

2019 Global Survey of School Meal Programs



Pilot 2019 Global Survey of School Meal Programs

BACKGROUND AND PURPOSE

School meal programs*—in which students are provided with snacks, meals, or other foods in or through schools—are common throughout the world. However, there has been no global school meal program database in existence that gathers standardized information across all countries and sectors and covers a comprehensive set of school-based feeding activities.

This is a pilot version of the Global Survey of School Meal Programs, conducted by the Global Child Nutrition Foundation (GCNF). The Global Survey will be conducted every two-to-three years, beginning in 2019. The 2019 survey will be used to develop a baseline database on the current state of school feeding programs in all countries of the world (including those with no school feeding activities). The survey is designed to capture information on:

- The scope of school feeding activities in each country in the most recently completed school year
- Government involvement with school feeding
- Nutrition, education, and gender
- Agricultural and private sector engagement
- Related health and sanitation topics

The survey database will enable a participating country to:

- Share information about your school meal programs with stakeholders and researchers around the world
- Identify strengths, weaknesses, and needs within programs
- Recognize and remedy gaps in program data collection
- Learn from the successes and challenges of other countries' school feeding programs
- Invest in school nutrition with deeper knowledge of the sector globally, including trends, gaps, and opportunities
- Direct training, education, research, and funding efforts to the areas of greatest need

GCNF is particularly interested in national government involvement with school feeding, and hosts an annual conference, the Global Child Nutrition Forum, to encourage learning and sharing across countries and between officials responsible for school meal programs. Because of the focus on national government ownership and involvement, this survey is designed to be answered by a government representative—a survey **Focal Point**—who is involved with school feeding in their country. Governments that respond to the survey questionnaire will be invited to send representatives to the 2019 Global Child Nutrition Forum at a discounted rate.

*While aware of distinctions that may exist between the terms school meal, school feeding, and school nutrition (programs), we are using school feeding throughout most of this survey as we aim to capture core information regarding all such programs.

SURVEY OVERVIEW

This survey asks about **national school feeding programs** and other large-scale school meal or school nutrition programs. This includes programs that are managed or administered by the **national, regional, or local government**. Similar large-scale school-based feeding programs include those that are managed by a non-governmental entity, but in coordination with the national government. It also includes programs that do not involve the government, but reach a substantial proportion of students in the country. Please refer to the survey glossary for additional information.

The survey includes 11 sections. Five sections contain national-level questions, meaning that they only need to be completed once for your country. The remaining six sections contain program-level questions, meaning that they will be completed separately for each large-scale school feeding program in your country.

NATIONAL-LEVEL SECTIONS	PROGRAM-LEVEL SECTIONS	NATIONAL-LEVEL SECTIONS
<i>Complete once per country</i>	<i>Complete once for each large-scale school feeding program in the country</i>	<i>Complete once per country</i>
A. Pre-survey filter questions	C. Program overview	I. School-based emergency feeding
B. National context	D. Design and implementation	J. Education system and infrastructure
	E. Food sourcing	K. Successes and challenges
	F. Governance and leadership	
	G. Funding and budgeting	
	H. Agriculture, employment, and community participation	

Given its global scope, this survey addresses a wide range of topics around school feeding. Some questions will be very relevant for your country, and others will be less so. We are grateful for your patience in answering all relevant questions and contributing your knowledge and expertise to this global database.

The survey can be completed in stages (and in the order that is convenient to you), and we expect many respondents will opt to complete the survey gradually over the course of 1-2 weeks.

If you have questions or comments, please be in touch and we will do our best to respond quickly. Email: globalsurvey@gcnf.org; Phone: +1 877 517 2546; Website: www.gcnf.org; Address: P.O. Box 99435 Seattle, WA 98139 USA.

INSTRUCTIONS

1. This pilot survey is available only in PDF format, to be submitted by email.
2. **Survey Associates** are available to answer questions and assist throughout the survey experience. If you would like to correspond with a Survey Associate, please email globalsurvey@gcnf.org. We look forward to hearing from you!
3. All questions in this survey refer to the most recently completed school year in your country, unless otherwise noted. For many countries, this will be the 2017-2018 school year.
4. If your country did not have a school feeding program, please complete (and submit) only section A.
5. Definitions of key terms are provided in a glossary. If a word is **green**, the definition is available.
6. Please try to answer every question. At the close of each survey section, space is available to explain or clarify any responses or questions you could not answer.
7. Sections A, B, I, J, and K collect country-level information. In the PDF survey format, the headers of these sections are **purple**. These will be completed once.
8. Sections C, D, E, F, G, and H collect information that is specific to a given school feeding program. In the PDF survey format, the headers of these sections are **blue**. These will be completed for each large-scale school feeding program that was operating in your country in the most recently completed school year. If your country had one such program in place, these will be completed once. If your country had three programs, each of these will be completed three times.
9. In the PDF survey format, the main document includes one copy of sections C-H for the first school feeding program. If you have multiple programs, please label, save, and send completed copies of your survey responses (section C-H) for each program.
10. You, the survey **Focal Point**, are not expected to know answers to all of the survey questions. In some places, you will likely need to gather information from other government representatives or school feeding partners who are more familiar with a certain topic. In other cases, you will be asked to indicate that the question does not apply to the program(s) and move on to the next question or section.
11. Whether or not you have consulted with a Survey Associate in the process of completing the survey, once a survey is submitted, it will be reviewed by a GCNF **Survey Associate**. The Survey Associate may contact you if he/she needs clarification regarding your responses.
12. The **Focal Point** will be responsible for gaining any necessary approval for the information to be made available in a public database. Submission of a completed survey is understood to indicate that government approval has been received.
13. Your name and contact information will not be public and will not be made available to any data users.

We are deeply appreciative of the work of the survey **Focal Points**,
who make this initiative successful.

Thank you!

FOCAL POINT CONTACT INFORMATION

The below Focal Point contact information is collected for administrative purposes only and will not be made publicly available.

Country: _____

Date of survey start: _____

Name: _____

Institution/Office: _____

Job title: _____

Email: _____

Telephone: _____

Skype: _____

Other contact option: _____

Information on school feeding activities in this country is available at:

Ministry/Agency: _____

Contact information (e.g., email address): _____

To be completed by GCNF

Was a Survey Associate involved? Yes No

Survey Associate: _____

Survey language: _____

Survey submission date: _____

Survey verification date: _____

SECTION A: PRE-SURVEY FILTER QUESTIONS

A1 During the most recently completed school year, did your country have a **national school feeding program or similar program**?

Yes No

A1.1 If A1 = yes, what were the names of the school feeding programs in this country?
If a program did not have an official name, please apply a name to be used in this survey.

School feeding program 1: _____

School feeding program 2: _____

School feeding program 3: _____

School feeding program 4: _____

School feeding program 5: _____

A1.2 If A1 = no, are there any plans to develop and **implement** a school feeding program in this country?

Yes No

If A1 = no, you do not need to continue the survey.

*If A1 = yes, sections **C-H** will be repeated for each school feeding program listed in A1.1.*

A2 How many children in total received food (through any and all school feeding programs) in the most recently completed school year? *If exact number is not known, please estimate.*

A3 How many children in total received food one school year prior to the most recently completed school year? *If exact number is not known, please estimate.*

A4 How many children in total received food three school years prior to the most recently completed school year? *If exact number is not known, please estimate.*

A5 What was the most recently completed school year in this country?

Start month	Start year	End month	End year
<input type="checkbox"/> January	<input type="checkbox"/> 2017	<input type="checkbox"/> January	<input type="checkbox"/> 2017
<input type="checkbox"/> February	<input type="checkbox"/> 2018	<input type="checkbox"/> February	<input type="checkbox"/> 2018
<input type="checkbox"/> March		<input type="checkbox"/> March	<input type="checkbox"/> 2019
<input type="checkbox"/> April		<input type="checkbox"/> April	
<input type="checkbox"/> May		<input type="checkbox"/> May	
<input type="checkbox"/> June		<input type="checkbox"/> June	
<input type="checkbox"/> July		<input type="checkbox"/> July	
<input type="checkbox"/> August		<input type="checkbox"/> August	
<input type="checkbox"/> September		<input type="checkbox"/> September	
<input type="checkbox"/> October		<input type="checkbox"/> October	
<input type="checkbox"/> November		<input type="checkbox"/> November	
<input type="checkbox"/> December		<input type="checkbox"/> December	

A6 How many school days are in the school year?

SECTION B: NATIONAL CONTEXT

B1 Are there national laws, policies, or standards related to school feeding?

Yes No

B1.1 If B1 = yes, please fill in the table below:

Topic	B1.1.1 Name of national law/policy/standard(s)	B1.1.2 Description of law/policy/standard(s)
National school feeding policy		
Nutrition		
Food safety		
Agriculture		
Private sector involvement		

B2 Did the national government contribute financially to any school feeding program(s) in this country in the most recently completed school year?

Yes No

B2.1 If B2 = yes, what was the total actual government financial contribution to these programs?

B2.2 What is the currency used in question B2.1? *Please spell out.*

B2.3 If B2 = yes, was there a separate line item in the national budget for school feeding?

Yes No

B3 Are any food items prohibited in school feeding programs?

Yes No

B3.1 If B3 = yes, what food items are prohibited?

B3.2 If B3 = yes, for what reason are these food items prohibited? *Check all that apply.*

Cultural reasons

Religious reasons

Health-related reasons

Other: _____

B4 Are there any food restrictions in school cafeterias, or on or near school grounds?

Yes No

B4.1 If B4 = yes, what food items are restricted?

B5 Is there an inter-sectoral coordination body or committee for school feeding at the national level?

Yes No

B5.1 If B5 = yes, please describe.

B6 Is there a country-wide system for monitoring school feeding programs?

Yes No

If B6 = yes, please fill out the following table.

B6.1 Does the system include the following components? Check all that apply.	B6.2 How frequently does this monitoring occur?	
<input type="checkbox"/> School visits	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
<input type="checkbox"/> Electronic reporting	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
<input type="checkbox"/> Paper-based reporting	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually

B7 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION C: PROGRAM OVERVIEW

Sections C, D, E, F, G, and H contain questions about specific school feeding programs, and will be completed for each program in this country.

C1 List the name of this school feeding program.

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 Compared to the number of students this school feeding program planned to serve at the beginning of the most recently completed school year, what percent actually received food?

<input type="checkbox"/> None				
<input type="checkbox"/> Fewer, by approximately:	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 25-50%	<input type="checkbox"/> 50-75%	<input type="checkbox"/> 75-99%
<input type="checkbox"/> Same				
<input type="checkbox"/> More, by approximately:	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 25-50%	<input type="checkbox"/> 50-75%	<input type="checkbox"/> 75%+

C7 To what extent did this school feeding program achieve its planned targets in the following categories? Check any of the areas in which you set targets and indicate the degree to which the targets were achieved.

	Targets achieved	Mostly achieved	Slightly achieved	Not achieved
<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"/>

C8 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.*

C9 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.*

C10 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.*

C11 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: _____

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? Check if "yes".	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: _____

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? Check if "yes".	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: _____

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? Check if "yes".	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>	D18.2 Was this complementary program mandatory in participating schools? <i>Check if “yes”.</i>
<input type="checkbox"/> Handwashing with soap	<input type="checkbox"/>
<input type="checkbox"/> Height measurement	<input type="checkbox"/>
<input type="checkbox"/> Weight measurement	<input type="checkbox"/>
<input type="checkbox"/> Other nutrition monitoring: _____	<input type="checkbox"/>
<input type="checkbox"/> Deworming treatment	<input type="checkbox"/>
<input type="checkbox"/> Eye testing/eyeglasses distribution	<input type="checkbox"/>
<input type="checkbox"/> Hearing testing/treatment	<input type="checkbox"/>
<input type="checkbox"/> Dental cleaning/testing	<input type="checkbox"/>
<input type="checkbox"/> Menstrual hygiene	<input type="checkbox"/>
<input type="checkbox"/> Drinking water	<input type="checkbox"/>
<input type="checkbox"/> Water purification	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>

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>	D19.2 Was this education mandatory in participating schools? <i>Check if “yes”.</i>
<input type="checkbox"/> Nutrition education	<input type="checkbox"/>
<input type="checkbox"/> Food and agriculture education	<input type="checkbox"/>
<input type="checkbox"/> School gardens	<input type="checkbox"/>
<input type="checkbox"/> Hygiene education	<input type="checkbox"/>
<input type="checkbox"/> Health education	<input type="checkbox"/>
<input type="checkbox"/> Reproductive health education	<input type="checkbox"/>
<input type="checkbox"/> HIV prevention education	<input type="checkbox"/>
<input type="checkbox"/> Physical education	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>

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

D19.3 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:
<i>Please ensure that this row sums to 100%.</i>	_____ %	_____ %	_____ %	_____ %
E1.2 What were the sources of food items obtained through each method? <i>Check all that apply.</i>				
Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere within country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From nearby countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From faraway countries	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 do not need to sum to 100%.*

Food costs _____ %

One-time fixed costs (e.g., kitchen construction and equipping) _____ %

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?

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".		H1.2 If yes, who provided the support? Check all that apply.	
	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"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H2 Other private sector actors

	H2.1 Were any of the following private sector actors involved in this school feeding program? Check if "yes".		H2.2 If yes, in what stage of school feeding were these actors involved?			
	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

SECTION I: SCHOOL-BASED EMERGENCY FEEDING

I1 Was your country affected by any of the following emergencies in the most recently completed school year? *Check all that apply.*

- Slow-onset emergency** (e.g., drought)
- Natural disaster (excluding slow-onset emergencies)
- Economic/financial crisis
- Conflict
- Health epidemic
- Other: _____
- None

I1.1 If I1 is not “none”, please describe:

If I1 is not “none”, please fill out the following table.

I2 How did this impact school feeding? <i>Check all that apply.</i>	Increased	Decreased
Number of students fed	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of school feeding	<input type="checkbox"/>	<input type="checkbox"/>
Size of rations	<input type="checkbox"/>	<input type="checkbox"/>
Level of food basket variety	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change in targeting approach		
<input type="checkbox"/> Change in feeding modality		
<input type="checkbox"/> School feeding ceased operations		
<input type="checkbox"/> No change to school feeding		

I3 Are there preparation measures in place related to school feeding for future emergencies?

- Yes No

I3.1 If I3 = yes, please describe.

I4 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION J: EDUCATION SYSTEM AND INFRASTRUCTURE

J1 Is student enrollment recorded in this country's education system?

Yes No

J1.1 If J1 = yes, is enrollment disaggregated by gender?

Yes No

J2 Is student attendance recorded?

Yes No

J2.1 If J2 = yes, is attendance disaggregated by gender?

Yes No

J3 Do schools/does government track student achievement over time?

Yes No

J3.1 If J3 = yes, are records of achievement disaggregated by gender?

Yes No

J3.2 If J3 = yes, using what metrics?

Achievement tests

Progression from one grade to the next

Graduation rates

Other: _____

J3.3 Does this country have a way to link the following indicators to an individual student who received school feeding? Check if "yes".

Achievement tests

Progression from one grade to the next

Graduation rates

J4 Does this country's school system include pre-school?

Yes No

J5 Infrastructure in schools

J5.1 How many schools in this country have the following features?	All	Most	Some	Very few	None
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piped water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latrines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flush toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated eating spaces/cafeterias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J6 How many latrines/toilets are **gender-private**?

- All
 Most
 Some
 Very few
 None

J7 Are there nationwide maintenance requirements in place for latrines/toilets?

- Yes No

J8 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

SECTION K: SUCCESSES AND CHALLENGES

K1 Please describe at least three positive developments related to school feeding in this country in the past five years.

K2 Please describe at least three strengths of school feeding programs in this country.

K3 Please describe any major **setbacks** related to school feeding in the past five years.

K4 Please describe any challenges or problems related to school feeding.

K5 Please describe any concerns related to **corruption/mismanagement** in school feeding programs.

K6 Have any major studies of school feeding program(s) been conducted?

Yes No

K6.1 If K6 = yes, please describe any evidence of impacts of school feeding on students.

K6.2 If K6 = yes, please describe any evidence of impacts of school feeding on families/communities.

K6.3 If K6 = yes, please use this space to provide reference information for these studies.
Provide links if possible.

K7 What research/studies related to school feeding would be helpful for this country?

K8 If you had difficulty answering any questions in this section, please use this space to provide a brief explanation.

This concludes the survey. Thank you!

ABOUT GCNF

The Global Child Nutrition Foundation is a global network of governments, businesses, and civil society organizations working together to support school meal programs that help children and communities thrive. GCNF provides training, technical assistance, and networking opportunities to help governments build national school meal programs that are nutritious, locally-sourced, and ultimately independent from international aid.

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