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मानव संसाधन विकास मंत्रालय  
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शास्त्री भवन

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GOVERNMENT OF INDIA

MINISTRY OF HUMAN RESOURCE DEVELOPMENT  
DEPARTMENT OF SCHOOL EDUCATION & LITERACY  
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NEW DELHI-110 115

D.O.No.3-3/2013-EE.5(MDM1-2)

16<sup>th</sup> January, 2014

Dear *Amarjit*,

The 5<sup>th</sup> Joint Review Mission visited West Bengal from 19<sup>th</sup> to 28<sup>th</sup> November, 2013 to review the implementation of Mid Day Meal Scheme (MDMS) and assess the nutritional status of the beneficiary children, in two districts – Murshidabad and South 24 Parganas as per the prescribed Terms of Reference (ToRs). The JRM team was headed by Dr. Rita Singh Raghuvanshi, Dean, College of Home Science, Govind Vallabh Pant University of Agriculture & Technology, Pantnagar. Other members of the team were - representatives from MHRD and Government of West Bengal; Office of the Supreme Court Commissioner for MDMS and the Monitoring Institute for the scheme in West Bengal. Research Fellows from College of Home Science, Govind Ballabh Pant University of Agriculture & Technology, Pantnagar and Consultants from Ed CIL's Technical Support Group for Mid-Day Meal Scheme assisted the JRM. A total of 39 schools and 504 children (242 boys and 262 girls) were surveyed.

The JRM team was appreciative of the best practices like the centralized procurement of dal, spices and oil in Domkal Block of Murshidabad District, direct transfer of money into the SHG account from the block, monitoring system at the state level with involvement of BDO for maintaining rice quality, emergency numbers provided on the walls of the school of Murshidabad District, provision of egg once a week, use of mix vegetables with dal and Chingri fish (around 5-10 g/ child) being mixed with cabbage for flavor enhancement.

The anthropometric survey in 39 schools of the two districts i.e. Murshidabad and South 24 Parganas, for a random sample 504 students revealed that 17.6 of the pre-primary school children; 14.54 of the primary children were having moderate under-nutrition implying that they needed to be covered under the School Health Programme and also considered for food supplementation. Out of 150 upper primary school children 4 per cent were severely undernourished, which means they needed clinical care. 13 per cent of the upper primary children were overweight and obese. They need advice on correct dietary habits and exercise. A significant observation was that at all levels females were having better nutritional status as compared to males. Clinical symptoms such as hair de-



मध्याह्न भोजन योजना  
Mid Day Meal Scheme



pigmentation in 4.45 % children indicated deficiency of protein at some point of time, bleeding gums in nearly 13.05% children is indicative of poor oral hygiene coupled with ascorbic acid deficiency, Mottled enamel was found in nearly 18.99 % children. The high prevalence of mottled teeth is due to fluorine in water. 39.46 %t children had cavities in teeth.

The mission expressed its concern on the delay in release of funds from the Finance Department to the Directorate, non availability of eating plates in the schools, poor condition of kitchen cum stores in some of the visited schools, multiple SHG groups are involved in a particular school for cooking of the MDM which is reducing the overall efficiency of the program, poor maintenance of records at the school level where MDM is being implemented by SHGs, poor implementation of School Health Programme, no record is maintained of the vegetables, pulses, soyabean, egg, oil, salt purchased etc. You may see the detailed findings in the annexed JRM Report.

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

**Dietary Recommendation**

- i) More varied menu should be there. There is a need to develop recipe book with nutritive value. Greens are used only as seasoning, quantity is very less (1 bunch of greens for all the children in school). Separate green based recipes should be incorporated in menu. There is a need for an extensive survey on edible plants available in local areas. It is desirable to analyse its nutritive value and suggest proper recipes to meet nutrient requirements. This could be facilitated through the involvement of nutrition professionals at the State level.
- ii) Serving size is highly approximate. All head teachers should be asked to get cooked one unit of khichadi, 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. Measures to weigh raw amount of food should be provided in the schools.
- iii) School Management Committees should be involved for monitoring the quantity and quality of food being served.
- iv) School should have provision for keeping the plate in school for the children. With convergence of funds from other sources and CSR provisions can be made.
- v) No record is maintained of the vegetables, pulses, soya bean, egg, oil, salt purchased which is always less than the reported value. It should be recorded properly.
- vi) Some schools have developed good dining areas/ halls. Others make children sit in the class room or sit in the verandah in line. In these schools some better sitting arrangements should be made.
- vii) Hand washing before meal is not being followed properly. It should be ensured.
- viii) Iron and folic acid tablets are not being distributed in schools. In some schools use of iron tablets was reported but records are not maintained when it was distributed and how much was distributed. In some schools teachers do not know the frequency for



distribution of tablets. Awareness generation camp for teachers, parents and children should be organized with health camp.

- ix) Parents should be made aware that MDM is not a replacement of home food.
- x) The LPG tube should be protected to avoid any kind of accident. Provision of fire extinguisher should be made in schools.

### **MDMS Implementation Recommendations**

- i) To avoid unnecessary delay in fund release from block to districts, necessary measures should be taken. System of SMS alert may be introduced so that the school authority/ SHG account holder can be aware about status of funds received.
- ii) At the Block level dedicated staff for MDM implementation should be appointed for proper implementation of the scheme at the grass root level.
- iii) To avoid the health hazards originated from fire wood, system of smokeless chulah may be introduced. Professionally built smokeless chulahs are a necessity in most rural schools. Besides eyesight of the cooks the children too have to stand the smoke from the chulahs when these are being lighted. Adhoc chulahs have proved in effective.
- iv) Maintenance grant of SSA may be used for maintenance of kitchen cum store in the schools.
- v) Capacity building of the teachers and all the stake holders of the scheme regarding MDM is required.
- vi) A formal & transparent process should be followed for the appointment of the SHGS to run cluster kitchens for preparation and serving of Mid Day Meal to the children. This will help in the better quality of the MDM through competition.
- vii) A detailed MOU should be signed with the SHGs to run cluster kitchens with clear instructions on quality, quantity, hygiene & nutrition also the penalty clauses for breach of any of the terms & conditions with duration of association should be incorporated in it.
- viii) A routine health check up of the cook cum helpers must be conducted.
- ix) Mothers of the children studying in the respective schools shall be appointed and involved in the preparation of meal. This will create a sense of ownership among the children and their parents.
- x) Only AGMARK rated Oil, Pulses and condiments and iodized salt should be used in preparation of Mid Day Meal.
- xi) Maintenance of proper records to be ensured by the SHGs through training.
- xii) Arrangement of water facilities should be made in the toilets.
- xiii) Kitchen garden should be promoted in schools.
- xiv) Community awareness should be created through proper IEC activities.

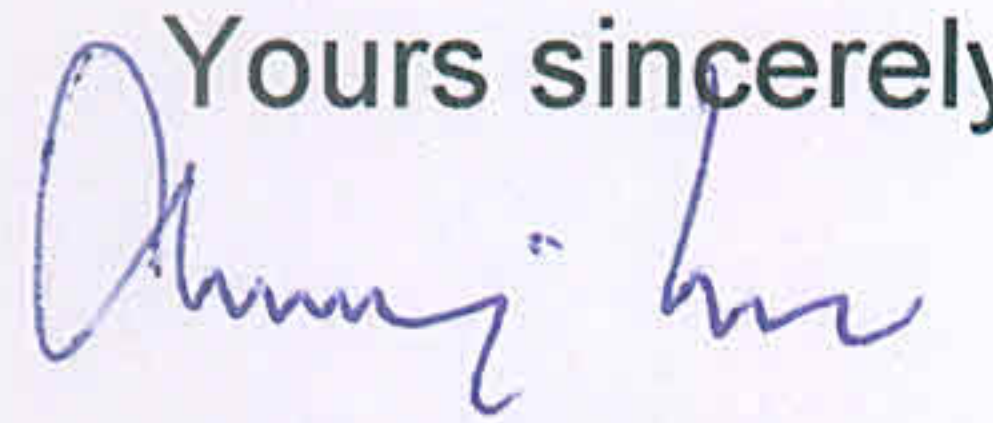


- xv) Best practices which are being followed in other Blocks of the State can be replicated in other districts.
- xvi) Testing of food samples by NABL accredited Laboratories should be initiated.
- xvii) MDM tasting register should be properly maintained at the school level.
- xviii) MDM inspection register should be properly maintained at the school level.
- xix) A detailed training of MDM MIS should be arranged for the users at district & block level for the accurate and on time data entry.
- xx) Salient features of the school which have successfully involved the community should be disseminated as suggestive models. Mother's participation as cooks should be encouraged. Parent's suggestions / opinions should be sought in parent teacher meetings.
- xxi) Introduction of SHG's to supply raw materials, condiments etc. may be tried as pilot projects and the developed model may be disseminated/upscaled
- xxii) Duplicate admission is a serious problem in the program for schools near urban areas. This needs to be carefully addressed.
- xxiii) All schools should be reporting on regular basis about the weekly supplementation of IFA tablets and bi-annual de-worming. Health awareness programme should be conducted periodically to ensure proper administration of IFA .

The complete report is being enclosed. In addition, the State may kindly act on the detailed guidelines issued on 22<sup>nd</sup> July, 2013 for effective implementation of the Mid Day Meal Scheme. ***We need to ensure that there is an emergency health plan for taking care of any untoward incident. Please also ensure that the cooking area is fully segregated and care is taken that no child goes near the cooking vessels while cooking is taking place.***

It will be appreciated if you could send an action taken report on the above within 30 days. Concerted effort on your part will ensure that no child in a school remains hungry in your State!

With regards

Yours sincerely,  
  
(Amarjit Singh)

**Shri Arnab Roy  
Principal Secretary  
Govt. of West Bengal  
Kolkata  
West Bengal**