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Strengthening Nutrition in Schools in Europe and Central Asia

Assessment of school nutrition environments in Kosovo



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September 2026

1 *All references to Kosovo should be understood in the context of United Nations Security Council Resolution 1244 (1999)*

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Summary

Nutrition and physical activity behaviours established during childhood and adolescence have lifelong implications for health, well-being, learning outcomes, and productivity. Globally, unhealthy diets, physical inactivity, and the increasing availability of ultra-processed foods are contributing to a growing burden of overweight, obesity, and diet-related non-communicable diseases among children and adolescents.[1] Schools are recognized as one of the most effective platforms for promoting healthy lifestyles, given their unique role in shaping children's daily habits, food choices, and opportunities for physical activity.[2]

The Nutrition Environment Assessment Tool for Schools (NEATs) is a globally recognized assessment methodology developed to systematically evaluate school nutrition and physical activity environments.[3] The NEATs enables countries to identify strengths, gaps, and opportunities within school settings by assessing policies, food availability, infrastructure, nutrition education, water and sanitation access, and opportunities for physical activity. The findings generated through the NEATs support evidence-based policymaking and the development of interventions that foster healthier school environments for all children.

In Kosovo, strengthening nutrition and healthy lifestyles among children and adolescents has become increasingly important as Kosovo continues to address existing nutrition challenges including suboptimal infant and young child feeding practices, nutrition inequalities among vulnerable populations, and the need to improve diet quality across the life course.[5,13] The implementation of the NEATs in Kosovo represents an important opportunity to generate nationally relevant evidence on school nutrition environments and to support multisectoral action involving the health, education, and local governance sectors.

The assessment identified substantial opportunities to strengthen school nutrition environments across Kosovo. While school meal provision was limited, one school participating in a pilot full-day schooling model demonstrated a promising locally led approach to providing healthy meals and snacks to students across the compulsory education cycle. Food was not commonly sold within schools, but where it was available, unhealthy options predominated. Furthermore, most schools allowed students to leave the premises during the school day to purchase food and drinks, with unhealthy options widely available from nearby retailers. In contrast, unhealthy food marketing within schools was uncommon. Access to safe drinking water and suitable physical activity spaces and equipment was uneven, with some schools also lacking facilities to support students with additional needs. However, organized physical activity was a clear strength, with almost all schools meeting curriculum requirements. There are also important opportunities to strengthen nutrition education and nutrition-related health services, which were limited and inconsistently implemented across schools.

The findings highlight the need for a comprehensive policy and legal framework to support healthier school nutrition environments in Kosovo. Priorities include progressively establishing a publicly funded school meal or snack programme; introducing mandatory nutrition standards for foods and beverages provided or sold in schools; and restricting the sale and marketing of unhealthy products within and around schools. Further action is needed to strengthen nutrition education, ensure universal access to safe drinking water, establish standardised referral pathways between schools and primary health care services, and invest in safe and inclusive physical activity infrastructure and facilities. These actions should be supported by adequate resources, clear implementation guidance, and a monitoring and accountability framework that enables routine assessment of school nutrition and physical activity environments and incorporates student experiences. Where feasible, NEAT-S indicators could be integrated into existing education and health information systems to support ongoing monitoring and evidence-informed decision-making.

Building on the strong partnerships established through this assessment, Kosovo now has an important opportunity to translate this evidence into coordinated action to create healthier school environments that support the health and wellbeing of all children and adolescents.

Background

Malnutrition remains one of the most significant threats to child health and development globally. Despite progress in some areas, millions of children continue to experience undernutrition, micronutrient deficiencies, overweight, and obesity, often within the same countries and communities, undermining their health, development, learning, and future wellbeing.[1] Across the Europe and Central Asia region, more than 1.8 million children under five are stunted, while approximately one in ten children under five and one in three children aged 7–9 years are overweight or obese.[2-4] Unhealthy dietary patterns are widespread, with data from the 2024 Childhood Obesity Surveillance Initiative (COSI) showing that more than half of children do not consume fruit daily, two-thirds do not consume vegetables daily, and one-third consume soft drinks more than three times per week.[3] In Kosovo, findings from the 2025 Multiple Indicator Cluster Survey highlight the coexistence of undernutrition and overweight among young children. While 8 per cent of children under five are overweight, only 42 per cent of infants aged 0–5 months are exclusively breastfed and just 35 per cent of children aged 6–23 months receive a minimum acceptable diet. Persistent disparities also remain, with stunting affecting 16 per cent of Roma, Ashkali and Egyptian children compared with 5 per cent of children nationally, underscoring ongoing nutrition inequalities among vulnerable population groups.[13]

Schools represent a critical setting for public health intervention, where children and adolescents spend a significant portion of their day.[2] The school nutrition environment (encompassing the foods provided and sold, the policies governing food and physical activity, and the education and services delivered) profoundly influences dietary habits, physical activity levels, and long-term health outcomes.[6-7]

Global evidence demonstrates that comprehensive school health and nutrition programmes can significantly improve dietary behaviours, physical activity levels, academic performance, and overall child well-being.[8] Recognizing this, Kosovo has committed to strengthening healthier school environments through collaboration between the health and education sectors, with support from development partners, including UNICEF.

Kosovo context

Located in Southeast Europe, Kosovo has a population of approximately 1.6 million people according to the 2024 Population and Housing Census.[9] Kosovo is classified by the World Bank as an upper-middle-income economy and has experienced strong economic growth in recent years, including an annual GDP growth rate of 4.57%.[10] Nearly half of the population resides in rural areas, while demographic changes, including migration and urbanization, continue to influence social and economic development.

Kosovo has a relatively young population, with children and adolescents representing a significant proportion of society. Recent data show that approximately 26% of the population is aged 0–18 years, highlighting the substantial share of children and young people. [10] Over the past decade, Kosovo has made important progress in strengthening the health and education systems, including reforms focused on primary health care, preventive health services, and inclusive education..[11] Despite these advances, disparities in access to quality services and healthy living conditions remain, particularly among vulnerable and marginalized populations.

Changing food systems, increasing urbanization, and the growing availability of processed foods are influencing dietary patterns and lifestyle behaviours among families and children. These trends contribute to the increasing burden of overweight, obesity, and diet-related non-communicable diseases. At the same time, cardiovascular diseases remain among the leading causes of morbidity and mortality.[12]

Childhood and adolescent nutrition and physical activity status

Kosovo is experiencing dietary and lifestyle transitions characterized by increased consumption of processed foods, sedentary behaviours, and changing eating habits among children and adolescents.[12] According to a recent World Health Organization report, overweight and obesity rates are rising across the region, driven by shifting nutritional environments and poor dietary habits.[12] This challenge is compounded by a double burden of malnutrition that begins in early childhood. Findings from the 2025 MICS show that 42% of infants aged 0–5 months are exclusively breastfed, while just 35% of children aged 6–23 months receive a minimum acceptable diet, indicating persistent challenges in infant and young child feeding practices. Dietary quality remains a concern, with 57% of children aged 6–23 months consuming unhealthy foods and 42% consuming sweet beverages, while among Roma, Ashkali and Egyptian children these proportions rise to 80% and 72%, respectively. Although overall stunting among children under five remains relatively low at 5%, chronic malnutrition disproportionately affects Roma, Ashkali and Egyptian children, among whom 16% are stunted, compared with 5% overall population, highlighting persistent nutrition inequalities. At the same time, 8% of children under five are overweight, underscoring the coexistence of undernutrition and overweight and the growing complexity of nutrition challenges in Kosovo. [13]

As children enter the school system, poor dietary choices further exacerbate these health risks. Moreover, a 2023 assessment shows that primary school diets are heavily dominated by unhealthy items like pastries, sweets, and sugary juices, while nutrient-dense options are almost entirely absent.[15] These habits are heavily influenced by the immediate commercial environment, with 62% of parents in this study reporting that nearby kiosks and supermarkets predominantly sell unhealthy snacks and beverages. Although 79% of parents believe preparing food at home is more financially affordable, only 33% actually do so, often citing the lack of proper school cafeterias as a major barrier to healthier habits. Furthermore, as youth transition into adolescence, the unregulated consumption of energy drinks has emerged as a growing public health concern. Ultimately, decreasing children›s reliance on heavily processed foods, high in salt, fat, and sugar, while simultaneously addressing the widespread consumption of energy drinks, remains a critical objective for Kosovo to halt the continued upward trajectory of childhood obesity and related metabolic diseases.

Education system in Kosovo

The education system in Kosovo follows the International Standard Classification of Education (ISCED 2011) and mandates compulsory education for children and adolescents from grades 1 through 9. The system is divided into four main levels:



Preschool education (for children under 6 years old), which includes preschool and preprimary programs to prepare children for school



Primary education (Grades 1-5, approx. ages 6-10), which marks the start of compulsory education



Lower secondary education (Grades 6-9, approx. ages 11-14), which completes the compulsory cycle



Upper secondary education (Grades 10-12, approx. ages 15-17), which is not compulsory but widely attended.

Across Kosovo, there are 833 primary and lower secondary schools (comprising 624 main schools and 209 satellite branches), 120 upper secondary schools (comprising 105 main schools and 15 satellite branches), and 6 special education schools.[16]

Despite existing regulations and previous political commitments, Kosovo currently lacks a universal school feeding program due to budget cuts and municipal operational hurdles. Consequently, the provision of school meals is highly decentralized. While a few municipalities independently provide free daily meals to primary students, the vast majority of schools cannot offer formal programs due to inadequate infrastructure (like canteens) and a lack of trained nutritional staff. While some municipalities have initiated small-scale or pilot initiatives—such as the introduction of school canteens in certain urban areas —there is no standardized, Kosovo-wide school feeding programme. Evidence from 2023 Ubo consulting assessment shows that practices vary significantly across municipalities, with most schools' food is brought from home or purchased from nearby shops. In these settings, student nutrition depends largely on household's resources and food choices, with many children using pocket money to buy heavily processed foods from local vendors during breaks.[15]

Polices and laws relevant to the school nutrition environment

Kosovo's central institutions have demonstrated a growing commitment to improving child well-being through a comprehensive legal and policy framework; however, the practical implementation of these regulations at the municipal and school levels remains inconsistent and, in some cases, severely lacking. A key component of this framework is the Administrative Instruction (MASHT) No. 03/2019 on Healthy Nutrition of Children in Educational Institutions of Pre-University Education, which provides the principal regulatory framework governing healthy nutrition within schools and preschools. The secondary legislation

(Administrative Instruction No. 23/2019) establishes standards for healthy nutrition in pre-university institutions, promotes healthy eating, prohibits unhealthy foods, and encourages children to bring food prepared at home. However, this may create inequities in children's access to healthy food environments. [17]

In 2021, the MoH, through the NIPHK, in collaboration with the MES and other relevant institutions, developed guidance and menus for healthy nutrition in childcare institutions for children aged 0–6 years. The COVID-19 pandemic delayed the development of guidance and menus for primary and lower and upper secondary school students.

The education system is formally centralized in terms of policy development—framework laws, strategies, and curricula are defined at the central level—but their implementation is largely decentralized to Municipal Education Directorates (MEDs) and individual schools. This governance structure creates important variations in how policies are translated into practice on the ground.[18] The foundation is laid by the *Law on Pre-University Education (No. 04/L-032)*[19], which introduces the overarching concept of "healthy schools." Empowered by the *Law on Public Health*, the Ministry of Health (MoH) and National Institute of Public Health of Kosovo (NIPHK) are tasked with collaboratively drafting dietary guidelines. Within the education sector, the Ministry of Education and Science (MES) is responsible for policy development, curricula, and strategic planning, while Municipal Education Directorates are responsible for implementation, monitoring at the local level, and resource allocation within schools.[20] The Administrative Instruction further requires Municipal Education Directorates to monitor implementation of healthy nutrition measures, coordinate health promotion activities, support systematic health visits in schools, and ensure that schools provide appropriate facilities and conditions for healthy food consumption.

At the school level, principals and teaching staff are responsible for operationalizing these frameworks in daily practice, including promoting healthy eating, facilitating physical activity, and engaging with parents. However, the absence of clearly defined operational responsibilities, dedicated budgets, and specialized staff—particularly at the municipal and school levels—often limits effective implementation.[22] According to Administrative Instruction No. 03/2019, school directors are specifically responsible for integrating healthy nutrition activities into school development plans, curricular and extracurricular activities, and ensuring that unhealthy foods and beverages are neither promoted nor sold within school premises. Teachers are required to encourage healthy food choices, promote water consumption, and support nutrition education activities among students and parents.

Within the education system, while the *Education Strategy 2022–2026*[22] addresses nutrition primarily through staff training, the 5th-grade curriculum actively operationalizes these goals by educating students on food safety, personal healthy eating plans, and the risks of harmful substances like energy drinks. Parallel to this, the *Health Sector Strategy 2025–2030* [23] promotes school health programs and active lifestyles and is currently drafting a dedicated Plan for Maternal and Child Health. Despite this strong policy framework, implementation depends heavily on municipal capacity and prioritization. Evidence suggests that coordination between central institutions (MES, MoH), Municipal Education Directorates, and schools remains uneven, leading to gaps in enforcement, variability across municipalities, and limited accountability mechanisms. [21]

In addition to school-based policies, Kosovo has implemented broader public health nutrition interventions aimed at preventing micronutrient deficiencies. Kosovo has implemented salt iodization as an important public health intervention to prevent iodine deficiency disorders and improve population nutritional status. Progress in reducing iodine deficiency has been documented through monitoring and surveillance efforts. The importance of iodized salt is reflected in nutrition policies and is incorporated into assessment frameworks for school feeding programmes.[25] A key component of this framework is the Law No. 04/L-114 on Flour Fortification (2012), which established mandatory fortification of wheat flour types 400 and 500 with iron and folic acid as a public health measure. The law aims to prevent and reduce diseases caused by deficiencies of iron and folic acid and requires all flour produced or imported into Kosovo to be fortified accordingly. The legislation also permits additional fortification with vitamin A, vitamin B12 and zinc, based on nutritional needs. Furthermore, the law mandates monitoring, quality control and compliance throughout production, importation and distribution systems, ensuring that fortified flour reaches the population as a population-wide nutrition intervention.[26] These population-level micronutrient interventions complement school nutrition policies by improving the nutritional quality of staple foods commonly consumed by children and adolescents and contribute to Kosovo's broader efforts to address micronutrient deficiencies and improve public health outcomes.

To bridge this critical implementation gap and unify these cross-sectoral frameworks, the *Action Plan for Healthy Feeding 2027–2029* [27] was developed with technical support from UNICEF. A key priority of the Action Plan is the collection of robust baseline data on school food environments, nutrition practices, and opportunities for physical activity in schools. Current policy frameworks require schools to provide a minimum of 90 minutes of organized physical education (PE) and physical activity per week. In practice, this translates into approximately one 45-minute lesson per school timetable cycle, complemented by an additional 45 minutes per week, depending on school scheduling and grade level. Beyond formal PE classes, the curriculum also encourages schools to promote physical activity through extracurricular activities and other opportunities for physical activity during the school day. [28] These data are intended to support monitoring and accountability, inform evidence-based policy and programme development, and help ensure that schools provide environments that promote and protect the health of all students. This NEAT-S assessment contributes directly to this objective by generating comprehensive baseline evidence on the current state of school nutrition and physical activity environments in Kosovo.

Global health agencies recognise that children's dietary behaviours and health are shaped by the environments in which they live, learn, and play. These agencies have consistently called for action to protect children from environments that promote unhealthy diets, including the widespread availability, marketing, and promotion of unhealthy foods and beverages in and around schools.[29-30] Strengthening school nutrition environments is therefore recognised as a key strategy for improving child health, supporting healthy development, and preventing obesity and diet-related non-communicable diseases. In this context, creating healthier school food environments in Kosovo should be considered a public health priority.

Study Aim

The primary objective of this study is to assess the quality of school nutrition and the learning environment to support policy development, programme planning, and monitoring efforts at central and municipal levels.

The specific objectives of the assessment are to:

- Assess the provision, infrastructure, and nutritional quality of school feeding programmes.
- Assess school nutrition and physical activity environments, including the availability of healthy and unhealthy foods in and around schools, access to safe drinking water, and the availability and condition of sports facilities and playgrounds.
- Assess the provision of nutrition education within the curriculum and the availability of nutrition-related health services in schools.
- Assess students' diet quality, nutrition knowledge and attitudes
- Develop evidence-based recommendations to strengthen school nutrition and health policies, programmes, and environments.

Methodology

The Assessment of School Nutrition Environments was conducted in 2025–26 using a standardised methodological framework, with context-specific adaptations made where required. The National Institute of Public Health of Kosovo with the Ministry of Health, Ministry Education and Science, Medical Faculty of University of Prishtina and UNICEF Kosovo Office, in collaboration and the research team from Deakin University (Australia), jointly developed and agreed on the approach and methodology for conducting the assessment in Kosovo.

Ethics approval

Project-level ethics was approved by the Deakin University Human Research Ethics Committee (2025/HE000294). In Kosovo, ethical approval for the study was granted by the Health Media Lab Institutional Review Board (HML IRB) contracted by UNICEF HQ office, on 1 March 2026, with approval valid until 28 February 2027. Additional ethical approval and institutional clearance were obtained from the Ethics Committee of the Faculty of Medicine, University of Prishtina with reference number 11064 /26, and from the Chamber of Doctors of Kosovo, with reference number 112/26.

The study received endorsement and support from the Ministry of Education and Science, the Ministry of Health, and the Municipal Education Directorates in all participating municipalities. As part of the coordination process, the Ministry of Education and Science officially informed all Municipal Education Directorates via formal communication (email) about the study and the planned fieldwork. Following this endorsement, the research group established direct contact with individual schools through the respective Directorates, using this institutional approval as the basis for engagement and access.

Subsequently, all participating schools were provided with detailed information about the study procedures, and formal consent materials were distributed.

Prior to participation, written informed consent was obtained from school administrators and parents/caregivers, while informed assent was obtained from participating children. All consent and assent procedures were implemented in accordance with the requirements of the respective ethics review bodies and ensured that participation was voluntary and based on adequate information about the study.

Data collection included survey questionnaires and structured observations administered using both paper-based and electronic methods. All data were collected, stored, and processed in accordance with established ethical principles, including respect for persons, privacy, confidentiality, and data security. Participant information was handled confidentially and reported in a manner that protected anonymity. All data were used solely for the purposes of research, analysis, and reporting.

Study Design

The study employed a cross-sectional design using survey tools to assess school nutrition environments. This included an assessment of the school nutrition environment, students' perceptions of the school nutrition environment, and students' diet quality.

Data Collection Instruments

The Assessment of School Nutrition Environments was conducted using the Nutrition Environment Assessment Toolkit for Schools (NEAT-S). NEAT-S comprises two survey instruments: the School Nutrition Environment Survey and the Student Perceptions and Attitudes Survey. The toolkit is designed to standardise the assessment of school nutrition environments and generate policy-relevant evidence to inform action at school, subnational, and central levels, with the goal of creating healthier environments for children and adolescents. The NEAT-S survey instruments assess the school nutrition environment across four key domains **(Table 1).**

Table 1: Four domains of the NEAT-S

Domain	Description
Nutritious Foods in Schools	Assesses healthiness and procurement practices of school meal and snack programmes
Healthy School Food and Physical Activity Environments	Assesses availability and promotion of unhealthy and healthy food to purchase in and around schools. Also includes facilitation and promotion of physical activity.
Nutrition Services in Schools	Assesses whether schools have a formal program to identify students with malnutrition in all its forms and refer to health services.
Nutrition Education in School Curriculum	Assesses the nutrition and physical activity education provided within the school curriculum

In addition, the assessment incorporated the Diet Quality Questionnaire (DQQ). Developed by the Global Alliance for Improved Nutrition (GAIN) and partners, the DQQ is a validated dietary assessment tool used to assess diet quality at the population level. It captures information on dietary diversity, fruit and vegetable consumption, consumption of unhealthy foods and beverages, intake of ultra-processed foods, and overall dietary patterns. See **Table 2** for descriptions of data collection instruments used in Kosovo.

NEAT-S Adaptation

Prior to data collection, the NEAT-S instruments were reviewed and adapted for use in Kosovo. The Reference Group collaborated with additional stakeholders from the health, education, and school sectors to review and refine the assessment approach and survey instruments. This process ensured that the tools reflected the local policy and school context while maintaining alignment with the core

NEAT-S framework. This process resulted in Kosovo-specific versions of the School Nutrition Environment Survey (**Annex A**), Student Perceptions and Attitudes Survey (**Annex B**), and Diet Quality Questionnaire (**Annex C**). The final survey instruments were translated into Albanian.

Sampling Strategy

A sample of 60 schools was determined to be both feasible within the available resources and sufficient to provide meaningful insights into school nutrition environments in Kosovo. The sample was structured to achieve broad geographic representation across the seven regions (Ferizaj, Gjakova, Gjilan, Mitrovica, Peja, Prishtina, and Prizren), while ensuring approximately equal representation of urban and rural schools and inclusion of both primary/lower secondary and upper secondary school levels. To select the schools, the Ministry of Education and Science provided the list of all schools in Kosovo to the UNICEF Kosovo team, which subsequently shared the information with Deakin University. The list included each school's rural or urban status, school type (primary/lower secondary or upper secondary), and region. Based on this information, Deakin University randomly selected schools according to the predetermined sampling strata.

Students from selected classes within each participating school were invited to complete the student survey and Diet Quality Questionnaire (DQQ). To minimise disruption to teaching and learning activities, school principals were asked to identify one or more classes that could participate with the least interruption to the school schedule. In most schools, two classes were selected; however, in some schools—particularly in rural areas with smaller student populations — three classes were included to ensure an adequate sample size.

Table 2: Description of data collection instruments

Data collection instrument	Description
NEAT-S School Nutrition Environment Survey	The School Nutrition Environment Survey combined multiple-choice and open-ended questions administered in two ways: an interview with a school administrator and direct observation of the school environment. The school administrator section of the survey is completed through an interview conducted by the research group with nominated school administrator/s. It included questions about school meals and snacks programs (e.g. relevant policies, funding and procurement structures, and facilities), policies and curriculum related to nutrition and physical activity and nutrition-related health services. The direct observation section was completed by the research group while moving through the school and its surrounding area, documenting features of the school nutrition environment Including the types of food provided in school meals and snacks programs, foods and drinks available for purchase, the presence of food marketing on school premises, and the accessibility of foods high in fat, sugar, and salt near the schools. Additionally, access to safe drinking water and the environment regarding opportunities for physical activity was assessed.

NEAT-S Student Attitudes and Perceptions Survey	The student survey included a range of statements designed to understand student's opinions about the healthiness of the school nutrition and physical activity environment within their school, and perceptions about actions that could improve the school nutrition and physical activity environment. Students rated 19 statements on a 5-point Likert scale to assess their agreement or disagreement with each statement. Students completed the survey during class time, with interviewers aiding in interpretation and understanding of questions, if required. Within each school, students from one to two classes were invited to complete the survey. The year level chosen was dependent on the Kosovo's context, and feasibility within the school.
Diet Quality Questionnaire (DQQ)	The Diet Quality Questionnaire (DQQ) is a 29-item standardized tool which includes yes/no questions about the consumption of distinct food groups in the last 24 hours. The food groups included can be used to derive nutrient adequacy and protection against non-communicable disease, including both positive and negative risk factors.

Recruitment and data collection

Following endorsement from the Ministry of Education and Science, which formally informed all Municipal Education Directorates via email about the study and upcoming fieldwork, the data collectors coordinated access to schools through these Directorates. This institutional approval served as the basis for contacting individual schools and initiating participation procedures.

Selected schools were contacted by the local research group and invited to participate in the assessment. Following agreement from the school principal, a suitable time for the school visit was arranged, and schools were provided parental consent forms to be distributed to parents/caregivers. Four levels of consent were required to complete the NEATs.

1. **School:** The school leader/principal was required to consent to their school and students participating in the survey;
2. **School administrator:** Once school consent was obtained, the school principal nominated a school administrator to complete the survey on the day of data collection. This person was required to give informed consent prior to completing the survey;
3. **Parents/Caregivers:** In order for students to complete the survey, consent was obtained from their parent or caregiver. An information sheet and consent form were sent home for parents/caregivers to sign and return prior to data collection day;
4. **Students:** Prior to completing the student survey, students were also required to record their consent.

Data collection was conducted between March and May 2026. Two data collectors which were members of the research group visited each participating school, with data collection activities typically taking between one and two and a half hours to complete. The School Nutrition Environment Survey was administered through interviews with a school administrator (e.g. the principal or another staff member

responsible for nutrition-related policies and practices), supplemented by direct observation of the school environment and surrounding area. Responses were recorded electronically and entered directly into the Qualtrics platform.

The Student Perceptions and Attitudes Survey and the DQQ were administered in paper format to students who had received parental/caregiver consent and provided their own assent to participate. Information on students' age and sex was collected; no personal identifying information was recorded. Completed paper surveys were subsequently entered into Qualtrics for analysis.

Data Analysis

Quantitative data were analyzed using descriptive statistical methods. Unweighted counts and proportions of responses to each question were calculated. For the school survey pre-determined core indicators were derived from the results. See **Annex D** for definitions of each core indicator.

For student surveys, responses were grouped into three categories; 'Strongly Agree/Agree', 'Neutral', 'Strongly Disagree/Disagree'.

Analysis of the DQQ was completed in line with the guidance from the Global Diet Quality Project.[17] See **Annex E** for explanation of the indicators reported for this project.

Prior to analysis, all data underwent a systematic data cleaning process conducted by the research group. This included checking for completeness, consistency, and accuracy of responses, as well as validation of entries transferred from paper-based tools to the electronic platform. Any discrepancies or missing data were reviewed and resolved where possible.

Data management and analysis were carried out in close collaboration between the research group and the international technical team. Regular coordination meetings were held throughout the data collection and analysis phases to ensure alignment on procedures, quality standards, and indicator definitions. The international team provided ongoing technical guidance.

All survey data were entered into the Qualtrics platform. The international team provided secure Qualtrics survey links, which were used by the team for data entry and storage. The research group was responsible for uploading data from both electronic and paper-based instruments into the platform, while the international team supported data verification, monitoring, and preparation for analysis.

The findings from the NEAT-S data collection instruments will be presented, followed by results from the Diet Quality Questionnaire (DQQ). Descriptive statistics are presented for all survey data. Where notable differences between rural and urban schools or students were observed, these are highlighted in the results. However, regression analyses and formal tests of statistical significance were not conducted. As such, any observed differences should be interpreted as descriptive and exploratory rather than as evidence of statistically significant associations.

Results

A total of 59 schools participated in the assessment, of which 66% were primary/lower secondary schools and 34% were upper secondary schools. Just over half of the schools were in rural areas (53%), with the remaining 47% located in urban areas. One school that had been selected as part of the study sample was subsequently excluded from data collection after the field research group's visit confirmed that all students were Bosnian-speaking and the study instruments were not available in Bosnian. Characteristics of the participating schools are presented in **Table 3**.

Table 3. Final sample of schools by strata

Region	Urban			Rural			Total
	Lower secondary schools	Upper secondary schools	Total urban schools	Lower secondary schools	Upper secondary schools	Total rural schools	
Ferizaj	2	2	4	2	1	4	59
Gjakova	2	1	3	2	1	3	
Gjilan	2	1	3	2	1	3	
Mitrovica	2	1	4	3	2	4	
Peja	2	1	3	2	1	3	
Prishtina	5	2	8	5	2	8	
Prizren	3	2	5	5	3	5	
Total	**18**	**10**	**28**	**21**	**10**	**31**	

A range of school personnel participated in the School Nutrition Environment Survey interviews. Most respondents were principals or deputy principals (n=34; 58%), followed by administrators, coordinators, or quality coordinators (n=12; 20%), school secretaries (n=7; 11.9%), teachers or staff responsible for nutrition education (n=3; 5%), and careers counsellors or school pedagogues (n=3; 5%).

A total of 1,942 students completed the student survey. Participants ranged from 10 to 17 years, with more girls (57%) than boys (43%). Just over half attended urban schools (54%), while 46% attended rural schools. (**Table 4**)

Table 4: Characteristics of student survey participants (n=1942)

		Total	%
Age	10 years	2	0.1%
	11 years	223	11.5%
	12 years	357	18.4%
	13 years	364	18.7%
	14 years	364	18.7%
	15 years	245	12.6%
	16 years	219	11.3%
	17 years	168	8.7%
Gender	Girl	1113	57.3%
	Boy	829	42.7%
Area	Rural	887	45.7%
	Urban	1055	54.3%
Total		1942	

The same students who participated in the student survey were invited to complete the DQQ, with 1,803 students completing the questionnaire in full.

School Nutrition Environment and Student Survey

Core Indicator Results

Table 5. Results for Core indicators in Kosovo

Domain	Indicator	(n)	Result
	Total number of schools in sample (schools that completed school administrator survey)	59	100%
1. Nutritious food in schools	Proportion of schools that provide a school meal or snack	1	2%
	Of schools that provide a school meal or snack (n=1), the proportion that only include healthy food and drinks	1	100%
	Of schools that provide a school meal or snack (n=1), the proportion that source from local suppliers	1	100%
	Of schools that provide a school meal or snack (n=1), proportion of schools that have adequate infrastructure, storage and logistical support for maintaining food safety and quality across the supply chain and at the school	1	100%
	Of schools that provide a school meal or snack (n=1), the proportion that prepare food on school grounds	0	0%
	Of schools that prepare meals/snacks on school grounds (n=0), the proportion that use iodized salt	n/a	n/a
2. Healthy food and physical activity environments	Proportion of schools that sold food and drinks on the day of data collection	8	15%
	Of schools that sold food and drinks on day of data collection (n=8), the proportion of schools that **did not** sell sweet or artificially sweetened drinks	1	13%
	Of schools that sold food and drinks on day of data collection (n=8), the proportion of schools that **did not** sell sweet, salty or deep-fried foods	1	13%
	Proportion of schools that allow students to purchase meals or snacks from food stores outside school grounds during school hours	48	81%
	Proportion of schools free from visible unhealthy food and drink options outside school grounds	10	17%
	Proportion of schools with sufficient access to safe drinking water that is regularly assessed for quality	40	68%
	Proportion of schools that are free from unhealthy food marketing and sponsorship	57	95%
	Proportion of schools that have sufficient space and physical activity equipment accessible to all students	26	44%
	Proportion of schools with a kitchen garden (e.g. orchard or garden where fruits or vegetables are grown)	0	0%
3. Nutrition services	Proportion of schools reporting they refer children identified as being at risk of malnourishment to health services	23	39%
4. Nutrition education	Proportion of schools that deliver nutrition education	17	29%

DOMAIN 1
Nutritious food in schools

Among the 59 schools assessed, only one school reported providing a school meal and snack programme. This school, located in a rural area, had an unwritten policy that food would be provided by the school and no food was to be brought from home or purchased from stores outside the school. The programme included both a meal and snack provided daily to students in Grades 1–9. Meals were prepared in the Municipality of Prishtina's central kitchen and delivered to the school each day using dedicated food transport containers designed to maintain food safety and quality standards. The programme is financed through municipal resources.

The school represents a notable example of local leadership and innovation within Kosovo's otherwise limited school feeding landscape. While the Municipality of Prishtina has been very recently supporting meal provision for some primary school students (Grades 1–5), advocacy by the school leadership resulted in the expansion of meal provision to students in Grades 6–9, making it the only assessed school providing meals to the full compulsory education cycle. School administrators reported that this arrangement was linked to the school's participation in a pilot full-day schooling model, which created an opportunity to extend access to school meals beyond the grades typically covered by municipal programmes.

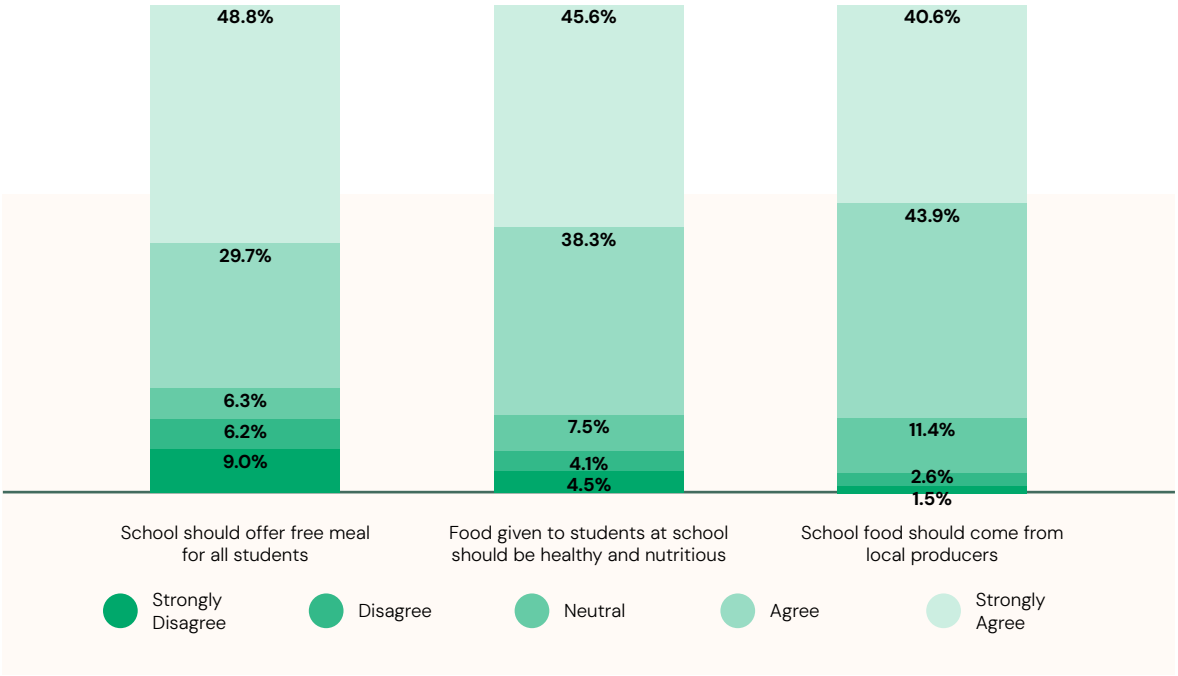
The school was constructed in 2021 and benefits from recent infrastructure, spacious classrooms, and adequate facilities to support meal distribution and consumption. The school serves approximately 80 students and additionally provides free transportation for students from a nearby village, contributing to improved access to education. Although the school is administratively managed by the Municipality of Prishtina, it is geographically located within the territory of Gracanica Municipality, representing a unique administrative arrangement.

The school reported having adequate infrastructure, storage, and logistical systems in place to maintain food quality and safety. The programme was also reported to adhere to nutrition standards, including requirements related to salt and trans fats. Consistent with this, direct observation on the day of data collection found that the snack offering included fruit and whole grains/legumes, while the meal included vegetables. No unhealthy foods or beverages were observed as part of the school feeding programme. However, the menu cycle was limited to a single week, with meals repeating weekly, suggesting opportunities to further diversify the menu and increase dietary variety.

Despite the strengths of the feeding programme, limitations were observed in relation to opportunities for physical activity. While the school building itself is spacious, there is currently no dedicated outdoor recreational or sports area available for students. An adjacent plot of land, which could potentially serve as a playground or physical activity space, remains undeveloped due to unresolved administrative and infrastructural constraints. As a result, students have limited access to outdoor physical activity facilities during the school day.

Consistent with these results, a small proportion (10%) of students agreed that food and snacks provided through their school's meal program were healthy and nutritious. Importantly, almost 80% agreed or strongly agreed that students should be provided with free meals at school 84% agreed this food should be healthy and nutritious, and 84.5% agreed or strongly agreed that food should come from local producers. **(Figure 1**).

Figure 1. Student attitudes about food provision policies and programmes at school (n= 1942)



DOMAIN 2
Healthy food and physical activity environments

Food environment policies

Only five schools reported adhering to policies related to promoting healthy food environments. These included school-level policies that require children from grades 1-5 to bring food from home, a policy to restrict students from leaving the school to buy food outside the school grounds, and a policy that prohibits shops/businesses around the school to sell products that are not appropriate for children, such as alcohol, cigarettes, and energy drinks.

Food availability

Food and drinks were available for purchase in canteens in eight schools (15%) on the day of data collection. Five of these schools were upper secondary schools (62.5%) and three (37.5%) were primary/lower secondary. Six of the eight schools that sold food and drink were located in urban areas (75.0%) and two were in rural areas (25.0%).

Table 6 presents the number of schools that sold unhealthy food options (deep-fried food, salty food, sweet food and processed meat) and healthy food (fruit) on the day of data collection.

Table 6. Schools that sold unhealthy and healthy food options (n=8)

Deep-fried food	Salty food	Sweet food	Processed meat	Fruit	Total schools selling food and drinks
5 (63%)	6 (75%)	4 (50%)	4 (50%)	0 (0%)	8 (100%)

Table 7 presents the number and percentage of schools that sold unhealthy drink options (sweetened drinks, powdered drinks with added sugar, artificially sweetened drinks and energy drinks) and healthy drinks (plain milk, plain water, 100% fruit juice and flavoured water) on the day of data collection.

Table 7. Schools that sold unhealthy and healthy drink options (n=8)

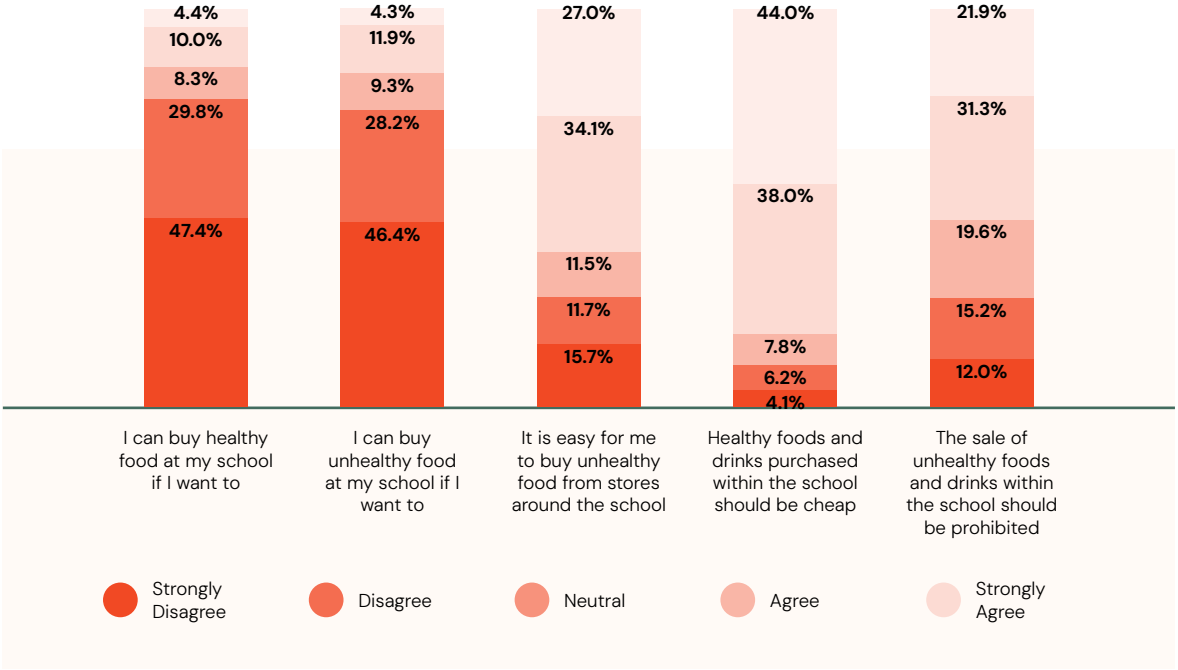
Sweetened drinks	Powdered drinks with added sugar	Artificially sweetened drinks	Energy drinks	Plain milk	Plain water	100% fruit juice	Flavoured water	Total schools selling food and drinks
5 (63%)	5 (63%)	5 (63%)	3 (38%)	1 (13%)	7 (88%)	4 (50%)	1 (13%)	**8 (100%)**

Of the eight schools that sold food and drinks on the day of data collection, one school did not sell any unhealthy food or drinks, which was located in a rural area.

A minority of students agreed or strongly agreed that they can buy healthy food and drinks (14.4%) and unhealthy food and drinks (16.2%) at school. This is consistent with the small number of schools that had food available for purchase within schools. There was moderate support from students to prohibit the sale of unhealthy food and drinks within schools (53.1% agree or strongly agree and 19.6% were neutral). (Figure 2)

Most schools (82%; n=48) reported allowing students to purchase food and drinks from stores outside the school grounds during school hours and most schools (83%, n=49) also had retail outlets in the surrounding area where high-fat, salty, and sugary foods and beverages were visibly available. Findings from the student survey were consistent with these observations, with 61.1% of students agreeing or strongly agreeing that it is easy to purchase unhealthy foods from stores near their school. (**Figure 2**)

Figure 2. Student perceptions and attitudes about food available for purchase in and around schools (n= 1942)

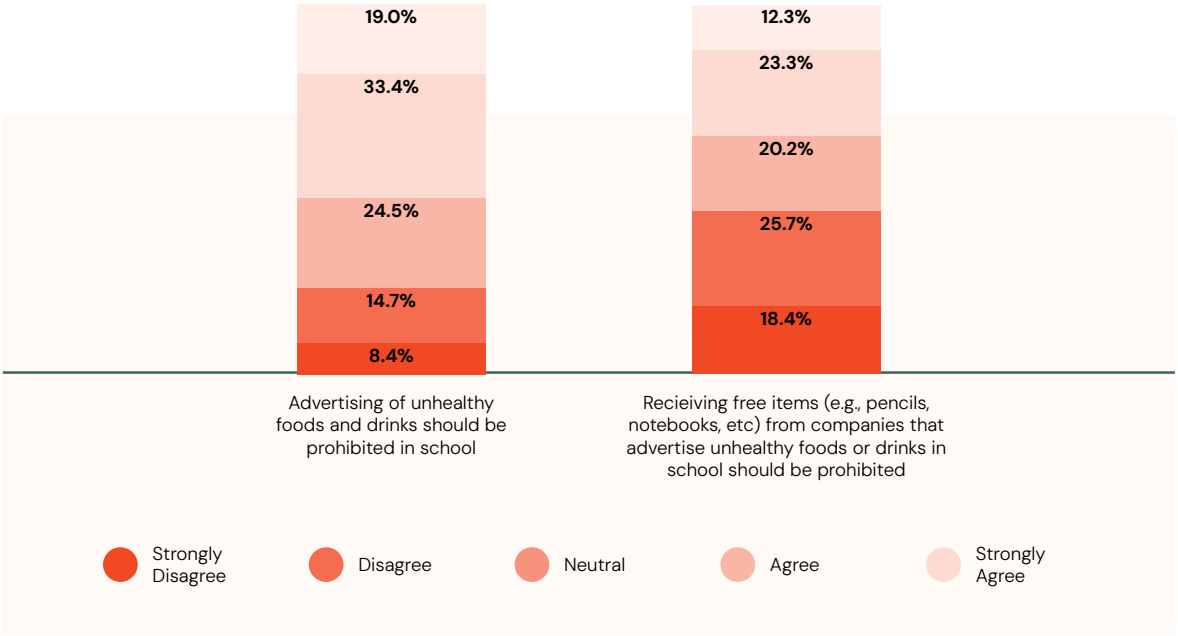


Food marketing

Almost all schools (n=56/59; 95%) reported there was no marketing of unhealthy foods or beverages within school grounds. Among the three schools where unhealthy food and beverage branding was present (two urban and one rural), branding was observed on infrastructure such as coffee machines, vending machines, and beverage refrigerators. Data collectors also identified unhealthy food promotions in two schools, including a Vipa chips promotion offering a free game or giveaway and the distribution of a filled muffin bread - Pop Cake promotional gifts to lower primary school students.

Results from the student survey indicated moderate support for restricting the marketing of unhealthy foods and beverages, with just over half of students (52.4%) expressing agreement that advertising of unhealthy foods and drinks should be prohibited, while a further 24.5% provided a neutral response. Support was lower for prohibiting schools from receiving free items (e.g. pencils, notebooks, or other materials) from companies that market unhealthy foods and beverages, with 35.6% of students expressing agreement and 20.2% reporting a neutral position. (**Figure 3**)

Figure 3. Student perceptions and attitudes about unhealthy food marketing and sponsorship around schools (n= 1942)



Safe drinking water

Over two-thirds of schools (n=40; 67.8%) reported having sufficient access to safe drinking water that was regularly assessed for quality and safety. Seven schools reported not having access to safe drinking water; these schools were more commonly located in rural areas. The most common source of drinking water was a piped water supply (n=42), followed by bottled water (n=7) and protected wells or springs (n=3) (Table 8).

Table 8: Drinking water source in schools (n=59)

Water source	Piped	Protected well/spring	Bottled	No safe drinking water	Total schools
Urban	22 (37%)	0 (0%)	5 (9%)	1 (2%)	28 (47%)
Rural	20 (34%)	3 (5%)	2 (3%)	6 (10%)	31 (53%)
Total schools	42 (71%)	3 (5%)	7 (12%)	7 (12%)	59 (100%)

Physical activity environments and inclusivity

Eight schools (13.6%) reported having a specific policy related to physical activity. However, it is important to note that the education system in Kosovo is highly centralized, with physical activity and physical education primarily regulated through laws, curriculum frameworks, and administrative instructions at the central level. As such, these reported "school-level policies" largely reflect schools' interpretation, implementation, or internal referencing of centrally defined requirements rather than independently developed policies. Of these, seven policies focused on physical activity curriculum requirements, while one related to school construction standards that required the inclusion of sports fields or other physical activity facilities. These findings indicate that schools tend to frame centrally mandated provisions as internal policies, rather than demonstrating the existence of distinct, locally developed policy frameworks.

Table 9 presents the number and percentage of schools reporting on students' access to sports equipment for physical activity, as well as the quality of sports equipment and facilities. Almost half of schools (n=28, 47.5%) provided sports equipment and facilities for physical activity available to all students, while the remaining schools reported students had access to sports equipment and facilities, but the quality is poor or access is limited (n=23, 39%) or had no equipment or facilities available to students (n=8, 13.6%)

Table 9. Schools with sports equipment and facilities for physical activity (n=59)

	Access to sports equipment and facilities for physical activity available to all students	Access to sports equipment and facilities, but quality is poor or access is limited	No equipment or facilities available	Total schools
Urban	15 (25%)	11 (19%)	2 (3%)	28 (47%)
Rural	13 (22%)	12 (20%)	6 (10%)	31 (53%)
Total schools	**28 (47%)**	**23 (39%)**	**8 (14%)**	**59 (100%)**

Table 10 presents the number and percentage of schools with space available for students to undertake physical activity. Two-thirds of schools (n=39, 66%) reported sufficient space for all students, while 30% (n=18) reported limited space and 3% (n=2) reported no space for physical activity.

Table 10. Schools with space available for physical activity (n=59)

	Space for physical activity available to all students	Space for physical activity but limited	No space for physical activity	Total schools
Urban	19 (32%)	7 (12%)	2 (3%)	28 (47%)
Rural	20 (34%)	11 (19%)	0 (0%)	31 (53%)
Total schools	39 (66%)	18 (31%)	2 (3%)	59 (100%)

Overall, 44% of schools (n=26) provided sufficient space for students to be physically active AND had quality sport or physical activity equipment accessible to all students (Refer to Table 5 - core indicators)

Only 18 schools (30.5%) reported providing facilities to support students with special needs. These included features such as ramps, accessible bathroom facilities, lifts, and adapted sports facilities. One school reported that all facilities were located on a single level, making the school fully accessible.

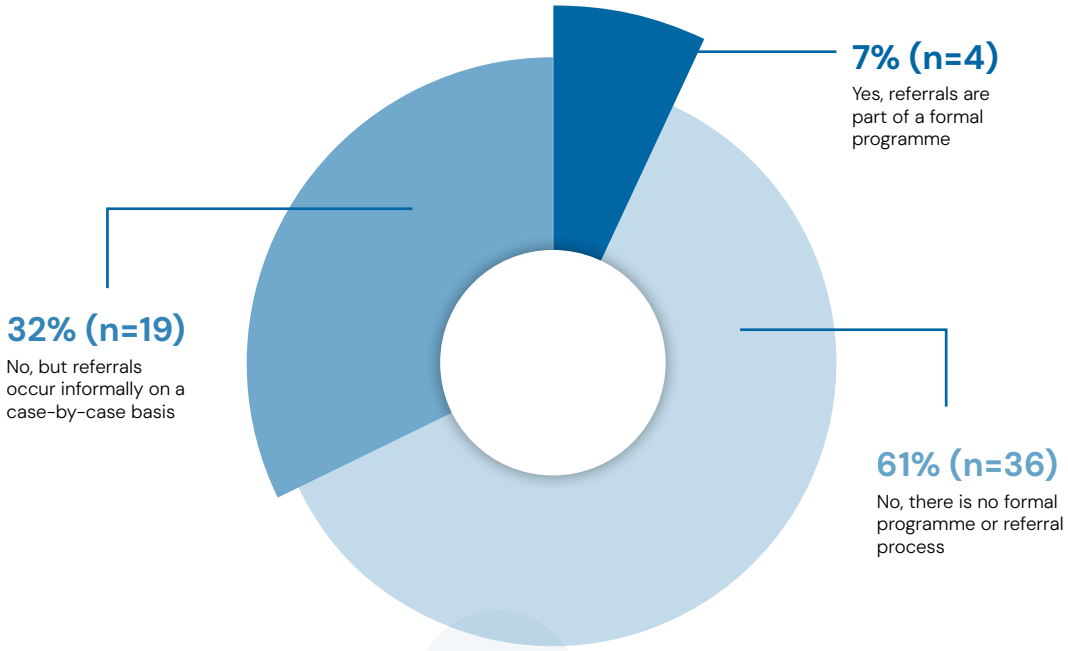
School gardens

No schools had gardens or orchards on school grounds for growing fresh produce or providing learning experiences for students. Results from the student survey showed moderate support for schools offering spaces or greenhouses for growing fruits and vegetables, with 54.4% agreeing and 20.7% neutral response.

DOMAIN 3
Nutrition services

Of the 59 participating schools, four (6.8%) had formal programs for identifying and referring children with nutrition-related health risks. A further 19 schools (32.2%) did not have a formal programme, but referred students on a case-by-case basis. (Figure 4)

Figure 4. Provision of nutrition services in schools



In practice, these mechanisms were not standalone school-based programmes but were implemented through collaboration with primary healthcare services. Specifically, these schools reported that periodic health check-ups conducted in cooperation with primary healthcare centres enabled the identification of children—including children with suspected nutrition – related risks such as overweight or obesity—who were then referred to primary healthcare providers for further assessment and follow-up.

In addition, in some cases, physical education teachers played an informal role in identifying children who may be at risk due to low physical fitness or signs of overweight and subsequently referred them to school administration or encouraged follow-up with health services.

It is important to note that these practices are not governed by a standardized or explicitly regulated school-based referral system. Within Kosovo's centralized education and health framework, responsibility for diagnosis and treatment lies with the healthcare system, while schools primarily play a supportive and observational role. As such, schools are not formally obliged to report nutrition-related health cases in a systematic manner, and referral processes tend to depend on local practices and collaboration with healthcare providers rather than on clearly defined protocols.

DOMAIN 4
Nutrition and physical activity education in school curricula

Only 17 of the 59 schools (29%) reported that they provided nutrition education from less than once a month to 1-1.5 hours, in urban and rural areas. Schools reported that lessons were delivered by a science teacher (n=5), sport or PE teacher (n=4), nutrition or health teacher (n=3), wellbeing or pastoral care (n=1), or an external organization (n=2). There was variation in the duration and regularity of nutrition education classes. (**Table 11**).

Table 11. Time allocated to nutrition education in schools (n=59)

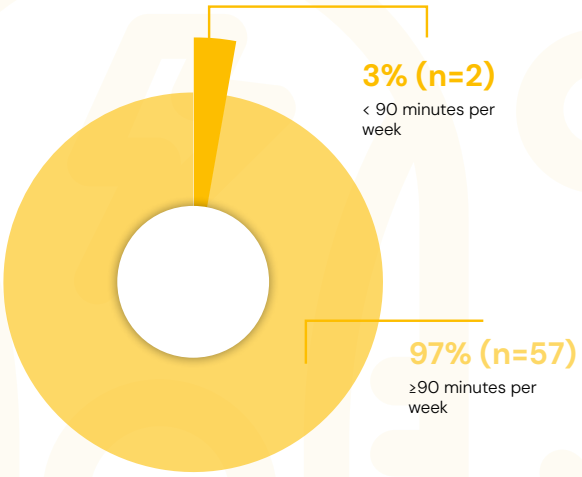
	Less than once a month	< 30 minutes	30min to 1 hour	1 hour - 1.5 hrs	Nutrition education is not provided	Total schools
Urban	5 (8%)	1 (2%)	6 (10%)	0 (0%)	16 (27%)	28 (47%)
Rural	2 (3%)	0 (0%)	1 (2%)	2 (3%)	26 (44%)	31 (53%)
Total schools	7 (12%)	1 (2%)	7 (12%)	2 (3%)	42 (71%)	59 (100%)

Of the 42 schools that reported they did not provide nutrition education, 26 schools (62%) were located in rural areas and 16 school (38%) in urban areas.

Eight schools (13%) reported providing nutrition education to parents or community, while the remaining 51 schools (87%) did not.

All schools reported providing organized physical activity opportunities for students as part of the curriculum framework. Nearly all schools (n=57; 97%) met the standard by providing at least 90 minutes of organized physical activity per week across all grade levels, while two schools offered less than 90 minutes per week(for students in grades 6–10 in one school and students in grades 11–12 in the other). (Figure 5).

Figure 5. Time allocated to organized physical activity at school (n=59)



Students also expressed strong support for the role of schools in promoting physical activity, with 86.0% agreeing that students should participate in daily physical activity.

See **Annex F** for the complete results of the Students Perception and Attitudes Survey.

Diet Quality Questionnaire

Of the 1,803 students who completed the DQQ, the most commonly consumed food groups were foods made from grains (89%), other fruits (excluding citrus and vitamin A-rich fruits) (86%), fruit juice and fruit drinks (77%), and other vegetables (excluding white roots, tubers, plantains, vitamin A-rich vegetables, and dark leafy green vegetables) (76%).

Consumption of unhealthy foods and beverages was also common. More than two-thirds of students reported consuming baked sweets (76%), other sweets (75%), and packaged ultra-processed salty snacks (73%) in the previous day, while 67% consumed soft drinks. Processed meat was consumed by 60% of students and deep-fried foods by 31%. Dairy consumption was moderate, with 56% of students reporting consumption of milk and 48% consuming yoghurt. In contrast, fewer than one-third of students reported consuming fish or seafood or unprocessed meat. See **Figure 6** for all food categories.

The All-5 result shows that 51% of students had consumed at least one product from all five recommended food groups in the previous 24 hours (fruit + vegetable + pulse, nut or seed + animal source food + starchy staple food (whole grains, food made from grains, white roots, tubers, plantains). This was slightly higher in rural areas (53%) than urban areas (49%).

The Dietary Diversity Score was 6.1, indicating that on average the participant's diets included 6.1 out of the 10 key dietary components.

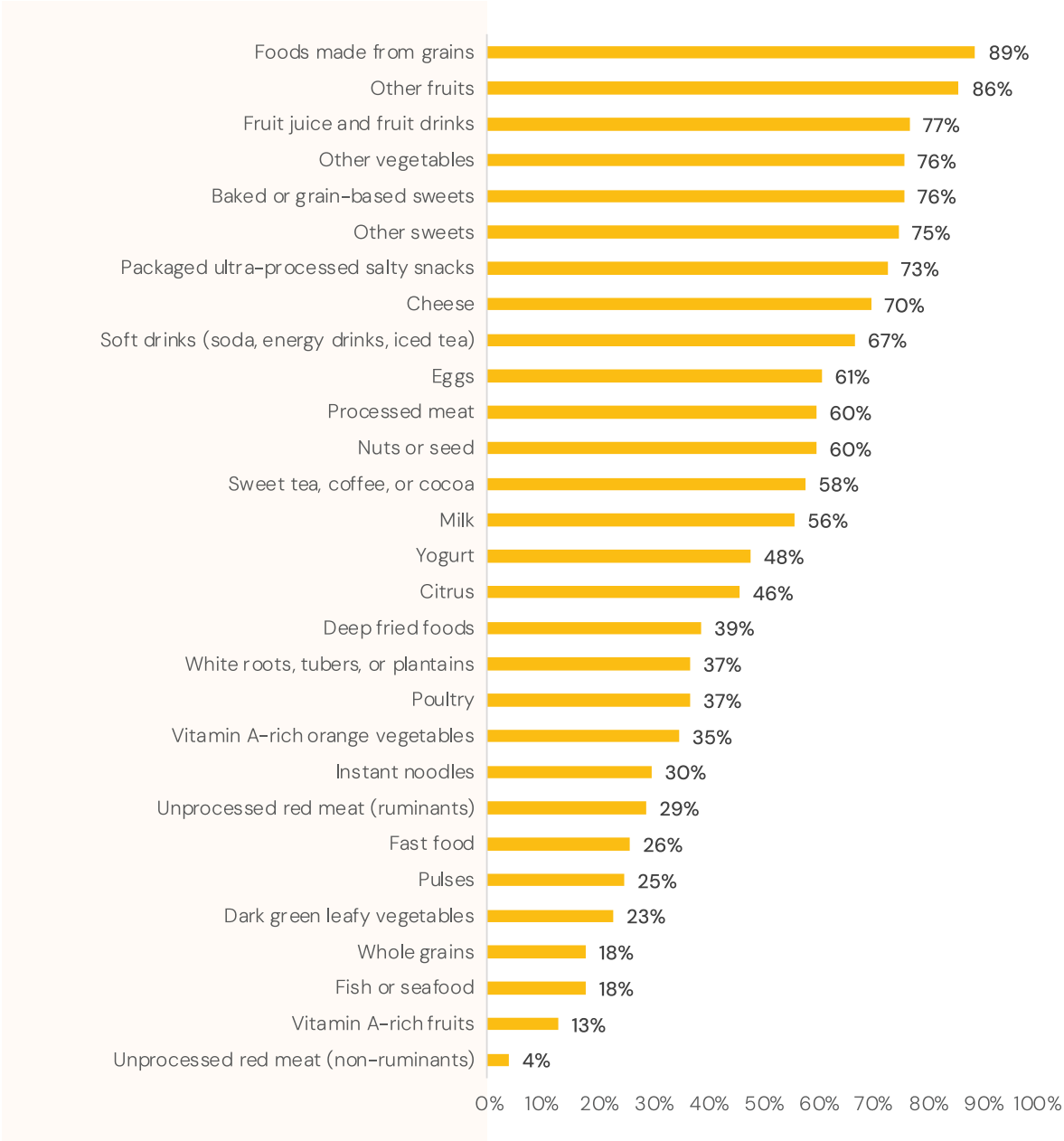
The Protective Food Consumption indicator showed that 57% of students had consumed at least one fruit, one vegetable and one whole grain, pulse, nut or seed, while the Unhealthy Food Consumption indicator showed that 96% of participants had consumed at least one soft drink or more than one sugary food or beverage or more than one salty ultra-processed food or processed meat.

The Healthy Diet Pattern for prevention of NCDs result indicates that only 1.5% of participants met the protective food consumption criteria and did not consume any products from the unhealthy food consumption category.

Analysis by gender showed that females were less likely than males to report consuming meat, poultry, or fish (52% vs 63%), eggs (58% vs 66%), milk (51.3% vs 63%), and yoghurt (45% vs 53%). In contrast, females were less likely than males to report consuming processed meat (56% vs 66%).

Some small differences between rural and urban students were observed. Students attending rural schools were more likely than those in urban schools to report consuming fruit (88% vs 83%), pulses, nuts, or seeds (71% vs 66%), and starchy vegetables (95% vs 93%). However, they were also more likely to report consuming unhealthy foods and beverages, including salty or fried snacks (89% vs 86%) and sweet foods (92% vs 85%). As noted previously, these findings are descriptive and should be interpreted as exploratory rather than indicative of statistically significant differences.

Figure 6: Proportion of students that reported consuming at least one product from each food group in the previous 24 hours.



See **Annex G** for the complete results of the Diet Quality Questionnaire.

Anecdotal Field Observations

In addition to the survey findings, data collectors documented observations and reflections during school visits. While these insights are anecdotal and not systematically collected, they offer useful contextual insights that support interpretation of the survey findings.

Team members reflected that they frequently observed children consuming energy-dense, nutrient-poor foods and beverages, including chips, sugary drinks, and other highly processed snacks. These observations were reinforced by visual inspections of school rubbish bins, which were often overflowing with empty energy drink cans, sugary beverage bottles, and chip wrappers. Across the field visits, data collectors reflected that they also could not recall observing students consuming fresh fruit, vegetables, or other clearly healthy snack options, such as apples, carrots, or similar foods. Although drinking water facilities were present in most schools, pupils were rarely observed utilizing them and often were observed drinking purchased bottled water or water brought from home.

Another recurring observation was the strong interest expressed by many school principals in establishing school nutrition programmes. Principals frequently highlighted the challenges associated with students leaving school premises during breaks to purchase food and beverages from nearby shops and vendors, where healthy options were often limited. Many school leaders viewed a structured school feeding program as a practical solution that could support healthier eating behaviours while helping students remain within the school environment.

The field research group also observed examples of proactive leadership at the school level. In several schools, principals had introduced policies restricting students from leaving the school grounds during the school day, despite not having an organized food service available on-site. Instead, students were encouraged to bring food from home. Principals explained that these measures were intended to promote student safety, reduce exposure to unhealthy food options, and minimize other risks associated with leaving the school premises during breaks.

Many principals also expressed support for stronger policies regulating students' access to food during the school day. However, several noted that introducing or enforcing such measures at the school level would require approvals and coordination across multiple administrative levels. As a result, many school leaders felt that policy direction and guidance from higher authorities would be necessary to facilitate consistent implementation across schools. This was frequently cited as a reason why schools had not independently initiated more comprehensive measures to promote healthier food environments.

Implications and Recommendations

The findings of this assessment highlight important opportunities to strengthen school nutrition environments in Kosovo. While schools demonstrated a strong willingness to support healthier eating behaviours among students, the assessment identified gaps in policy, nutrition education and the school environment. Addressing these challenges will require coordinated action across the education, health, and local government sectors.

1. Policy leadership is needed to create healthier school nutrition environments

While Kosovo has established a policy framework to promote healthy school food environments, implementation and enforcement remain limited, contributing to slower progress compared with many countries in the Europe and Central Asia region. This assessment found that schools seeking to support healthy eating are largely reliant on developing and implementing their own informal approaches and practices. This creates inconsistency between schools, may exacerbate inequities in children's access to healthy food environments, and places responsibility on individual institutions rather than the broader education and health systems.

Global evidence and guidance from WHO, UNICEF, and other international agencies support the use of comprehensive policy and regulatory approaches to create healthier school food environments. These include mandating provision of school meals or snacks in schools (often Grade 1-5), nutrition standards for foods and beverages available in schools, restrictions on the sale and marketing of unhealthy products in and around schools, and provision of nutrition education.

Recommendation: Develop and implement a comprehensive policy and legal framework for healthy school nutrition environments. This framework should protect children from exposure to unhealthy foods, beverages, and marketing practices, while supporting access to healthier options. Establishing such a framework would demonstrate a commitment to improving child health and wellbeing, reducing inequities, and creating the enabling conditions for coordinated policy action, implementation, monitoring, and accountability across the education and health sectors.

2. School meal and snack programmes: an opportunity to improve child nutrition, learning and equity

This assessment found that only one of the 59 participating schools provided a meal and snack for students, which was delivered through a school-organized and funded feeding programme. Global evidence suggests that universal, publicly funded school meal programmes are among the most effective population-level interventions for improving diet quality, educational outcomes, attendance, and equity among children and adolescents. Such programmes are widely implemented across a range of settings, including India, the Philippines, Indonesia, Finland, and

Kyrgyzstan. While many school feeding policies focus on primary school students, Moldova provides an example of a more comprehensive approach, offering school meals to both primary and lower secondary students (Grades 1–9). Encouragingly, students participating in this assessment expressed strong support for the provision of healthy school meals and snacks, as well as for sourcing food from local producers.

Recommendation: Explore opportunities to progressively establish a publicly funded school meal or snack programme, supported by the policies, infrastructure, and resources required for implementation. This should include investment in facilities and systems that enable schools to safely prepare, store, and distribute nutritious food, alongside mechanisms that support procurement from local producers where feasible. Such an approach has the potential to improve student nutrition, health, learning, and educational outcomes while also generating social and economic benefits for local communities.

3. Nutrition standards are essential for ensuring all foods and beverages available in schools support healthy diets

This assessment found that the one school operating a meal programme provided only healthy foods and beverages and did not offer any unhealthy options. However, evidence from school feeding programmes globally shows that the nutritional quality of food provided is not always optimal and, in some cases, may contribute to children's consumption of foods high in sugar, salt, unhealthy fats, and processed ingredients, including sugary drinks, sweet and salty packaged snacks, deep-fried foods, and processed meats. To maximise health benefits, the World Food Programme (WFP), UNICEF, and WHO recommend that school food programmes be guided by clear nutrition standards aligned with dietary guidelines and supported by systems for implementation, monitoring, and enforcement. Such standards should apply not only to foods provided through school feeding programmes, but also to all foods and beverages available for sale within schools.

Recommendation: Develop and implement nutrition standards to increase the availability, purchase, and consumption of foods and beverages that support a healthy diet in schools, while reducing those that do not. These standards should align with dietary guidance and menus and explicitly restrict products high in sugar, salt, unhealthy fats, and processed meat. Effective implementation will require accompanying guidance, training, monitoring, and accountability mechanisms to support compliance and ensure that school food environments consistently promote healthy diets.

4. Unhealthy food environments persist around schools

This assessment found that only a small proportion of schools sold food and drinks to students. However, among those that did, unhealthy products were commonly available, particularly in urban schools, while rural schools that sold food and drinks offered only healthy options. This assessment identified widespread availability of unhealthy foods and drinks in the areas surrounding schools. This reflects a broader global challenge, including Kosovo where students are often permitted to leave school grounds during the school day to purchase food and drinks.

Recognising the influence of food environments on children's dietary behaviours, WHO and UNICEF recommend comprehensive policies to reduce children's exposure to unhealthy foods and drinks. This includes restricting the availability, sale, and marketing of products high in saturated fat, trans fat, free sugars, and salt within and around schools. Within school settings, many countries have introduced nutrition standards that prohibit or restrict the sale of unhealthy products. For example, Moldova has regulations that prohibit the sale of sugar-sweetened beverages in schools. Beyond school grounds, central and local governments in several countries have worked together to regulate the external food environment through restrictions on the marketing and sale of unhealthy foods and beverages near schools.

Recommendation: Initiate dialogue on best approaches and introduction of policies that restrict the sale and marketing of unhealthy foods and beverages within and around schools. This could include nutrition standards or rules governing foods and drinks sold on school premises, restrictions on the marketing of unhealthy products to children, and collaboration between central and municipal authorities to reduce children's exposure to unhealthy food environments surrounding schools.

5. Nutrition education is not routinely implemented, presenting opportunities to strengthen exposure and impact

Nutrition education is not a standard component of schooling in Kosovo. Consistent with this, the assessment found that most schools did not provide any form of nutrition education. In addition, no schools reported having a school garden or orchard where students could learn about growing, preparing, and consuming fresh fruits and vegetables. These findings highlight a missed opportunity to equip children with the knowledge, skills, and experiences needed to support healthy eating behaviours and establish lifelong healthy habits.

Evidence suggests that nutrition education is most effective when integrated into the curriculum and complemented by practical, hands-on learning opportunities that allow students to engage directly with food and food production. School gardens, cooking activities, and other experiential learning approaches can help reinforce classroom learning while fostering positive attitudes towards healthy foods.

Recommendation: Establish minimum curriculum requirements, invest in teacher training and resources, and support practical learning opportunities such as school gardens, orchards, and food preparation activities, to enhance students' nutrition knowledge, skills, and confidence to make healthy food choices.

6. Access to safe drinking water is not equitable across schools

This assessment found that not all schools had access to safe drinking water, with schools lacking safe water more commonly located in rural areas. This suggests an important inequity, whereby some children may have fewer opportunities to access safe drinking water during the school day based on where they live and attend school. The assessment also found that bottled water was often purchased by students, including in some schools with piped water systems. This may indicate

concerns about the quality, safety, or palatability of available drinking water, or a lack of easily accessible drinking points within schools. Regardless of the reason, reliance on purchased bottled water may create financial barriers for some students and undermine equitable access to hydration.

Recommendation: Ensure that all schools have access to free, safe, and appealing drinking water through investment in water infrastructure, regular water quality monitoring, and the installation of accessible drinking fountains or refill stations. Particular attention should be given to addressing disparities in rural schools and building confidence among students, staff, and families in the safety and quality of school drinking water.

7. Limited nutrition-related referral pathways may hinder early identification and support

This assessment found that few schools had formal systems in place to identify and refer children at risk of undernutrition, overweight, obesity, or micronutrient deficiencies. While some schools reported informal practices for identifying and supporting students with health concerns, these approaches were not standardised and varied considerably between schools. In the absence of a nationally coordinated referral system, children with nutrition-related concerns may not be identified early or consistently connected with appropriate health services and support. Schools can play an important role in the early identification of nutrition-related risks, particularly when supported by clear referral pathways and strong linkages with primary health care services. Standardised referral mechanisms can help ensure that children receive timely assessment, treatment, and follow-up care, while also strengthening coordination between the education and health sectors.

Recommendation: Establish clear, standardised referral systems linking schools to primary health care services to ensure early identification and appropriate management of nutrition-related conditions.

8. Physical activity policies are well established, but infrastructure gaps remain

This assessment found that the requirement for schools to provide at least 90 minutes of physical activity education per week was implemented in almost all schools, demonstrating strong policy uptake. Students also reported high levels of support for physical activity opportunities within schools. However, important challenges remain, including limited space for physical activity in some schools, inadequate or ageing sports equipment, restricted access to facilities, and a lack of infrastructure to support participation among students, including those with disabilities. These gaps may limit the quality, inclusiveness, and effectiveness of physical activity opportunities available to students.

Recommendation: Strengthen existing school physical activity policies through sustained investment in safe, inclusive infrastructure, equipment, and facilities.

9. Ongoing monitoring and accountability are essential for sustained progress

Creating healthier school nutrition environments requires more than policy development and implementation; it also requires robust systems to monitor progress, identify emerging challenges, and support continuous improvement. International experience demonstrates that routine monitoring and surveillance systems are critical for ensuring accountability, tracking implementation, and assessing the impact of school health and nutrition initiatives over time. Incorporating student perspectives into these systems is particularly important, as students are the primary beneficiaries of school nutrition policies and can provide valuable insights into the acceptability, accessibility, and quality of food, nutrition education, physical activity opportunities, and broader school health environments. Establishing regular monitoring mechanisms would enable Kosovo to track progress against objectives, benchmark performance against regional peers and global nutrition and health targets and identify areas requiring additional support or investment. Integrating selected indicators from the Nutrition Environment Assessment Tool for Schools (NEAT-S) into existing education information and monitoring systems would provide a practical and sustainable approach to collecting comparable data over time, while minimising additional reporting burden on schools.

Recommendation: Establish a monitoring and accountability framework for school nutrition and physical activity environments. This should include the routine collection of key indicators on food availability, school meal provision, marketing exposure, drinking water access, nutrition education, physical activity opportunities, and referral systems, alongside mechanisms to capture student experiences and satisfaction. Where feasible, selected NEAT-S indicators should be integrated into existing education and health information systems to enable regular monitoring, benchmarking against regional and global targets, and evidence-informed decision-making.

Project implementation success factors and lessons learned

The implementation of the School Nutrition Environment Assessment in Kosovo was made possible through the strong collaboration between the Ministry of Health (MoH), the Ministry of Education and Science, the Institute of Public Health, UNICEF Kosovo Office, Municipal School Directorates, Deakin University. The following section presents key lessons learned from the implementation of the assessment, which may help inform future school nutrition environment assessments and monitoring efforts.

Area	Success factors and lessons learned
Piloting	The piloting phase played a crucial role in adapting the survey instruments and improving the overall data collection process. By testing the toolkit in a select number of schools first, the research group was able to assess the logistical organization, test student comprehension of the questions, and identify areas for tool refinement. This direct field experience allowed the team to adjust and plan much more efficient data collection procedures before executing the full nationwide rollout.
Data collectors' capacity and coordination	Data collection was conducted by a small team of two researchers across seven regions of Kosovo. The team's strong coordination, familiarity with the study tools, and prior experience in field-based research enabled efficient implementation and high-quality data collection. For future assessments, particularly if conducted at a larger scale, additional field staff could help increase efficiency and reduce logistical demands.
Data collection logistics	Kosovo's relatively small geographical size facilitated travel between municipalities and enabled completion of data collection within the planned timeframe. However, data collection activities needed to be carefully scheduled during morning hours, as many schools operated on shift systems and completed classes early in the day. Future studies should consider these scheduling constraints during planning.
Participant engagement	The research group encountered few challenges related to students' understanding of the survey instruments. When clarification was needed, researchers provided additional explanations to ensure that students fully understood the questions before responding. This contributed to smooth administration of the survey and high participation rates and highlights the importance of researchers being present during student surveys.
Stakeholder support and school engagement	Strong endorsement from the Ministry of Health, the Ministry of Education and Science and the National Institute of Public Health of Kosovo facilitated access to schools and contributed to a positive reception by school leadership and staff. Schools were generally highly cooperative and supportive throughout the data collection process.
Tool adaptation and validation	The adaptation and validation process for the NEAT-s tools progressed smoothly due to the active engagement of stakeholders from multiple sectors. Continuous technical support and coordination provided by UNICEF were important enabling factors throughout the process.
Policy relevance and ownership	A key strength of the assessment was its alignment with ongoing efforts to promote healthy nutrition among school-aged children. As the study contributes to the implementation of the action plan on healthy nutrition, stakeholders demonstrated a strong sense of ownership and interest in the findings, increasing the potential for the results to inform future policy and programme development.

Conclusions

Kosovo has an important opportunity to strengthen school nutrition environments at a time when changing food systems and the growing availability of processed foods are shaping children's diets and contributing to the increasing burden of overweight, obesity and diet-related non-communicable diseases. This assessment identified important strengths, including strong provision of organised physical activity and examples of local innovation, but also opportunities to better protect children from unhealthy food environments and improve access to nutritious food, safe drinking water, nutrition education and nutrition-related health services. A comprehensive policy and legal framework, supported by sustained investment, effective implementation and routine monitoring, can help ensure that all schools provide environments that support children's health and wellbeing. Importantly, the strong collaboration between the Ministry of Health, the Ministry of Education and Science, the National Institute of Public Health of Kosovo, Municipal Education Directorates, schools, parents and students throughout this assessment provides a strong foundation for coordinated action. Building on these partnerships can help translate the findings into sustained improvements in school environments and children's health.

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Annexes

Annex A: NEAT-S Nutrition Environment Survey

NEAT-s Nutrition Environment Survey
(School survey - adapted for Kosovo)

Descriptive Information

Name of data collector: _____
School name_____
Interview time: _____
Time required to complete this survey (hours and minutes): _____
Total time spent at the school, including student surveys (hours and minutes):
_____

1. **The school is:**
   a. Primary school
   b. Lower secondary school
   c. Primary and lower secondary school
   d. Upper secondary school
2. **The school is:**
   a. Private
   b. Public
   c. Religious
   d. Boarding
3. **The school is located in:**
   a. Urban area/city
   b. Rural area/village
   c. Other (e.g., mountainous area)

Questions for school administration

4. **Who is responding to the questions today?** (position in the school; select all that apply)
   a. School principal
   b. Dietitian or another person responsible for preparing daily school meals
   c. Teacher or another person responsible for nutrition education
   d. Other (add details): _____

Questions for school administrator/s

DOMAIN 1: NUTRITIOUS FOOD IN SCHOOLS

Nutritious food in schools includes meals or snack programs provided by the school itself (not food sold in small shops, vending machines, etc.), standards for these meals (including food fortification), and the use of local supply chains (private and/or public) to provide school meal or snack programs.

5. **Does your school have any policy, formal rule, standard, or other guideline related to school meals or snacks?**
   (e.g., a school-level or central-level guideline on how healthy foods and beverages provided should be; a policy requiring fortified ingredients; a rule requiring use of local supply chains)
   a. Yes
   b. No

   If yes, please add details on the policy name, scope, and extent of implementation: _____

6. **Which of the following does your school provide regularly?** (tick all that apply)
   (Note: some states have repeated this question for different school levels, e.g., grades 1–5, 6–9, 10–12.)

   a. Meal program for all children
   b. Meal program for children in need (financial hardship)
   c. Breakfast program
   d. Snack program (light foods)
   e. Other (add details): _____
   f. The school does not provide a regular meal or snack program

   If the answer is a–e, please provide further details:

- **Program name:** _____
- **Target beneficiaries:**
  - Grade(s): _____
  - Other characteristics (e.g., level of disadvantage, health risk): _____
- **Extent of implementation:** _____

  If the school does not have a meal or snack program, continue to **Question 13**.
  If the school has a meal or snack program, continue to **Questions 7–10**.

7.1 **How is the food or beverage program financed?**
a. Fully subsidised by government or the school
b. Partly subsidised by government or the school
c. Funded by the United Nations
d. Funded by another organisation — Organisation name: _____
e. Co-payment by parents
f. Food is donated (by whom?): _____

7.2 If the program is fully or partly subsidised by the government, **what is the government payment per child per day?** (EUR): _____

7.3 If meals are fully or partly financed by parents, **what is the cost to parents per child per day?** (EUR): _____

8. **Who prepares/cooks the food?**
   a. Within the school by school staff
   b. Within the school by students
   c. By community members
   d. In a facility outside the school
   e. Combined provision (combination of the above)

9. **Is there sufficient infrastructure and logistical support to maintain food safety and quality throughout the supply chain and at school?**
   a. Yes
   b. No
   c. Don't know

10. **Is the food program consistent with guidelines related to:**
    a. Food or nutrition standards (e.g., low salt or no trans fats)
    b. Sourcing from local producers
    c. Environmental characteristics (e.g., organic or ethically sourced, seasonal)
    d. Food waste
    e. Other (please specify): _____
    f. The food program is not aligned with specific guidelines

Support from food companies for school meals or snacks is usually provided through sponsorship or provision of free or reduced-price foods.

11. **Is your school meal or snack program subsidised by local or international food and beverage companies** (this does not refer to local independent food retailers)?
    a. Yes
    b. No

    If yes, please add details on company names and type of support provided:
    _____

Local supply chains refer to situations where ingredients are sourced from local producers and growers. This does not include meal/snack provision by local providers who source their ingredients from elsewhere.

12. **Does your school obtain ingredients from local producers** (e.g., grows them itself or buys directly) from a local grower or market?
    a. Never
    b. Rarely
    c. Sometimes (please provide details below on how this occurs)
    d. Often (please provide details below on how this occurs)
    e. Always

DOMAIN 2: HEALTHY FOOD AND PHYSICAL ACTIVITY ENVIRONMENTS IN SCHOOLS

This refers to the spaces, infrastructure, and conditions within and around the school grounds where food is available and can be provided, purchased, and/or consumed, and which influence students' physical activity.

13. **Does your school have any policy, formal rule, standard, or other guideline related to healthy food environments?**
(e.g., a school-level or central-level policy guiding what foods and beverages can be sold and marketed in and around the school; guidance on foods brought from home or served at school events; an official guideline/law/procedure ensuring the school has clean and safe drinking water)
a. Yes
b. No

If yes, please provide details on the policy name(s) and scope: _____

14. **Does your school have any policy, formal rule, standard, or other guideline related to physical activity environments?**
(e.g., school/central/regional policy specifying minimum weekly time for physical education; guidance for active play during breaks or walking to/from school)
a. Yes
b. No

If yes, please provide details on the policy name(s) and scope: _____

15. **Are students allowed to buy meals or snacks from food shops outside the school grounds during school hours?**
a. Yes
b. No

16. **Are parents provided with information about the nutritional value of foods (snacks/meals) that students bring from home?**
a. Yes
b. No

17. **When students buy foods at school (within or around the school grounds), are measures taken to ensure healthier foods are cheaper than unhealthy foods?**
If yes, please add details below.
a. Yes
b. No
c. Not applicable (students cannot buy food or drinks from the school)

Details: _____

18. **What is the main source of drinking water at the school?**
    a. Piped water supply (water mains)
    b. Protected well or borehole/spring
    c. Rainwater
    d. Unprotected well or borehole/spring
    e. Bottled water
    f. Water tanker truck
    g. Surface water
    h. No water supply
    i. Other (please provide details): _____

    Details: _____

DOMAIN 3: SCHOOL NUTRITION SERVICES

19. **Does your school have a formal program or process to refer children identified as having a nutrition-related health risk** (e.g., underweight, overweight, obesity) to a local health service?
    a. Yes, referrals are part of a formal program
    b. No, but referrals occur informally, on a case-by-case basis
    c. No, there is no formal program or referrals
    d. Not sure

DOMAIN 4: NUTRITION EDUCATION IN THE SCHOOL CURRICULUM

20. **Who provides nutrition education to students in this school?** (tick all that apply)
    a. A dedicated health or nutrition teacher
    b. Sports/physical education teacher
    c. Science teacher
    d. Teacher from another subject
    e. Wellbeing staff/pastoral care (religious clergy) or psychologist
    f. School nurse or other health professional
    g. External provider
    h. Other (add details): _____
    i. Nutrition education is not provided within the school

    Details: _____

    If the answer to Question 20 is "i", go to **Question 22**.

21. **How much time per month is dedicated to nutrition education?**
    a. Less than 30 minutes
    b. Between 30 minutes and 1 hour
    c. Between 1 hour and 1.5 hours
    d. More than 1.5 hours
    e. Less than once per month (please add details)

    Details (e.g., 2–3 times per week by an external provider): _____

22. Does the school provide nutrition education for parents/community?
a. Yes (at least once per year)
b. No

23. How much time per week do students spend participating in physical activities organised by the school?
(please update grade levels as applicable)

	≥90 minutes/week	<90 minutes/week
a. Grades 1–5		
b. Grades 6–9		
c. Grades 10–12		
d. No organised physical activity is offered at the school		

Questions for direct observation

Definitions (for observer use)

- **Sugar-sweetened beverages** include all drinks with added sugar, fruit drinks from fruit concentrate <100%, and flavoured milks (e.g., chocolate, vanilla).
- **Artificially sweetened beverages** (also called sugar-free/diet drinks) are sweetened with non- or low-calorie sugar substitutes.
- **Dairy foods** include foods made from or containing milk, including cheese, yoghurt, and unsweetened milk-based drinks.
- **Wholegrain foods** contain grains in their whole form (rice, barley, oats, maize, wheat).
- **Deep-fried foods** are cooked/heated by frying in large amounts of oil (e.g., chips/fries, fried chicken/fish, fritters).
- **Safe drinking water** is water treated and regularly assessed under *Administrative Instruction No. 16/2012 on the quality of water for human consumption* of the Ministry of Health, to ensure it is safe to drink.
- **Packaged foods high in salt** contain high amounts of salt (using reference values consistent with central nutrient profile models or dietary guidelines) and are provided to the school in packaged form (e.g., instant soup, biscuits, chips).
- **Packaged sweet foods** contain added sugars and are provided packaged (e.g., lollies, muffins/cakes, ice cream).
- **Marketing** is any form of commercial communication intended to increase, or having the effect of increasing, recognition, appeal, and/or consumption of specific products, brands, or services, including advertising, sponsorship, direct marketing (e.g., giveaways), product placement, and prominent display of brand logos.
- **Branding** is the visible presence of food or beverage company logos (full or partial) within the school grounds, on school infrastructure, or in school materials.

DOMAIN 1: NUTRITIOUS FOOD IN SCHOOLS

If the school does not provide school meals or snacks (select "not applicable" for the next two questions).

24. Did today's school meal or snack program include? (tick all that apply)

- o Not applicable

Meals / Snacks:
a. Fruit
b. Vegetables
c. Whole grains or legumes/lentils
d. Dairy products
e. None of these

25. Did today's school meal or snack program include? (tick all that apply)

- o Not applicable

Meals / Snacks:
a. Sweetened beverages (including flavoured milk)
b. Energy drinks
c. Fried foods
d. Packaged foods high in salt
e. Sweet foods (muffins, desserts)
f. None of the above

26. What type of salt does the school use? (If possible, ask someone involved in meal/snack preparation to show you the salt.)
a. Iodised
b. Non-iodised
c. Don't know/no answer
d. Meals/snacks are not prepared at school

27. How difficult is it for the school to purchase iodised salt? (If possible, ask someone involved in meal/snack preparation.)
a. Not difficult; iodised salt is standard
b. Somewhat difficult
c. Difficult
d. Meals/snacks are not prepared at school

28. Are the following facilities/equipment/supplies sufficient to prepare school meals and/or snacks on the school premises?
Not applicable / Yes / No / Not sure
a. Pots, pans, kitchen utensils
b. Ovens/stoves for cooking
c. Refrigerators/cold storage
d. Safe water for cooking
e. Clean food preparation areas
f. Areas to separate cooked and raw ingredients
g. Trained kitchen staff for food preparation

DOMAIN 2: HEALTHY FOOD AND PHYSICAL ACTIVITY ENVIRONMENTS

If students cannot buy food and drinks on school grounds, select "not applicable" for Questions 29–30.

29. **Are foods and/or drinks sold at this school** (e.g., via mini-markets, canteen, kiosk, vending machine/s)?

o Not applicable
a. Yes
b. No

30. **Which of the following drinks are available for purchase at this school today** (assessment day), including in vending machines? (tick all that apply)

o Not applicable
a. Sweetened beverages (including flavoured milk)
b. Energy drinks
c. Powdered drinks with added sugar
d. Artificially sweetened beverages
e. 100% fruit juice
f. Plain milk
g. Plain water
h. Flavoured water
i. Other

31. **Are any of the following available for sale at this school today** (assessment day)?

o Not applicable
a. Deep-fried foods
b. Salty foods
c. Sweet foods
d. Processed meat

32. **Are fruits (fresh or canned) available for sale to students today** (assessment day)?
Not applicable
a. No
b. Yes

33. **Do students have access to free, safe drinking water today** (assessment day)?
a. No
b. Yes, safe drinking water is available but insufficient to meet students' and staff needs
c. Yes, safe drinking water is available but its quality and safety are not regularly assessed
d. Yes, safe drinking water is available, sufficient for students and staff, and regularly assessed for quality and safety

34. **Within the school grounds, are there visible food and beverage company brands on:**
    a. Educational materials
    b. Academic prizes/awards
    c. Sports prizes/awards
    d. School uniforms or sports equipment
    e. School infrastructure (e.g., vending machines, fridges/freezers, physical activity equipment/playgrounds)
    f. Other (add details): _____
    g. There are no sponsored foods/beverages or branded gifts at the school

    Please add details on what, where, and how the brands are visible: _____

35. **Do food and beverage companies promote their brands and products in this school through any of the following?** (tick all that apply and add details)
    a. Free gifts/promotional products
    b. Use of cartoon characters
    c. Endorsements by celebrities/public figures
    d. Advertising (posters, banners)
    e. Price discounts
    f. School meals/snacks
    g. There are no food or beverage promotions at the school

    Please describe which brands are promoted and how: _____

36. **When walking around the school perimeter (where possible), is the sale of high-fat foods, high-salt foods, or high-sugar foods visible outside the school grounds?**
    a. Yes
    b. No
    c. No foods or drinks are sold around the school perimeter

37. **Does the school have a vegetable garden?**
    a. Yes (add details below)
    b. No

    Please provide details on how the garden produce is used (e.g., consumed by students at school, used in school meals): _____

38. **Are sports/physical activity facilities and equipment accessible to all students** (fields, gyms, equipment)?
    a. Yes
    b. Yes, but poor quality or limited access
    c. Not available

39. **Does this school have sufficient space for physical activities that is accessible to all students?**
    a. Yes, sufficient space is accessible to all students
    b. Yes, but limited space for students to run around
    c. Not available

40. **Are school nutrition programs tailored to specific dietary needs?**
    a. Yes
    b. No
    c. If yes, provide details: _____

41. **Does the school provide accessible physical activity facilities for people with physical disabilities?**
    a. Yes
    b. No
    c. If yes, provide details: _____

Annex B: NEAT-S Student Perception and Attitude Survey

NEAT-s Student Perception and Attitude Survey
(Adapted for Kosovo)

School:	**Class:**	**Age:**	**Gender:**

1. Please tell us whether you agree or disagree with the following statements:

Statement	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1. My school provides healthy food					
2. I can buy healthy food at my school if I want to					
3. I can buy unhealthy food at my school if I want to					
4. There are food or drink company logos or images around my school.					
5. It is easy for me to buy unhealthy food from stores around the school					
6. My school gives me the opportunity to do sports / be physically active					
7. I have access to clean and safe drinking water whenever I am at school					
8. There is enough space at my school to run and play					
9. I usually bring my lunch from home to school					

2. Would you agree or disagree with these actions:

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The school should offer free meals for all students					
2. The food given to students at school should be healthy and nutritious					
3. Healthy foods and drinks purchased within the school should be cheap					
4. The sale of unhealthy foods and drinks within the school should be prohibited					
5. Advertising unhealthy foods and drinks should be prohibited in school					
6. Receiving free items (e.g., pencils, notebooks, etc.) from companies that advertise unhealthy foods or drinks in school should be prohibited					
7. All students should participate in daily physical activities					
8. Schools should provide students with more information about healthy and unhealthy foods and the consequences of unhealthy eating					
9. School food should come from local producers					
10. The school should offer spaces or greenhouses to grow fruits and vegetables for students to consume					

Annex C: Diet Quality Questionnaire

DIET QUALITY QUESTIONNAIRE (DQQ)

	Yesterday, did you eat any of the following foods:	(circle answer)
1	Bread, pita, rice, pasta, savory pastries, burek, cornbread, corn porridge, or cornmeal?	YES or NO
2	Wheat berries, buckwheat, barley, oats, bulgur, or popcorn?	YES or NO
3	Potato?	YES or NO
4	White beans, fava beans, lentils, peas, or chickpeas?	YES or NO
	Yesterday, did you eat any of the following vegetables:	
5	Carrots, pumpkin, red pepper, or ajvar?	YES or NO
6.1	Spinach, arugula, broccoli, Grape leaves, or nettle?	YES or NO
7.1	**Tomatoes, green bell pepper, cucumber, eggplant, cauliflower, cabbage, or beetroot?**	YES or NO
7.2	Leek, zucchini, green beans, lettuce, mushrooms, or okra?	YES or NO
	Yesterday, did you eat any of the following fruits:	
8	Orange melon, apricots, or dried apricots?	YES or NO
9	Orange, mandarin, or grapefruit?	YES or NO
10.1	Banana, apple, watermelon, grapes, berries, cherries, or dried dates?	YES or NO
10.2	**Figs or dried figs, pomegranate, pear, plums, quince, kiwi, peaches or nectarines?**	YES or NO
	Yesterday, did you eat any of the following sweets:	
11	Cakes, cookies, kadaif, baklava, tulumba, donuts, revani or trileçe?	YES or NO
12	Candy, chocolates, lokum, ice cream, pudding, or chocolate spread?	YES or NO
	Yesterday, did you eat any of the following foods of animal origin:	
13	Eggs?	YES or NO
14	White cheese, kashkaval, sharri cheese, or cottage cheese?	YES or NO
15	**Yogurt, ayran , kefir, sour milk, or tarator?**	YES or NO
16	Sausage, sudzuk, salama, qofte, prshuta, or pashteta?	YES or NO
17	Beef, veal, lamb, or goat?	YES or NO
18	Pork?	YES or NO
19	Chicken, chicken lungs, turkey, or duck?	YES or NO
20	**Fish, trout, canned fish, sardines, or seafood?**	YES or NO
	Yesterday, did you eat any of the following other foods:	
21	**Peanuts, walnuts, hazelnuts, almonds, pistachios, sunflower seeds, or pumpkin seeds?**	YES or NO
22	Chips, such as, Lays, Patos, Doritos, or Smoki?	YES or NO
23	Instant noodles or instant soup?	YES or NO
24	French fries, fried vegetables, fried chicken, or fried meatballs?	YES or NO
	Yesterday, did you have any of the following beverages:	
25	Milk?	YES or NO
26	**Coee with sugar, tea with sugar, chocolate milk or Nesquik?**	YES or NO
27	**Fruit juice, fruit flavored drinks, kompot, Cedevita, lemonade, or iced tea with sugar?**	YES or NO
28	Sweetened drinks with gas, such as, Coca-Cola, Fanta, Schweppes, or energy drinks such as Red Rain?	YES or NO
	Yesterday, did you get food from any place like…	
29	KFC, Burger King, or Hebs?	YES or NO

BY NC ND

Adapted by the Global Diet Quality Project, www.dietquality.org. 2023.

Annex D: Core Indicator definitions

Core Indicator	Definition
Domain 1: *Nutritious food in schools*	
Proportion of schools that provide a school meal or snack	School meals and snacks includes meals and snacks provided to students through a funded program in schools (not including food and snacks sold through canteens, kiosks, vending machines etc.)
Of schools that provide a school meal or snack, the proportion that only include healthy food and drinks	Healthy meals and snacks include fruit, vegetables, wholegrain or dairy AND no salty packaged food, sweet packaged food and deep fried foods, AND no sugar sweetened or artificially sweetened drinks
Of schools that provide a school meal or snack, the proportion that source from local suppliers	Includes ingredients, meals or snacks supplied by local growers, producers or manufacturers
Of schools that provide a school meal or snack, proportion of schools that have adequate infrastructure, storage and logistical support for maintaining food safety and quality across the supply chain and at the school?	For example, clean, functional school kitchens with reliable water supply and proper sanitation, refrigeration and freezers to safely store perishable foods at school and in transit, trained staff in food handling, storage, and record-keeping, clear supply chain protocols for checking expiry dates and tracking food safety compliance.
Of schools that prepare meals/snacks on school grounds, the proportion that use iodized salt	Iodized salt used in the preparation of school meals and snacks prepared on school grounds
Domain 2: *Healthy food and physical activity environments*	
Of schools that sell food and drinks, the proportion of schools that **do not** sell sweet or artificially sweetened drinks	Sugar-sweetened or artificially-sweetened drinks include carbonated drinks, energy drinks, powdered drink, flavoured milk
Of schools that sell food and drinks, the proportion of schools that **do not** sell sweet, salty or deep fried foods	Salty packaged food include crisps, instant noodles, sweet packaged food include candy, muffins, cakes, ice-cream), and deep fried foods include deep fried chips, fried chicken, dim sims
Proportion of schools that allow students to purchase meals or snacks from food stores outside school grounds during school hours	Food outlets outside school grounds include shops, vending machines, or markets located nearby, which students may access during the school day
Proportion of schools free from visible unhealthy food and drink options outside school grounds	Unhealthy food and drinks are high in fat, sugar or salt (e.g. fast food, candy, muffins, cakes, ice-cream, sugar-sweetened or artificially-sweetened drinks) available from shops, vending machines, or markets located nearby school, which students may access during the school day
Proportion of schools with sufficient access to safe drinking water that is regularly assessed for quality	Water that has been improved and regularly assessed for drinking water quality to ensure it is safe for drinking
Proportion of schools that are free from unhealthy food marketing and sponsorship	Marketing and sponsorship includes advertising, sponsorship (e.g. of school awards), direct marketing (e.g. give-aways) product placement, and visible display of brands / logos (e.g. on infrastructure, sports equipment, school uniforms)
Proportion of schools that have sufficient space and sport or physical activity equipment accessible to all students	Open air space where student can participate in physical activity and has sports equipment and facilities intended for sports and physical activity (e.g. football fields, basketball courts, skipping ropes, balls)
Proportion of schools with a kitchen garden	Kitchen garden includes spaces used to grow fruit and vegetables used to teach children about growing healthy food and/or used for consumption by student's at school or in school meals

Domain 3: *Nutrition services in schools*	
Proportion of schools reporting they refer children identified as being at risk of malnourishment to health services	Formal services offered within schools to identify and refer children and adolescents at risk of underweight, overweight and obesity, or micronutrient deficiencies.
Domain 4: *Nutrition education in school curricula*	
Proportion of schools that deliver nutrition education	Nutrition education may be provided as part of school curricula (e.g. in sport, physical education, science, life skills or other classes) or could be an extra-curricular activity provided by external organisation

Annex E: Dietary Quality Questionnaire indicator definitions

Indicator	Definition
Food group proportions	Proportion of students consuming at least one of the nine key food groups (starchy staple foods; pulses, nuts or seeds; vegetables; fruit; animal-source food; fast food or instant noodles; salty or fried snacks; sweet foods; sweet beverages)
All-5	The proportion of participants who consumed all five recommended food groups; at least one vegetable; fruit; pulse, nut or seed; animal-source food; and starchy staple.
Dietary Diversity Score (scored as 0-10)	The average score within a particular group to determine the diversity of diet to include ten key dietary components.
Protective Food Consumption	The proportion of participants who consumed at least one vegetable, one fruit AND one whole grain, pulse, nut or seed
Unhealthy Food Consumption	The proportion of participants who consumed at least: a) one soft drink b) more than one sugary food or beverage c) more than one salty ultra-processed food or processed meats.
Health Diet Pattern for prevention of chronic disease	Proportion of the population meeting all six of criteria: consumed a) ≥ one fruit, b) ≥ one vegetable, c) ≥ one whole grain, legume, nut or seed, d) ≤ one sugary food or beverage and no soft drinks, e) ≤ one ultraprocessed salty food d) no processed meat.

Annex F: Student Perception and Attitude Survey Results

Perceptions and attitudes about the school nutrition and physical activity environment (n =1942)						
Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total responses
1. My school provides healthy food	1042	546	159	139	56	1942
	53.7%	28.1%	8.2%	7.2%	2.9%	100.0%
2. I can buy healthy food at my school if I want to	921	579	162	194	86	1942
	47.4%	29.8%	8.3%	10.0%	4.4%	100.0%
3. I can buy unhealthy food at my school if I want to	901	547	180	231	83	1942
	46.4%	28.2%	9.3%	11.9%	4.3%	100.0%
4. There are food or drink company logos or images around my school.	1044	639	101	104	54	1942
	53.8%	32.9%	5.2%	5.4%	2.8%	100.0%
5. It is easy for me to buy unhealthy food from stores around the school	304	228	223	662	525	1942
	15.7%	11.7%	11.5%	34.1%	27.0%	100.0%
6. My school gives me the opportunity to do sports / be physically active	53	71	207	828	783	1942
	2.7%	3.7%	10.7%	42.6%	40.3%	100.0%
7. I have access to clean and safe drinking water whenever I am at school	458	412	308	481	283	1942
	23.6%	21.2%	15.9%	24.8%	14.6%	100.0%
8. There is enough space at my school to run and play	104	162	259	850	567	1942
	5.4%	8.3%	13.3%	43.8%	29.2%	100.0%
9. I usually bring my lunch from home to school	104	162	259	850	567	1942
	5.4%	8.3%	13.3%	43.8%	29.2%	100.0%

Perceptions and attitudes about actions to improve the school nutrition and physical activity environment (n =1942)						
Statement:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total responses
1. The school should offer free meals for all students	174	120	123	577	948	1942
	9.0%	6.2%	6.3%	29.7%	48.8%	100.0%
2. The food given to students at school should be healthy and nutritious	87	80	145	745	885	1942
	4.5%	4.1%	7.5%	38.4%	45.6%	100.0%
3. Healthy foods and drinks purchased within the school should be cheap	80	120	151	737	854	1942
	4.1%	6.2%	7.8%	38.0%	44.0%	100.0%
4. The sale of unhealthy foods and drinks within the school should be prohibited	234	296	380	607	425	1942
	12.0%	15.2%	19.6%	31.3%	21.9%	100.0%
5. Advertising of unhealthy foods and drinks should be prohibited in school	163	285	476	649	369	1942
	8.4%	14.7%	24.5%	33.4%	19.0%	100.0%
6. Receiving free items (e.g., pencils, notebooks, etc.) from companies that advertise unhealthy foods or drinks in school should be prohibited	358	500	392	453	239	1942
	18.4%	25.7%	20.2%	23.3%	12.3%	100.0%
7. All students should participate in daily physical activities	25	69	178	763	907	1942
	1.3%	3.6%	9.2%	39.3%	46.7%	100.0%
8. Schools should provide students with more information about healthy and unhealthy foods and the consequences of unhealthy eating	44	91	312	892	603	1942
	2.3%	4.7%	16.1%	45.9%	31.1%	100.0%
9. School food should come from local producers	30	51	221	853	787	1942
	1.5%	2.6%	11.4%	43.9%	40.5%	100.0%
10. The school should offer spaces or greenhouses to grow fruits and vegetables for students to consume	208	276	402	615	441	1942
	10.7%	14.2%	20.7%	31.7%	22.7%	100.0%

Annex G: Diet Quality Questionnaire Results

		Proportion of students (n=1803)				
Indicator / food group		Rural	Urban	Female	Male	Total
ALL-5	%	53.1	49.7	49.9	53	51.3
Protective Food Consumption (PFC)	%	59.8	54.9	57.0	57.4	57.2
At least one vegetable	%	82.4	82.7	85.0	79.2	82.5
At least one fruit	%	87.5	84.8	86.3	85.7	86.0
At least one whole grain, pulse, nut or seed	%	74.9	70.3	71.2	74.1	72.4
Unhealthy Food Consumption	%	96.7	95.3	95.9	96.0	96.0
Soft drinks (soda, energy drinks, iced tea)	%	68.0	65.3	64.8	69.0	66.6
More than one sugary food or beverage	%	89.3	85.8	89.0	85.3	87.4
More than one salty ultra-processed food	%	50.2	49.8	50.6	49.1	50.0
Processed meats	%	59.7	61.0	56.0	66.4	60.4
Healthy Diet Pattern for prevention of chronic disease (HDP)	%	1.3	1.6	1.6	1.4	1.5
Zero fruit and vegetable	%	4.1	6.0	4.9	5.3	5.1
Dietary Diversity Score (DDS) (mean, sd)		6.1 (1.9)	6.1 (2.0)	6.0 (1.8)	6.3 (2.0)	6.1 (1.9)
Starchy staple foods	%	95.4	92.7	94.3	93.5	94.0
Whole grains	%	17.4	19.1	18.2	18.5	18.3
Foods made from grains	%	90.7	87.7	89.5	88.7	89.1
White roots, tubers, or plantains	%	36.9	37.4	37.3	36.9	37.2
Pulses, nuts or seeds	%	71.1	66.2	67.0	70.3	68.4
Pulses	%	29.0	20.7	20.6	29.8	24.5
Nuts or seed	%	60.8	58.6	59.3	60.0	59.6
At least one vegetable	%	82.4	82.7	85.0	79.2	82.5
Vitamin A-rich orange vegetables	%	33.9	36.2	35.2	35.2	35.2
Dark green leafy vegetables	%	21.7	25.1	21.2	26.7	23.5
Other vegetables	%	75.4	77.3	79.9	71.7	76.4
At least one fruits	%	87.5	84.8	86.3	85.7	86.0
Vitamin A-rich fruits	%	11.5	14.7	12.3	14.5	13.2
Citrus	%	46.2	46.3	46.6	45.7	46.3
Other fruits	%	87.2	84.4	86.0	85.3	85.7
At least one animal-source food	%	94.0	96.1	94.5	96.0	95.1
Dairy	%	86.3	89.2	86.5	89.7	87.9
Milk	%	54.3	58.1	51.3	63.2	56.4
Yogurt	%	48.7	47.5	44.7	52.6	48.1
Cheese	%	68.6	71.5	70.2	70.1	70.2
Eggs	%	61.6	60.8	57.8	65.6	61.2
Meat, poultry, or fish	%	56.5	57.3	52.4	62.9	80.9
Fish or seafood	%	16.0	18.7	14.8	21.1	17.5
Poultry	%	35.5	38.2	34.1	40.8	36.9
Unprocessed red meat (ruminants)	%	29.7	29.0	22.3	38.5	29.3

Unprocessed red meat (non-ruminants)	%	2.8	4.5	3.8	3.7	3.7
Processed meat		59.7	61.0	56.0	66.4	60.4
Fast food or instant noodles	%	43.4	43.1	43.5	43.0	43.3
Salty or fried snacks	%	89.3	85.6	88.6	85.6	87.3
Packaged ultra-processed salty snacks	%	77.1	70.3	75.7	70.3	73.4
Instant noodles	%	30.9	29.0	31.0	28.4	29.8
Fast food	%	22.6	28.3	24.5	27.3	25.7
Deep fried foods	%	37.0	40.8	37.2	41.4	39.1
Sweet foods	%	91.8	85.2	89.0	87.2	88.2
Baked or grain-based sweets	%	80.5	71.9	75.9	75.7	75.8
Other sweets	%	75.2	74.4	77.0	71.9	74.8
Sweet beverages	%	95.3	93.5	94.4	94.3	94.3
Soft drinks (soda, energy drinks, iced tea)	%	68.0	65.3	64.8	69.0	66.6
Sweet tea, coffee, or cocoa	%	58.5	57.9	55.6	61.7	58.2
Fruit juice and fruit drinks	%	78.5	76.5	79.7	74.4	77.4
Number of students		829	974	1034	768	1803

Annex H: Consent form templates

Informed Consent Form for School Administrator

Dear School Administrator,

You are invited to participate in the *Assessment of the School Nutrition Environment in Kosovo*. This study aims to evaluate food and physical activity environments in public secondary schools in order to inform policies and interventions that promote healthy eating and active lifestyles among students.

The study is conducted by the Institute of Public Health in collaboration with UNICEF and in partnership with researchers from Deakin University, Australia. The Ministry of Education and Science has approved this project and has formally informed participating schools through the Municipal Education Directorates.

Selection of the representative sample for the assessment was through randomized selection based on location and schools, which were confirmed with MES.

If you agree to participate, you will be asked to complete an administrator questionnaire and support a brief structured observation of the school environment. **This will take approximately 30–45 minutes.** The questions relate to school food policies, nutrition practices, and physical activity environments.

Your participation is voluntary. You may decline to answer any question or withdraw at any time without consequence. Your decision will not affect your relationship with any institution involved in the study.

The information you provide will be kept confidential. Individual responses will not be publicly linked to you. Collected data will be used only for this assessment. Findings will be reported in aggregated form, and schools will not be individually identified unless explicit permission is granted. Data will be securely stored and used only for research and policy purposes. The

data collecterscollectors are obliged to breach confidentiality in the event of a disclosure of abuse of a child or other criminal behaviourbehavior.

There are no anticipated risks beyond normal professional activities. While there is no financial compensation, the findings may support improvements in school health policies and environments.

If you require further information or have any issues concerning this project please contact: Dafina Mucaj, Health and Nutrition Officer, dmucaj@unicef.org + 38344409755

Consent to Participate

I have read and understood the information above. I understand that my participation is voluntary and that I may withdraw at any time. I agree to participate in this study.

Name: _____ Signature: _____

Position: _____ Date: _____

Information and consent form - Caregivers

INFORMATION STATEMENT AND CONSENT FORM	

TO: _____ (Name of parent or caregiver) of _____ (child's name)

Date: _____

Full Project Title: Assessment of the School Nutrition Environment in Kosovo

Principal Researcher: Professor Sally Schultz(international), Professor Merita Berish (local)

Associate Researcher(s): Jehona Luta, Zana Shabani

Your child's school has been invited to take part in the 'Assessment of the School Nutrition Environment in Kosovo study which is aiming to assess the nutrition environment within schools. This study is being conducted by Institute of Public Health in collaboration with UNICEF, in conjunction with researchers from Deakin University in Australia. As part of this study, a selection of students within each school are also asked to complete a written survey.

What is the purpose of this research?

Nutrition contributes to children's physical growth and development, psychosocial development and educational attainment. The nutrition environment in a school is made up of the food and drink available (supplied by the school or for purchase),

advertising of food or drink in and around the school and nutrition education in the school curricula. The aim of this study is to assess the nutrition environment in schools using a survey tool called the Nutrition Environment Assessment Tool for Schools (NEAT-S), and also provide feedback to the school on areas that are being done well, or areas for potential improvement. For more information you can reach school principal/administrator or you can directly contact Ms. Dafina Mucaj (contact details at the bottom). Data will be collected by Ms. Jehona Luta, Ms. Zana Shabani.

Purpose of this statement

The purpose of this information statement is to provide you with details about the research so you can choose whether to consent to your child participating in the survey, or not. If you agree to your child participating, we ask that you sign and return the attached Consent form to the principal (name of school principal) of the (name of the school) school . You may also verbally tell the principal or your child's teacher, if you would like your child to participate rather than returning the form. You, or your child, can withdraw consent at any time with no consequences.

What is expected of my child?

In approximately 3 weeks, two UNICEF Research Consultants will visit the school and meet with students who have received consent from their caregivers to participate. They will explain the research to students and check that students are still happy to participate.

Students invited to complete a survey, will be provided with a paper copy of the survey. The survey aims to explore what the students think about the healthiness of the school nutrition and physical activity environment within their school and their perceptions about actions to improve the school nutrition and physical activity environment. The survey includes eighteen statements in total, and students will be asked to rate statements in a scale of 1-5 to assess their attitudes and perceptions. These include questions such as "My school provides heathy and nutritious food" and "My school gives me opportunities to play sport". This will be done in class using a pen and paper survey. Your child participation in the surveys will be approximately **30 – 44 minutes**.

Are there any risks associated with participating?

Aside from the inconvenience of completing the survey, we acknowledge that there is a risk that asking questions related to food and nutrition in the school environment could be distressing for participants who may be experiencing challenges related to food and nutrition in their lives. If you think this could be a risk, please do not consent to the student participating in the study. If you do consent and the student does express distress while participating in the research, a teacher will be present to help identify distress, and support will be provided by the UNICEF staff and the school. You will be notified should this occur.

No personal information will be collected from students completing the survey. Participation is voluntary and there is no obligation to participate. Not consenting, or withdrawing consent, will not have any impact on any relationships you or child have with the school.

Are there any benefits associated with participating?

There are no direct benefits to children participating in this study. Your child's school may benefit from participating in this research as the survey tool aims to identify areas where a school is doing well in regard to the nutrition environment, and areas where improvement could be made, as well as understanding the perspectives of the students. Suggestions on possible changes will be provided to the school after completion of the survey which may lead to an improvement in the school environment.

Confidentiality

No personal information will be collected from any students completing the survey. Schools will be de-identified and replaced with a number (e.g School 1, School 2). All data will be entered on secure servers within your country and transferred securely to Deakin University (Australia) for analysis. Only the research team will have access to this data. Schools will not be identifiable in any report or publication arising from this study. This data will soley used for the purpose of this assessment.

Your child can choose not to participate on the day, even if you have provided consent. As no identifying information is collected from students for the survey or focus groups, we are unable to withdraw a child's information from the collective data once the data collection is complete within the school.

However, in the event of abuse of child or other criminal behaviour the confidentiality will be breached in order to inform the authorities.

Sharing the findings

The results of this study will be combined within your country, and across the Europe and Central Asian region. UNICEF will produce a report on the survey findings, and results will also be published in academic journals.

Ethics Approval

This study has been approved by Medicine Faculty, and will be monitored by Deakin University's Human Research Ethics Committee (DU-HREC) and Health Medical Lab IBB (UNICEF external contractor).

If you require further information or have any issues concerning this project please contact: Dafina Mucaj, Health and Nutrition Officer, dmucaj@unicef.org + 38344409755

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact: Dafina Mucaj, Health and Nutrition Officer, dmucaj@unicef.org + 38344409755

Signature of Parent: (please sign here): _____

Informed Assent Form for Children: School Nutrition Assessment Survey

Hello! I am Jehona and with me is Zana

We are both assigned to doing a survey to learn more about the foods and activities at your school. This will help us make schools healthier places for kids like you! We'd love for you to take part, but first, we want to explain what the survey is about and make sure you're okay with joining. The surveys will not take more than 30-45 minutes.

What is this survey about?

- We're asking kids 11+ to answer questions about what foods are available at school, what you eat, and how you play or exercise.
- Your answers will help us understand how to make school a better place for healthy eating and fun activities.

What will you do?

- You'll answer a short survey with questions like, "What snacks do you eat at school?" or "Do you play sports at school?" It will take about 15–20 minutes.
- You will provide your answers on paper and me, and your teacher will be here if you need help understanding the questions.

Do you have to do this?

- No, it's totally up to you! You can say "yes" or "no," and that's okay. Nobody will be upset if you don't want to join. Also, if you start the survey and change your mind, you can stop at any time.

Will anyone know what you say?

- Your answers will be private. We won't put your name on the survey, so no one will know which answers are yours. We'll only share the results in a way that doesn't show who said what. Only the people running the survey will see your answers, and we'll keep them safe.
- If there is a case that we identify as abuse we are obliged to breach this and share information.

Are there any risks or benefits?

- There's no risk to doing the survey. It's just answering questions, and it's not a test, so there are no wrong answers! It might feel good to share your thoughts and help make your school healthier. There's no prize for joining, but your ideas could make a difference for other kids.

What happens next?

- If you want to join, we'll ask you to check the box below to say you agree. We've already asked your parents for their permission, and they said it's okay for you to decide. If you have questions, you can ask us now or later. You can also talk to your parent, teacher, or guardian.

For additional information

- If you require further information or have any issues concerning this project please contact: Dafina Mucaj, Health and Nutrition Officer, dmucaj@unicef.org + 38344409755

Your Choice: I've read (or someone read to me) what this survey is about, and I understand it. I know I can stop anytime, and my answers will be private.

☐ Yes, I (name) want to do the survey.

☐ No, I don't want to do the survey_.

Annex I: Working group for implementation of Nutrition Environment Assessment Tool for Schools (NEATs)

- Merita Berisha – Coordinator
- Ardita Baraku
- Drita Zogaj
- Leonora Shala
- Anisa Krasniqi
- Dafina Mucaj
- Jehona Luta
- Zana Shabani Isenaj
- Kathreen Backholer
- Sally Schultz

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