

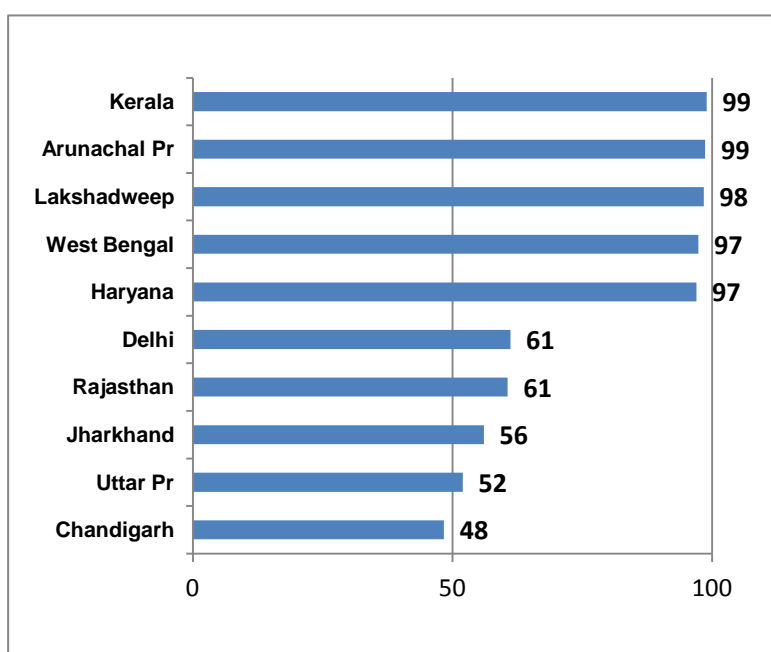
Analysis of the implementation of MDMS during the quarter ending September, 2013 for the year 2013-14 based upon the Quarterly Progress Report (QPR)

i) Coverage of children against enrolment:

A major goal of MDMS is to provide mid-day meal to each and every child in the eligible schools to enhance enrolment and retention for universal Elementary Education in the Country. At the national level 75% of the enrolled children have been covered under Mid-day-Meal Scheme during the second quarter of 2013-14. The percentage coverage of children increased by 4% in the second qtr in comparison to the first qtr from 2013-14.

The States/UTs of Kerala & Arunachal Pradesh (99%), Lakshadweep (98%), Haryana, & West Bengal (97%), Mizoram (96%) Puducherry and Meghalaya (94%) Himachal Pradesh (93%), Karnataka and Sikkim (92%) have reported more than 90% coverage.

On the other hand the MDMS coverage in the States / UTs of Chandigarh (48%), Uttar Pradesh (52%), Jharkhand (56%), Rajasthan (61%) Delhi (61%) Tripura (64%), and Bihar (67%) is below 70%. Although the States of Tripura, Karnataka and Sikkim have shown some improvement a lot is still desired. **(Annexure-I)**.



Coverage of enrolled children

ii) Coverage of working days:

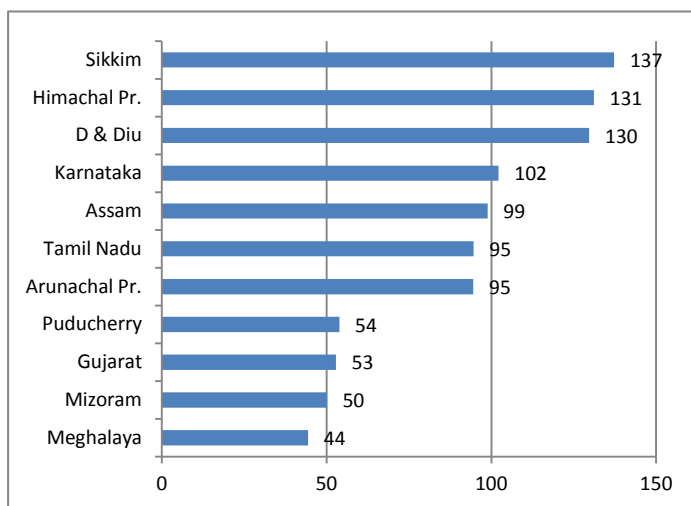
The guidelines for MDMS provide that mid-day meal should be served to all children attending school on each working day. All the States/UTs have covered more than 80% of the approved days at both primary and upper primary level. **(Annexure II)**

iii) Utilisation of foodgrains and cooking cost vis-à-vis allocation:

The Scheme aims to provide 450 and 700 calories of energy for primary and upper primary students respectively. To facilitate this, the scheme provides for 100 grams of foodgrains for primary and 150 grams for upper primary students every day. In addition cooking cost is provided at the rate of Rs 3.34 and Rs 5.00 for primary and upper primary students respectively to add nutrition value to foodgrains by way of pulses; vegetables as well as oil and fat.

Ideally the consumption of food grains and utilisation of cooking cost should match with each other, which is almost matching

as can be seen in **Annexure III** at the national level with 83% utilisation of foodgrains vis-à-vis 80% utilisation of cooking cost against the annual allocation. However there is a mismatch between the consumption of food grains and utilisation of cooking cost in various States/UTs. While, the utilisation of cooking cost is higher as compared to utilisation of food grains consumption in the

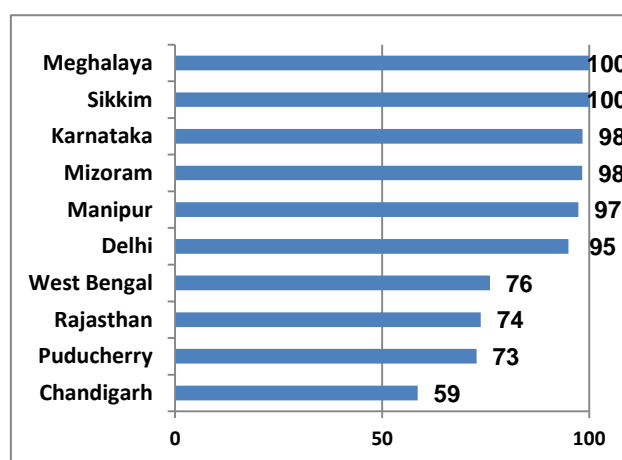


Food grain : Allocation vs Utilisation

States/UTs of Daman & Diu, Chandigarh, Karnataka, Assam and Sikkim, Arunachal Pradesh, Tripura, etc, it is vice-versa in the States/ UTs of Meghalaya, Mizoram and Gujarat. In the States/UTs of Tripura, Chandigarh, and Nagaland the consumption of food grains is less than the national average of 85% (**Annexure-IV**).

As far as utilisation of cooking cost is concerned it is well below the national average of 80% in the States/UTs of, Nagaland, Meghalaya, Mizoram, Puducherry and Gujarat (**Annexure-V**)

This is ironical; on the one hand the children in these States suffer from debilitating, malnutrition and anaemia, on the other hand available resources under MDM scheme are being utilised sub-optimally. Moreover, the lack of synchronisation between utilisation of food grains and cooking cost also reflects a lack of focus and effective monitoring

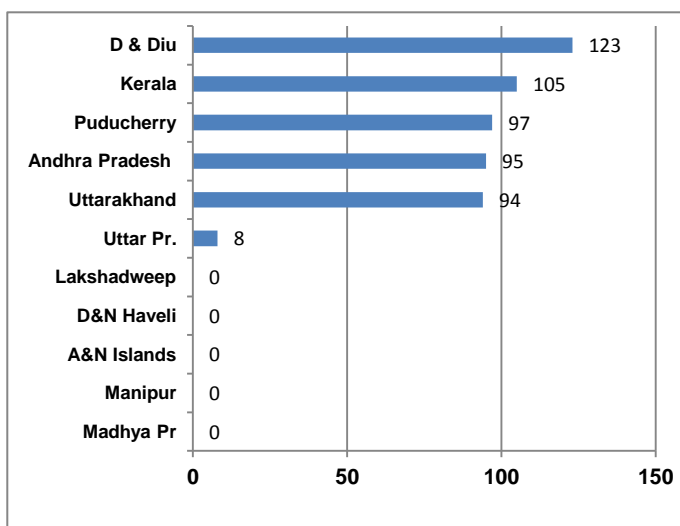


Cooking Cost : Allocation vs Utilisation

During the fifth Review Mission the Team Leaders and the Experts of the Nutrition have recognised the fact that the quality and the method of preparing the meal may possibly change the amount of food consumption in light of the food preference of the children and the food habits of the area. These reports of the States of Bihar, Andhra Pradesh, Uttar Pradesh, Madhya Pradesh had suggested some low cost, nutritionally balanced recipes and methods of cooking can be seen in the mdm.nic.in and can be opted. Further, there are 18 State Agriculture Universities located in States and other Home Science Institutes can act as a resource Centre for the specific States/UTs in preparation of low cost, nutritionally balanced recipes. For the State of Uttarakhand a set of hilly and non hilly region recipes has been provided by the Gobind Vallabh Pant Agriculture University.

iv) Lifting of food grains and utilization of transportation assistance vis-à-vis allocation for the first two quarters:

Like utilisation of cooking cost and foodgrains, utilisation of transportation assistance and lifting of foodgrains should also match with each other. The analysis of the data on lifting of food grains and the utilization of transportation assistance shows that at the National level 85% of the allocated food grains has been lifted (**Annexure VI**) and the utilisation of transportation assistance is 83% for the corresponding period. State wise



Food grains: Lifting vs. allocation

analysis of utilisation of transportation assistance reveals that while Sikkim, Daman & Diu, Kerala, has utilised more than the allocated transportation assistance grant, the States/UTs of Uttar Pradesh, Jharkhand, West Bengal, Rajasthan, Tamil Nadu and Manipur etc have utilized less than 70% of the allocation of the Transportation Assistance (**Annexure VII**).

The low utilisation of transportation assistance may be due to non-payment of bills of transporters which needs to be looked into.

v) Payment to Food Corporation of India (FCI) as on 31.10.2013

The position relating to payments of bills to FCI is precarious; as per the status provided by the States/UTs, out of the total bills raised by FCI upto the month of October, 2013 out of total bills raised by FCI of Rs. 89787.29lakh, an amount of Rs. 42499 lakh(47%) only has been paid and almost 53% of the billed amount is still pending for payments to be made to FCI by various States/ UTs (**Annexure-VIII**). This huge pendency of bills may result in stoppage of supply of foodgrains to the defaulting States which will adversely affect serving of MDM.

vi) Construction of Kitchen-cum-Store

Provision of infrastructure facilities such as kitchen-cum-store are an essential component for proper implementation of the MDM scheme for supply of healthy, hygienic and hot cooked meal to the children and also safe storage of food grains at the school level. It is relevant to mention that provision of kitchen cum store has also been made mandatory under Right to Education Act 2009. The Government of India has sanctioned 1000713 units of kitchen sheds for schools. States/UTs have constructed only **649599** units (66%) by the second quarter of 2013-14. Unavailability of proper kitchen cum stores and storage facilities has also been reported by several Monitoring Institutions in their Half Yearly Monitoring Reports.

The pace of construction of kitchen-cum-store is very slow and needs urgent attention in the States / UTs of Andhra Pradesh (9%), Kerala (13%), Maharashtra (42%), Tamil Nadu (19%), Jharkhand (45%), Uttarakhand (52%), Haryana (56%) and Odisha (52%) etc. where less than 60% of the sanctioned kitchen cum stores have been constructed (Annexure-IX). In various occasions these States/ UTs have been requested to complete the pending work in a time bound manner. All these States are therefore requested to work out a time bound plan for of construction of kitchen-cum-stores for safe storage and hygienic cooking of MDM.

vii) Engagement of cook-cum-helpers

States/UTs have engaged **2474894 (87%)** cook-cum-helpers in the second qtr of the FY 2013-14 against the approval of 2829317. There is a reduction of three percent in comparison with first qtr. 13 States/ UTs have engaged 100% cook-cum-helper as approved by PAB. In the States/UTs of Goa (67%) and Delhi (0%) the engagement of cook-cum-helpers is still less than 70% (**Annexure X**). In the beginning of the FY 2013-14 the national average of utilisation of funds for honorarium to cook-cum-helpers is 36% of the annual allocation for the Central Assistance. 6 States/ /UTs have utilized more than 20% of the allocated fund. (**Annexure-X**).

State/UT governments are requested to engage the cook-cum-helpers as per the norms and requirement on the basis of enrolment of children in the schools. This will avoid wastage of precious teaching and learning time. Necessary arrangements are also required to be put in place for timely payment of honorarium to the cook-cum-helpers to keep them incentivised.

As you are well aware, preparation of hygienic and wholesome meal under the MDMS is contingent upon the knowledge and skills of staff and cook-cum-helpers engaged for providing meal in the schools. The Self Help Groups and Cook cum Helpers (CCH) who are the pillars of the MDMS, mainly come from the deprived sections of the society, where they have limited information about nutrition, cooking processes, health and hygiene, preparation of raw grains and vegetables, recipes, serving skills etc. This staff has also not being provided adequate orientation on issues relating to health, hygiene & cleanliness, not to speak about issues of handling a medical emergency. The insufficiently trained staff, at times becomes a big constraint in the effective management of MDMS.

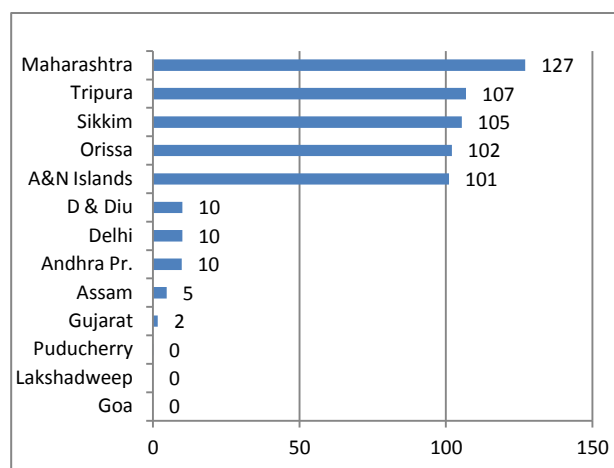
In this connection the training of Cook cum Helpers is being carried out in convergence with the Ministry Of Tourism through their State/UT IHMs as well as NGOs like Akshaypatra.

This ten day training course has been totally sponsored by the Ministry of Tourism under their Capacity Building for Service Providers (CBSP) scheme. States/UTs like Punjab, Haryana, Chandigarh, Goa Dadra & Nagar Havli, Daman & Diu, Madhya Pradesh, Tamil Nadu, Assam, and Odisha have availed of the training programme effectively.

The training for cook-cum-helpers has also been organised with the help of NGO Akshaypatra in five states (Assam, Bihar, Meghalaya, Jharkhand, Odisha) so far. The training will be carried out in the States of Tripura, Sikkim and Manipur in December 2013-January 2014 in this regard.

viii) Utilisation of MME

Monitoring is an integral part of implementation of the MDM scheme and utilisation of MME funds shows the performance of the States/UTs in monitoring of the MDMS. The total allocation of MME fund for the first two quarters of 2013-14 is Rs.11186.85 lakhs against this Rs. 6746.13lakhs (60%) has been utilized by all the States/UTs. 7 States/ UTs have utilised more than 90% of the allocated fund at the beginning of the FY 2013-14.



MME : Allocation vs Utilisation

100% fund utilization has been reported from Maharashtra, Tripura, Sikkim, Orissa, A & N Islands. On the other hand less than 50% MME fund utilization has been reported in 21 States/UTs from Goa, Gujarat, Andhra Pradesh, Assam, Delhi, Daman & Diu, Kerala, etc. **(Annexure-XI)**

Low utilisation of MME fund indicates poor monitoring of the programme and therefore poor health of implementation of the programme and need for a proper and comprehensive MME plan. The State/UTs that are lagging in this regard, are requested to make more efforts for strengthening the monitoring mechanism, training of MDM functionaries, display of MDM logo and publicity for proper implementation of the scheme.

Analysis of QPR reveals that 7 States/UTs (Chandigarh, Punjab, Delhi, Goa, Daman & Diu, Dadra & Nagar Haveli and Bihar) have shown good performance in inspection of schools by State/District/Block officials and more than 75% of the schools have been inspected during the first qtr of FY 2013-14**(Annexure XII)**. Less than 50% school inspection has been reported from 17 States/UTs like Puducherry, Andhra Pradesh,

Mizoram, Kerala, Rajasthan Manipur and Meghalaya. These State Governments /UT administration are advised to put in more emphasis on inspection of MDMS in school level for better implementation.

ix) State Steering-cum-Monitoring Committee (SSMC) Meeting:

SSMC, headed by Chief Secretary is an apex body at the State/UT level for guiding, monitoring and implementation of the scheme at State/UT level. The meetings of SSMC at regular intervals are required to review the Scheme and suggest policy measures for effective implementation of the programme. QPR analysis shows that only 22 SSMC meetings have been held in all the States/ UTs during the first two quarters. At district level 1073 meetings have been convened.

The States / UTs are advised to convene SSMC meetings once in a quarter with prior intimation to Government of India, allowing us time to send our representative in the meeting. Representative of respective monitoring institutions should also be invited to attend these meetings and present their findings before the SSMC.

x) School Health Programme:

Mid Day Meal has to an extent addressed the issue of classroom hunger and malnutrition amongst the school children. It also provides nutritional support for the school children through distribution of micronutrients to the children. In convergence with National Rural Health Mission regular health check-ups of school children are supposed to be carried out at least twice a year. In addition distribution of Iron Folic Acid, De-worming tablets and Vitamin A has to be undertaken for the school children, as per the schedule of the Department of Health. The State/UTs are supposed to ensure implementation of this programme in convergence with the health dept.

While the status of coverage of children under School Health Programme is satisfactory in Andhra Pradesh, Gujarat, Jharkhand, Punjab, Sikkim & Tamil Nadu (**Annexure-XIV**). In the States/UTs of Assam, Karnataka Haryana, Himachal Pradesh, Kerala, Manipur and Madhya Pradesh, Nagaland, and Lakshadweep no child has been reported to be covered under SHP during the second quarter. These states should give special emphasis on this component, especially when sufficient funds are available under National Rural Health Mission to meet the health needs of the school children. Many avoidable illnesses and disabilities keep children out of school and are also responsible for dropout/absenteeism.

xi) Availability of Gas based cooking and Drinking Water:

Gas based cooking in the schools is important from environmental perspective. All the States/UTs are encouraged to introduce gas based cooking in schools wherever possible. At present around 30% schools are using LPG for cooking purposes. More than 60% schools are using Gas for cooking of Mid Day Meals in the States/UTs of Daman & Diu (99%), Dadra & Nagar Haveli (99%), Haryana (99%), Karnataka (98%), Punjab (99%), Himachal Pradesh (86%), Nagaland (80%), and Gujarat (77%) (**Annexure- XV**).

It is a known fact that our children particularly from rural India suffer from water borne diseases namely diarrhoea, due to supply of contaminated water. The ASER, 2012 data reveals that drinking water facility was available in 73% of the visited schools. It is the responsibility of the schools to make available safe drinking water for maintaining normal health. The facility of drinking water is available in 100% schools in only the States/UTs of Goa, Mizoram, Karnataka, Madhya Pradesh, Daman & Diu, A&N Islands, Tamil Nadu, Lakshadweep, Himachal Pradesh, Punjab, Rajasthan, Delhi, West Bengal, Odisha, Puducherry, Uttarakhand and Uttar Pradesh. In the remaining States/UTs where drinking water is not available to children in some of the schools; efforts need to be made by the State Governments to ensure the availability of safe drinking water in all the schools as well as to inculcate hygienic habits like washing hands and eating in clean utensils.

xii) Submission of Information:

Timely submission of information like QPR, MPR etc. helps in monitoring and taking appropriate action in time for proper implementation of the scheme. The States/UTs are requested to submit the QPRs, MPRs and other information within the prescribed time line, to enable us to review the information and take corrective action wherever required. Nagaland has not yet submitted the 2ndQPR. QPR for the 2ndQuarter has been received in time from only 9 States/UTs. The 2nd QPR is delayed by 1 day to 20 days in respect of 22 States/UTs. 3 States/UTs has submitted 2nd QPR with delay of 21 to 31 days. 1 States/UTs have submitted the 1st QPR after more than 31 days **(Annexure XVI). The delay also reflects the effectiveness of monitoring mechanisms at the State/UT levels.**