input type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Same (Go to E3e)
E3d. If stock is imbalance, please note the main reasons (multiple answers)	<input type="checkbox"/> 1. Theft <input type="checkbox"/> 2. Mis-calculation (unintentional) <input type="checkbox"/> 3. Scale/weighting error <input type="checkbox"/> 4. Food misuse/diversion (intentional) <input type="checkbox"/> 5. Spoiled <input type="checkbox"/> 6. Other: _____
E3e. [Observe] Are there any issues with these commodities?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to E3f)
E3e1. [Observe] If yes, please indicate if any of the following problems are found with food commodities (multiple answers)	<input type="checkbox"/> 1. BBD/expiry <input type="checkbox"/> 2. Moisture (salt) <input type="checkbox"/> 3. Cake for the whole package (salt) <input type="checkbox"/> 4. Other: _____
E3f. [Observe] Does the packaging of the salt used in school meal preparation include the logo certifying that it is iodized? (Can be other logo)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know – salt not stored in original packaging <input type="checkbox"/> 4. Don't know – no salt observed in storeroom / kitchen
	
E4. [Observe] Are any of the following food storage problem present?	
E4a. Store on the ground?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
E4b. Bags open?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
E4c. Unclean/untidy?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
E4d. Insecure/unsafe	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
E4e. Against wall?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
E4f. Wet/damp?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
E5. [Qualitative] What were the main causes to the challenges to the identified issue (commodity out of stock, improper storage, food quality):	_____ (<i>please write</i>) _____
F. FOOD SUPPLY - STOREKEEPER	
F1. Within last month, how many days did the supplier not supply food to the school for cooking as per the contract? (Write "Zero" if no issue)	Number: [____] (<i>If "Zero" skip to F2</i>)
F1a. What was the issues of supplier did not supply food as per contract? *Note for enumerator: tick the best option matching the response and add in detail in the qualitative section	<input type="checkbox"/> Food was not delivered on time: <u> (ex) not delivered on time for two consecutive times </u> <input type="checkbox"/> The quantity of food did not meet the agreement: <u> Less than agreed amount was delivered </u> <input type="checkbox"/> Food quality did not meet the agreed specification: <u> Bags were torn, food was infested, food delivered not fresh, etc. </u> <input type="checkbox"/> Wrong food delivered: _____ <input type="checkbox"/> Other: _____
F1b. What action did the school take to fix this issue?	<input type="checkbox"/> Rejected food : <u> e x. Rejected food and requested delivery the next day </u> <input type="checkbox"/> Kept food : <u> e x. Kept food and changed menu, kept food reduced portion, kept food but requested more amount in the next delivery </u> <input type="checkbox"/> Other: _____
F2. [Any other notes] - anything you want to add	_____ (<i>please write</i>) _____
G. TEACHER FORM: ATTENDANCE DATA COLLECTION: (Please interview 3 teachers in different grade)	
G1. Record attendance 3 grades present on the monitored shift. Please note any discrepancy between attendance figures and actual headcount (Note: No overlap grade)	Grade _____
G1a. Teacher's gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
G1b. Students' registration at the beginning of school year	Total [_____]; Female [_____]
G1c. Number of students in class (head count)	Total [_____]; Female [_____]
G1d. Attendance Rate (Auto calculation)	If > 100%, please provide the reason: _____
G1e. Among the absence, were any of them absent due to illness? (Type 999 if teacher does not know)	Total [_____]
G1f. [Instruction: Please pick one student among those absent due to illness, then ask the teacher] In the past one month, how many days were the student absent due to sickness?	[Fill in number]
G1g. Based on teacher identification: please estimate the number of school children who are commonly inattentive (inactive, cannot concentrate, difficult to absorb the course as a result of being hungry, malnutrition) during class. (Please exclude student who has mental disability or other health issues)	Total inattentive students [_____]; Female inattentive students [_____]
G2. Record attendance 3 grades present on the monitored shift. Please note any discrepancy between attendance figures and actual headcount (Note: No overlap grade)	Grade _____
G2a. Teacher's gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
G2b. Students' registration at the beginning of school year	Total [_____]; Female [_____]

H10. Monthly Financial record <i>[School print from the system]</i>	<input type="checkbox"/> 1. Yes (All documents are correct) <input type="checkbox"/> 2. Yes (Partly correct OR not printed from system OR printed from system but not signed) <input type="checkbox"/> 3. No (No data in system, no documents, nothing filled correctly) <input type="checkbox"/> 4. N/A or cannot check (storekeeper is absent, no documents to check)
H11. Quarterly financial record <i>[School print from the system and share with CC]</i>	<input type="checkbox"/> 1. Yes (All documents are correct) <input type="checkbox"/> 2. Yes (Partly correct OR not printed from system OR printed from system but not signed) <input type="checkbox"/> 3. No (No data in system, no documents, nothing filled correctly) <input type="checkbox"/> 4. N/A or cannot check (storekeeper is absent, no documents to check)
H12. Quarterly stock position record <i>[School print from the system]</i>	<input type="checkbox"/> 1. Yes (All documents are correct) <input type="checkbox"/> 2. Yes (Partly correct OR not printed from system OR printed from system but not signed) <input type="checkbox"/> 3. No (No data in system, no documents, nothing filled correctly) <input type="checkbox"/> 4. N/A or cannot check (storekeeper is absent, no documents to check)
H13. Quarterly progress report <i>[School print from the system]</i>	<input type="checkbox"/> 1. Yes (All documents are correct) <input type="checkbox"/> 2. Yes (Partly correct OR not printed from system OR printed from system but not signed) <input type="checkbox"/> 3. No (No data in system, no documents, nothing filled correctly) <input type="checkbox"/> 4. N/A or cannot check (storekeeper is absent, no documents to check)
H14. Food supply agreement (Annual) <i>[From bid result]</i>	<input type="checkbox"/> 1. Yes (All documents are correct) <input type="checkbox"/> 2. Yes (Partly correct OR not printed from system OR printed from system but not signed) <input type="checkbox"/> 3. No (No data in system, no documents, nothing filled correctly) <input type="checkbox"/> 4. N/A or cannot check (storekeeper is absent, no documents to check)
H15. [Any other notes] - anything you want to add	_____ <i>(please write)</i> _____
I. SCHOOL MANAGEMENT - For School Principal	
I1 [Ask school principal] Total school teachers (teaching) versus number of teachers in this shift on the day of visit	a: Total school teachers: [____] b: # of teachers: [____]
I2. [ask school principal] Is school feeding regularly discuss during School Support Committee/School Management Committee meeting?	<input type="checkbox"/> 1. Yes (Go to I2a) <input type="checkbox"/> 2. No (Go to I2b)
I2a. If yes, in the last meeting, what topics related to school feeding did you discuss?	<input type="checkbox"/> 1. Menu <input type="checkbox"/> 2. Performance of suppliers <input type="checkbox"/> 3. Food safety practice of the cooks <input type="checkbox"/> 4. Other _____
I2b. If not, please indicate a reason	_____ <i>(please write)</i> _____
J. COMPLAINTS AND FEEDBACK	
J1. [Observe] Where did the school install Community Feedback Mechanism (CFM) signboard?] (Multiple answers)	<input type="checkbox"/> 1. Installed in front of school <input type="checkbox"/> 2. Installed next to school's information board <input type="checkbox"/> 3. School did not install <input type="checkbox"/> 4. Signboard is broken <input type="checkbox"/> 5. Other _____
J2. [ask school principal or storekeeper] Have you ever received complaint/feedback (verbally, written, or any other means) in relation to School Feeding Programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to J3)
J2a. If "J2= Yes", How did you get the complaint/feedback?	<input type="checkbox"/> 1. Verbally <input type="checkbox"/> 2. Evaluation box <input type="checkbox"/> 3. Phone call <input type="checkbox"/> 4. Other _____
J2b. What were the complaints/feedback?	_____ <i>(please write)</i> _____
J2c. How did you deal with the complaint or what were the processes?	_____ <i>(please write)</i> _____
J3. [ask school principal or storekeeper] Are there any further complaints or feedback you want to provide? (Single Answer)	<input type="checkbox"/> 1. Yes- Complaint <input type="checkbox"/> 2. Yes- Feedback <input type="checkbox"/> 3. Yes- both complaint & feedback <input type="checkbox"/> 4. No (Go to J4)
J3a. If "J3= Yes", What is the feedbacks or complaints?	_____ <i>(please write)</i> _____
J4. [To be filled out by monitor] Have you come across any other feedback or complaint while taking the survey	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to J5)
J4a. If "J4= Yes", What is the feedbacks or complaints?	_____ <i>(please write)</i> _____
J5. ATTENTION for Special Case on "Discrimination, sexual exploitation, sexual harassment, and abuse of power" In case on of the following have been identified as above complaints, the field monitor do not take any action but just click "YES" and it will alert to the WFP focal point.	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
K. COACHING: To be filled out by the monitor	
K1. Did you as WFP/CPS/PoEYS/DoEYS provide coaching to school on the day of your visit?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to K2)
K1a. If "K1= Yes" please indicate the topics of coaching? (Multiple Answers)	<input type="checkbox"/> 1. Record management <input type="checkbox"/> 2. Storage management <input type="checkbox"/> 3. Food safety and hygiene <input type="checkbox"/> 4. Resource mobilization <input type="checkbox"/> 5. Financial management <input type="checkbox"/> 6. School Feeding Information System (SFIS) <input type="checkbox"/> 7. Complaint Feedback Mechanism <input type="checkbox"/> 8. Others: _____
K2. [Any other notes] - anything you want to add	_____ <i>(please write)</i> _____