

# F2 Community Garden

## F2 - Community Garden monitoring form



### Slow Food Monitoring and Evaluation System for the Gardens Project in Africa

This form will be preferably filled in by the Slow Food Gardens Coordinator with the collaboration of the Garden Manager. The form should be filled in once per year, during or at the end of the cropping season, with the information relevant to the on-going or just closed cropping season. For some questions, the responses will have to reflect the collective views of all Community Garden members. The information requested in the section General Information about country, name and type of garden is the same as requested in F1, Slow Food Community Garden Key Persons and geographical location. The Slow Food Garden code will be entered by SF.

The form can be filled on paper and data transferred later in the on-line Confluence platform; or it can be directly filled in the on-line Confluence electronic platform.

*\* Required*

#### General information

**Country: \***

AngolaBeninBotswanaBurkina FasoCameroonDR CongoEgyptEthiopiaGabonGhanaGuineaGuinea Bissaulvory CoastKenyaLesothoMadagascarMalawiMaliMauritaniaMauritiusMoroccoMozambiqueNamibiaNigerNigeriaRwandaSao Tomé and PríncipeSenegalSierra LeoneSomaliaSouth AfricaSouth SudanSwazilandTanzaniaTogoTunisiaUganda ZambiaZimbabwe

**Name of the garden: \***

**Slow Food Garden code:**

to be entered by SF

**Type: \***

School  
Community

**Date of Garden registration in the SF network (month/year):**

January	February	March	April	2023	2022	2021	2020
May	June	July	August	2019	2018	2017	2016
September	October			2015	2014	2013	2012
November	December			2011			

Name of the person compiling the form: \*

First name, family name

Role of the person compiling the form: \*

Slow Food Gardens Coordinator Garden Manager Other

Email of the person compiling the form: \*

Compilation date of the present form: \*

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#### Planting/sowing time of most crops in the Garden

Please indicate the part of the year and the calendar year in which most of the crops grown during the growing season mentioned in the form, were sown or planted

January-JuneJuly-December

Calendar Year: \*

2020202120222023202420252026202720282029

#### Partnership

Name of the Slow Food Community or Convivium of reference :

Name/s of partners, including twin gardens, local and international organizations (do not include donors). Partners can provide advocacy, technical advice, seeds and propagation material, tools, equipment, training.:

Name/s donor/s supporting the Garden (to be entered by SFI)::

### Community Garden membership profile

This question asks for the number of members of the Community Garden aggregated by sub-group formed on the basis of gender, age and role in the household. The answer must be based on the complete list of all members; one copy of the list should be kept by the Community Garden Treasurer and one by the Slow Food Garden Coordinator. The list should be updated every time there is a change in membership. Slow Food suggests that the list comprises the following information:

Name	Gender	Birth	Member since	Contact	Family status	Other Community Garden members are part of the same household
First and family name	M / F	year	year	phone and /or email	household head or member	Yes / No

The term 'young' includes any person in the age group 16-35 years; adult is anyone from the age of 36 years.

**Women head-of-household (HOH): \***

**Adult women not HOH: \***

**Young women not HOH: \***

**Men HOH: \***

**Adult men not HOH: \***

**Young men not HOH: \***

**Total number of households that are members of the Community Garden: \***

Please add any comment considered useful on the members of the Community Garden

### Community Garden location

Please answer Yes or No as appropriate to all options about the location of the Garden during the reported cropping season .

**Within the village/town/city neighborhood:** \* Yes No

**In the outskirts of the village/town/city neighborhood:** \* Yes No

**Distant from the village/town/city neighborhood:** \* Yes No

**On public/communal land:** \* Yes No

**On private land/backyard:** \* Yes No

**On land that was not cultivated previously:** \* Yes No

**On land that was cultivated previously:** \* Yes No

**In a seasonally swamped area (bas-fond):** \* Yes No

**In a non-traditional medium (roof, plastic bottles, pots or boxes, hydroponic, etc.):** \* Yes No

**Other:**

please specify

Please add any comment considered useful on the location of the Community Garden

### Distance from the closest market.

Please provide the requested information on the distance between the Garden and the closest market during the reported cropping season

**Measurement unit: \***  
**KilometersMiles**

**Distance: \***

**Minutes on foot: \***

Please add any comment considered useful on the distance between the Garden and the closest market

### Security and visibility of the Community Garden

Please answer Yes or No as appropriate to all options about the security and visibility of the Garden during the reported cropping season

**There is a fence:** \* Yes No

**There is a vegetable fence/hedge:** \* Yes No

**There is a wooden fence:** \* Yes No

**There is an iron/wire/barbed wire fence:** \* Yes No

**There is a bricks/adobe fence:** \* Yes No

**There is a sign/panel with garden's name:** \* Yes No

**Other, please specify :**

Please add any comment considered useful on the security and visibility of the Community Garden

### Crops

#### Timing of the reported cropping season in relation to the local rainy season pattern

Please answer Yes or No as appropriate to all options about the timing of the reported cropping season in relation to the local rainy season/s

**During the short rainy season:** \* Yes No

**During the long rainy season:** \* Yes No

**After the short rainy season:** \* Yes No

**After the long rainy season:** \* Yes No

**All year long:** \* Yes No

**Other, please specify :**

Please add any comment considered useful about the timing of the reported cropping season

#### Crops, shrubs and trees in the Garden during the reported cropping season

Please list all the crops grown in the Garden during the reported cropping season, as well as the shrubs and trees that also are in the Garden; and indicate if they belong to one of the four categories suggested by checking in the online catalog of the Slow Food Foundation website whether they are part of the [Ark of Taste](#) Project or the [Presidium Project](#); if they are annual/biennial crops or permanent shrubs and trees; and their main intended uses. Please follow these rules: if the crops are included in the Ark of Taste or are a Presidium, write in column (a) the name as registered in the on-line catalogue of the Slow Food Foundation Web site; if a crop was an Ark of Taste product and then became a Presidium, please tick/answer yes to both columns (b) and (c); if a crop does not belong to any of the categories indicated in (b) to (e), please answer Yes to Other; should you not know the crop name in English, please indicate the local name; if there are more than 12 crops/ shrubs/trees, please list the minor ones in the open-ended question below

[illegible]



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Please add any comment considered useful on the crops, shrubs and trees grown in the Garden during the reported cropping season, including crops' /shrubs'/trees' name and category if there are more than 12 species or varieties

#### Seeds and vegetative propagation materials

Please answer Yes or No as appropriate for all options about the sources of seeds and vegetative propagation materials used in the Garden during the reported cropping season

**Community Garden members' own gardens:** \* Yes No

**Community Garden's own production:** \* Yes No

**Neighbors through exchange:** \* Yes No

**Neighbors through purchase:** \* Yes No

**Local shop or market:** \* Yes No

**Shop or market outside the village/town:** \* Yes No

**State Agricultural Service:** \* Yes No

**Gathered from wild plants:** \* Yes No

**Seed banks:** \* Yes No

**Slow Food Community/Convivium:** \* Yes No

**Slow Food projects:** \* Yes No

**Twin garden/s:** \* Yes No

**Other partners:** \* Yes No

**Other, please specify :**

Please add any comment considered useful on the procurement of seeds and vegetative propagation material

### Source of water

Please answer Yes or No as appropriate to all options about the sources of water used in the Garden; whether the water was/is paid and the water lifting method during the reported cropping season

**Rainfall:** \* Yes No

**Rainfall harvesting (tank, pond, etc.):** \* Yes No

**Well:** \* Yes No

**Borehole:** \* Yes No

**Water body, seasonal:** \* Yes No

**Water body, permanent:** \* Yes No

**Public water tap:** \* Yes No

**Waste/grey waters, e.g., from washing hands, cleaning, etc.:** \* Yes No

**Water from tanks/taps/wells/boreholes is free of charge:** \* Yes No

**Manual lifting:** \* Yes No

**Motor pump (fuel, electric):** \* Yes No

**Solar pump:** \* Yes No

**Other, please specify :**

Please add any comment considered useful on the water used in the Garden.

### Irrigation and soil-moisture conservation methods

Please answer Yes or No as appropriate to all options about the irrigation and soil-moisture conservation used in the Garden during the reported cropping season

**Watering cans:** \* Yes No

**Drip irrigation with pipe or bottle:** \* Yes No

**Furrow flooding/lateral irrigation:** \* Yes No

**Clay pots/terracotta jars:** \* Yes No

**Mulching:** \* Yes No

**Windbreaks:** \* Yes No

**Tree shade:** \* Yes No

**Cover cropping:** \* Yes No

**Other, please specify :**

Please add any comment considered useful on the irrigation and soil-moisture conservation methods

### Soil fertility and soil management practices

Please answer Yes or No as appropriate to all options about the soil fertility and soil management practices used in the Garden during the reported cropping season

**Animal manure:** \* Yes No

**Green manure:** \* Yes No

**Compost:** \* Yes No

**Crop rotation:** \* Yes No

**Intercropping/Crop association:** \* Yes No

**Mulching:** \* Yes No

**Raised or sunken beds:** \* Yes No

**Terracing:** \* Yes No

**None:** \* Yes No

**Other, please specify :**

Please add any comment considered useful on the soil fertility and soil management practices

### Pest and disease management practices

Please answer Yes or No as appropriate to all options about the pest and disease management practices used in the Garden during the reported cropping season

**Ashes:** \* Yes No

**Hot pepper maceration:** \* Yes No

**Stinging nettle maceration:** \* Yes No

**Garlic maceration:** \* Yes No

**Soap preparation:** \* Yes No

**Aloe vera extract:** \* Yes No

**Mexican Marigold (Tagetes) extract:** \* Yes No

**Neem extract:** \* Yes No

**Onion extract:** \* Yes No

**Other plant extract:** \* Yes No

**Traps for rodents:** \* Yes No

**Fence against wandering animals:** \* Yes No

**None:** \* Yes No

**Other, please specify :**

Please add any comment considered useful on the pest and disease management practices.

### Community Garden logbooks

Please answer Yes or No as appropriate during the reported cropping season, to both statements below

**The Garden has a logbook to record all crop-related information, e.g., planting/sowing/treatment/harvesting date, variety, quantity of seed, yield, diseases and pests, etc:** \* Yes No

**All decisions on the functioning of the Garden are registered in a logbook:** \* Yes No

## Objectives of the Community Garden

Please discuss and agree on all replies with all the members of the Community Garden

**Please assess the importance of each objective of the Garden during the reported cropping season, by ticking for each option the appropriate level of importance**

**Produce healthy and good food for the garden members (food quality): \***

Very important Important Somewhat important Not important at all

**Produce more food for the garden members (food quantity): \***

Very important Important Somewhat important Not important at all

**Produce food for the lean season for garden members: \***

Very important Important Somewhat important Not important at all

**Produce food also in case of drought or floods for garden members: \***

Very important Important Somewhat important Not important at all

**Generate savings for garden members through the consumption of products from the Garden: \***

Very important Important Somewhat important Not important at all

**Generate income for garden members by selling the products of the Garden: \***

Very important Important Somewhat important Not important at all

**Improve the health of the Garden members : \***

Very important Important Somewhat important Not important at all

**Training/learning about sustainable gardening practices: \***

Very important Important Somewhat important Not important at all

**As an incentive for members to establish a garden of their own: \***

Very important Important Somewhat important Not important at all

**Be part of a network of people who share the same interests: \***

Very important Important Somewhat important Not important at all

**Other, please specify :**

Please add any comment considered useful on the objectives of the Garden. **Most importantly, if the Garden has been an incentive for member and non-member households to develop their own garden at home, please indicate how many have done so (approximate number).**

### Governance of the Community Garden

Please list the names and roles of the Community Garden members responsible for its governance, during the reported cropping season, as well as the gender and age of each person

First and family name	Role	Gender	Age
	Garden ManagerSecretary TreasurerAdvisorStorekeeper ChairpersonSlow Food Gardens CoordinatorOther	Female Male	
	Garden ManagerSecretary TreasurerAdvisorStorekeeper ChairpersonSlow Food Gardens CoordinatorOther	Female Male	
	Garden ManagerSecretary TreasurerAdvisorStorekeeper ChairpersonSlow Food Gardens CoordinatorOther	Female Male	
	Garden ManagerSecretary TreasurerAdvisorStorekeeper ChairpersonSlow Food Gardens CoordinatorOther	Female Male	
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	Garden ManagerSecretary TreasurerAdvisorStorekeeper ChairpersonSlow Food Gardens CoordinatorOther	Female Male	
	Garden ManagerSecretary TreasurerAdvisorStorekeeper ChairpersonSlow Food Gardens coordinatorOther	Female Male	

Please add any comment considered useful on the governance roles of the Garden

## Management of the Community Garden

**Community Garden decision making mechanism: please answer Yes or not**

**The Garden Governance decides what crops to grow and how:** \* Yes No

**The Garden Governance decides about the destination and distribution of the products:** \* Yes No

**The Slow Food Gardens Coordinator participates in the decision about what crops to grow and how:** \* Yes No

**The Slow Food Gardens Coordinator participates in the decision about the destination and distribution of the products:** \* Yes No

**All members of the Garden participate in the decision of what crops to grow and how:** \* Yes No

**All members of the Garden participate in the decision about the destination and distribution of the products:** \* Yes No

**Each Garden's member/household decides on his/her own about which crops to grow and the destination and distribution of the products:** \* Yes No

**Other, please specify :**

**Community Garden work organization: please answer Yes or No**

**All members work on all Garden plots:** \* Yes No

**Each member/household works on the assigned plot/s:** \* Yes No

**All members work together according to planning:** \* Yes No

**Each member/household works in the Garden whenever she/he/it wants:** \* Yes No

**Other, please specify :**

**Destination and distribution of the Community Garden products:  
please provide percentage values from 0% to 100% as appropriate  
for the four initial options**

**Products shared among members: \***

**Products sold to generate revenue for the Garden: \***

**Products used for demonstration events in the Garden: \***

**Products used for other purposes: \***

Please, answer Yes or No, as appropriate to the following options

**Products and/or revenue from the sale distributed among all members  
in equal parts: \*** Yes No

**Products are sold to generate income for non-garden related  
community activities: \*** Yes No

**Products are donated to poor members: \*** Yes No

**Products are donated to poor households in the village/town  
/neighbourhood: \*** Yes No

**Other, please specify :**

Please add any comment considered useful on the management of the  
Community Garden



## Training events and materials

Please answer Yes or No as appropriate to all options about access to and use of training material and about events carried out during the reported cropping season

The Garden has access to the Slow Food training material on gardening in hard copy: \* Yes No

The Garden has access to the Slow Food training material on gardening on-line: \* Yes No

The Garden has access to training material on gardening by other organizations in hard copy: \* Yes No

The Garden has access to training material on gardening by other organizations on-line: \* Yes No

The Garden regularly uses the Slow Food training material on gardening : \* Yes No

The Garden regularly uses the training material on gardening by other organizations: \* Yes No

Over the last 12 months, Slow Food organized training events at the Garden: \* Yes No

Over the last 12 months, Slow Food organized community awareness events at the Garden: \* Yes No

Over the last 12 months, other partners organized training events at the Garden: \* Yes No

The Garden is used as a training area on gardening for the local /another school: \* Yes No

Other, please specify :

Please add any comment considered useful on training and awareness raising concerning the Garden. About Slow Food training and awareness raising events at the Garden, please inform if a separate report was prepared and sent to Slow Food Gardens Team

**Effects of any recent/on-going major disruptive event (e.g., drought, flood, epidemic/pandemic, civil strife, war) on the Garden**

**Please discuss and agree the replies with all the members of the Community Garden**

**The work of the members in the Garden...: \***  
IncreasedContinued as usual Was reduced Stopped completely

**The production from the Garden... : \***  
IncreasedContinued as usual Was reduced Stopped completely

**The income and/o savings generated by the Garden products...: \***  
IncreasedContinued as usual Was reduced Stopped completely

**The learning process at the Garden... : \***  
IncreasedContinued as usual Was reduced Stopped completely

**Please indicate what was the disruptive event:**

Please add any comment considered useful about the disruptive event and its effects on the Garden

### Challenges of the Community Garden

Please discuss and agree all replies with all Community Garden members

Please answer Yes or No and comment as appropriate about the challenges that the Garden has faced during the reported cropping season	Yes /No	Please provide additional information as appropriate	Please indicate the solution you have identified
Garden size	Yes No		
Fencing the Garden	Yes No		
Availability of seeds and propagation material	Yes No		
Availability of natural fertilizers (manure, compost, etc.)	Yes No		
Access to water and management	Yes No		
Pests and diseases control	Yes No		
Availability of tools and equipment	Yes No		
Financial resources for Garden management	Yes No		
Garden governance	Yes No		
Garden management, e.g. work organization, distribution of production, etc.	Yes No		
Knowledge of Slow Food gardening practices	Yes No		

**Other, please specify :**

Please add any comment considered useful on the challenges faced by the garden

### Support from Slow Food that the Community Garden would like to receive in future

Please discuss and agree all replies with all the members of the Community Garden

**Please assess the importance of each type of support that the Garden would like to receive from Slow Food in future, by selecting the appropriate level of importance for each option**

**Support to organize awareness raising events about the Garden: \***  
Very important Important Somewhat important Not important at all

**Support to organize training events for the members of the Garden: \***  
Very important Important Somewhat important Not important at all

**Support in funds or kind to expand and improve the Garden: \***  
Very important Important Somewhat important Not important at all

**Support in funds or kind for crop management (seeds, vegetative propagation materials tools, equipment, fertilizer, pest and disease control): \***  
Very important Important Somewhat important Not important at all

**More frequent technical supervision: \***  
Very important Important Somewhat important Not important at all

**Other, please specify :**

Please add any comment considered useful on the support that the Community Garden would like to receive from Slow Food

### Privacy policy

The personal data contained in the form are processed in compliance with the GDPR and in accordance with the privacy policy that the data controller has made available to the link <http://privacy.slowfood.com/english>, with specific regard to the chapter "Recipients of newsletters and commercial, promotional and sales-oriented communications". By filling in and sending this form you declare that you have read and understood the privacy policy and that you do not object to the processing provided for therein.

**Read and accepted \***

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