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GOVERNMENT OF INDIA

MINISTRY OF HUMAN RESOURCE DEVELOPMENT  
DEPARTMENT OF SCHOOL EDUCATION & LITERACY

SHASTRI BHAVAN  
NEW DELHI-110 115

D.O.No. 13-7/2013 MDM 2-1

Dated 16<sup>th</sup> July, 2013

Dear

*Sh. Tewari,*

I write this to apprise you of the findings of the Fifth Joint Review Mission (JRM) on the Mid Day Meal Scheme that visited Andhra Pradesh from 24 June -3<sup>rd</sup> July, 2013. The JRM team led by Dr.K Uma Devi, Professor, College of Home Science ANG Ranga University, Hyderabad included the representatives from Government of India, Government of Andhra Pradesh, office of the Supreme Court Commissionerate, for MDMS, UNICEF and Monitoring Institute for Andhra Pradesh. The JRM was also assisted by Research Fellows from ANG Ranga University and Consultants from Ed CIL's Technical Support Group for Mid-Day Meal Scheme.

The Joint Review Mission visited two selected districts namely Hyderabad and Medak. The JRM report was presented to the State Government on 3<sup>rd</sup> July 2013. The Joint Review Mission appreciated the following positive features in the State under the Mid-Day Meal Scheme:-

- JRM was pleased to see that children in Hyderabad and Medak districts are being provided eggs/bananas along with Mid-Day Meals as a State initiative. The State Government is also contributing additional share of Rs. 0.89 per child per day at Primary level in addition to its mandatory share of Rs. 0.78.
- All the children were washing their hands with soap before eating mid-day meal. They also washed their plates after having mid-day meal.

**The Joint Review Mission however, observed that the following critical areas of concern, require your personal attention :**

- I. **Nutritional Profile of children:** During its visit, the JRM Team covered 49 schools in both districts. 990 children were randomly selected for height and weight measurement for nutritional assessment, among these 535 were girls and 455 were boys. 609 children were from primary stage (I-V class) and 381 were from upper primary stage (VI-VIII class). The average values of height, weight and BMI were too low compared to the reference values for the respective ages. It was observed that in a sample of 990 children as many as 56% were malnourished, while 35% are in mild under nourished condition. Only 7% of children are having normal BMI. The situation of malnutrition both from the perspective of height and weight for age could be attributed to low intake of both calorie and protein foods which is due to irregular or no breakfast as orally expressed by the children, meager or inadequate intake of lunch and in general poor intake of food at home.



- II. **Quantity and Quality of Meal served:** *The poor food intake at home is exacerbated by nutritional value of food served in schools, which left a lot to be desired.* There was no aroma of any spice, rice was dry and the dal lacked any flavor. The flavored rice served on two consecutive days had only some pieces of potatoes and some carrots. The ratio of rice and dal in the dry khichdi served on the day of the visit seemed very inadequate though their recipe mentions 35 kgs of dal to every 100 kgs of rice. It was found that the meal supplied by both the centralized kitchens in Hyderabad and Medak district was served in less quantities than the prescribed norms. There is great need to ensure that the quantities served should be in the required proportion as per age and care has to be taken to monitor the quantities while serving. Not only MDM in charge but other staff has also to be vigilant in this aspect.
- III. **Convergence with School Health Programme:** School Health Program is envisaged as an important tool for the provision of preventive, promotive and curative health services for children studying in schools. A School Health Programme called "Jawahar Bala Arogya Raksha" (JBAR) is introduced in Andhra Pradesh in convergence with SSA and Health Department to cover all children. All of the visited schools are provided with a very good and comprehensive individual Health Cards. Dental and eye checkup has been done occasionally. However, although, the health cards were available in almost all the schools but no specific entries related to the health parameters were mentioned. In the absence of records like height, weight or health status of the child, the follow up & monitoring of deficient children becomes difficult. The practice of giving deworming tablets to the students after every six months was not prevalent in most of the visited schools, despite a high level of malnutrition.
- IV. **Decreasing trend of enrolment:** Enrolment has been reduced by almost 8.5 lakh children in the primary section. The decline in enrolment in Upper Primary is not as much in primary stage, but at the same time the decline in coverage of children under MDMS at upper primary level is quite sharp, ***as only 70% of the enrolled children had availed of mid day meal on an average basis during 2012-13, whereas the coverage during 2011-12 was 91%.***
- V. **Construction of Kitchen-cum-Stores:** Central assistance has been released to the State for the construction of 75283 kitchen-cum-stores. However, only 6,578 (9%) kitchen-cum-stores have been constructed till date. It is further disappointing that the construction work has not even started for 68,705 Kitchen-cum-stores due to various reasons like non-availability of land, increase in the construction cost etc. In Medak district 2025 kitchen-cum-stores have been sanctioned out of which only 702 have been constructed so far.
- VI. **Inspections by the officials:** The Joint Review Mission observed that none of the visited schools has ever been visited by the State level officials. Although schools are being visited by the Mandal level officials, however, the vital parameters related to MDMS were neglected during these visits. The MEOs are looking at only the regularity of serving of the MDM but not at the records, quality or quantity being given to children. ***The implementation of MDM Scheme in the schools being covered/served by Centralised Kitchens like Akshayapatra/Naandi is left***

***entirely to their own ways. No supervision is being carried out by the MDM/Educational department officials at any stage of the operations.***

- VII. **Administrative Structure at State/District/Block Level:** The review mission observed that there is no dedicated staff for mid day meal scheme at all levels. At the State level the MDM scheme is being looked after by Commissioner of School Education who is assisted by Additional Director (MDM) and Assistant Director (MDM). At the District level District Education Officer is responsible for implementation of MDMS. There is no exclusively designated officer for MDM scheme at District and Mandal levels.
- VIII. **Absence of display of MDM logo and Menu:** Mission has also observed that the MDM logo and display of menu are missing in most of the visited school. Whereas, as per MDM norms MDM logo combined with the menu should be exhibited prominently in the school.
- IX. **Sanitation Facilities:** Almost all the schools had separate toilets for boys and girls; their up-keep was however, very poor. The toilets had not been properly cleaned. The un-clean toilets become a source of infection to the school children. Toilets in some of the schools were kept locked; as a result children were forced to meet the call of nature in the open. The State Government should take necessary measures for ensuring proper up-keep of toilets and their cleanliness.

**Apart from the above mentioned major issues of concern, the State Government may kindly consider the following issues also, for improving the implementation of the scheme**

- a) Recipes for quantity food production of each dish should be standardized. Such standardized recipes should be provided to each NGO/kitchen supervisor.
- b) The portion size of each dish to be served to primary and upper primary students should be standardized and this information should be communicated to all school authorities.
- c) Use of iron, calcium and vitamin 'A' rich vegetables should be encouraged.
- d) Use of seasonal low cost unconventional foods should be promoted. Home Science based colleges may be involved for developing and popularizing such recipes.
- e) Insulated transportation vans or Insulated containers should be used by the food suppliers so that food temperature can be maintained above 70°C which would minimize the risk of microbial contamination during transportation and storage.
- f) Safe drinking water must be used for food preparation. A suitable water purification system must be available in all kitchens.
- g) The primary (bulk) containers should preferably be sterilized before packing food. This would minimize the risk of food infection outbreaks especially during rainy season.

- h) Vegetables and pulses should be added daily in the mid day meal as prescribed under MDM guidelines. The meals should be more nutrient dense and nutritionally balanced. Inclusion of higher amounts of non-tuber vegetables is recommended. The School Management Committee may be authorized to decide the menu according to the availability of local ingredients and the liking of the school children.
- i) Periodic orientation of teachers, Mandal Education Officers, Dy. Education officers, District Education Officers for proper management and maintenance of accounts and other registers is also very important.
- j) Improved hygienic practices through education in terms of hand-washing, safe drinking water etc. This will enhance the health benefits of this scheme. Regular health check up and supply of IFA tablets, Vitamin A, De-worming tablets and spectacles in convergence with School Health Programme of NRHM.
- k) The rights and entitlement of children and daily menu should be displayed prominently on the outside wall of the schools. The best performing school at Mandal, district and State level must be awarded.
- l) Feasibility may be explored for discontinuation of serving of MDM through the centralized kitchen in the schools where construction of kitchen is possible or where it is already existed with kitchen devices and go on with the school based kitchen at the earliest especially in Medak district.**

The Review mission strongly recommends creation of a separate authority for MDMS headed by a Director level officer on the lines of Uttar Pradesh and Rajasthan.

The findings of the JRM should be presented in the next meeting of the SSMC. Action taken on the above recommendations may be submitted to the MHRD within a period of three months from the date of submission of this report.

A little effort on your part will ensure that no child goes hungry in school in your state! Do let us know if we can facilitate this noble mission in any manner.

With regards,

Yours sincerely,



(Amarjit Singh)

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