

Report of the 7th Joint Review Mission

Mid-Day Meal Scheme

National Report

23rd March to 1st April 2015



मध्याह्न भोजन योजना
Mid Day Meal Scheme

INTRODUCTION

The 7th Joint Review Mission of the Centrally Sponsored Mid-day meal scheme launched in 1995, was undertaken by a 8 member team (see **Annex I** for names and titles of members and states visited) from 23-31 March 2015. In a departure from the past when JRMs visited only one state at a time in teams consisting of generalists and nutritionists, the 7th JRM visited four states (Assam, Maharashtra, Telangana and West Bengal) simultaneously in pairs. The terms of reference (TORs) of the mission are at **Annex II**. This time around the mission focused its attention on macro issues relating to the management, implementation and monitoring of the scheme with particular reference to overall impact, institutionalization and sustainability.

MHRD provided the JRM with technical guidance, secretarial and logistical support. The JRM was accompanied, assisted and hosted by the respective state governments. The four State reports are based on information, data and documentation provided by the MHRD, Education Departments, Directorates of Education .The observations and recommendations of the JRM are based on field visits to schools, supporting institutions, centralized kitchens and dialogues with officials, heads of schools, teachers, children, parents, elected representatives, school management committees (SMCs) local communities, self-help groups (SHG), academia and managers of schools.

OVERVIEW

The Mid day meal scheme was launched as a Centrally Sponsored Scheme in all states/UTs to provide a nutritional supplement to all children attending Government and government aided elementary schools. It has now evolved into the largest noon meal programme in the world through judicial intervention and with an expanded partnership between the Centre, the States and the community at large. It now covers 10.80 crore children in primary and upper primary classes in 11.58 lakh government and government aided schools as well as special training centres' including madarasas and maqtabas.

A special provision has been made for serving mid-day meals during summer vacations in drought affected areas.

The major objectives of the scheme are to improve the educational status of elementary school children in terms of enrolment, attendance, retention and learning outcomes and to improve their nutrition and health.

The financial commitments of the central government to the MDM has risen steadily over the last decade from Rs.2, 821 crores in 2005 to Rs.13,215 crores in the current financial year. Of this, 14 % is on the cost of food grains and transportation which is entirely met by MHRD and 60% on cooking food (pulses, vegetables, oil & condiments) which is shared between the Centre and the States in the ratio of 75: 25. Under a special dispensation, the North Eastern states receives 90% of the funds from MHRD. The honorarium of Rs.1, 000 per month for Cook-cum-helpers is also shared between MHRD and states in the same ratio, besides kitchen-cum stores. GOI provides cost of kitchen devices @ Rs 5,000 once every five years in each primary and upper primary school. The MHRD reimburses the cost of unsubsidized cooking cylinders to states in the ratio of 75:25.

The scheme now covers more than 75% of enrolled children in elementary education in the country with a majority being from economically weaker sections and disadvantaged groups. In fact the JRM noted with appreciation that the scheme has become a major instrument of social integration and inclusion in schools where children from all castes, creeds and faith enjoy a mid-day meal prepared by cooks and helpers from different communities.

Given the massive coverage, the complex logistics and the difference in States' governing capacities and management structures one could say, with a fair degree of assurance, that the scheme has overcome basic challenges over the last decade and, except for a few untoward incidents, it is perceived to have a major impact across the country, including in the four states visited by the JRM.

One could say that being a high profile and high risk enterprise, the MDM scheme has managed to galvanise the state governments, the education establishment, school leaders, the parents, civil society and local communities in a manner that few other development initiatives in the country have in recent years. Almost imperceptibly it has stimulated thinking and debate on equity and inclusion in our education and health systems. There is a sense of excitement and anticipation in schools at noon around mealtime, which instills a spirit of sharing and caring among different partners.

Some critics are of the view that it disturbs the rhythm of the school, distracts from classroom activities and places an additional burden on the heads of schools and teachers. On the other hand, it could be said that the daily routine of serving hot cooked and nutritious meals to children from all segments of society have sensitized the teaching community to issues relating to the general wellbeing of their wards and made them more accountable towards the learning needs of disadvantaged children. While visiting schools and interacting with educational managers and teachers one could perceive a heightened sense of awareness and greater accountability towards hygiene and sanitation issues which have been neglected so far. There is an increased recognition that the provision of clean drinking water, functional toilets and modern kitchen cum stores could be resolved in the long term by involving the local communities, especially Women Self Help Groups(SHGs) and improving inter-departmental coordination and synergies.

Nevertheless one ought to recognize that long standing logistical problems relating to regular procurement of food grains and cooking ingredients; measurement of quantities received; proper storage; maintenance of buffer stocks and timely payments for supplies have not yet been resolved in a satisfactory manner. The long delays for payment of honorariums to cooks and helpers in all four states, particularly in Assam, need to be overcome through electronic payments to their individual bank accounts. In some cases cooks, helpers and SHGs have been obliged to make payments from their own pocket for cooking meals and then claim reimbursements. While one admires their sense of commitment to avoid interruptions in MDM, this situation is clearly unacceptable.

Issues relating to energy efficiency and health risks emanating from continued use of traditional fuel wood devices need to be addressed with a greater sense of urgency. Maharashtra presents a good practice in this respect with their initiative for pre-fabricated kitchens, a rapid conversion to cooking gas in schools and installation of fire safety devices. Several members of the JRM expressed their concern about the rudimentary and unhygienic surroundings in which school meals are served in many locations. In this context we were pleased to note the attention being given to

improvement to dining spaces in West Bengal, including the prospect of donations for this purpose.

The shortcomings alluded to above in the implementation management and monitoring could be attributed, at least in part, to the existing weaknesses of the school supervision system and in part to the lack of a dedicated unit for MDM in each of the states. These should be established as soon as possible and led by committed and competent individuals, preferably women, and staffed by a majority of women. The onerous responsibility of oversight and review of the MDM scheme cannot be left to the already over-stretched structures of the education departments and part time staff with no particular interest in the scheme. This situation is further exacerbated by the large number of vacancies at supervisory and other levels in all four states, especially Maharashtra. The JRM is of the view that opportunities for capacity building of senior management and school level functionaries should be expanded through partnerships with training institutions.

The institutionalization and sustainability of such a vast and prestigious scheme such as MDM would depend, to a large extent, on a higher order of leadership in states, districts and schools; dedicated and well-staffed management structures; improvement in the accumulated deficiencies in school infrastructure through private sector contributions, a stronger partnership with community-based organizations, especially through engagement of women and mothers in SHGs.

STATE INITIATIVES

Each of the four States visited by the JRM has taken several noteworthy initiatives to improve and strengthen the MDM scheme. These could be adapted by other states keeping in view their own context. Here is a snapshot of a few of these initiatives:

ASSAM

- ❖ Convergence of MDM with SSA.
- ❖ Creation of dedicated MDM cells at district levels
- ❖ E-transfer of funds (cooking costs & honorarium) from state Hqs to SMC accounts
- ❖ Pre and post-meal hand washing system in collaboration with UNICEF and use of coconuts as soap trays with water pipes;
- ❖ Development of kitchen gardens in school premises with support of DRDA;
- ❖ Provision of drinking water filters of 25 litres each in selected schools under Assam Vikas Yojana;

- ❖ Partnership with a Akshaya Patra Foundation for providing a school lunch of a good quality to 591 schools within a radius of 30 kilometres in Kamrup Rural and Metro districts;
- ❖ Engagement of Mother's Groups to increase effectiveness of school monitoring committees;
- ❖ Training of master trainers for training cook cum helpers at the Institute of Hotel Management (IHM), Guwahati;
- ❖ Use of computer tablets for digitization of children's attendance;
- ❖ Extension of the scheme to children in pre-primary schools.

MAHARASHTRA

- ❖ Construction of cost-effective, pre-fabricated kitchens for cooking MDMs in schools by Sintex Co. through a process of global tendering;
- ❖ Partnership with ISKON to serve MDMs to 27,000 school children in the municipalities of Pune and Pimpri Chinchwad;
- ❖ Creation of cluster kitchens managed by civil society organizations (CSOs) to cook and distribute meals in urban and rural pockets;
- ❖ Streamlining of procedure for involvement of women SHGs in MDM scheme through Expression of Interest (EOI);
- ❖ Online procurement and supplies of all food ingredients to the doorstep of all schools covered by the MDM at periodic intervals in the state;
- ❖ Parasbaghs (vegetable gardens) in the school campus for supply of fresh seasonal vegetables for cooking school meals;
- ❖ Timely payment to FCI for food grains at state level; and
- ❖ A State Review Mission visited six low performing districts and a Social Audit was conducted in Latur and Pune and findings shared in public hearings.

TELENGANA

- ❖ Extension of mid-day meals to all children up to Class IX & X with effect from 2009-2010 from the state budget at an annual additional cost of Rs.68.60 crores;
- ❖ Provision of superfine rice in all schools serving MDMs in the state through an additional investment of Rs.3.04 per child in primary and Rs.4.50 per child in upper primary;
- ❖ Health checkups of 65% of school children;
- ❖ Use of Reverse Osmosis (RO) in 162 schools to purify drinking water; and
- ❖ Partnership with voluntary organizations to establish central kitchens in Hyderabad city and in Medak District;
- ❖ Partnership with National Institute of Rural Development and Panchayati Raj (NIRDPR) in Hyderabad for supporting MDM; and

- ❖ Standard Operating Procedures (SOP) in the form of a Manual for effective implementation and training purposes.

WEST BENGAL

- ❖ Enhancing the monthly honorarium of cooks and helpers from Rs.1,000 to Rs.1,500 through state funding of Rs.750 per Cook cum helper (CCH) ;
- ❖ Setting up of a separate Task Force for Kolkata city for monitoring and supervision of MDM scheme;
- ❖ Partnership with Vishwa Bharti and reputed state universities (Jadavpur, Calcutta) to assist with oversight and review of MDM;
- ❖ Engagement of six eminent experts to advise state governments to improve and strengthen MDM;
- ❖ Close involvement of district administration with the supervision of MDM; and
- ❖ Establishment of grievance redressal mechanism to receive online complaints and to redress them; and
- ❖ Coverage of street children in urban areas under the scheme.

Management, Implementation & Monitoring

The management of MDM at state level is either with Director of Primary Education or School Education. In Assam, it has been brought under SSA. This has improved the coordination and convergence between SSA and MDM. There is a separate cell at district level attached with DEO in Telengana. In West Bengal, District Magistrate is the nodal officer to manage the programme at the district level. At the block level, Mandal Education Officer (MEO) manages the MDM programme in Telengana and in West Bengal it is managed by Assistant Inspector of schools/BDO. A large number of posts created for MDM at various levels are vacant, particularly in the state of Maharashtra and West Bengal. Urgent steps need to be taken by the States for early filling up of existing vacancies.

In West Bengal, in order to ensure quality and effective monitoring of the MDM programme, the state has constituted steering-cum-monitoring committee for Kolkata district chaired by Chairman of Kolkata Primary School Council (KPSC) with representatives from other departments.

The monitoring mechanisms for MDM in the states visited are well established. Two Monitoring Institutions assigned by MHRD to Maharashtra have highlighted several concerns regarding implementation of MDM scheme. Similarly National Institute of Rural Development and Panchayati Raj, Hyderabad is the Monitoring Institution for Telangana and their first half yearly monitoring report on MDM scheme

for Telangana has highlighted various issues and suggested measures for further improvement of the program. In West Bengal, Monitoring Committees have been constituted for successful implementation of the program. Six experts from reputed institutions have been engaged for the purposes of making surprise visits. Each expert visits 30-40 primary and upper primary schools during a visit.

The coordination and monitoring of the scheme could be improved if a separate cell is created at state level in the Directorates of Primary Education. Given the high level of engagement of a large number of women teachers, SHGs, women cooks-cum-helpers in the MDM scheme, it would be appropriate to consider assignment of at least 50% of the women to this dedicated cell. This cell should establish partnerships with academic and research institutions in the state, civil society organizations and the private sector in carrying out its work.

To improve monitoring and coordination at the district and sub-district levels, particular attention should be given to fill in vacant positions of Superintendents with priority to tribal districts and educationally backward blocks. This has specific reference to Maharashtra.

Reviving and rejuvenating the various committees from state to school level by providing representation and voice to women's organizations, economically weaker sections and disadvantaged groups, is necessary as they have a major stake in ensuring that the delivery of hot cooked meal improves steadily and meets their expectations. The number of committees may be pruned to reduce the secretarial workload of supporting these committees and facilitating follow up.

A computerized Management Information System (MIS) has been operationalized in the four states. Annual and monthly data are entered online and updated. In Maharashtra, the state has gone ahead in linking student cards with Aadhar for better tracking and monitoring of MDM.

In all the states visited by the team, the active participation of the School Management Committees (SMC) in providing assistance and supervision has been observed. The intervention of SHG has been found quite encouraging particularly in rural areas in assisting in cooking, tasting food and distributing meal in the states of Assam, Telangana, West Bengal and Maharashtra. Teachers are involved in the daily administration of the scheme including hygiene and maintenance of MDM register, tasting the cooked meal and ensuring hand-washing before and after eating. But it should be ensured that this process does not disturb teaching learning in the school. Nutrition and health education can be a part of the noon meal programme in which teachers and cooking agencies can be trained and can impart education during meal time. Assam & West Bengal have arranged training of Master Trainers for cooks and

helpers on various aspects of MDM with the assistance of Institutes of Hotel Management.

There is a case for promoting and supporting field research on the impact of the MDM Scheme on improving access to education for girls and the underprivileged sections of society and to reduce dropouts. The implementation of MDM scheme at school level in rural areas is carried out mainly by SHGs, SMC and NGOs with proven track record. Ensuring basic literacy of the cook- cum- helpers will ensure that they can verify the expiry date of materials.

The state of Telengana has developed Standard Operating Procedures (SOP) in the form of manuals and calendars and these have been printed and supplied to all stakeholders for effective implementation of MDM. It is planned that all the SHGs and cook-cum-helpers will be given training on these modules.

The delivery of MDM schemes to millions of children for approximately 200 days in an academic session in the state is by any standard or scale an impressive achievement. This is made possible by the commitment, team work and dedication of many school leaders, teachers, community volunteers, NGOs, SHGs and other people. It would be in the fitness of things for the state and society to recognize and reward outstanding efforts in this field periodically. This would serve as an incentive to motivate all those who contribute their time and labour to this noble endeavor and encourage others to also contribute in any way in the future.

Budget Norms and Funds Flow

The Government of India provides funds under Mid-Day Meal Scheme. There are two types of funding: (i) 100% borne by the central Government on food grains, transportation, Monitoring, Management and evaluation and procurement of kitchen devices. (ii) Cooking cost, cost of construction of kitchen cum store, honorarium of cook-cum-helper and reimbursement of expenditure against LPG cylinders etc. in ratio of 90:10 in the case of NER States and 75:25 with other states. Generally the Government of India releases funds to states and UTs in two installments. Both installments are released in advance provided the states and UTs furnish requisite information on time. In the beginning of the year the Government of India releases 25% of the allocated funds in advance to all States to avoid disruption and delay.

The Government of India releases funds to States and the states make provision of their share of funds in the State Budget. During the visit of JRM, it was noticed that the state government of Telangana releases funds to DEOs through treasury whereas in West Bengal the State Government releases funds to school

education department. Further the funds are allocated from head office to the MDM bank accounts of the district, Municipalities and corporation through RTGS/core banking system. However the transfer of funds to the school, self-help group (SHG) and NGOs gets delayed in many of the States.

During the visit of JRM, concern has been expressed about the multiple levels/channels which result in delay in payment. During visit to schools the teams were informed of the delay in receipts of payments by cooks and helpers. They had been receiving payments only once in three months. There is need to ensure direct flow of funds in advance regularly to the school from the district through RTGS, in particular conversion costs to the institutions and honorarium to cook-cum-helpers should be transferred without delay.

In addition to delay there has been a discrepancy and in many cases transparency and proper maintenance of records is also lacking.

Further it has been noticed during visit of Telangana that there is delay in delivery of cooking cost by 1-2 months and the cooking cost is not paid in advance regularly to the schools. As cooking cost is not paid in advance to the school, the Cook Cum Helper Head master manage from their own pockets or take items on credit. In most cases the cooking cost is paid through reimbursement. This is not a satisfactory state of affairs.

JRM team visit to Assam revealed that there has been considerable delay in flow of funds. This issue needs to be sorted out. Though the state has taken initiative recently and has started releasing funds for last two quarters directly into the accounts of the SMC. SMC members, teachers and parents in general expressed the need to increase current unit conversions cost of meals of state of Rs. 3.59 per child in case of primary school and Rs. 5.38 per child in case of upper primary schools due to rise in the prices of vegetables. The monthly honorarium of cook-Cum Helper of Rs. 1000/- is reported to be too low.

In the light of above the following measures are suggested:

- ❖ Unit costs of cooking (Conversion Cost) and honorarium to cooks-cum-helper should be reviewed in the context of price rise.
- ❖ To facilitate uninterrupted implementation of the scheme the Government of India is expected to release funds in two installments in advance and monitor the funds released by the State to districts, blocks and schools.
- ❖ There is a need to ensure direct flow of funds in advance to the school from the district through RTGS.

- ❖ 'Green Channel system' of fast-tracking payments needs to be introduced under Mid-Day Meal to reduce delay.
- ❖ MDM involves large amount of funds from the Centre and the State. It has been noticed by JRM that there is no internal audit of accounts of MDM at the State level. It is suggested that a Finance Controller with audit wing should be established with a view to avoid any financial irregularities and to ensure financial discipline.
- ❖ The funds flow system and maintenance of financial records should be fully computerized so that they are made transparent.
- ❖ All payments should be made through e-transfer to bank accounts only.
- ❖ Regular monitoring of transfer of funds up to school level is needed. The accountability in cases of delay should be determined.

Social Integration

Social integration is an essential measure of any program performance and success. MDM is no exception to this. The invisible outcomes of this program are impressive. Though the program was started with the limited objective of increasing enrolment and retention and decreasing dropouts by feeding school children a hot meal every day, it's intangible influence on children is multifarious: psychological, social, emotional, physical and above all cognitive. Probably this is one of the very few programs that is making a strong impact on children, parents and community at large in terms of developing social harmony. During the JRM visits, no gender, caste or community discrimination was noticed in the MDM activities.

MDM could be a force for contributing several 'goods' to the society. Social impact of MDM on children's emotions, opinions and behaviors are affected by one another. Children's behaviour takes many forms during mealtime every day. This can be seen in terms of their acceding to the behavioural norms established by society. It is time to float some research projects to assess the invisible impact of this program.

One of the major outcomes of MDM program is its contribution to social integration in the society. This can be seen as a dynamic and principled process where all members of the community participate to ensure timely serving of food in an orderly manner. Social integration happens naturally. It was satisfying to see mothers voluntarily participating in cooking and serving meals. This is going to be a major contribution towards creation of a safe, stable and just society. Barriers of caste religion and gender are breaking down and making way for a more cohesive society.

Community Participation

Community participation through SMC and SHGs, VEC and other local bodies is a salient feature of MDM. The SMCs and Mother's Self Help Groups have been assigned a critical role in implementing the scheme. The mothers' SHGs were found quite active in rural areas in assisting in cooking, tasting and distributing the meals in Assam, Telangana, West Bengal and Maharashtra. They participate in SMC, health checkups and appointment of cook-cum-helpers. Community also participates in monitoring the meals prepared and served at the school level. There is need for having an intensive orientation programme for the skill building of the SMC and SMG members and others to enhance their participation in the decision making process of MDM. An awareness programs for parents of children who are not availing the MDM would go a long way in not only ensuring cooperation and coordination in an unbiased manner but also enrich the quality of the program.

With this limited participation, MDMS has achieved present status, one could imagine what it would be, if the participation of community at large is elicited (which would be by giving focused attention) by the program implementers at the state level. So far, in large number of states, participation of media is negligible in highlighting the positive points and best practices of the program. It is time for the media to contribute in a big way by highlighting the best practices of MDM in print and other audio and video channels.

School Health

The Mid Day Meal Scheme visualizes convergence with the School Health Programme (SHP) for supplementation of micro nutrients and health checkup and supply spectacles to children with refractive errors. The recently launched Rashtriya Bal Swasthya Karyakram (RBSK) is now operational in the states visited and aims to cover children up to 18 years of age. However in Maharashtra the current year saw only 65% coverage of the intended beneficiaries owing to the strike by the Doctors till September 2014. While the schools visited had supplies of Micronutrient syrup, Zenpro-DS protein feed powder and Sprinkle sachets and these had been provided to the children, the need for better awareness among teachers about the requirement and timing of providing these supplements was much in evidence.

For supplementation of micro nutrients, IFA tablets as per norms are supposed to be given to the girl students on weekly basis. Vitamin A tablets are distributed to the class six students onwards. Deworming tablets are to be distributed to the children

once in every six months. The JRM noted that deworming is done in some schools whereas in others it is yet to be started.

Health checkup is to be done by the Health Department regularly. Individual health cards have been distributed in all West Bengal schools. The regular health checkups of Cooks cum Helpers should be a part of the scheme to guard against the possibility of spreading contagious diseases such as TB. JRM did find health cards in most schools visited by them. It is learnt that institutions providing mid-day meal are also supported by the public health department, panchayat, Nirmal Bharat Abhiyan, panchayat shishu shiksha kendras, NREGA and fisheries department in West Bengal.

In Telangana, health workers from various voluntary agencies and hospital doctors are conducting health camps for all children in the urban areas once in three months. They also supply iron and folic acid and deworming tablets. Depending upon the condition, they also distribute other nutrient supplements. In rural schools, the monthly health checkup is done by the ANMs and doctors conduct the health checkup twice in a year.

In most of the urban schools of Telangana health records are not maintained properly. In some of the schools in the rural areas, class teachers and head of the school are maintaining them properly. The JRM found in Telangana that almost 40-50 percent of urban children and 60-70 percent of rural children are not consuming breakfast before coming to school. Proper health and nutrition education should be given to the children and also to parents for improving their health and cognitive development.

In Assam the child wise health cards signed by the doctors were kept in the schools, but apparently not used for the purpose as details have not been entered in all the cards. Although weighing machine and height chart were kept in the schools, but no records were maintained. The parents are not being sensitized about positive aspects of immunization and other health practices, as in one of the schools visited by the members, it was found that over 60 % of children were absent due to fears of the immunization scheduled next day.

The JRM team observed in Maharashtra that of late doctors from hospitals in the vicinity of schools are visiting schools once in a year to conduct health checkup of all children. However schools are not formally attached to hospitals and Doctors are not assigned to individual schools for emergencies. The availability of school health cards for individual children in urban area is an issue. Similarly follow up of referrals wherever recommended is also an issue. Spectacles and other aids and appliances are provided under the SSA.

There is a need to create awareness about including a contingency/medical health plan at all levels with the do's and don'ts in case of emergency. The public health centers should also be equipped suitably to handle cases of food poisoning or any untoward incident in the school. Also in accordance with the instructions issued, the contact numbers of PHC/community health centre /education department should be prominently displayed in the school.

School visits and discussions with teachers and officials of all the four states have evidenced greater need for convergence between the Departments of Health, Education & Women and Child Development (WCD) to ensure that the schemes of the various departments are fully availed of by the intended beneficiaries through better synergies.

Sanitation & Hygiene in schools

The team observed that the sanitation and hygiene needs greater attention in all the schools. Be it hand washing or availability of drinking water or water in toilets, there is need for greater co-ordination/convergence with the departments of water supply, sanitation and alternative energy to meet these demands.

The Govt. of Assam with the support from Unicef has started the innovative practice of pre-meal group hand washing system which has become popular among the students. For the system to function, the state has multi-points water flow from a pipe connected to a water tank. The innovative practice is in line with the current initiative of 'Swachhata Abhiyan' launched by the Govt of India. The high value practice is also cost effective, as local materials such as the half cut coconut covers are being used as soap trays tied with water pipes. This practice needs to be up scaled to remaining schools both in rural and urban areas.

The schools have adopted various health measures, such as group hand washing and health cards, supplying water filters under Assam Vikas Yojna to some schools in rural areas due to high iron content in water. However the filters provided in the schools do not have maintenance coverage, as they were not functioning in two schools.

In Telangana, many of the urban schools have RO system donated by private organization and companies. However, some of the schools in dry areas, those in hilly regions and near markets have poor drinking water facilities. Some of the schools in the rural area also have RO water facility either in the school campus or provided by private concerns near the school. 1000 liters of RO water are supplied on alternate days and there are proper cans to store water in the class rooms.

In most of the rural areas, food is prepared in the open area under the tree and children were found eating in the open. New kitchens have been constructed but since they are too small or have no doors, cooks are not using these. Provisions are not stored properly. Cooking utensils are sufficient but old and cooks clean these from time to time depending on the availability of water. The vehicle used for transportation of cooked food need to be properly covered and tightly closed for safe hygienic and secure delivery. Healthy cleaning habits are being imparted by the PT teachers and Head of schools.

In most schools food is often served to children in the open verandahs. Providing halls, dining spaces to schools would enable them to serve food in good, clean and proper environment and ensure hygiene and safety and prevent contamination of food by dust, heat viruses etc. In urban areas the cooking and serving of meals in congested areas could pose a health hazard and endanger life by ignoring the fire safety measures.

In most schools of Maharashtra there are separate toilets for boys and girls. Investments in maintenance and upkeep of toilets are called for in cooperation with the local communities in keeping with the spirit of the “Swachh Bharat”.

There is need to take health, hygiene and safety issues more seriously, keeping in mind the stakes involved in implementing the MDM scheme. The urban areas need to be given due emphasis while chalking out strategies and interventions.

Kitchen Types: Alternative Models

In preparing Mid-Day Meals, different types of kitchen are being used in the states: school based kitchen, cluster kitchen and centralized kitchen. Although school based kitchens are more effective than common kitchens in terms of involvement of all the stakeholders and functionaries (parents, teachers SMC Members, cooks and helpers) in the preparation and distribution of meals, the schools in the urban areas face problems of limited space and congestion for both storage and cooking. On the other hand, common kitchens serving a cluster of schools have the advantage of preparing meals at a convenient location maintaining quality and minimizing risks involved in cooking.

School Based Kitchen

The conditions of the school based kitchens vary from state to state and from area to area, depending on the space, facilities and equipment and devices available. At many places, the meals are cooked in the open and food grains are stored in the

classrooms (West Bengal) and the kitchens have mud floors. In other cases, kitchen sheds are not adequately equipped (Assam, Telangana, West Bengal). There is need for greater precaution against fire, as in most rural areas firewood is used. There is need for use of fire extinguishers and orientation for cooks and helpers about fire safety measures.

For common kitchen, two different models (Centralized and Cluster Kitchens) are in practice.

Centralized Kitchen

Civil society has been engaged in all the four States to prepare cooked meals through centralized and mechanized kitchens. The JRM observed the functioning of the centralized kitchens and found them efficient in terms of scale, quality, distribution, hygiene and sanitation and suitable for preparing cooked meals on a large scale in urban areas. This practice may be extended to other urban areas keeping in mind the credibility, capacity and expertise of the voluntary agencies offering such services. The success and effectiveness of such kitchens depends upon the resources, sincerity and commitment of the agencies operating them.

Cluster Kitchens

The States (Telangana and West Bengal), have come forward with the idea of Cluster Kitchens for cooking and serving MDMs in a cluster of 10-15 schools for both rural and urban areas. The mission members had the opportunity of observing the functioning of all three types of kitchen. The observations on the strengths and weaknesses of the proposal of Cluster Kitchen are as follows:

Strengths

- Using alternative space available at a convenient location
- Minimizing risks and hazards involved in cooking
- Monitoring limited numbers of cooking centres
- Managing flexible numbers of children
- Using available space for dining in the schools
- Optimal use of services of cooks and helpers.
- Reducing workload of HMs and Teachers.

Weaknesses

- Managing large common kitchen and the negative impacts in case of untoward incidences.
- Lack of involvement of teachers, SMC members, parents and helpers in the meal distribution

- Limited space available in urban areas for larger kitchens.
- Likelihood of delays in timely distribution of meals, keeping in mind the distance and traffic congestion.

The idea of Cluster kitchen appears attractive in terms of the strengths indicated above. The proposal is worth trying. The large scale common kitchen is suitable for NGOs like ISKON, Akshya Patra or Naandi Foundation which have the experience of running centralized kitchens with dedicated staff, sophisticated equipment, transport facilities and a reliable delivery system. For large scale up scaling, there is need to look into various other factors. The experience of West Bengal on the functioning of cluster kitchens as observed by the mission members and of centralized kitchen in other states should be taken into consideration for up scaling of the concept and practice of centralized and Cluster Kitchens.

Dining Space

Proper dining space in the schools where meals are served is desirable. The older children, especially girls feel uncomfortable and find it difficult and cumbersome to eat meals in the open (in the verandah). Maharashtra and Telangana have experimented with some prefabricated low cost structures which can be erected on the roof tops (in urban areas) or on the ground wherever feasible. The JRM was informed that in Tripura dining halls have been constructed in the school premises. In the schools, where meals are cooked outside by the centralized kitchen, the existing kitchen space and store rooms may be converted into dining halls.

Kitchen Device and Utensils

Kitchen devices and utensils were found in short supply in the schools visited by the mission members. The amount of @ Rs. 5000/- provided for kitchen devices and utensils has not been disbursed to the schools in most states. There is need to ensure that adequate and proper number of kitchen devices and utensils are made available in the schools.

NUTRITIONAL ASSESSMENT

The 7th JRM could not take the anthropometric measurements (height, weight and BMI) due to lack of man power and paucity of time. During the school visits the members observed the children for their health status. Information was gathered regarding the health cards and visit of health workers. Due to lack of time and non-availability of nutrition specialists in the team, individual food intake was also not measured by the food weighing method.

Quality and quantity of meals

In the urban areas of Hyderabad the meal is prepared by 'Manna Trust' (formerly Naandi Foundation) and distributed to all the schools. Children expressed that food quality is acceptable and improved from 1st January 2015 owing to the change in the quality of rice used at present and variety of the menu. The quantity is sufficient and if needed, second helping is provided. All the items in the menu are appreciated by the children.

In the rural areas of Telangana in the primary schools and high schools with middle classes, food is prepared and served by the SHG. All the children say that they are satisfied with the menu and taste of the food. Children in the higher classes mentioned that the amount of rice and dhal can be increased as 50 to 60 percent of children are not consuming breakfast due to lack of time as, mothers are going out for work and the children are involved in the household/other work. Since the introduction of high quality rice on the menu a much larger proportion of the rural children are becoming the beneficiaries of MDM.

In Maharashtra, ISCKON Food relief Foundation through the ISCKON Kitchen is providing meal to 27,000 children of Municipal schools, Cantonment Board School and in some of the rural schools in the neighborhood of Pune from the central mechanized kitchen. Importance is given to hygiene, sanitation, food safety and to avoid contamination. Cooked food is transported in securely sealed steel containers there by preventing contamination and ensuring food safety. Parents are fully supporting this food distribution system. In meetings with representatives of teachers and parents, the team was informed of their satisfaction with the quantity and quality of food served in Pune.

In Maharashtra, food samples from centralized kitchens are regularly sent for testing to NABL/ Government Laboratories and have been generally found to be in order. State Government is providing transport assistance @ Rs.450/MT for moving the food grains from FCI to the schools to supplement the transport allowance of the central Government.

In West Bengal, Soya bean, bananas and eggs are given to improve the nutritional status of children. This was visible in most of the schools. The ingredients used were of good quality. However the quality of dhal could be improved. It is noted that the scheme had a positive impact on the children of workers in the industrial belt in the most backward area of the State.

Satisfaction of the children, parents and community

In urban schools, children are satisfied with the food, especially due to the modification of the menu and the use of the high quality rice. Teachers expressed that from next year because of the use of super fine rice, the MDM consumers will increase. In the rural areas, almost 100 percent of the children are beneficiaries of MDM.

In Maharashtra the quality of meal served in one of the schools visited in Pune was attested to by a group of children in a class who, when asked by the team leader about their preference between home cooked food and the mid-day meal, voted in favor of the school meal in one voice.

ICT intervention in MDMS (MIS/IVRS)

The effective implementation of the Mid-Day Meal Scheme requires close monitoring at National, State, District and Block and school levels across the country. Under Mid-Day Meal Scheme, maintenance of Accounts and generation of Reports is generally being done manually, which is time consuming, error-prone and labour-intensive. At present, there are various Committees at different levels for monitoring the scheme but manual collection of data is the major obstacle in smooth functioning of the scheme. It is difficult to generate analytical reports using such manual systems. In spite of best efforts, there is delay of minimum 4 months in getting information from the States/UTs.

With a view to collect authentic data and improve the quality of monitoring mechanism, this Department of School Education and Literacy has developed a web based MIS portal for online collection of data on various indicators of the Scheme. The portal was launched in June, 2012 to monitor the scheme uniformly at all levels across the country. The portal captures information on important parameters like

- (i) Category wise enrolment,
- (ii) Details of teachers (looking after MDM) details,
- (iii) Details of cook-cum-helpers with social composition,
- (iv) Availability of infrastructural facilities like kitchen-cum-stores & kitchen devices, mode of cooking, drinking water, toilet facilities etc.

[Note: Data on the above mentioned parameters is collected annually.]

The portal also captures monthly data, which helps in monitoring the critical components/ indicators of the MDMS such as:

- (i) Number of days meals served during the month,
- (ii) Number of meals served,

- (iii) Utilization of food grain & cooking cost,
- (iv) Honorarium paid to cook-cum-helpers,
- (v) School inspection details etc.

Apart from these the modules for fund flow & food grain management, supply agency (FCI) & lifting agency bill generation and payment, Annual Work Plan & Budget generation and submission are also operational.

In order to improve the quality and reliability of information, MHRD is in the process of rolling out an Inter-active Voice Recognition (IVRS) in the near future with following objectives :

- Availability of near real time data & reports of Mid-Day Meal data of schools to block, district, State and Country level.
- Direct & instant information mechanism from grass-root to the national level without intermediate levels
- Instant information leading to checking of distortion in cooking data
- Capturing probable reason for not serving meals such as
 - Non-availability of food grains.
 - Absenteeism of cook-cum-helpers
 - Availability of funds and unspent balance
- Availability of Proactive Alerts for Remedial action
- Capturing additional information like enrolment, teacher absenteeism, etc.

Media & Communications

In our conversations we sensed a general reluctance on the part of state officials to engage with the media to share information on the MDM scheme in the State. In our view this is a missed opportunity to highlight the significant achievements of a major centrally sponsored scheme in the social sector.

We recommend that the state machinery be more proactive in informing a wider audience within and outside the State of the successes and challenges of the MDM through the traditional media (print, radio & TV) and on the web through social media. This will serve to better inform the public about different aspects of the scheme and help balance the presentation of issues by media, which often sensationalizes negative news without giving the whole picture.

The Department of Education should invest in preparing brochures, folders and briefs in print and electronically for the benefit of public representatives, media and the international community in India and abroad.

Annual reports should present different facets of the MDM in an attractive and reader friendly format.

There would also be a case for promoting and supporting field research on the impact of the MDM on improving access to education for girls and the underprivileged sections of society.

Conclusion and Recommendations

The 7th Joint Review Mission which visited the States of Assam, Maharashtra, Telangana and West Bengal is of the view that the management, implementation and monitoring of the MDM is by and large satisfactory. In the twenty years since the scheme was launched and, particularly in the last decade since hot cooked meals are being served, the scheme has made an impact as one of the most influential interventions in the social sector. Though there are differences in the performance and capacity of each state, we noted that the scheme has been accorded high priority by all the states visited. It is seen to have improved the educational and nutritional status of millions of elementary school children.

The Mid day meal scheme is serving a larger social purpose which is often difficult to perceive. It has managed to bridge the longstanding divide between the school and the community. Through their daily engagement with the MDM, the local communities appear to have re-established their links with their neighbourhood school contributing to its upkeep and making it a more vibrant space. It has facilitated greater interaction between teachers and parents. By extending its reach to children from all walks of life, the MDM has strengthened social cohesion.

The team has sought to highlight major achievements in each state and has identified some of the key initiatives that have contributed to expanding its reach and enhancing its quality. These could be replicated in other States. At the same time we have drawn attention to some of the persisting bottlenecks and the emerging challenges within states and across them. We have adopted a broad-based approach that places the MDM scheme in the wider framework of school health. We hope that our recommendations would stimulate further thinking on issues relating to institutionalization and sustainability of the MDM.

Our major recommendations are as follows:

1. The persistent bottlenecks, which most of the states are still grappling, albeit on a smaller scale than in the past, include delays in procurement of food grains and regular payment to FCI; purchase and supply of cooking ingredients from the market; payments of honorarium to cooks and helpers. The answers would appear to lie in a reduction in the multiple levels of authority between

- the state capitals and the school for processing payments and to use ICTs to make electronic payments directly to cooks, helpers and SHGs and to make online purchases of commodities as in Maharashtra. JRM recommends a quick review of state rules and procedures to address these bottlenecks within 2015-16.
2. The massive backlog in construction of kitchen cum sheds in all the states visited by the JRM, except Maharashtra, poses a serious challenge for storage of food grains and cooking ingredients as well as food safety. The initiative taken by Maharashtra for installation of pre-fabricated kitchens saves time and money besides being hygienic and clean. A Task Force may study the pros and cons of this alternative for possible adoption by other States.
 3. Based on different approaches (individual school kitchens, cluster kitchens for a group of 10-15 schools and centralized kitchens in cities) currently being employed by the four states for cooking of the MDM, the team is of the view that centralized kitchens managed by reputed CSOs could provide a good option for providing school meals on a large scale in all cities, while cluster kitchens could be useful for schools within a radius of 5-10 kilometres in rural areas provided safe transportation can be arranged. Individual kitchens with cooking gas facilities and fire safety equipment could serve schools in far flung and inaccessible rural areas. A comparative study of these options should be undertaken.
 4. Given the critical role of cooks and helpers in preparing and serving nutritious meals in challenging circumstances through the academic year, the JRM recommends that their honorarium be reviewed and raised periodically to mitigate the effects of inflation and that monthly payments be made into their bank accounts through e transfer without the kind of delays witnessed at present. Investments need to be made in improving their literacy levels and in enhancing their skills through training in Institutes of Hotel Management as in Assam & West Bengal.
 5. The JRM appreciated the important contribution of local communities, particularly women's SHGs and mother's groups, in supporting and sustaining the MDM in urban and rural areas, especially in the poor and backward pockets. Their participation should be systemically promoted and recognized. Avenues for group learning and experience sharing would be useful.
 6. The JRM has observed that there was a noticeable increase in school attendance when children are provided supplementary dietary inputs such as eggs, soya beans, fruits and non-vegetarian dishes. The JRM observed that a number of children are still coming to schools in empty stomachs. Suggestions were made to make provision for early morning snacks to address this situation. These could be made possible through additional state funding, CSR or local initiatives. These possibilities should be explored, particularly in drought prone areas and BPL districts.

7. The JRM feels that from a sustainability angle the MDM should be seen in the wider context of improving school health which has received some attention of late with the launching of the RBSK. This would entail upgradation and modernization of kitchens, toilets, dining spaces and drinking water facilities. This could be made possible through inter-ministerial coordination and PPPs under the rubric of the Swachh Bharat Abhiyan.
8. The size and complexity of the MDM and the day-to-day challenges in its implementation suggest that it cannot be efficiently managed without a separate unit with full time staff dedicated to coordination and delivery of a wide range of services. Supervision needs to be strengthened by filling the large number of vacancies at district and sub-district levels and provision of regular training. Noting that the MDM is being supported by a large number of women as cooks cum helpers, SHGs and teachers, the JRM recommends that MDM structures be staffed by at least 50% women, including in leadership roles.
9. The grievance redress machinery for MDM is in its incipient stages and could be augmented by IVRS for online and real time monitoring of MDMS in schools across the country.
10. Noting that each State receives a large tranche of funds annually from the centrally sponsored scheme of MDM and supplements these with its own share, the JRM feels that it would be advisable to appoint a Financial Controller in each State and for concurrent/internal audits to be undertaken periodically.
11. JRM feels that media engagement in MDM is low and comes to the fore when untoward incidents are reported. We suggest that MHRD and the States should be more proactive in reporting and publicizing the positive achievements and challenges of delivering MDM on a scale unprecedented globally. Doordarshan and AIR could be commissioned for this purpose. One of the lesser-known benefits of the scheme in promoting social integration and inclusion in government and private aided schools deserves to be highlighted.
12. JRM suggests that the success of the MDM scheme should be shared with the international development partners, particularly those resident in India, and their inputs solicited to plug loopholes and upgrade the quality of MDM. The expertise and experience of UN agencies like UNICEF, UNESCO, WHO, FAO and WFP could be drawn upon in future.

Annex-I

The State-wise composition of the members of the JRM are as under:

S.No.	Name		States
i)	Shri Abhimanyu Singh, IAS 74 batch	Mission Leader	Maharashtra
ii)	Ms. Sujaya Krishnan, former Joint Secretary, Ministry of Health & Family Welfare	Member	
iii)	Shri K.M. Tripathi, Sr. Advisor, SSA Mission, Uttar Pradesh	Member	West Bengal
iv)	Prof. Sudha Rao, former Prof., NUEPA	Member	
v)	Mr. Mohd. Tajuddin, representative of O/o Supreme Court Commissioner (Andhra Pradesh)	Member	Assam
vi)	Prof. Avinash Kumar Singh, NUEPA	Member	
vii)	Shri Ashok Ganguly, Ex-Chairman, CBSE	Member	Telangana
viii)	Dr. Amritaveni, Dean, Avinashilingam Institute of Home Science, Coimbatore	Member	

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F.No.13-9/2014-MDM 2-1
Government of India
Ministry of Human Resource Development
Department of School Education & Literacy
MDM Division

Shastri Bhavan, New Delhi
Dated: 2nd February, 2015

To

The Principal Secretaries/Secretaries of the Nodal Department for National Programme of Mid Day Meals in Schools (NP-MDMS) of all the States/UTs

Subject: Revised guidelines for restructuring of the composition of Joint Review Mission (JRM).

Sir/Madam,

The Joint Review Mission (JRM) under the Mid-Day-Meal Scheme has been restructured with the approval of the Competent Authority. Accordingly, the new format for the JRMs would be as under:-

1. Periodicity

Two visits of JRM will be undertaken in a year. The first visit will be in January and second in August-September. Each JRM will cover 6 States/UTs.

2. Terms of Reference – Part-I

- i) Review the system of fund flow from State Government to Schools/cooking agency and the time taken in this process.
- ii) Review the management and monitoring of the scheme from State to School level.
- iii) Review the implementation of the scheme with reference to availability of foodgrains, quality of MDM, regularity in serving MDM as per approved norms and mode of cooking.
- iv) Role of Teachers.
- v) Convergence with School Health Programme (SHP) for supplementation of micronutrients and health checkups and supply of spectacles to children suffering from refractive errors.
- vi) Creation of capital assets through kitchen-cum-store/kitchen devices
- vii) Appointment of Cook-cum-Helpers for preparation and serving of meal to the children.

- viii) Availability of dedicated staff for MDM at various levels.
- ix) Review the maintenance of records at the level of school/cooking agency.
- x) Review the availability of infrastructure, its adequacy and source of funding.
- xi) Review of payment of cost of foodgrains to FCI by the districts.
- xii) Review the involvement of NGOs/Trust Centralized kitchens by States/UTs Government in implementation of the Scheme.
- xiii) Management Information System (MIS) from school to block, district and State Level to collect the information and disseminate it to other stakeholders.
- xiv) Assess the involvement of Community' in implementation of MDM scheme
- xv) Review of status of MIS integration with IVRS for monitoring of the Scheme.
- xvi) Review of status of MIS integration with IVRS for monitoring of the Scheme.
- xvii) And give suggestions for improvement in the implementation of the programme.
- xviii) Review of the status of tasting of the meal by at least one teacher.
- xix) Review of status of Safe storage and proper supply of ingredients to schools.
- xx) Review of status of awareness about Mid-Day Meal Scheme.
- xxi) Review of status of convening of Monitoring Committee under the Chairmanship of Member of Parliament.
- xxii) Review of the convening of regular review meetings at District level.
- xxiii) Review of the status of testing of food samples by reputed institute.
- xxiv) Review of the status of Emergency Medical Plan.

Terms of Reference for Assessment of Nutritional Status – Part-II

- i) To measure the anthropometric measurements of a sample of children availing MDM
 - Height
 - Weight
 - Mid arm Circumference.

- ii) To calculate the Body Mass Index (BMI) on the basis of measurement of height and weight.
- iii) To identify the children who are undernourished and over nourished.
- iv) To assess the pattern of food provided in the visited schools under MDM.
- v) To review the quality and quantity of the served MDM.
- vi) To review the satisfaction of the children parents and community on the served meal under MDM in respect of quality and quantity.
- vii) To suggest some nutritionally balance region specific recipes.
- viii) To assess the ways for better convergence with School Health Programme.

3. Duration

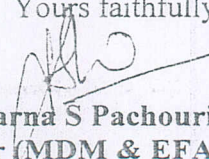
Total duration of JRM would be 9 days with the following break-up:

One day for National level briefing meeting, 4 days for field visit,
2 days for Report writing and presentation to the State Government and
2 days for National level report writing and presentation.

4. Composition

JRM will consist of total 12 members (including the mission leader), 2 members per State/UT. The members to be a mix of Generalists and Experts. One Mission leader for the Mission.

Yours faithfully,


(Dr. Suparna S Pachouri)
Director (MDM & EFA)
Tel. 011-23388641
Email: suparna.edu@nic.in

Copy to:

1. Directors of all the States/UTs of the Nodal Department implementing Mid-Day-Meal Scheme.
2. State Project Directors of RTE-SSA of all the States/UTs.
3. Sr. PPS to Secretary (SE&L)/PPS to AS (SE)/PPS to Joint Secretary (SE-II)/PPS to JS&FA, MHRD.
4. All Division Heads of MDM Bureau.