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मानव संसाधन विकास मंत्रालय  
स्कूल शिक्षा और साक्षरता विभाग  
शास्त्री भवन  
नई दिल्ली - 110 115  
GOVERNMENT OF INDIA  
MINISTRY OF HUMAN RESOURCE DEVELOPMENT  
DEPARTMENT OF SCHOOL EDUCATION & LITERACY  
SHASTRI BHAVAN  
NEW DELHI-110 115

D.O. No. 1-2/2013

Dated: 22<sup>nd</sup> August, 2013

Dear

Dr. Lush,

The 5<sup>th</sup> Joint Review Mission visited Manipur from July 22-31, 2013 under the leadership of Dr. Pranati Das, Principal Scientist, Department of Food & Nutrition, College of Home Science, Assam Agricultural University, Jorhat. The JRM consisted of the representatives from Government of India, State Government of Manipur, representative of Supreme Court Commissioner Office, and the Monitoring Institute. The JRM was also assisted by Research Assistants from Assam Agricultural University, Jorhat and Consultants from EdCIL's Technical Support Group for Mid-Day Meal Scheme. The JRM covered 45 schools in the Imphal West and Senapati districts, and presented its report to the State Government on July 31, 2013.

The mission appreciated that the State Government has a toll free number 1800-345-3820 exclusively for MDM, open during office hours at the state level to address any grievances from any part of the state. The mission also appreciates use of rain water harvesting in a school and vegetable gardening in another school, which need to be shared as best practices with other schools.

There are however, certain areas of concern as indicated in the attachment, which need your personal attention such as high level of malnutrition. Using Body Mass as recommended by WHO, in a sample of 773 school children availing mid-day meal, 6.4% boys and 4.1% girls were found to be moderately malnourished and 1.95% boys and 0.7% girls were severely malnourished.

It is relevant to mention here that three sample meals collected randomly from three schools were back calculated for its nutrient content in terms of calories and protein and observed that two samples could not meet the prescribed calorie and protein values under MDM.

The mission expresses its serious concern on non-availability of the two most crucial components i.e. cooking cost and foodgrains, as in most of the schools negative balance of cooking cost and foodgrains has been observed. The mission also highlighted the issue of poor inspections of schools by the officials. In addition your attention is drawn to the following issues:

- i. Setting up of an effective Management Structure for MDMS, at various levels.
- ii. Tasting of the meal by at least one teacher before it is served to the children.



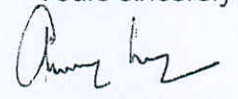
मध्याह्न भोजन योजना  
Mid Day Meal Scheme

- iii. Safe storage and supply of ingredients to schools. Procurement of pulses and ingredients of branded and Agmark quality and supply to schools on the lines of Maharashtra by the State Civil Supplies Corpn.
- iv. Capacity building of cook-cum-helpers as well as inspection staff.
- v. Creating greater awareness about the Mid Day Meal Scheme.
- vi. Convening of District level Vigilance and Monitoring Committee meeting under the Chairmanship of Member of Parliament from the district.
- vii. Convening of regular review meeting at District level.
- viii. Social Audit of the Scheme on the pattern of Andhra Pradesh.
- ix. Testing of food samples by reputed NABL approved Food Laboratories.
- x. Submission of Action Taken Notes on reports of the Monitoring Institutes, Joint Review Mission etc.
- xi. Need for an Emergency Medical Plan

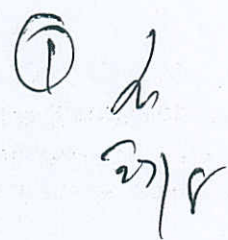
The detailed report of the JRM is enclosed at **Annexure A**. I shall appreciate if the Action Taken on the above as well as attached recommendations of JRM as well as MI's observations are submitted to the MHRD within a period of 3 months from the date of submission of JRM report. A little effort on your part will ensure that no child goes hungry in schools in your State.

With regards

Yours sincerely

  
(Amarjit Singh)

o/c



Dr. J Suresh Babu,  
Principal Secretary  
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Annexure A

Observations of the 5th Joint Review Mission to Manipur from July22-31, 2013 under the leadership of Dr. Pranati Das, Principal Scientist, Department of Food & Nutrition, College of Home Science, Assam Agricultural University, Jorhat.

1. Areas of concern which need attention of the State Government

- i) **Fund flow** : In most of the visited schools negative balance of cooking cost has been observed by the JRM, which could be due to delay of release of funds from state to districts and from districts to Schools. This might also hamper the regularity in serving the MDM in schools.
- ii) **Grain flow**: Indent for food grains was not laid in time from the District offices to FCI Area Manager causing delay and interruption in supply of food grains.
- iii) **Inspection of schools**: Schools were rarely visited by state or district officials or School Inspectors. Although some of the school teachers reported about visit of district officials, inspection registers were rarely maintained in the schools. Irregular inspection to the schools may result in irregularities in MDM.
- iv) **Quality and quantity of MDM**: General quality of MDM varied widely. There is no fixed menu for the schools, depending upon the availability rice is served along with vegetable curry, dal and local *chutnies*. Three sample meals collected randomly from three schools were backcalculated for its nutrient content in terms of calories and protein and observed that two meals have calorie and protein much below the recommended value of MDM. However, one meal was almost at par of recommended value for primary schoolchildren. It is pertinent to mention here that in most of the schools no difference in amounts of MDM served to primary and upper primary groups was found.
- v) **Hygiene and sanitation**: Majority of the kitchen sheds are in very poor shape and unhygienic. In most of the schools hand washing before eating is not in practice. A common bucket of water is kept for hand wash and after meal all the children wash their hands by dipping repeatedly in the same water. Sometimes same water is used even for rinsing the plates. There is no proper washing area for utensils. In most of the cases food is served in open places, which is not clean. Although, some of the schools use verandah for serving food to the children, cleanliness is not maintained. Only a few schools are in practice of proper hand wash with running water, proper washing area and eating place.
- vi) **Construction of kitchen cum stores**: In Manipur, construction of Kitchen Shed is assigned to National Mission on Bamboo Application under Ministry of Science and Technology, GOI. Only 20 schools out of

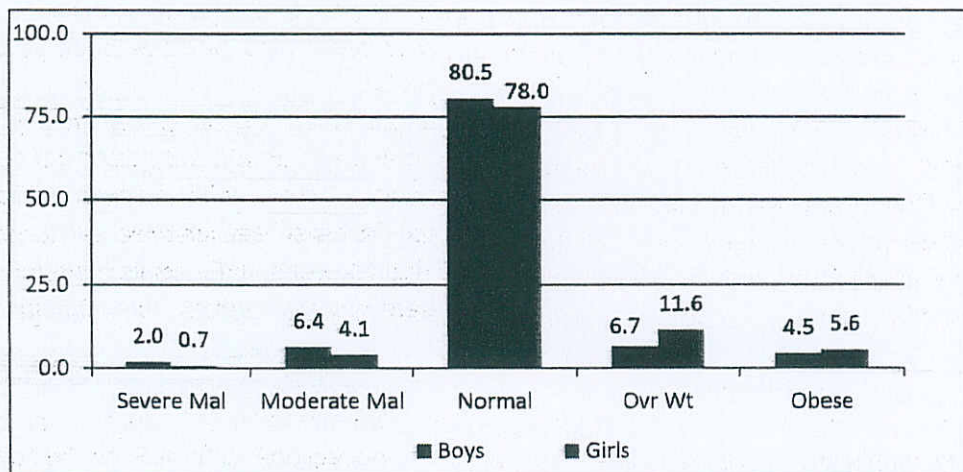
45 (44.4 %) have kitchen sheds; out of which only 12 schools were using them for cooking the mid-day meal. On account of less space, these sheds are being used for storage of food grain, pulses and other materials.

- vii) Food is also cooked in temporary arrangements like classrooms, community hall near the schools or open spaces. In one school cooking meal in firewood and teaching were going on simultaneously endangering the children.
- viii) **Display of logo and MDM menu:** Although not permanent, MDM logo in flex were displayed in most of the schools. However, only a few schools displayed menu written on black board or a piece of paper.
- ix) **Convergence with School Health Programme (SHP) :** No convergence of School Health Programme was observed in any of the schools
- x) **Assessment of nutritional status and clinical signs:**

From 45 schools out of the two districts i.e. Imphal west and Senapati, a sub sample of 359 boys and 414 girls (total 773) amounting to 12.1 per cent of total enrolment of 6387 children were randomly selected for assessment of nutritional status. To assess nutritional status of the children the observations/information were made on anthropometry, clinical signs and symptoms and dietary pattern.

Comparison of Body Mass Index (BMI) with WHO Z score revealed that majority of children (80.5% boys and 78.0% girls) were in normal category, 6.4% boys and 4.1% girls are moderately malnourished and 1.95% boys and 0.7% girls were severely malnourished.

Figure: Nutritional Status of Sampled children



In few cases vitamin A deficiency like night blindness, Bitot Spot; B complex vitamin deficiencies were also observed. Bleeding gum, cavity observed could be due to poor oral hygiene or vitamin C deficiency.

**2. The Review Mission has made the following recommendations on the basis of its findings for improving the scheme in the State:**

- i) To ensure regular implementation of MDM, delay in fund release on the part of State Finance Department needs to be addressed. The State Finance Department needs to ensure immediate release of funds as and when received from the GoI. After transferring the funds from State to District, to avoid any sort of delay on the part of the District, it is suggested to closely monitor the flow of funds from the DC to the SMDC effectively. This is required to be done through effective supervision of the ZEOs/ CEOs as they are directly responsible for effective implementation of the scheme. More specifically the fund flow system from the state to the schools needs to be streamlined along with appropriate monitoring and redressal systems so as to ensure that there is no delay in transfer of cooking costs leading to negative balances in the school MDMS accounts.
- ii) The State Government should take appropriate measures for regular payment to cook cum helpers.
- iii) It should be ensured that all the schools have minimum one months buffer stock of food grains for uninterrupted supply of MDMS. Appropriate mechanism should be devised to ensure timely lifting of food grain by the district and delivery of the same to school door steps. Proper arrangements should be made so that the food grains are delivered to the school delivered at the school door steps.
- iv) It is important that all schools are instructed to display MDM logo and Menu outside walls of kitchen premises as well on any other prominent place in school so that general public is aware of the MDM scheme being implemented in the school.
- v) All the schools should be provided kitchen cum stores on urgent basis with proper cooking and storage facilities. Arrangement for kitchen devices should also be made for the schools where it is inadequate.
- vi) It is recommended that the frequency of the SMC meetings be increased and the implementation of MDM should be made a compulsory agenda during the meeting to ensure the smooth running of the scheme.
- vii) Inspection is an important component for smooth implementation of the Scheme at the grass root level. Regular inspection should be made

mandatory by the State Government by different District and Block level officials.

- viii) A book of low cost nutritious recipes be developed keeping the profiles of different regions of the state in mind to ensure standardised intake of cereals, pulses and other food groups. To facilitate scaling up of the recipes a ready reckoner for cooking in varying quantities be developed.
- ix) In anticipation of separate establishment to be set up for Mid-Day Meal at the district level, required number of men and machinery will be put in place. This is essential because if the planning has to be done from District, then as already practised by SSA and RMSA with their staffs to assist the District Officer, likewise, MDM also has to engage separate staffs right from the State to District to Inspectorate level. Hence, certain amount has to be earmarked for their wages.
- x) Certain amount may be earmarked from the MME fund for procurement of large containers for storing food grains in schools so that rats and other insects may not spoil the food grains.
- xi) Convergence of NRHM with MDMS for proper implementation of School Health Programme is required urgently and essentially. Special emphasis should be given on this aspect.
- xii) Short documentary may be developed on health and hygiene and activities related to these aspect and which may be sent to all schools through CDs to be shown to the children and guardians as part of campaign.
- xiii) Proper hand washing is one of the most effective ways of preventing the spread of diarrhoeal diseases. Soap should be used for hand wash as cleansing and disinfecting agents. When running water is not available, a clean bucket of water and a mug should be used and washing should be facilitated by a worker/student.
- xiv) Food hygiene should be maintained by avoiding contaminated food/raw ingredients. Food should be cooked in clean utensils with clean water and in a clean environment cooked food should be kept covered and served to the students in a hygienic condition.
- xv) Dietary quality needs to be improved to a great extent both in terms of quality and quantity. Amount of pulses for protein and vegetables for important vitamins and minerals should be increased which at present is below the RDA. Serving size is highly approximate. All head teachers/concerned MDM teacher should be asked to get cooked one unit of rice (100 g or 150 g) and one unit of sabji in school. They should measure the cooked amount in one vessel/serving device. This measure should be used to serve food as per norms.

- xvi) Incorporation of green leafy vegetables in MDM should be given importance, since green leafy vegetables are treasure house of many essential minerals and vitamins. Promotion of nutrition garden in the school premises can be taken up for incorporation of vegetables in the MDM.

Apart from the observations of the JRM, I would also like to draw your attention to the observations of Monitoring Institute, Manipur University, for the period 01.04.2012 to 30th September, 2012 for Senapati and Tamenglong districts. The MI pointed out that due to untimely released of foodgrains, MDM could not served regularly in Senapati district. MI also observed delay in delivery of foodgrains and cooking cost to schools. In both districts, none of the sample schools had given micro nutrients (Iron, folic-acid vitamin – A dosage) and de-warming medicine periodically to the students. However, no Action Taken Report was received from the State Government on the comments of Monitoring Institute. It is obvious that no action has been taken by the State Government on the findings of the Monitoring Institution and there has been no improvement in the implementation of the Scheme in both the districts.

Action taken on the above, attached JRM report as well as MI's observations may be submitted to the MHRD within a period of three months from the date of submission of JRM report.

A little effort on your part will ensure that no child goes hungry in school in your state.