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GOVERNMENT OF INDIA
MINISTRY OF HUMAN RESOURCE DEVELOPMENT
DEPARTMENT OF SCHOOL EDUCATION & LITERACY
SHASTRI BHAVAN
NEW DELHI-110 115

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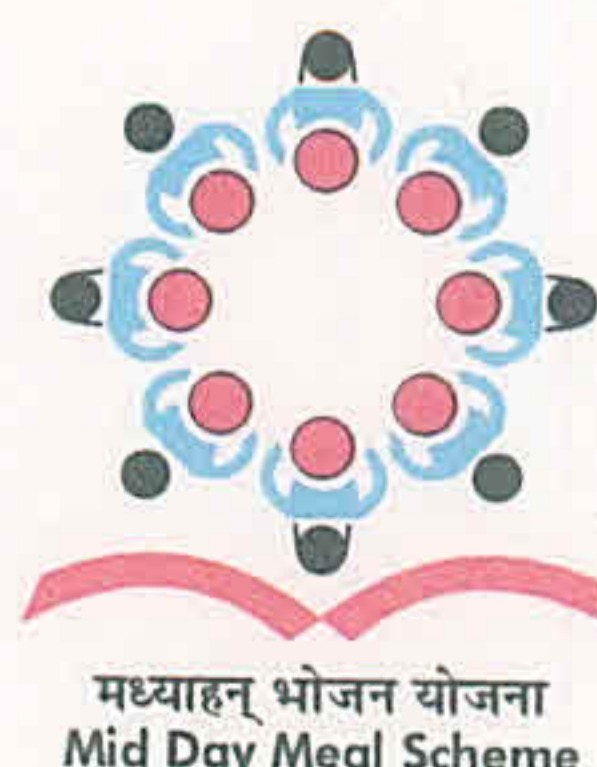
17th October, 2013

Dear *Maha*,

The 5th Joint Review Mission visited the state of Odisha from 20th to 30th September, 2013. It reviewed the implementation of Mid-Day Meal Scheme (MDMS) and assessed the nutritional status of the beneficiary children, in two districts – Badrak and Balasore. The JRM team was headed by Dr.(Mrs) Neelam Grewal, Director, Directorate of Research on Women in Agriculture (DRWA), Indian Council of Agricultural Research, Bhubaneswar. Other members of the team were - representatives from MHRD and Government of Odisha; Office of the Supreme Court Commissioner for MDMS and the Monitoring Institute for the scheme in Odisha. A senior scientist and a scientist from DRWA accompanied by three research scholars from College of Home Science, Odisha Agricultural University of Agriculture and Technology and Consultants from Ed CIL's Technical Support Group for Mid-Day Meal Scheme assisted the JRM. The team visited a total of 41 schools and surveyed 875 children. Some members of the team also visited the centralized kitchen in district Ganjam.

The Best Practices of the State that the team appreciated included the inclusion of eggs twice a week in the MDM menu and the stress on the hand washing. Size of serving was found to be adequate and nearly half of the children asked for a second helping, which they could get. The sensory quality of the meals was good.

In the Nutrition Assessment of the beneficiary children, the Body Mass Index (BMI), an indicator of the nutritional status of selected children, was calculated after taking their anthropometric measurements. Analysis of these for Z - scores using WHO Global Database on Child Growth and Malnutrition (WHO, 2006) revealed that with a percentage of 38.28 and 26.44 % of the total children being underweight and stunted, respectively. The incidence was more prevalent in Bhadrak district while the percentage was 34.10 and 32% for district Balasore. **Relatively more girls were underweight and stunted (39.58 and 28.14%, respectively) in Bhadrak in comparison to boys (37.07 and 24.87% respectively).** The percentage of undernourished children in Bhadrak and Balasore was 25.68 and 21.32 respectively. The deficiency symptoms of B complex, vitamin A and iron



deficiency anemia were observed in the surveyed children. Water of only one school out of the 22 samples collected from the visited schools was found to be potable.

Based on these observations, the JRM team has made the following recommendations:

1. Sensitisation of officials at District and Block level towards their role and responsibilities is essential for effective implementation of MDMS.
2. The JRM recommends that the undernourished children, especially the 14 year age group, should be identified by periodical health checkups. The identified children should be given special care during MDM.
3. Better convergence with the School Health program is essential. There is a need for the regular health monitoring. Vitamin A, Iron and Folic Acid supplements and deworming tablets should be provided on a regular basis to the schools. Further, proper instructions regarding their dosage should be given to the teachers. Health cards, with duly filled record of each child need to be maintained and updated regularly in all the schools.
4. Drinking water should be tested for any type of biological contamination and remedial purification be done accordingly.
5. The meals should be more nutrient dense and nutritionally balanced. Inclusion of higher amounts of non tuber vegetables is recommended.
6. Keeping in view the congenial weather some trees such as banana, papaya and, moringa may be grown for supply of fresh/leafy vegetables to make meals nutritionally rich. Similarly, pokhars may be used to rear fish that may be used in addition to or replace eggs in the menu once a week.
7. A concerted effort for Health and Nutrition Education (HNE) is required for children, parents, teachers, cooks and caretakers. Feeding program along with HNE, may prove more effective in improving the health and nutritional status of the children.
8. Non-use of pucca kitchen-cum-stores also needs to be looked into. In many schools these pucca kitchens are used as head teacher's room and food is being cooked in make shift Kitchen sheds that do not provide adequate protection from insects and reptiles.
9. Since one reason for non usage of kitchens is the poor ventilation leading to unbearable smoke build up, the State needs to adopt and encourage the use of LPG.
10. Completion of already sanctioned kitchen-cum-stores in a time bound manner may be undertaken for cooking mid day meals in a clean and hygeinic enviroment. **The State Government may also like to review the design for the remaining kitchen-cum-**

stores in the State. A model design has already been circulated by the MHRD (copy enclosed for ready reference).

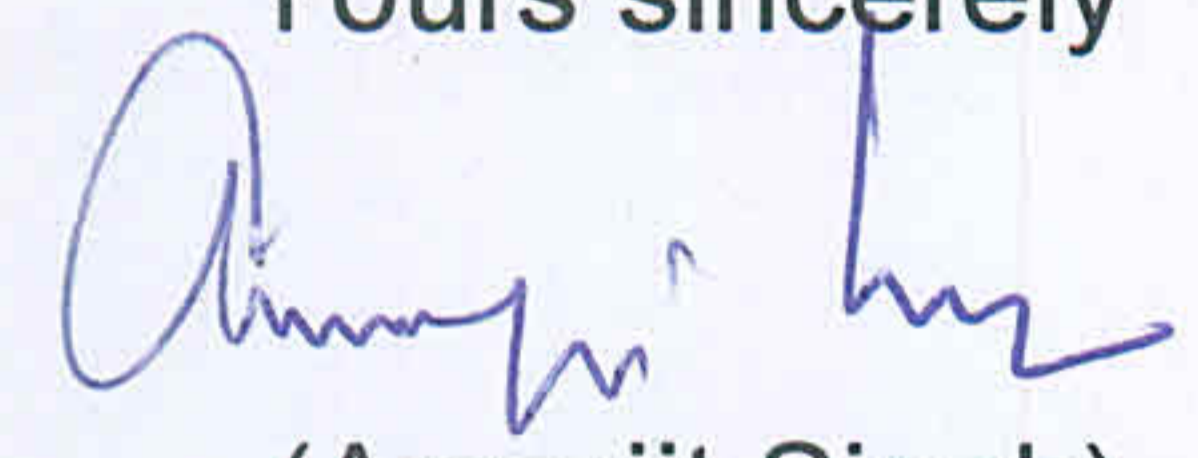
11. State should use the information available with MDM-MIS to evaluate the performance and for focused inspections and monitoring.
12. The State Govt. should engage adequate number of Cook-cum-Helpers in the schools as per norms. There is need to educate the cooks regarding proper weighing of raw ingredients. Use of weighing balance is recommended for weighing raw ingredients so that children receive prescribed amounts of nutrients.
13. The rights and entitlement of children, menu, MDM logo, and emergency contact numbers should be displayed prominently on the outside wall of the schools.
14. **Monitoring and Supervision:**
 - **Inspections by the officials-** Considering that the scheme is not properly monitored in the State, it may ensure that all the parameters related to MDMS be properly monitored through a structured format.
 - **Setting up of State Review Mission** to review the Scheme in the districts on quarterly basis.
15. All the centralized kitchens must follow the principles of HACCP (Hazard Analysis Critical Control Point) to ensure that compromised quality food products are not prepared and food related hazards do not occur.
16. Periodic feedback may be obtained for further improvement of from the stakeholders and other concerned officials/teachers engaged at the gross root level.

The complete report is being enclosed alongwith for your perusal.

It will be appreciated if you could send an action taken report on the above within 3 months. A little concerted effort on your part will ensure that no child in a school remains hungry in your State.

With regards

Yours sincerely


(Amarjit Singh)

Ms. Usha Padhee
Secretary
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Odisha