

2019 Global Survey of School Meal Programs

SECTIONS C-H (PROGRAM-LEVEL)



INSTRUCTIONS FOR SECTIONS C-H

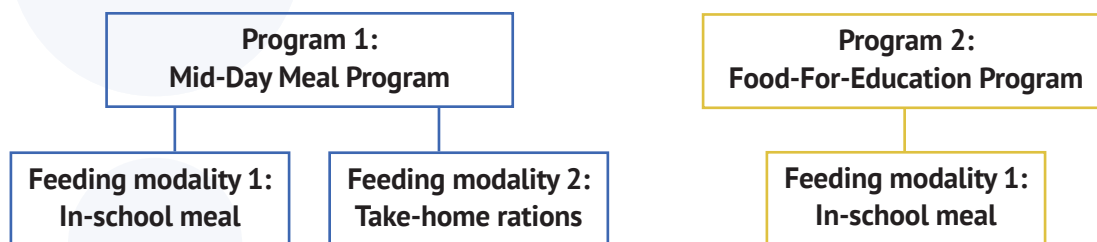
Sections C, D, E, F, G, and H (C-H) contain questions about a specific **school feeding program**. These sections will be completed separately for each program in this country.

For the first program, please complete sections C-H below. If additional school feeding programs were operating in this country in the most recently completed school year, please complete sections C-H again for each additional program. An additional PDF (titled “Global Survey - Sections C-H”) is available for download. Please label, save, and submit completed copies of section C-H for each additional program.

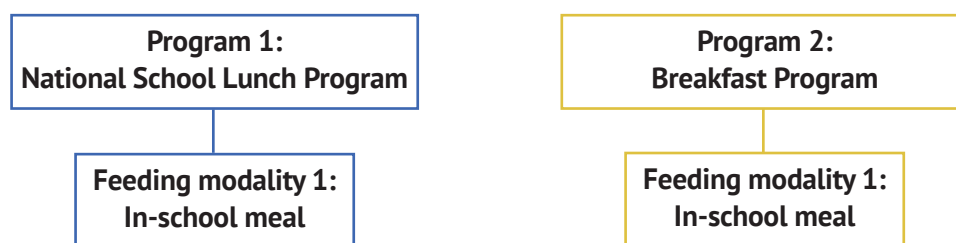
Section D contains some questions that are specific to each **feeding modality** in a school feeding program. If a program has one feeding modality, these questions will be answered once. If a program has additional feeding modalities, these questions will be asked for each feeding modality.

Examples:

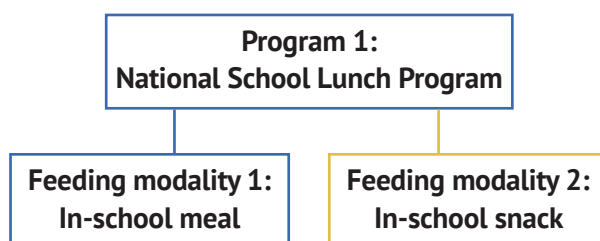
In this example, a country has two school feeding programs. They each have distinct funding sources, distinct implementers or **implementing partners**, distinct means of receiving or procuring food, and distinct menus. Program 1 includes two feeding modalities (meals and **take-home rations**). This country will complete sections C-H twice. For program 1, this country will answer questions on the feeding modalities twice. For program 2, this country will answer questions on the feeding modality once.



In this example, a country has two school feeding programs. They each have distinct funding sources and distinct menus. This country will complete sections C-H twice.



In this example, a country has one feeding program with two feeding modalities. This country will complete sections C-H once. In section D, questions on the feeding modalities will be answered twice.



SECTION C: PROGRAM OVERVIEW

Country: _____

C1 List the name of this school feeding program. *(Name should correspond to what is listed in A1.1)*

C2 In what year did this school feeding program begin operating in this country?

C3 Was there a government agency with primary **management** responsibility for this school feeding program?

☐ Yes ☐ No

C3.1 If C3 = yes, what government agency was responsible for managing this school feeding program?

C3.2 If C3 = no, who was responsible for managing this school feeding program?

C4 How much money was spent (from all sources) on this school feeding program during the most recently completed school year? *If exact number is not known, please estimate.*

C4.1 What is the currency used in question C4? *Please spell out.*

C5 How many total children received food through this program in the most recently completed school year?

C6 To what extent did this school **feeding program** achieve its planned targets in the following categories?

	Targets achieved	Mostly achieved	Slightly achieved	Not achieved
<input type="checkbox"/> Number of students receiving food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Feeding frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ration size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Level of food basket variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Number of schools receiving food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Number of school levels receiving food (e.g. primary, secondary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7 How many children received food through this program **ONE SCHOOL YEAR PRIOR** to the most recently completed school year? *If exact number is not known, please estimate.*

C8 How many children received food through this program **THREE SCHOOL YEARS PRIOR** to the most recently completed school year? *If exact number is not known, please estimate.*

C9 How many children does this school feeding program plan to serve during the current (or upcoming) school year? *If exact number is not known, please estimate.*

C10 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION D: DESIGN AND IMPLEMENTATION

D1 What were the main objective(s) of this school feeding program? *Check all that apply.*

- ☐ To meet educational goals
- ☐ To provide a social safety net
- ☐ To meet nutritional and/or health goals
- ☐ To prevent or mitigate obesity
- ☐ To meet agricultural goals
- ☐ Other: _____

D2 Which **feeding modality**/modalities did this school feeding program employ? *Check all that apply.*

- ☐ In-school meals
- ☐ In-school snacks
- ☐ **Take-home rations**
- ☐ **Conditional cash transfer** for school meals
- ☐ Other: _____

D3 What was the cost per student per year?

Breakfast	_____
Lunch (mid-day meal)	_____
Evening meal	_____
Snack	_____
Take-home rations	_____
Conditional cash transfer	_____
Other:	_____

D3.1 What is the currency used in D3? *Please spell out.*

Please complete the Feeding Modality Worksheet (questions D4 – D10) for each **feeding modality** identified in D2. We have provided space for up to three feeding modalities. If this school feeding program has fewer than three modalities, please skip any unnecessary Feeding Modality Worksheets. If this school feeding program has more than three modalities, **AN ADDITIONAL WORKSHEET IS AVAILABLE AS A SEPARATE DOCUMENT**. This can be completed and saved for each additional modality, and will be included in the survey submission. If you have any questions, please contact a GCNF **Survey Associate** at globalsurvey@gcnf.org.

FEEDING MODALITY WORKSHEET

Feeding Modality 1

- ☐ In-school meals
 ☐ In-school snacks
 ☐ Take-home rations
☐ Conditional cash transfer
 ☐ Other: _____

D4 During which portions of the year was school feeding provided? *Check all that apply.*

- ☐ During the school year
 ☐ Outside the school year

D5 Was this feeding modality universal?

- ☐ Yes
 ☐ No

D5.1 If D5 = yes, what percent of universal school feeding was achieved?

- ☐ 100% (universal target achieved)
☐ 75-99%
☐ 50-75%
☐ 25-50%
☐ 0-25%

D6 If this feeding modality was NOT universal (or if the universal goal was not met), how were students targeted to determine who received school feeding? *Check all that apply.*

- ☐ Geographic
☐ Individual student characteristics
☐ Other: _____

D6.1 What criteria were used in targeting?

D7 Types of schools

D7.1 Did this type of school participate in this school feeding program? <i>Check if "yes".</i>	D7.2 How many schools participated?	D7.3 What % were boarding schools?
<input type="checkbox"/> Public schools	_____	_____ %
<input type="checkbox"/> Private schools	_____	_____ %
<input type="checkbox"/> Other: _____	_____	_____ %

D8 Grades/age levels

D8.1 Did students in this level receive food through this modality? <i>Check if “yes”.</i>	D8.2 How many students in this level received food through this modality?		
	Girls	Boys	All <small>(If gender-disaggregated numbers are not available)</small>
<input type="checkbox"/> Pre-schools	_____	_____	_____
<input type="checkbox"/> Primary schools	_____	_____	_____
<input type="checkbox"/> Secondary schools	_____	_____	_____
<input type="checkbox"/> Vocational/trade schools	_____	_____	_____
<input type="checkbox"/> University/higher education	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

D9 Frequency and time interval of school feeding

D9.1 How frequently was this modality provided through this school feeding program?	D9.2 For how many months in the year was this modality provided?	
<input type="checkbox"/> 6 times per week	<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 5 times per week	<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input type="checkbox"/> 4 times per week	<input type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 3 times per week	<input type="checkbox"/> 4	<input type="checkbox"/> 10
<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 5	<input type="checkbox"/> 11
<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 6	<input type="checkbox"/> 12
<input type="checkbox"/> Biweekly		
<input type="checkbox"/> Monthly		
<input type="checkbox"/> Other: _____		

D10 What categories of food items were in the food basket? Check all that apply.

<input type="checkbox"/> Grains/cereals	<input type="checkbox"/> Green, leafy vegetables
<input type="checkbox"/> Roots, tubers	<input type="checkbox"/> Other vegetables
<input type="checkbox"/> Legumes and nuts	<input type="checkbox"/> Fruits
<input type="checkbox"/> Dairy products (milk, yogurt, cheese)	<input type="checkbox"/> Oil
<input type="checkbox"/> Eggs	<input type="checkbox"/> Salt
<input type="checkbox"/> Meat	<input type="checkbox"/> Sugar
<input type="checkbox"/> Poultry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fish	

FEEDING MODALITY WORKSHEET

Feeding Modality 2

- ☐ In-school meals
 ☐ In-school snacks
 ☐ Take-home rations
☐ Conditional cash transfer
 ☐ Other: _____

D4 During which portions of the year was school feeding provided? *Check all that apply.*

- ☐ During the school year
 ☐ Outside the school year

D5 Was this feeding modality universal?

- ☐ Yes
 ☐ No

D5.1 If D5 = yes, what percent of universal school feeding was achieved?

- ☐ 100% (universal target achieved)
☐ 75-99%
☐ 50-75%
☐ 25-50%
☐ 0-25%

D6 If this feeding modality was NOT universal (or if the universal goal was not met), how were students targeted to determine who received school feeding? *Check all that apply.*

- ☐ Geographic
☐ Individual student characteristics
☐ Other: _____

D6.1 What criteria were used in targeting?

D7 Types of schools

D7.1 Did this type of school participate in this school feeding program? <i>Check if "yes".</i>	D7.2 How many schools participated?	D7.3 What % were boarding schools?
<input type="checkbox"/> Public schools	_____	_____ %
<input type="checkbox"/> Private schools	_____	_____ %
<input type="checkbox"/> Other: _____	_____	_____ %

D8 Grades/age levels

D8.1 Did students in this level receive food through this modality? <i>Check if “yes”.</i>	D8.2 How many students in this level received food through this modality? Girls Boys All <small>(If gender-disaggregated numbers are not available)</small>		
<input type="checkbox"/> Pre-schools	_____	_____	_____
<input type="checkbox"/> Primary schools	_____	_____	_____
<input type="checkbox"/> Secondary schools	_____	_____	_____
<input type="checkbox"/> Vocational/trade schools	_____	_____	_____
<input type="checkbox"/> University/higher education	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

D9 Frequency and time interval of school feeding

D9.1 How frequently was this modality provided through this school feeding program?	D9.2 For how many months in the year was this modality provided?	
<input type="checkbox"/> 6 times per week	<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 5 times per week	<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input type="checkbox"/> 4 times per week	<input type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 3 times per week	<input type="checkbox"/> 4	<input type="checkbox"/> 10
<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 5	<input type="checkbox"/> 11
<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 6	<input type="checkbox"/> 12
<input type="checkbox"/> Biweekly		
<input type="checkbox"/> Monthly		
<input type="checkbox"/> Other: _____		

D10 What categories of food items were in the food basket? Check all that apply.

<input type="checkbox"/> Grains/cereals	<input type="checkbox"/> Green, leafy vegetables
<input type="checkbox"/> Roots, tubers	<input type="checkbox"/> Other vegetables
<input type="checkbox"/> Legumes and nuts	<input type="checkbox"/> Fruits
<input type="checkbox"/> Dairy products (milk, yogurt, cheese)	<input type="checkbox"/> Oil
<input type="checkbox"/> Eggs	<input type="checkbox"/> Salt
<input type="checkbox"/> Meat	<input type="checkbox"/> Sugar
<input type="checkbox"/> Poultry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fish	

FEEDING MODALITY WORKSHEET

Feeding Modality 3

- ☐ In-school meals
 ☐ In-school snacks
 ☐ Take-home rations
☐ Conditional cash transfer
 ☐ Other: _____

D4 During which portions of the year was school feeding provided? *Check all that apply.*

- ☐ During the school year
 ☐ Outside the school year

D5 Was this feeding modality universal?

- ☐ Yes
 ☐ No

D5.1 If D5 = yes, what percent of universal school feeding was achieved?

- ☐ 100% (universal target achieved)
☐ 75-99%
☐ 50-75%
☐ 25-50%
☐ 0-25%

D6 If this feeding modality was NOT universal (or if the universal goal was not met), how were students targeted to determine who received school feeding? *Check all that apply.*

- ☐ Geographic
☐ Individual student characteristics
☐ Other: _____

D6.1 What criteria were used in targeting?

D7 Types of schools

D7.1 Did this type of school participate in this school feeding program? <i>Check if "yes".</i>	D7.2 How many schools participated?	D7.3 What % were boarding schools?
<input type="checkbox"/> Public schools	_____	_____ %
<input type="checkbox"/> Private schools	_____	_____ %
<input type="checkbox"/> Other: _____	_____	_____ %

D8 Grades/age levels

D8.1 Did students in this level receive food through this modality? <i>Check if “yes”.</i>	D8.2 How many students in this level received food through this modality? Girls Boys All <small>(If gender-disaggregated numbers are not available)</small>		
<input type="checkbox"/> Pre-schools	_____	_____	_____
<input type="checkbox"/> Primary schools	_____	_____	_____
<input type="checkbox"/> Secondary schools	_____	_____	_____
<input type="checkbox"/> Vocational/trade schools	_____	_____	_____
<input type="checkbox"/> University/higher education	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

D9 Frequency and time interval of school feeding

D9.1 How frequently was this modality provided through this school feeding program?	D9.2 For how many months in the year was this modality provided?	
<input type="checkbox"/> 6 times per week	<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 5 times per week	<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input type="checkbox"/> 4 times per week	<input type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 3 times per week	<input type="checkbox"/> 4	<input type="checkbox"/> 10
<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 5	<input type="checkbox"/> 11
<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 6	<input type="checkbox"/> 12
<input type="checkbox"/> Biweekly		
<input type="checkbox"/> Monthly		
<input type="checkbox"/> Other: _____		

D10 What categories of food items were in the food basket? Check all that apply.

<input type="checkbox"/> Grains/cereals	<input type="checkbox"/> Green, leafy vegetables
<input type="checkbox"/> Roots, tubers	<input type="checkbox"/> Other vegetables
<input type="checkbox"/> Legumes and nuts	<input type="checkbox"/> Fruits
<input type="checkbox"/> Dairy products (milk, yogurt, cheese)	<input type="checkbox"/> Oil
<input type="checkbox"/> Eggs	<input type="checkbox"/> Salt
<input type="checkbox"/> Meat	<input type="checkbox"/> Sugar
<input type="checkbox"/> Poultry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fish	

D11 Were any food items in this school feeding program fortified?

☐ Yes ☐ No

D11.1 If D11 = yes, what food items were **fortified**? *Check all that apply.*

<input type="checkbox"/> Grains/cereals	<input type="checkbox"/> Green, leafy vegetables
<input type="checkbox"/> Roots, tubers	<input type="checkbox"/> Other vegetables
<input type="checkbox"/> Legumes and nuts	<input type="checkbox"/> Fruits
<input type="checkbox"/> Dairy products (milk, yogurt, cheese)	<input type="checkbox"/> Oil
<input type="checkbox"/> Eggs	<input type="checkbox"/> Salt
<input type="checkbox"/> Meat	<input type="checkbox"/> Sugar
<input type="checkbox"/> Poultry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fish	

D11.2 If D11 = yes, what additional micronutrients were used in the **fortified** foods?
Check all that apply.

<input type="checkbox"/> Iron	<input type="checkbox"/> Niacin
<input type="checkbox"/> Vitamin A	<input type="checkbox"/> Vitamin B6
<input type="checkbox"/> Iodine	<input type="checkbox"/> Vitamin C
<input type="checkbox"/> Zinc	<input type="checkbox"/> Calcium
<input type="checkbox"/> Folate	<input type="checkbox"/> Selenium
<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> Fluoride
<input type="checkbox"/> Thiamine	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Riboflavin	

D12 Were any food items in this school feeding program bio-fortified?

☐ Yes ☐ No

D12.1 If D12 = yes, what food items were **bio-fortified**?
Check all that apply.

<input type="checkbox"/> Sweet potatoes	<input type="checkbox"/> Wheat
<input type="checkbox"/> Beans	<input type="checkbox"/> Cassava
<input type="checkbox"/> Maize	<input type="checkbox"/> Rice
<input type="checkbox"/> Millet	<input type="checkbox"/> Other: _____

D12.2 If D12 = yes, with which micronutrients are the foods **bio-fortified**?

Check all that apply.

<input type="checkbox"/> Iron	<input type="checkbox"/> Niacin
<input type="checkbox"/> Vitamin A	<input type="checkbox"/> Vitamin B6
<input type="checkbox"/> Iodine	<input type="checkbox"/> Vitamin C
<input type="checkbox"/> Zinc	<input type="checkbox"/> Calcium
<input type="checkbox"/> Folate	<input type="checkbox"/> Selenium
<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> Fluoride
<input type="checkbox"/> Thiamine	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Riboflavin	

D13 Were any **nutritional supplements** or **micronutrient powders** included in this school feeding program?

☐ Yes ☐ No

D13.1 If D13 = yes, what supplements were provided? *Check all that apply.*

<input type="checkbox"/> Iron
<input type="checkbox"/> Vitamin A
<input type="checkbox"/> Iodine
<input type="checkbox"/> Zinc
<input type="checkbox"/> Folic Acid
<input type="checkbox"/> Calcium
<input type="checkbox"/> Vitamin D
<input type="checkbox"/> Other: _____

D13.2 If D13 = yes, how was the supplement provided? *Check all that apply.*

<input type="checkbox"/> In the food
<input type="checkbox"/> To the students

D14 Were nutritionists involved with this school feeding program in the most recently completed school year?

☐ Yes ☐ No

D14.1 If D14 = yes, how many nutritionists were involved?

D14.2 If D14 = yes, who paid the nutritionists? *Check all that apply.*

- ☐ National government
- ☐ **Regional** government
- ☐ **Local** government
- ☐ School feeding program **implementing partner**
- ☐ Nutritionists were not paid
- ☐ Other: _____

D15 Where were school meals/snacks prepared? *Check all that apply.*

- ☐ On-site (on school grounds)
- ☐ Off-site in centralized (not private) kitchens
- ☐ Off-site in private facilities (**caterers**)
- ☐ Not applicable (purchased in **processed** form)
- ☐ Not applicable (purchased and distributed in unprocessed form)
- ☐ Other: _____

D15.1 If D15 = on-site or off-site, approximately what percent of schools participating in this school feeding program had on-site kitchens?

_____ %

D15.2 If D15 = on-site or off-site, what amenities were present in typical kitchens in participating schools? *Check all that apply.*

<input type="checkbox"/> Open cooking area	<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Closed cooking area	<input type="checkbox"/> Charcoal or wood stove
<input type="checkbox"/> On-site water (not piped)	<input type="checkbox"/> Gas stove
<input type="checkbox"/> Piped water	<input type="checkbox"/> Electric stove
<input type="checkbox"/> Storage	<input type="checkbox"/> Serving utensils
<input type="checkbox"/> Electricity	

D15.2.1 If D15.2 = charcoal or wood stove, were students expected to provide fuel?

- ☐ Yes ☐ No

D16 Was there a mechanism for limiting food waste?

☐ Yes ☐ No

D16.1 If D16 = yes, what steps were taken? *Check all that apply.*

- ☐ Sealed food storage
- ☐ Fumigation/pest control in storage area
- ☐ Use of nearly-expired food
- ☐ Processes for using usable but “imperfect” commodities or produce
- ☐ Marketing campaign to reduce how much food students throw away
- ☐ Other: _____

D17 Was there a mechanism for limiting packaging waste?

☐ Yes ☐ No

D17.1 If D17 = yes, what steps were taken? *Check all that apply.*

- ☐ Re-use of bags/containers
- ☐ Recycling
- ☐ Use of compostable materials
- ☐ Other: _____

D18 Complementary programs

D18.1 What complementary programs were provided to recipients in the school feeding program? <i>Check all that apply.</i>	Was this complementary program required (mandatory)? D18.2 National requirement <i>Check if "yes".</i> D18.3 Program requirement <i>Check if "yes".</i>	
<input type="checkbox"/> Handwashing with soap	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Height measurement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weight measurement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other nutrition monitoring: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Deworming treatment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye testing/eyeglasses distribution	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing testing/treatment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental cleaning/testing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Menstrual hygiene	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drinking water	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water purification	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None		

Note: Complementary programs may be available to school feeding recipients, even if the program was not part of this school feeding program package.

D19 Complementary education

D19.1 What complementary education topics were integrated into participating school curriculums? <i>Check all that apply.</i>	Was this complementary education required (mandatory)? D19.2 National requirement <i>Check if "yes".</i> D19.3 Program requirement <i>Check if "yes".</i>	
<input type="checkbox"/> Nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Food and agriculture education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School gardens	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hygiene education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reproductive health education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HIV prevention education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None		

If D19.1 does not include school gardens, skip to D20.

D19.4 What was done with the products from school gardens?

☐ Consumed by students

☐ Sold

☐ Other: _____

D20 Did this school feeding program use any of the following approaches to prevent or mitigate overweight/obesity? *Check all that apply.*

☐ Nutritional requirements for **food baskets**

☐ **Food restrictions** on or near school grounds

☐ Nutrition education

☐ Food education

☐ Health education

☐ Physical education

☐ Other: _____

☐ None (although obesity is considered a problem)

☐ None (obesity is not considered a problem)

D21 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION E: FOOD SOURCING

E1 Food Sourcing

E1.1 What % of food in this school feeding program was obtained through each method?	In-kind food donations (Domestic)	In-kind food donations (Foreign)	Purchased	Other:
Please ensure that this row sums to 100%.	_____ %	_____ %	_____ %	_____ %
E1.2 What were the sources of food items obtained through each method? Check all that apply.				
Local	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Regional	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere within country	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
From nearby countries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From faraway countries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From national food reserves (government food stocks)	<input type="checkbox"/>		<input type="checkbox"/>	
E1.3 Who provided the in-kind food donations?				
Parents/Families	<input type="checkbox"/>			
Private businesses	<input type="checkbox"/>			
Foreign government(s)		<input type="checkbox"/>		
World Food Program		<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		

E2 If food was purchased for this school feeding program (E1.1), and some was purchased from local sources (E1.2), what percent of purchased food was procured from local sources?

_____ %

E3 If food was purchased for this school feeding program (E1.1), were there open-bid (competitive tendering) procedures?

☐ Yes ☐ No

E3.1 If E3 = yes, please select the option(s) that describe the procurement process(es) for this school feeding program. *Check all that apply.*

- ☐ **Competitive**, and **small-scale farmers**/small farmer organizations/small companies **DID NOT** successfully compete
- ☐ **Competitive**, and **small-scale farmers**/small farmer organizations/small companies **DID** successfully compete
- ☐ **Competitive**, with preferential treatment for **small-scale farmers**/small farmer organizations/small companies
- ☐ Other: _____

E4 Did this school feeding program use packaged, processed foods?

- ☐ Yes, all
- ☐ Yes, most
- ☐ Yes, some
- ☐ Yes, very few
- ☐ No

E4.1 If E4 = yes, from where was the packaged, processed food purchased? *Check all that apply.*

- ☐ Within country
- ☐ From **nearby countries**
- ☐ From **faraway countries**

E5 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION F: GOVERNANCE AND LEADERSHIP

F1 How was this school feeding program **managed**?

- ☐ The national government **managed** the program (**Centralized** decision-making)
- ☐ **Regional** governments **managed** the program (**Decentralized** decision-making)
- ☐ **Local** governments **managed** the program (**Decentralized** decision-making)
- ☐ In transition between centralized and decentralized decision-making (**Semi-decentralized**)
- ☐ An international donor agency or other **implementing partner managed** the program
- ☐ Other: _____

F2 Has **management** of the program ever shifted to or from one level or entity to another?

- ☐ Yes ☐ No

F2.1 If F2 = yes, please describe and indicate when changes occurred.

F3 What government **ministries, departments, or agencies** were involved as key decision makers for this school feeding program in the following functions? *Check all that apply.*

	Education (national)	Agriculture (national)	Health (national)	Finance (national)	Social Protection (national)	Regional government	Local government	Other:
Requested funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decided which schools/recipients received food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Designed the menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Managed food sourcing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Managed private sector involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conducted inspections for compliance with safety and quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oversaw clean water provision at participating schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Managed bathrooms or latrines at participating schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Monitored the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

F4 Did the **ministries, departments, or agencies** marked above work independently or together?

- ☐ Mostly independently
- ☐ Sometimes independently, sometimes together
- ☐ Mostly together
- ☐ Other: _____

F5 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION G: FUNDING AND BUDGETING

G1 Sources of funding for this school feeding program

G1.1 Which of the following were sources of funding in the most recently completed school year? <i>Check all that apply.</i>	G1.2 What was the amount of funding from this source?	G1.3 What is the currency used in G1.2? <i>Please spell out.</i>
<input type="checkbox"/> External (International)	_____	_____
<input type="checkbox"/> Private sector	_____	_____
<input type="checkbox"/> National government	_____	_____
<input type="checkbox"/> Regional government	_____	_____
<input type="checkbox"/> Local government	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Note: For multi-year funding allocations, please report the per-year amount.

G1.4 If G1.1 = external, what external sources funded this school feeding program?

G2 In the most recently completed school year, what portion of the total cost of school feeding (from all sources) was used for the following categories? *These values should sum to 100%.*

Food costs	_____ %
Handling, storage, and transportation	_____ %
One-time fixed costs (e.g., kitchen construction and equipping)	_____ %
All other costs	_____ %

G3 Was funding for this school feeding program part of the national budget?

☐ Yes ☐ No

G4 Who decided if funding was part of the national budget/who decided the amount?

☐ Office of the President/Prime Minister

☐ Parliament/Congress/Legislative body

☐ Ministry/Department of Finance

☐ Other: _____

G5 Did student families contribute to this school feeding program?

☐ Yes ☐ No

G5.1 If G5 = yes, how did student families contribute? *Check all that apply.*

☐ Paid full price

☐ Paid partial price

☐ Mandatory **in-kind** contributions

☐ Other: _____

G6 In the most recently completed school year, was the funding adequate to achieve program targets?

☐ Yes ☐ No

G6.1 If G6 = no, please describe the shortfall and its impact on this school feeding program.

G7 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION H: AGRICULTURE, EMPLOYMENT, AND COMMUNITY PARTICIPATION

H1 Were farmers involved with this school feeding program by selling directly to the program or interacting with program schools?

☐ Yes ☐ No

If H1 = yes, please fill out the following table.

H1.1 Were any of the following types of support provided to farmers? Check if "yes".	Small-scale farmers	Medium- or large-scale farmers	National government	Other:
Agriculture subsidies (including inputs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture extension efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile or electronic payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School feeding-specific training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase agreements set prior to harvest (forward contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H2 Other private sector (for profit) actors

H2.1 Were any of the following private sector actors involved in this school feeding program? Check if "yes".	Food trading	Food processing	Transport	Catering	Supplies (utensils)
<input type="checkbox"/> Sub-national companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> National-scale companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multi-country companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multinational/ Global-scale companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H3 How many **cooks/caterers** were involved with this school feeding program?

If H3 = 0, skip to question H4.

H3.1 Approximately what percentage of **cooks/caterers** were women?

- ☐ 0-25% ☐ 25-50% ☐ 50-75% ☐ 75-100%

H3.2 In practice, how many **cooks/caterers** were paid?

- ☐ All ☐ Most ☐ Some ☐ Very few ☐ None

H3.2.1 If H3.2 is not “none”, what was the form of payment? *Check all that apply.*

- ☐ Cash ☐ **In-kind**

H3.2.2 If H3.2 is not “none”, who paid the **cooks/caterers**? *Check all that apply.*

- ☐ National government
☐ **Regional** government
☐ **Local** government
☐ School feeding program **implementing partner**
☐ **Local** community
☐ Other: _____

H3.3 Were there any special training or certification programs required for **cooks/caterers**?

Check all that apply.

- ☐ Nutrition
☐ Portions/measurements
☐ Menu planning
☐ Food safety/hygiene
☐ Business/management
☐ Other: _____
☐ None

H4 How many paid jobs existed in this school feeding program in the most recently completed school year?

Cooks and food preparers _____

Transporters _____

Off-site processors _____

Food packagers and handlers _____

Monitoring _____

Food service management _____

Safety and quality inspectors _____

Other: _____

H5 Has there been a purposeful focus on creating jobs or income-generating opportunities for women?

☐ Yes ☐ No

H5.1 If H5 = yes, please describe.

H6 Has there been a purposeful focus on creating leadership positions (paid or unpaid) for women?

☐ Yes ☐ No

H6.1 If H6 = yes, please describe.

H7 Has there been a purposeful focus on creating jobs or income-generating opportunities for youth?

☐ Yes ☐ No

H7.1 If H7 = yes, please describe.

H8 Has there been a purposeful focus on creating jobs or income-generating opportunities for any other group?

☐ Yes ☐ No

H8.1 If H8 = yes, please describe.

H9 Was there any community engagement (by parents or others) in this school feeding program?

☐ Yes ☐ No

H9.1 If H9 = yes, was community engagement required?

☐ Yes ☐ No

H9.2 If H9 = yes, was community engagement voluntary but encouraged?

☐ Yes ☐ No

H9.3 If H9 = yes, please describe.

H10 In practice, did the students participate in the preparation, serving, and/or cleaning-up in this school feeding program?

☐ Yes ☐ No

H11 Was civil society involved in this school feeding program?

☐ Yes ☐ No

H11.1 If H11 = yes, please describe.

H12 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

H13 Did your country have another school feeding program for which you have not already provided information?

☐ Yes ☐ No

H13.1 If H13 = yes, please repeat sections C-H for the next school feeding program. These are available in a separate document that can be completed for each school feeding program, saved separately, and included in the survey submission. If you have any questions, please contact a **Survey Associate** at globalsurvey@gcnf.org