2019
Global Survey of School Meal Programs

FEEDING MODALITY WORKSHEET

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Feeding Modality

☐ In-school meals ☐ In-school snacks ☐ **Take-home rations**

☐ **Conditional cash transfer** ☐ Other: _____

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

☐ During the school year ☐ Outside the school year

D5 Was this feeding modality universal?

☐ Yes ☐ No

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

☐ 100% (**universal** target achieved)

☐ 75-99%

☐ 50-75%

☐ 25-50%

☐ 0-25%

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

☐ **Geographic**

☐ **Individual** student characteristics

☐ Other: _____

D6.1 What criteria were used in targeting?

_____

D7 Types of schools

D7.1 Did this type of school participate in this school feeding program? *Check if "yes".*	**D7.2** How many schools participated?	**D7.3** What % were boarding schools?
☐ Public schools	_____	_____ %
☐ Private schools	_____	_____ %
☐ Other: _____	_____	_____ %

D8 Grades/age levels

D8.1 Did students in this level receive food through this modality? *Check if "yes".*	D8.2 How many students in this level received food through this modality?		
	Girls	Boys	All *(If gender-disaggregated numbers are not available)*
☐ Pre-schools	_____	_____	_____
☐ Primary schools	_____	_____	_____
☐ Secondary schools	_____	_____	_____
☐ Vocational/trade schools	_____	_____	_____
☐ University/higher education	_____	_____	_____
☐ Other: _____	_____	_____	_____

D9 Frequency and time interval of school feeding

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

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

☐ Grains/cereals	☐ Green, leafy vegetables
☐ Roots, tubers	☐ Other vegetables
☐ Legumes and nuts	☐ Fruits
☐ Dairy products (milk, yogurt, cheese)	☐ Oil
☐ Eggs	☐ Salt
☐ Meat	☐ Sugar
☐ Poultry	☐ Other: _____
☐ Fish	

END OF FEEDING MODALITY WORKSHEET