

Report of the 8th Joint Review Mission

on

Mid Day Meal Scheme

**Consolidated Report of
Chhattisgarh, Haryana, Jammu & Kashmir,
Karnataka and Kerala**



(27th November-2015 to 8th December-2015)

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INTRODUCTION

Mid Day Meal (MDM), a centrally sponsored flagship programme was launched in 1995, aiming to provide a nutritional supplement to all children studying in Government, local body and Government aided schools, including non formal and alternative innovative education centers across the country. This programme has nutritional as well as educational objectives to improve the nutritional and health status of the growing children and also to enhance enrollment, retention and attendance, which will ultimately result in improving the classroom environment for providing quality education to all children.

The programme aims at providing one meal out of the three meals for children in the schools which should provide at least one third of the calories and half of the protein of Recommended Daily Allowance (RDA). The extent of energy deficit in the diets of rural school age children as revealed by National Nutrition Monitoring Bureau (NNMB) Surveys (2011-12), is about 560 Kcal per day for primary school children and 800 Kcals for secondary school children. Thus, the school meal, "in principle" should ensure a supply of at least 450 - 700Kcals of energy to every child depending on their age group, who are partaking the meal. It is this given context that nutrition norms were fixed in MDM programme.

(Annexure – 1)

The 8th Joint Review Mission Team of MDM scheme consisted of 8 members who visited 5 States, namely, Chhattisgarh, Haryana, Jammu & Kashmir, Karnataka and Kerala to review the MDM programme, from November to December-2015.

(Annexure-2)

The Terms of Reference of the 8th JRM are at **Annexure-3**. MHRD provided the JRM with technical guidance, secretarial and logistical support required. The JRM was accompanied and assisted by the respective State Government representatives. The State reports and the consolidated report are based on the information, data and the secondary sources provided by the MHRD and Departments of Education in the concerned states and actual evidence recorded during field visits by the state teams. The comments, observations and recommendations made in the reports are based on these and interaction by the teams with the stakeholders - teachers, head teachers, parents, School Development Committee members, Local Committee

Leaders, Self Help Groups (SHGs), field functionaries and administrative personnel of the Departments, NGOs and locally elected representatives.

Objectives of the review mission:

- a. To review the execution of the MDM scheme in the States as per the Guidelines and TOR given by MHRD.
- b. To make recommendations on the basis of discussion with State Governments, responses and findings from the field visits for better implementation of the MDM Scheme.

STATE REPORTS

Based on the TOR, and the JRM Team visit observations, State Reports have been compiled, as placed below.

1. CHHATTISGARH

Part 1

Fund Flow Mechanism

The JRM team visit to Chhattisgarh revealed that adequate arrangements are in place to ensure that the flow of funds from the State government up to the Block level is speedy and smooth. In the current financial year, orders relating to the release of funds have been issued to the Block level in advance of their being provided by the Central government. The treasury, thereafter, is responsible for making funds available each month to individual bank accounts of the Self-Help Groups (SHGs), and the cook-cum-helpers. In Chhattisgarh, the decision to use the services of the Women's Self Help Group was taken by its Women & Child Department. Each SHG is registered separately. The cost of cooking is provided one month in advance. This acts as a revolving fund to be adjusted at the close of the financial year. The payments to cook-cum-helpers are made post facto, and it was noted that there is a delay of up to three to four months.

Management and Monitoring System

The management of the Scheme is substantially online. Physical monitoring is the responsibility of the Cluster Academic Coordinators, the Block Education Officers (BEOs) and the District Education Officers (DEOs).

Maintenance of records

The team visit confirmed that each school maintains a tasting register, an inspection register, a food grains issue register, daily beneficiaries register, as well as a health related record. The Women's Self Help Groups are not expected to maintain any records other than their bank accounts.

Status of Monitoring Committees under MPs

The team was informed that these committees have not conducted any meetings so far.

Status of regular review meetings

The team was informed that these committees, headed by the District Collectors meet either weekly or monthly. These committees help in resolving problems relating to either procurement of ingredients or in resolving conflicts of any kind among the various stakeholders.

Implementation Mechanism

Availability, procurement and management of food grains

Food grains were found to be available at all schools visited. Quality of midday meals was found to be very good. Perusal of the relevant records indicated that these meals are being served every working day. Food grains are being procured primarily through the Chhattisgarh Nagarik Apurti Nigam; whenever the Corporation is unable to supply, the gaps are filled up through procurement from the FCI. The State Government makes all payments related to supply of food grains online, on a quarterly basis, to the Chhattisgarh Nagarik Apurti Nigam (CNAN).

Status of safe storage and proper supply of ingredients

In most of the schools inspected, this was found to be adequate.

Staff

Availability of dedicated staff for MDM at various levels

It was seen that there is no dedicated manpower for the scheme. The entire set of officials who are responsible for implementation of MDM also have a variety of other duties and responsibilities. The only official that the team found dedicated to the scheme is the Assistant Director MDM of the State.

Appointment of cook-cum-helpers for preparation and serving of meals to children

Cook-cum-helpers of the requisite number were available in every school visited. All of them had also undergone training. However, none of them were following the prescribed dress code of wearing aprons or head cloths to prevent the falling of hair into the food. There is an immediate need to sensitize them in the interest of ensuring hygiene and food safety.

Role of teachers

Teachers are fully involved in the MDM programme. There is a teacher in charge of MDM in each school that the team visited. He/she ensures that the prescribed quantities of ingredients are issued, tastes the food in case no one else is available to do so, ensures the children wash their hands and plates, and sit and eat the food in a disciplined manner.

Infrastructure

Creation of capital assets through kitchen-cum-store/kitchen devices

Kitchen sheds and stores were found to exist in each school that the team visited. Funding at present is in the prescribed ratio of 75: 25 between the Centre and the State respectively. All the kitchen sheds inspected were found to use firewood, and were very poorly ventilated with either none or ineffective exhaust arrangements. All kitchens were found to be full of smoke and were very small in size.

Availability of infrastructure, its adequacy and source of funding

Procurement of kitchen utensils, plates and glasses for children is being organised in a wide variety of ways. While the State Government has been providing one-time grants, individuals and groups of people are also donating such articles. In some schools visited, children were bringing their own plates.

Toilets

Toilets were uniformly totally unusable and filthy. In most schools visited, there was no water available to keep them clean and usable. In at least half the schools, signage indicating toilets meant for girls and boys were missing.

Drinking water facility

The team noted that hand pumps are available in schools for drinking water and in some schools, the Gram Panchayats have also provided water connections.

Hand wash facility

Arrangements for washing hands before and after meals were in place in some of the schools but were somewhat inadequate. There were not

enough water points in some schools, and in some schools, soap was not available

Management Information System (MIS)

Review of MIS at all levels

A state of the art Management Information System is in place. It provides detailed lists of all schools in the State, district-wise, and the enrolment and attendance data for all schools in the State. It also enables reconciliation of actual supply of food grains by CNAN against the requisitions raised by the State Government. Comprehensive data about cook-cum-helpers is also available including their name, address and bank account information. Similarly, all details relating to Self Help Groups, cooking cost information, kitchen sheds and stores are also available including schools in which such sheds have not yet been constructed. Data related to the School Health Programme is also being entered. The State's MIS is a useful decision support mechanism.

Status of MIS integration with IVRS

The team was informed that IVRS is not yet operational in the State.

Integration with School Health Programme (SHP)

Health checkups are taking place at regular intervals, and supplementation of micronutrients is being done. Children with health issues that cannot be resolved locally are being referred to hospitals in Raipur. The nature of health problems was found to include eye-related, mental problems, anemia, epilepsy and deworming. The team saw no children of the 'special needs' category. The team also found that there were no arrangements in place to take care of children with special needs.

Role of NGO'S/Trusts in Centralized Kitchens

NGOs/Trusts operate centralized kitchens in five cities, viz., Raipur, Bilaspur, Dhamtari, Durg and Ambikapur. The team visited the centralized kitchen of Pahal at Devpuri in Dharseenva Block of Raipur. The team was informed that the kitchen operates from 0500 hours to 1200 hours every school working day. The kitchen caters to 259 schools every day located within a radius of 15 kilometres. The kitchen was very well organised with sufficient ingredients. The storage facilities were excellent. As in all the schools visited, wood is used to fire the central boilers. There is a constant loading and dispatch of small trucks to individual schools throughout the morning. The team visited a

downstream school and saw that the food is served hot and was also delicious.

The team also saw the toilet and bathing facilities provided to both the men and women workers. As in all the schools visited, these facilities were very poorly organised. The toilets were very poorly maintained.

Involvement of the Community

School management committees were seen to be actively involved in some of the schools inspected.

Awareness about MDM

Though the MDM Programme is being implemented in a very effective manner, awareness about its objectives was not very high among the teachers in the schools visited.

Review of the School Emergency Medical Plan

The arrangements include the provision of ambulances that remain available, display of contact phone numbers of officials responsible in the event of an emergency, and of emergency toll free numbers. The team was informed there have been such emergencies in the recent past and the arrangements in place have helped resolve them quickly and effectively.

Part II:

Nutritional Assessment

Observations made by the team with respect to the nutritional assessment are stated hereunder:

- a. Anthropometric measurements – height, weight, mid arm circumferences are carried out as part of the regular health check-ups.
- b. Health Cards were not maintained.
- c. The quantity and quality of the mid-day meals served was found was quite good and to the satisfaction of the children, parents and community.
- d. There was no sign of any discrimination on the grounds of caste and community.

Recommendations

- a. All the kitchen sheds inspected were found to use firewood. There is a need to convert to smokeless *chulhas* urgently. The existing chulhas using firewood lead to an environment full of smoke. Smokeless chulhas should be introduced at the earliest. Use of bio-gas is an option worth considering.
- b. There is a need to create awareness amongst children for proper use of toilets and amongst school authorities for proper maintenance of the same.
- c. Nutrition and health education should be part of the MDM programme in which teachers and cooking agencies can be trained, and nutrition information imparted to the students.
- d. Health cards need to be maintained at school level.
- e. Quantity of pulses must be increased from the nutrition point of view.
- f. Kitchen gardens should be encouraged wherever there are facilities for water and space.
- g. Noon meal distribution should not be done on the open corridor of the school or in the play field to avoid dust and other threats. Dining rooms need to be created with the support of local MLAs, MPs and members of the community.
- h. The funds allotment for purchase of pulses in particular need to be revisited keeping in mind the hike in their cost.
- i. Proper storage facilities need to be provided in all the schools to preserve the shelf life and quality of the raw ingredients.
- j. State level Joint Review Mission may be constituted to visit the schools in various districts and give suggestions for better implementation of the Scheme in the state.

2. HARYANA

Part I

Fund Flow Mechanism

The State Government, after seeking credit confirmation from State Finance Department, releases funds to Department of Elementary Education Haryana. The Department of Elementary Education, after getting approval of Finance Department, deposits the money in the account at State level and then transfers the funds to the accounts of District Elementary Education Officer at District level. The District Elementary Education officer transfers the funds to Block Elementary Education Officer who in turn releases the funds to schools and the amount is withdrawn under the joint signature of Chairman of Self Help Groups, and Headmaster of the School for the purchase of cooking ingredients.

The GOI approved a budget of Rs 33563.37 lakhs for the current year, of which Rs.13028.47 Lac was released as central share with the matching state share of Rs. 7317.32 lac. The expenditure, so far, has been to the tune of Rs 12124.86 lac. The State Finance department is yet to be release the balance of the first installment.

The team observed that in most of the schools, separate bank account for MDMS has been opened. In one of the schools at Mewat, both the Primary and Upper Primary Schools (in the same campus) had one single account for both the schools and the MDM grant from DEEO was being credited into this account. A combined account is not permitted under the scheme and, further it will serve as a hindrance in utilization and accounting purposes.

The team also observed that during the current academic session, the grant of cooking cost was received in the schools on 17-11-2015 and the schools had to manage the mid-day meals using other grants. Although the State Government had released the ad-hoc grant in July 2015, and there were also unspent balances available, the delay in release of funds by the State Government led to considerable further delay in transfer of cooking cost as late as third week of November, 2015. It was reported by GM (MDM) Haryana that even the first installment is pending with the State Finance Department for over two months. Non-availability of funds

to the schools owing to such delays negatively impacts the MDM program besides placing burden on other resources.

Management and Monitoring System

Four Committees have been constituted for proper monitoring and overseeing implementation of Mid Day Meal Scheme - at State level, the Steering cum Monitoring Committees headed by Chief Secretary; at District level the Steering cum Monitoring Committees headed by DC concerned; at Block level, the Steering Committee headed by SDM; and School Management Committee at School level. The JRM team was informed that a State Review Mission on the lines of National JRM has been constituted for monitoring and reviewing the implementation of MDMS in the state. The SRM is an independent and external body.

Maintenance of records

In spite of instructions from MHRD, in many of the schools visited by the Team in Jind and Mewat districts, the tasting register was either not found or not maintained in the proper format. One school that was maintaining it at Sonkh, was not entering the details every day.

Information regarding other registers, such as, inspection register, stock register, food grains issue register, daily beneficiaries register, is not available in the Report

Status of Monitoring Committees under MPs

The JRM team was informed that no DLC has so far been convened in any district of Haryana.

Status of regular review meetings

(Information not available from the state.)

Implementation Mechanism

Availability, procurement and management of food grains

The team observed that adequate buffer stock of food grains was available in all the schools that were visited in Jind, except in one school where the stock of rice was adequate for only 20 days. The Team was informed that whenever demand is raised, supplies are made and that there has been no disruption of MDM. However, in two schools in Nuh block of Mewat

district, there was an interruption in MDM programme due to depletion of stock of grains in the school. Instead of placing the order on HAFED the HM preferred to borrow food grains from the other school in the campus.

In one of the composite schools in Mewat, the Mission was apprised of the fact that food grains were not being supplied regularly by the HAFED as per its requirements, and consequently the school had to borrow food grains from the Upper Primary School located in the same campus.

In most of the schools visited by the Mission, it was observed in the School Management Committee (SMC) records that details of money received and expenditure incurred were placed before the SMC members in the periodic SMC meetings held in the school.

Staff

Availability of dedicated staff for MDM at various levels

While in most schools that the team visited, the schools had a dedicated MDM in-charge, in a few schools the Head Master was looking after the mid-day meals.

Appointment of Cook-cum-helpers for preparation and serving of meals to children

The team found that the appointment of cook-cum-helpers in all schools visited by the Team is according to norms. CCHs were available in all the schools for preparation of MDM. However, in response to a query whether the teachers and CCHs have received training in safety and hygiene norms, their reply was vague. The schools, which informed the team that they had received training, were unable to produce any records of such training.

Role of teachers

- a. In all schools, the teachers are actively involved in MDM implementation.
- b. A single teacher is nominated as MDM-in-charge
- c. For tasting food, another single teacher is assigned the task of tasting and signing the tasting register after tasting.
- d. No duty roster is in place as per the Guidelines on Food Safety and Hygiene for School Level Kitchens under MDMS circulated to all

States by MHRD on 13.2.2015, resulting in the same teacher tasting the food daily in most of the schools in the districts inspected by the JRM.

Infrastructure

Creation of capital assets through kitchen-cum-store/kitchen devices

In the schools visited in Jind and Mewat, mid-day meal is cooked in the schools on the basis of the government norms for primary and upper primary schools with the support of cook-cum-helper and under the overall leadership of School Management Committee and Head Masters. There is no centralized kitchen in operation in both Districts, nor is any NGO engaged for cooking and supply of MDM.

In Mewat district, the school authorities of Pipaka reported that the construction of kitchen under SSA has been stalled due to dispute with the contractor who abandoned the work. This was reported to be the status of kitchen constructed by the same contractor elsewhere too. As a result, cooking is done in the open verandah, that too, closely in front of classroom I, exposing the children to smoke and other hazards.

Availability of infrastructure, its adequacy and source of funding

Use of LPG for cooking:

In all schools visited by the team, LPG was used as a fuel except in one school where firewood was also used. It was explained to the team that when there was delay in supply of LPG cylinder from IOC, firewood was used as an alternative fuel; otherwise only LPG was being used regularly. It was also informed by the schools that there was short supply of LPG cylinders, and this is a major hurdle faced by the State in the implementation of MDMS, despite the matter having been taken up with IOC several times.

Toilets

The Team observed that in both the districts, there are separate toilets for boys and girls. In Mewat district, in some of the schools, the Team found that new toilets were built exclusively for CWSN.

Drinking Water Facility

In both districts, the schools had proper drinking water facilities. In Mewat District, the water tanks were cleaned every fortnight and the date of cleaning was also indicated.

Hand Wash Facility

The Team observed that in both districts, in all the schools, the children were in the habit of washing their hands with soap provided by the school under the supervision of the teacher.

Fire extinguisher

The team noted with concern that out of all the schools visited in Jind and Mewat, no school in Mewat, and only one school in Jind had a fire extinguisher, which was kept in an adjoining classroom. The safety norms prescribe availability of at least two CO₂ based fire extinguishers in the kitchen-cum-store of the schools.

Management Information System (MIS)

Review of MIS at all levels

Information from MDM Headquarters to district level is conveyed online as well as by postal communications. However, the information management system at district level is sluggish for example, the HMs of the schools in both Districts are unaware of MDM Rules 2015 and also of the Guidelines on Food Safety and Hygiene for School level Kitchens issued by MHRD on 13.2.2015. The MDM Head quarters had circulated the Guidelines to District Education Extension Officers (DEEOs) but guidelines have not reached the schools even after 8 months. In Jind District, only one school said they correspond with DEEO's office through e-mail. But in all other schools, no online system of communications with DEEO exists. This problem will be addressed once the proposed WhatsApp for MDM is in place, as informed by MDM Headquarters. The data flow from DEEO to MDM Headquarters Panchkula is being hampered due to shortage of staff in DEEO Offices at the level of programme executives and assistants.

Status of MIS integration with Interactive Voice Responsive System (IVRS)

The team was informed that no IVRS system has come into force in Haryana. However, the MDM Headquarters have since furnished their comments about introduction of IVRS System to MHRD.

Integration with School Health Program (SHP)

During the visit of the team, it was observed that the doctor visited most of the schools to give iron, vitamin and deworming tablets to the children, besides other checkups relating to their weight, height and BMI. In some of the schools, the tablets were left with the school authorities (HM) for giving to children later. Only in a few schools that the mission visited, health cards made by the District Health Department were available. In one of the schools, the Health Card was made in 2015 and in another school, it was made for the past year only. Most of the schools, however, had no Health Cards. In one Primary School in Block Sounkh District Mewat, the HM could show the well-maintained register containing the records of Health check up by doctors including prescriptions with names of the tablets for children. The Team found in the records that the doctor had even prescribed further checkup of some children in the district hospital. Such records are not maintained by other schools in the districts.

Role of NGO'S/Trusts in Centralized Kitchens

The team was informed that no NGO was engaged in cooking and supplying of MDM.

Involvement of Community

The Mission observed that records of SMC meetings were maintained in almost all schools giving details of agenda discussed and suggestions given by the members. In GMS Pipaka, the SMC members informed that they visited the schools to check the mid-day meals regularly. However, participation of community was more discernible in the districts of Mewat than Jind.

Awareness about MDM

In both Districts, the Head Masters were found to be ignorant about instructions issued by the State MDM authority regarding MDMS especially in Jind district where there is no exchange any communication on MDMS between educational authorities to apprise them immediately of the recent initiatives for e.g. Guidelines on Food Safety and Hygiene for School Level Kitchen under MDMS issued by MHRD and circulated to all States vide letter No.14-2/2013-EE 5 (MDM 1-2) dated 17.2.2015.

Review of School Emergency Medical Plan

The Team noted availability of First Aid Kit in the school visited. However, the emergency contact numbers were not displayed prominently, especially in the schools visited in the Mewat district. The only exception being a school in the Jind district where the display of information was done as per norms.

PART II:

Nutritional Assessment

Overall observations made by the team with respect to the nutritional assessment are stated hereunder:

- a. A periodical and critical evaluation of the scheme is essential to maintain the health of the scheme.
- b. The state authorities should ensure the convergence of school health programme for supplementation of Micronutrients, health check-ups and supply of spectacles and other medicines to children.

Some Good Practices

Some of the good practices noticed in the MDMS are: developing kitchen gardens in the schools by making use of available land in the schools, construction of toilets for physically challenged children in Mewat District, availability of good quality aluminum storage bins for storing food grains, use of solar cooker in Sonapat for cooking MDM.

The most innovative initiative taken is that the State government has developed a mobile App for monitoring of MDMS, particularly record keeping, right from the school level, which will be accessible to staff at

State MDM Headquarters at any time on any given day. It is a unique mobile application which will address most of the issues pertaining to MDMS, streamline the monitoring system, and make the MDM system more transparent. The App is yet to be introduced. **Observations** Head Masters are not aware regarding receipt and details of funds received under MME as well as activities to be carried out under the head.

In a few of the schools visited by the Team in both Mewat and Jind, quality of food grains supplied by FCI was below acceptable standard and had moisture content. Besides, in some schools the supplies made were more than the demand. While there is a mechanism to ensure that regular quarterly supplies are made by HAFED to the schools, increased supervision by District, Block and the School authorities is required to ensure adequate and timely supplies of food grains.

There are instances of **surplus funds accumulating in the school**. The team noted with concern, that GMS Pipaka, Block, District Mewat had an account balance of Rs. 8.78 Lac.

The tasting register is not being kept in many schools inspected by the team. Even in the schools where it is kept, the name of the teacher who tasted the MDM is not written.

Recommendations and Suggestions of the Team

- (i) The State Finance department should pay the state's share of cooking cost and honorarium in advance so that further releases to the districts and schools are not delayed. The delay in release of the grants led to non-payment of honorarium to 5 CCH's in one of the schools in Mewat as funds were not available. The state should consider transferring the funds directly from the district to the schools by E-Transfer.
- (ii) The school and other implementing agencies should ensure that adequate stocks of food grains and cooking cost are available at the school level for avoiding any interruption in preparation and serving of MDM.

- (iii) The school should maintain an inspection register/visitors book where the visiting officials should record their comments and observations about the implementation of the MDM program and ensure that directions given are implemented.
- (iv) The State Review Mission constituted by the Govt of Haryana should undertake bi-annual review of the implementation of MDM program, also keeping in view the recommendations and suggestions made by the national JRM.
- (v) There is a huge backlog in uploading the data into the web portal for which data entry operators have to be engaged urgently on a regular basis in every district. This will ensure smooth functioning and operation of Management Information System. The districts should expedite the process of data feeding.
- (vi) Schools need to be made more aware of the benefits of kitchen gardens and harvesting water. They should be introduced to the best practices required to effectively implement these.
- (vii) The state authorities should ensure the convergence of school health program for supplementation of micro nutrients, health check-ups and supply of spectacles and other medicines to children. The impact of this is not much visible in most of the schools visited by the mission.
- (viii) Authorities, at both the state and district level, should ensure that tasting register with a roster duty is maintained so that the meals are tasted by teachers by turn each day before it served to the children.
- (ix) It is recommended that schools should put in place an emergency medical plan for providing medical help to children falling ill after consuming mid-day meal. It is also recommended that quality of food grains supplied by the FCI through HAFED should be up to the mark and meets quality standards. It is suggested that the state and district authorities should revisit their food grain supply mechanism to avoid shortage of stocks of food grains in schools.
- (x) The school should pay the monthly honorarium to the cook-cum-helpers by e-transfer in their accounts directly and not through cheque or cash.

- (xi) The cooking cost should be directly transferred from DEEO's accounts to the school MDM account avoiding intervening channels.

AREAS SUGGESTED FOR IMPROVEMENT

- a. In two schools visited by the team in PS Tapkan and GMS Tapkan in Nuh block, Mewat, children did not get mid-day meal from 11 days (02-07-2015 to 13-07-2015) as the stock of both wheat and rice had depleted. The district officials were also not aware about the interruption of meals in these schools. The district monitoring authorities should play a more active role in supervision and monitoring of mid-day meal scheme particularly the assured regular supply of food grains in the schools.
- b. The State must make greater efforts in capacity building, and imparting training to teachers, HMs, CCHs and SMC members, at State, District and Block levels. There is widespread ignorance of MDM safety norms among all concerned in the schools.

IV. JAMMU AND KASHMIR

PART I

Fund Flow Mechanism

For the year 2015-16, it is reported that 60% of the Central share of funds has been released. However the revalidation of funds amounting to Rs.2742.16 lakhs (inclusive of Rs.335.53 lakhs) for the year 2014-15 is awaited from MHRD, on information to be provided regarding breakup of funds (school local fund and credit from the market).

It was found that even after the funds have been released by MHRD to the state treasury for the MDM Program, it takes a minimum of ten months for the money to reach the school.

Management and Monitoring

The following Monitoring Committees have been constituted in September/ October 2015. The Monitoring Committee at District level consists of Chief Education Officer and two Heads of the Departments from District Institute of Education and Training (DIET). The Zonal Level Monitoring Committee consists of Zonal Education Officer, one Principal and two Headmasters of the concerned Zone. MDM is being inspected on a regular basis. However, the budget allocated under the component of MME was found unspent

Maintenance of records

Records are being maintained for attendance of students, availability of foodgrains, attendance of helper cum cook, funds received, food grains consumption and expenditure on monthly and quarterly basis. However, no register for food tasting was found.

Status of Monitoring Committees under MPs

No information has been provided.

Review of the convening of regular meetings at District Level

Regular Monthly Meetings are held at District and Zonal Offices (Zone is geographical/developmental area, which consists of a group of

Districts/Sub-Districts. J&K consists of two Zones) to review the functioning of Schools wherein MDM is one of the agenda points.

Implementation Mechanisms

Availability, procurement and management of food grains

The JRM found that the scheme is being implemented properly in the Rajouri District with respect to availability of food grains, quality of MDM, regularity in serving the meal as per approved norms. However, it was found that due to non availability of LPG, the food is being cooked with firewood.

It was found that in Reasi District, MDM was not been served between October to November 2015, as rice and LPG was not available. Hence, firewood is being used as fuel.

Status of safe storage and proper supply of ingredients

Rice was found properly stored in the bins, but there was no provision for storage of other ingredients. They are purchased on daily basis.

Staff

Availability of dedicated staff for MDM at various levels

There is no dedicated staff for MDM in the State at any level.

Appointment of Cook-cum-helpers for preparation and serving of meals to children

Appointment of cook-cum-helper is being made at Block level after seeking approval from District level Education Officer. But, as per the State's policy, the proposal to appoint the cooks is supposed to be initiated by the Village Education Committee, and they can only be appointed on the recommendation of the VEC. However, this is not being practiced.

Role of teachers

Teachers are performing the following duties related to MDM:

- a. Lifting of food grains from CAPD? outlet.
- b. Purchasing of ingredients from local shops.
- c. Maintaining the records of MDM.

- d. Tasting the cooked meal before serving the children.
- e. Giving personal loan to the shopkeeper for ingredients
- f. Managing the scheme without funds for the last 10 months.
- g.

Infrastructure

Creation of capital assets through kitchen-cum-store/kitchen devices

Availability of infrastructure, its adequacy and source of funding

Gas cylinders, chullahs, cooking utensils, spoons, plates and tumblers have been issued from the zonal level to schools in last 10 years. However, it was found that kitchen assets are not available uniformly in all the schools.

Toilets and Drinking water facility

It was found that the community, the Red Cross Society and State Bank of India have donated water containers cum purifiers, and toilets have been constructed under the CSR component by National Hydroelectric Power Corporation Ltd. However, these contributions have not been recorded in the stock register.

Hand wash facility

(Information not available from the State.)

Management Information System (MIS)

There is no MIS available at any level from the School, Block, District to State level for data collection or dissemination. Presently, the State officials are using WhatsApp and SMSs to communicate with each other.

Status of MIS integration with IVRS

It was reported that MHRD has sent MOU to the State as second party for outsourcing IVRS.

Integration with School Health Programme(SHP)

No information or records were found at school, Block or District level regarding convergence with School Health Programme, though it was informed that the School Health Programme was being conducted regularly.

Role of NGO'S/Trusts in Centralized Kitchens

It was informed that there has been no governmental initiative to involve NGOs/Trusts in the implementation of the scheme.

In Reasi District, Mata Vaishano Devi Shrine Board is providing MDM in one school, the Govt. Middle School, Sanjichat.

Involvement of the Community

Involvement of the community was poor. No initiative has been taken by MDM functionaries to encourage community participation in MDM.

Awareness about MDM

The parents of school going children seemed to be aware of the MDM Scheme. The Village Education Committees have been constituted, but MDM was not part of any resolutions.

Review of School Emergency Medical Plan

There is no specific emergency medical plan available in the state. The nearest Government Hospital is utilized in case of emergency. However, there has been no incidence or report of food contamination in any school in Jammu & Kashmir.

PART II

Nutritional Assessment

Overall observations made by the team with respect to the nutritional assessment are stated hereunder:

- a. Anthropometric measurements of children were not maintained, and there is no identification or monitoring of undernourished children.
- b. The menu has been decided at the state level, and has not been decentralized. However, the quality and quantity of the MDM served is satisfactory, and this has been confirmed by parents, community and children.

- c. The functionaries of Rashtriya Bal Swasthya Karyakram (RBSK) are visiting the schools. However the Principal, teachers, parents and students are not made aware of the findings of the medical check up.

THE FOLLOWING AREAS NEED IMPROVEMENT

- a. The entire fund flow system from Secretariat to Treasury needs to be modernized and it should be ICT enabled. Best practices regarding flow of funds in other States may be introduced.
- b. It is also recommended that ICT enabled MIS system of cash transfer from Centre to State / District may be devised. The Director, Jammu region informed that the issue is being discussed with ICICI bank and others.
- c. Provision of advance payment for MDM scheme should be introduced.
- d. Instead of the school teachers being involved with every aspect of MDM, from shopping to tasting, a separate person may be engaged as MDM in-charge at cluster level (12-20 schools) under the scheme.
- e. Greater efforts are required for capacity building, imparting training to teachers, HMs, CCHs and SMC members, at State, District and Block levels, regarding all aspects of the MDM Programme.

KARNATAKA

PART I

1. Fund Flow Mechanism

The JRM team noted that the release of funds from the Centre and State down to the school level is operated on the time schedule prepared for the year 2014-15. Funds are released on a quarterly basis through the State treasury, to the Zilla Parishad, and then to the individual schools. In urban areas, fund transfers are being done electronically.

The following expenditures are incurred at Zilla Panchayat level:

- a. Payment to FCI and KSCFC for rice, dal, oil and salt for procurement.
- b. Expenditure for transportation of food grains
- c. MME expenditure
- d. Cooking cost to schools wherever electronic clearance system (ECS) is available
- e. Funds released to Taluk Panchayat for payment of honorarium to cook-cum-helpers

Expenditures incurred at Taluk Panchayat level are:

- a. Honorarium to cooks.
- b. Cooking cost to schools wherever electronic clearance system is not available
- c. MME expenditure

The Karnataka Government releases funds in advance to the Department of Education. The team observed that there was no delay in release of funds at any level, and there has been no dislocation of the MDM program in the state. It was also noted that an additional grant of Rs.5000.00 lakhs has been released to the Department of Education on October-2015 as a response to the exorbitant increase in prices of pulses. This has already been re-allocated to the Zilla Panchayats on a pro-rata basis.

Management and Monitoring System

At State level, the Commissioner for Public Instruction is responsible for implementation of the programme and the Joint Director, MDMS is the nodal officer for this programme. The State level Steering cum Monitoring Committee under the chairmanship of Additional Chief Secretary, meets twice a year.

At the District level, the District Implementation Committee under the chairmanship of Chief Executive Officer of Zilla Panchayat is responsible for programme implementation and supervision. The DDPIs (Admn) assist and co-ordinate implementation.

At the Taluka level, the Steering and Monitoring Committee under the chairmanship of Assistant Commissioner of Sub-division/Executive Officer of Taluk Panchayat are responsible for programme implementation and supervision with assistance from the Assistant Director of Public Instruction, Mid Day Meal Scheme.

At School level, the Head Master, School Development and Monitoring Committee (SDMC) and Head Cook are responsible for implementing the MDM programme. Mothers' Committees have also been constituted in schools for tasting the cooked food randomly and their opinions are recorded in the Tasting Register.

District Level Committees have been constituted under the chairmanship of a senior Member of Parliament to review MDM, SSA, RMSA activities.

It was confirmed during the field visits of the JRM team that the committees meet regularly at all levels.

Implementation Mechanism

There have been no interruptions or lapses in food grains management, in adequate allocation and supply, timely lifting, transportation, storage and distribution, at all operational levels. There is rigorous supervision and monitoring from State level, and constant interaction with the FCI and Karnataka Food and Civil Supplies Corporation (KFCSC) in districts for streamlining the programme. The team noted that buffer stock upto one month is maintained in all MDM schools at the state.

Timeframe for lifting, District wise lifting calendar of food grains:

Food grains can be lifted from the godown from the first day of the preceding quarter up till the last week of the allocation quarter. Every district has its own lifting calendar. The Deputy Director for Public Instruction (DDPI) at District level receives indents from the BLOCK Education Officer of Taluka Panchayat before the 10th of the respective month and the grains are lifted before 25th of that month, ensuring that the allocation of food grains does not lapse.

System for ensuring lifting of FAQ food grains:

Food grains are lifted from the FCI stockyard after joint inspection by the MDM and Food and Civil Supply officials, and are transported to the Karnataka State Food Corporation stockyard located at taluk level. Presence of FAQ tags on all bags is ensured. These are then transported to schools under the supervision of Assistant Directors. Most districts have installed electronic weighing scales in all the vehicles owned by the transporters.

Transportation, storage and distribution

Food grains are being lifted from FCI godown in the first week of every month and are stored in the KFCSC godown at Taluka level. Pulses, oil and salt are procured by KFCSC and stored at KFCSC godown at Taluka level. Based on the indent placed, all commodities are transported to schools in the second week of every month. One month's buffer stock is maintained.

Payment of cost of food grains to FCI

After FCI supplies the food grains, it submits bills to the Chief Executive Officers, Zilla Panchayat, and payment is made to the FCI through RTGS/ Treasury cheque. The team noted that payment to FCI is done promptly within a month after submission of the bill, and there is no delay.

Dedicated Staff

Government of Karnataka has designated dedicated staff for implementation of MDM, as detailed below.

Sl. No	Designation	Working under MDMS			
		State level	District Level	Block Level	Total
I	Regular Employees	23	66	350	449
II	Contractual /Part time employees	2	62	525	589

Appointment of Cook-cum-helpers (CCH) for preparation and serving of meals to children:

Most of CCHs who are appointed are women, as per the guidelines from the MHRD with priority given to widows, destitute persons and women belonging to SC/ST. The selection is made at school level through a committee chaired by the Gram Panchayat Chairman, with SDMC president, and Headmaster as members, and the Panchayat Development Officer/GP Secretary as the Selection Committee Secretary. Though the minimum qualification fixed for the Head Cook is Std 7, the team during its field visit that the cooks were all matriculates, which made it possible for them to maintain day-to-day accounts, thereby relieving the Head Master or teachers of this responsibility.

Role of teachers

Teachers in every school are given rotational duties for tasting the food. Taste registers were maintained and signed by a teacher. Mothers' Committees food tasting registers were also maintained for feedback and suggestions.

Infrastructure

Creation of capital assets through kitchen-cum-store/kitchen devices

Kitchen-cum-stores:

From 2006 to 2013-14, the Central Government has sanctioned 40,477 kitchen sheds, out of which 35298 have been completed, and the remaining 2407 kitchen sheds are in different stages of construction and 2772 kitchen sheds are yet to be constructed. Total number of schools is 54958.

Kitchen Devices

Funds for kitchen devices are released to the Districts and then to the respective SDMC`s, where purchases are made as per the needs of the school. All schools visited had maintained stock registers. Several donors have contributed plates, tumblers, mixer grinders, pressure cookers, water filters, syntax water tanks and pipelines, mats, aprons and head scarves along with hand gloves to the cooks. These donations have been registered in the donor's stock registers. Some donors have constructed dining halls and provided electrical connections.

Toilets and Drinking water, and hand washing facility

All schools visited had separate toilets for girls and boys, that were clean and well maintained. In some of the schools, nearby industries were contributing towards maintenance of the toilets.

Sources of drinking water were mostly from the Panchayat drinking water supply system, stored in tanks, both for toilet and kitchen purposes. In some cases, water filters had been donated by philanthropic organizations. Most of the school head masters have requested to have separate funds may be given for its regular maintenance.

Hand washing was being practiced in all the schools. The Team noted that the number of taps on the pipelines, that were mostly two in number, could be increased to avoid queues and save time.

Management Information Systems (MIS)

Annual and monthly data entries (MDE) from schools are done at Taluk/Block levels. The data entry operator, Assistant Staff and Nodal Officers (ADPI) then feed information to the MIS Portal. The data is normally one month old.

The main parameters of MIS are:

- a. No. of working days of the School.
- b. No. of meals served as against total school working days
- c. Details of funds received, utilized, and balance available
- d. Details of food grains received, utilized, and stock available.
- e. Details of inspections conducted by officers at all levels
- f. Details of micronutrient supplementation given to children.

Total No. of Schools	Annual Data Completed	Monthly Data progress						
		Apr	May	June	July	Aug	Sep	Oct
54958	54880	54871	54870	54792	53964	52440	51302	44279
	99.86%	99.84%	99.84%	99.70%	98.19%	95.42%	93.35%	80.57%

MIS integration with IVRS

The team was informed that the integration of MIS with IVRS is currently under process. An MoU has been entered into by the Government of Karnataka with MHRD, for the purpose of introducing IVRS in schools.

Integration with State Health Program (SHP)

Rastriya Bala Swasthya Karyakram (School Health Programme):

The school health programme is implemented under Suvarna Arogya Chaitanya programme in convergence with Department of Health and Family Welfare. The programme has provided a team of 3 paramedics, led by a doctor. This team visits all the schools in the block for recording anthropometric measurements, such as height weight and other health indicators. A team of doctors visit schools every year to assess health conditions of each child. The doctors record the details of the child in individual health card. The children who are identified with health disorders are referred for proper treatment.

Provision of micro and nutrients, Vitamin-A, de-worming medicine, Iron and Folic acid (WIFS), Zinc:

The Team noted that children are being provided with Vitamin 'A' and de-worming (Albendazole) tablets once in six months and that IFA tablets are given once a week under the WIFS programme.

Status of Health Checkup

Stage	Existing		Health Check up carried out		%	
	No. of Schools/ Centers	No. of Children	No. of Schools/ Centers	No. of Children	No. of Schools/ Centers	No. of Children
Primary	22066	3187220	21974	2355158	99.58	73.89
Upper Primary	33971	1931527	22569	1411450	66.44	73.07
Total	56037	5118747	44543	3766608	79.49	73.58

It was seen in all the schools visited (except one which did not have Vitamin A tablets) that the tablets were available in stock and were being consumed by the students under supervision during lunch time.

Supply of spectacles to children suffering from refractive errors:

The team noted that 10,708 children were identified with refractive errors, of who 5,815 have received spectacles.

Role of NGO's/ Trusts in Centralized Kitchens

Totally 80 NGOs are providing MDM to **9.91** lakh of children in 5471 schools throughout the State. Details of major NGO'S are as follows:

S.no	Names of the NGOs	Districts where these NGOs are feeding MDM	No. of Schools	No. of Beneficiaries
1	Akshaya Patra Foundation, Bangalore	7	2496	4,55,902
2	Adamyia Chethana, Bangalore	4	744	1,14,668
3	Akhila Karnataka Kannada Kasturi Kala Sangha, Bangalore	1	182	25,734

Involvement of Community

The Community is keenly involved with the MDM program, contributing substantially, food during birthdays and other functions, and for capital assets, totaling up to Rs. 473.55 lakh in 2014-15. (Data compiled from Districts). In many schools, the community is also contributing in the form of food grains and vegetables.

Awareness about MDM

Awareness programmes, such as, '*Samudayadatta Shala*', direct all officers in a District to visit schools to check the MDM, interact with parents and SDMC members, and suggest ways of improving the MDM program.

Media helps the programme by giving feedback on drawbacks for effective implementation of the scheme in rural and urban areas. Radio and T V programmes, Video/Teleconferences on radio by the Education Minister and Joint Director, MDM Programme, and functionaries from Health Department have been telecast. MDM and hot milk distribution schemes have also been covered by television and Radio ('*Akasha Vani*'). '*Shikshana Varte*,' a monthly magazine published by the Education Department reaches out to all schools to create awareness amongst the teachers and SDMC members, families and the communities.

The team noted that parents and local communities are well aware of the programme, and are in close contact with the schools.

School Emergency Medical Plan

Instructions have been issued to all head masters to prepare "**School Emergency Medical Plan**" and to publish emergency phone numbers. Schools visited had marked red, danger zone areas, to make children aware of not entering the kitchen, pit, submerged tanks etc. The plan was found to be in place in the schools visited.

PART II

Nutritional Assessment

In all schools visited, the quality of rice, dal, and vegetables was good, and the food was in accordance with traditional taste and preference.

The Team had requested the State Government to also invite the School Health Program staff to be present during the school visits.

It was noted that Health Registers with heights and weights were maintained, but in many cases they were checked on the spot, and found to be incorrect weight and heights. The health data is not monitored at any level, and there was no knowledge at the school level or at the paramedical level, as to its significance, or how it must be monitored to improve nutritional status of the students.

A high prevalence of dental caries was observed in school children in both the districts, indicating a need to educate children for good oral hygiene. The prevalence B-complex and vitamin A deficiencies were also observed in some children. High prevalence of stunting, thinness and anemia among a majority of the children was observed. One child was observed with the onset of Bitot Spot, and a few children on whom haemoglobin was estimated by Sahli's method were all found to be anaemic.

Best Practices

Government of Karnataka has introduced Ksheera Bhagya Yojane from 01-08-2013, under which 150 ml of hot milk, containing 89.64 calories, is given to all children from class 1 to 10 in both Government and Aided schools thrice a week in convergence with Karnataka Milk Federation (KMF).

Kitchen Gardens are maintained in some of the schools with the help of children, thereby providing some green leafy and other vegetables and are being used in the preparation of MDM supplement.

General Recommendations:

1. It was observed in both Districts, that the Mid Day Meal Component and learning component in the schools visited was excellent. However, the nutritional status of a majority of the students of both sexes in all the schools visited was very poor, with high incidence of stunting and underweight for the age of the children.
2. The teachers informed that a small percentage of children do come to school on an empty stomach, mainly because parents have to leave early for work. It was discussed that counselling parents regarding giving the children some food before coming the school, should be included in the parents committee meetings.
3. It was also noticed that a large proportion of the children were moving about without footwear, either because of habit, or because they did not possess footwear. This is also a cause for poor nutritional status and anemia, as it causes worm infestation which worsens nutritional status. Counselling parents and children for use of footwear may also be included in the parents meeting.
4. It was also discussed that a basic module on Nutrition would be included in the training programme for teachers, headmaster and the cooking staff, for providing awareness and information, which can be transmitted to the parents.
5. The health and nutrition component of the Mid Day Meal Programme should be regularly reviewed both at the school level as well as at the district/Zilla Parishad level.
6. Though weight and height of the students was maintained, it was found to be generally inaccurate. No review to check improvement in the children's nutritional status is being done presently. This could also be started in the schools.
7. Provision should be made in the Mid Day Meal Scheme for providing funds for a simple covered space to serve as a dining hall. It was seen in some schools that children were made to sit in the school veranda for eating food, which appeared very unhygienic. In certain schools, nearby industries had contributed for providing simple covered spaces to serve as a dining hall under their Corporate Social Responsibility.

8. Presently, water is being provided by the Panchayat through the village borewells. However, in certain areas with high fluoride content in the ground water, dental fluorosis among the students was evident. It is suggested that rain water harvesting should be included as a component of the Mid Day Meal Programme, to supplement existing water arrangements. It is also recommended that additional taps be added to the existing ones to make it easier for the children to wash hands, and save time.

9. A forum for approaching philanthropists and industry to contribute towards local requirements which do not formed part of the programme may be constituted.

10. Finally it is strongly recommended that the cooking cost must be enhanced in keeping with the price index. A small amount for providing energy dense food including jaggery, soya or peanuts may also be included in their diet, to as to increase the calorie and energy component.

KERALA

PART I

Fund Flow Mechanism

Almost 80% of cooking cost and remuneration to cook-cum-helpers for 6 months is e-transferred to the school's account during the month of May every year. The next instalment for another 3 months is released during the 1st week of October. The last and final instalment is released during the month of February in the financial year itself. No delay in release of funds was informed by any school. The funds are directly transferred to the school account. Deputy Director Education is designated as the Nodal Officer for making payment to FCI. The cost of food grains for the 1st& 2nd quarter is e-transferred to the District authority in the 1st week of April and the cost of 3rd& 4th quarter transferred in the 1st week of September. Directions have been given to the District Authorities to pay the same to the FCI on the same day of receipt of bill from the FCI.

Management and Monitoring System

The State level Management, Monitoring & Evaluation of the scheme is done by the State level Steering cum Monitoring Committee with Secretary to Government (General Education) as the chairman and the Director of Public Instruction as the Member Secretary and Convener. The District Steering cum Monitoring committee is headed by the District Collector with Deputy Director (Education) as Secretary. At Block level, Block Panchayat President is the Chairman and the Assistant Educational Officer is the Secretary. For the effective implementation of the Programme in schools, a school level committee is constituted with PTA President as Chairman and the Headmaster of the school as the Member Secretary. Members from PTA, teacher's representative, ward member from the LSG are the other members. This Committee decides the menu after considering the local/seasonal availability of commodities and vegetables.

Maintenance of records

MDM registers are maintained at school level. Generally the Head Master and the teacher in-charge for MDM are involved in maintaining the accounts and their audit.

Status of Monitoring Committees under MPs

The team noted that an efficient system of monitoring was lacking and most of the work was left to the Head Masters and PTAs/MTs.

Status of regular review meetings

The team observed that there were no review meetings being conducted.

Implementation Mechanism

Availability, procurement and management of food grains

The Deputy Director, Education at the District level will lift allocated food grains on a monthly basis. The Kerala State Civil Supplies Corporation is the nodal agency for lifting the food grains from FCI and supplying to the schools through *Maveli* Stores. The Headmaster is in charge of procuring food materials (rice, pulses etc.) from the outlets of Civil Supplies Corporation. Condiments, oil, fuel etc. are procured locally by the school noon feeding committee. In all the schools visited, it is observed that food grains are received by the school HM's from *Maveli* stores on time. It is observed that all the schools are having a buffer stock.

Status of safe storage and proper supply of ingredients

The storage of food grain is found to be in gunny bags on the wooden platform. Except few schools, there is a lack of proper ventilation in the stores.

Staff

Availability of dedicated staff for MDM at various levels

The Review Mission was informed that a dedicated post at the Block level for supervision of the MDM implementation had been created, in pursuance of the recommendations made by the 3rd JRM, 2011 in Kerala.

Appointment of Cook-cum-helpers for preparation and serving of meals to children

It was also observed that cook-cum-helpers are appointed by the SMC or PTA and in some cases; they are also the parents of the children studying in the school.

Role of teachers

It was found in most of the visited schools that the teachers were serving the food and tasting it before serving. In some of the visited schools the teachers and members of mother PTAs were also taking the meal once the children finish. However, there is no process of putting up comments in writing by teachers or members of mother PTAs after tasting the food.

Infrastructure

Creation of capital assets through kitchen-cum-store/kitchen devices

Permanent or semi-permanent kitchen sheds have been built in every school. Every school also has a permanent or semi-permanent room for safe storage of ingredients and condiments. The meal is prepared in the school premises (in Kitchen shed). Though there are gas plants in most of the schools, majority of the schools use firewood as the fuel for cooking, thus emanating smoke to the surroundings. There are no safety measures while cooking the food in all schools visited. In majority of the schools, water tap was found inside the kitchen.

The funds released by GOI are allotted to school authorities for procuring Kitchen devices so as to select the item of their need. However, funds released for the purchases of utensils by the GOI have not been transferred to the schools by the state government. In most of the schools, the kitchen devices are provided by the PTAs. Eating plates are not available in all schools, and children are bringing them from home.

Availability of infrastructure, it's adequacy and source of funding

Kitchens were well maintained and clean, and cooking vessels were also clean. However, there were no safety measures while cooking the food in all schools visited. Fire extinguishers or any other safety measures were not available in the schools visited.

Toilets

Toilet facilities, separate for boys and girls, are available in all the schools, and water facilities are also adequate. In some of the schools, toilets were well maintained. An observation was that there was no feel of 'Swachh

School' board nor was there any special motivation to students for proper observance of cleanliness around them.

Drinking Water Facility

All schools have good drinking water facilities, and for cleaning vessels and cooking food. There was also purified water/hot water for drinking.

Hand wash facility

All schools have hand wash facility. No school complained about scarcity of water. Children are in the habit of washing hands as well as their dishes before taking the meals.

Management Information System (MIS)

The Review Mission observed that there is no on-line MIS at present and the data is compiled manually at the level of school, sub-district and district level. The Team observed that MIS is an important management tool for monitoring the implementation of the scheme, and hence the state government should take immediate necessary steps for putting in place an effective MIS. The same recommendation was also made by the third JRM.

Status of MIS integration with IVRS

The team was informed that it is yet to take place.

Integration with the School Health Programme (SHP)

The Team was informed by the Headmasters, that Health Department staff regularly visit the schools and conduct health survey. IFA tablets are provided, and it is the class teacher's responsibility to give them to the students of her class. The teachers informed that parents do not like their children to be given the IFA tablets without a proper diagnoses. In some cases, the IFA supplement did not suit the children. It was observed that there is a lack of proper health checkup and lack of communication between teachers and parents on this issue. The schools were not maintaining health cards of students, and they were not oriented towards health issues. This aspect of the scheme needs more serious attention and a better implementation plan. Besides iron tablets no other micronutrient supplementation was provided by the Health Department. The school teachers and Head Master/Mistress were not aware about Vitamin A

supplementation and Albendazole tablet. Eye check-up was also not done. It was observed that even the key functionaries of MDM at the state, district and sub-district levels and Head teachers in most schools were not aware about the health status of children.

Role of NGO'S/Trusts in Centralized Kitchens

The team was informed that there are no centralized kitchens in Kerala. PTAs, local community alumni of the schools, local MLAs & MPs, Rotary Clubs and some private organizations help on voluntary basis.

Involvement of Community

Community participation was found to be most visible during the visit. In urban areas, MTAs are active and generally mothers visit schools during the time food is cooked and served. They inspect the kitchen, taste the food and also help in serving if needed. However the participation of MTAs is less in rural areas and PTAs are helping. In coastal areas, it was informed that even though parents are poor and busy in earning their livelihood, yet they remain in contact with the schools.

Awareness about MDM

In the schools visited, it was found that SMC members, teachers and even parents are not aware of the entitlement and quantity allotted per head by GOI for their children. There were no weighing machines for issuing the rice and other food components. The CCH were measuring the food grains etc, as per their wisdom.

Review of School Emergency Plan

The team noted that in accordance with the instructions issued, the contact numbers of PHC/community health centers/education department should be prominently displayed in the school. There is a need to create awareness regarding the contingency /Medical Health Plan at all level with the do's and don'ts in case of emergency.

PART II:

Nutritional Assessment

Overall observations made by the team with respect to the nutritional assessment are stated hereunder:

- a. It was observed that there is a variety in the menu. On all the days vegetables are provided, but not pulses, due to hike in prices. It was also noticed that there was a lack of awareness about nutritional value of food components and calculation of caloric value of food items by cooks and teachers.
- b. The School Health Programme is run in convergence with the State Health Department under NRHM.
- c. Some of the schools are having well maintained vegetable gardens with papaya and banana trees, vegetables and greens, which are used for MDM.

Areas of Improvement

- a. Technology should be used for mentoring and monitoring the MDM programme. IVRS (Interactive Voice Response System) using mobile phones can be explored. A proper MIS should be in place at all levels starting from school.
- b. Appropriate awareness and advocacy programmes should be built up involving SMC's, NGO's, media, local representative, teachers and cook-cum-helpers for effective implementation of MDM. The capacity building for teachers and Cook-cum-helpers may be taken up in a phased manner urgently.
- c. Smokeless *chulhas* seem to be the urgent need. The present system of chulhas with brick structure using firewood has very poor fuel efficiency. It is suggested that smokeless chulhas may be introduced as early as possible. Use of bio-gas also needs to be explored.
- d. Nutrition and health education should be part of the noon meal programme in which teachers and cooking agencies can be trained, so that they can impart education to children during the MDM. Health cards should be maintained at school level. As per observations medical checkup of students is neither regular nor structured. Micronutrients are also not given to the children on a regular basis. Active convergence with the Health Department is needed in this

regard in rural areas, particularly in regard to eye, ear, dental and nail checkup.

- e. There is a need to create awareness among MDM staff regarding the contingency /medical health plan at all levels, and 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 instruction issued, the contact numbers of PHC /community health centers /education departments should be prominently displayed in the school.

VI. GENERAL OBSERVATIONS/RECOMMENDATIONS

1. It was generally observed that the Mid Day Meal Component and learning component in the schools visited was very good. The fund flow was smooth in all States except J &K, which appeared to have special problems regarding release of funds and delivery of food grain at the school, and systemic administrative deficits. To some extent, Haryana also had administrative bottlenecks in fund flow and administrative directions. Haryana has to tone up and streamline its own administrative systems for a more efficient implementation of the MDM. It was only in these two States that the MDM was interrupted for certain periods of time. There were no interruptions in the programme in the other States. There were no reports of any discrimination on the grounds of caste, community or religion.
2. There were no cases of food poisoning or any other illness associated with the MDM programme reported from any of the States covered by the Mission. However, food testing as prescribed in the norms, is not being done because there are very few government testing labs in the States, and a food test in a private laboratory costs around Rs 7000 or more. Tasting Registers and complaint redressal mechanisms were adequately in place in most States.
3. Some States are still using firewood as fuel, which causes health hazards and smoke in the premises. The reason why fire wood is still being used instead of gas were stated primarily that gas connections were not easily available. This matter would have to be taken up by MHRD/State Governments with IOC.

4. The health and nutrition linkage in the MDM programme appeared weak, not only in the schools, but also within the JRM, as most JRM State Teams were not able to go into the details of anthropometric measurements, underweight, stunting and Body Mass Index, and anemia and Vitamin deficiency as are stated in Part 2 of the TOR, as they did not have the right technical assistance. Therefore, it is recommended that in future, the JRM State Teams must have at least one nutritionist. JRMs must also request the State Governments that doctors from the State School Health Programmes should also be associated with it, so that the general nutritional indicators of the students can also be recorded.
5. During discussions of the State Reports, it was agreed that in most States, the nutritional status of a majority of the students of both sexes was very poor, with high incidence of stunting and underweight for the age of the children, and anemia and micronutrient deficiency.
6. Teachers in some States informed that a small percentage of children do come to school on an empty stomach, mainly because parents have to leave early for work. The cooks then prepare some quick food for them. It is recommended that counselling parents regarding giving the children some food before coming the school should be included in the parents' committee meetings.
7. It was also noticed that a large proportion of the children were moving about without footwear, either because of habit, or because they did not possess footwear. This is also a cause for poor nutritional status and anemia, as it causes worm infestation which worsens nutritional status. Counselling parents and children for use of footwear may also be included in the parents meeting. Including footwear in the children's school kit under SSA could also be considered.
8. It is also recommended that a simple module on Nutrition and its indicators, such as underweight, stunting, body mass index, anemia and micronutrient deficiencies, could be included in the training programme for teachers, Headmaster, and the cooking staff, for providing awareness and information, which can be transmitted to the parents. This would also enable the school authorities to monitor nutrition indicators, (something that is not

being done presently), and counsel the parents appropriately regarding proper nutritional practices within family budgets, and also proper child and adolescent care practices.

9. The health/nutrition component of the Mid Day Meal Programme should be regularly reviewed both at the school level as well as at the District/Zilla Parishad level. Though weight and height information of the students was maintained in some States, it was found to be generally inaccurate. No review to monitor improvement in the children's nutritional status is being done presently at any level, mostly because none of the programme or supervisory staff have much information about this subject.
10. Some funds should be allocated in the Mid Day Meal Scheme for providing simple covered space to serve as a dining hall. It was seen in some schools that children were made to sit in the school verandah for eating food, which appeared very unhygienic. In some schools, nearby industries had contributed for providing simple covered spaces to serve as a dining hall.
11. Presently, water is being provided by the Panchayat through the village borewells. However, in certain areas with high fluoride content in the ground water, dental fluorosis among students was evident. It is suggested that rain water harvesting could be piloted in some schools, to supplement existing water arrangements.
12. It is also recommended that additional taps be added to the existing ones to make it easier for the children to wash hands, avoid queues, and save time.
13. A forum for approaching philanthropists and industry to contribute towards local requirements which do not form part of the MDM programme may be constituted.
14. Systems to access MPLADS funds for specific and essential local requirements should be initiated and formalized, such as, for constructing dining halls, toilet maintenance, getting kitchen equipment, mixer grinders, chapati making machines, for drudgery reduction and saving time.
15. Rice is the main cereal provided for the MDM. It is easy to cook and serve in large volume, even though its nutritional properties are far lower than wheat or coarse grains like ragi, bajra and jowar which are traditional staples in many parts of India. Serving rotis

made of these coarse grains on a large scale is difficult and time consuming for the cooks. It is recommended that chapatti making machines could be included in the approved list of kitchen devices.

16. There was consensus that allocation of foodgrains per child should not be reduced, as anything over and above what is consumed is used for providing an additional meal in the evening. The teachers also reported that when children sometimes come hungry to school, some quick preparation is made to feed the hungry child. Sometimes, in very poor families the siblings of the student also come to the school for a meal.
17. School teachers and Head Masters in Karnataka State stated that they did not spend more than 30-45 minutes in attending to MDM related matters. This could be because the cook cum helpers were mostly matriculates, and could accounts and other documentation independently under the supervision of the Head Master.
18. An additional grant should be provided for maintenance of toilets. Right now, either the toilets are not maintained well in some States, or the school is securing assistance from nearby industries, or local bodies for maintaining them.
19. A small additional amount for providing energy dense food that includes jaggery, soya or peanuts may also be included in their diet, to as to increase the calorie and energy component, and provide instant energy for sports and to improve general health and well being.
20. Lastly, it is strongly recommended that the cooking cost must be enhanced in keeping with the price index.

ANNEXURE 1

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 the 10th November, 2015

To,

Principal Secretaries / Secretaries of Education Department of Governments of Chhattisgarh, Haryana, Jammu & Kashmir, Karnataka, Kerala and Sikkim.

Subject: Visit of 8th Joint Review Mission for Mid Day Meal Scheme during 27th November – 8th December, 2015 - reg.

Sir / Madam,

This is to apprise that Mid Day Meal Scheme is the largest school feeding programme in the world reaching out to about 10.22 crores of children in about 11.56 lakhs Government and Government Aided elementary schools including Madrasas and Maqtabs supported under Sarva Shiksha Abhiyan. A programme of such a large scale and magnitude of Mid Day Meal requires close monitoring and evaluation at all levels.

2. I am directed to say that Ministry of Human Resource Development has decided to review the implementation of the programme in all its aspects as per the defined Terms of Reference (copy enclosed) through Joint Review Mission headed by **Ms. Veena S. Rao, former Secretary, Government of India**. The Joint Review Mission would visit 6 States viz. Chhattisgarh, Haryana, Jammu & Kashmir, Karnataka, Kerala and Sikkim for a period of 9 days during November, 2015. The JRM will consist of 12 members including the Mission Leader. A team of 2 members will visit each State. The members to be a mix of generalists and experts and State-wise composition of the members of the JRM are as under:

SL.	Name and Designation of the JRM Member	Role	States
1.	Mrs. Veena S. Rao, IAS, former Secretary , Government of India, Mission Leader	Mission Leader	Karnataka
2.	Dr. A. Laxmaiah, Scientist, National Institute of Nutrition, Hyderabad	Member	
3.	Dr. Veena Shatrughna, Advisor in Supreme Court Commissioner	Member	Haryana

SL.	Name and Designation of the JRM Member	Role	States
4.	Shri R. K. Sharma, Chief Commissioner, Excise & Custom, Kolkata	Member	
5.	Dr. Sandhya Shanghai, Associate Professor, NCERT	Member	Kerala
6.	Ms. Amirthaveni Subramanian, Professor, College of Home Science, Avinashlingam Institute of Home Science and Higher Education for Women, Coimbatore	Member	
7.	Shri C. R. Biswal, former ACS & Principal Secretary, Education, Government of Andhra Pradesh	Member	Chhattisgarh
8.	Prof. K. K. Khare, RIE, Bhopal	Member	
9.	Prof. Veena Gupta, former Associate Professor, NUEPA	Member	Jammu & Kashmir
10.	Dr. J. H. Panwal, Joint Technical Advisor, MoWCD	Member	
11.	Shri Sunil Verma, Former Deputy CAG	Member	Sikkim
12.	Ms. Santosh Jain Passi, Public Health & Nutrition Expert, NIHFW, Delhi	Member	

3. The total duration of the JRM would be 9 days with following break up
- i) One day for national level briefing meeting,
 - ii) Four days for field visits
 - iii) Two days for report writing and presentation to the State Government; and
 - iv) Two days for national level report writing and presentation

4. The JRM will visit to States during 30th November to 5th December, 2015 and on the last day of the visit the Mission will submit the report to the State Government. **The briefing meeting to the members of the JRM by MHRD would be held on 27th November, 2015 at India Habitat Center, New Delhi.** The members of the JRM will reach to the respective States before 30th November, 2015 for field visit. The tour programme of the members would be communicated to the State Government in due course of time. The members of the JRM would reassemble at Delhi on 6th December, 2015 (evening) for preparation of the national level report and sharing of the findings / highlights of the JRM report to the Secretary, Department of School Education & Literacy, Ministry of HRD on 8th December, 2015.

5. The necessary arrangements for the members of the Joint Review Mission for accommodation, food and transport during the visit to State / District / school shall be made by the respective State Government. The expenditure on Joint Review Mission would be incurred by the respective State Government and the same would be reimbursed by the GOI after receiving the duly verified bills and vouchers from the respective States.

Contd..../-

6. The Central Government will provide air (economy class) / train tickets to the members of the JRM from their place of stay to the respective State and back through Project Manager, TSG-MDM, Ed.CIL(India) Limited after receiving the itinerary from the

Mission Leader / respective Members as per Government of India Rules. The professional fees @ Rs. 2000/- per day to each member would also be provided by the Project Manager, TSG-MDM, Ed.CIL (India) Limited.

7. This Department would also request the State Governments for extending necessary cooperation to the members of the JRM during their visit and provide relevant documents / records as per the demand of the members of the JRM.

Yours faithfully,

Sd/-

(Gaya Prasad)
Director(MDM)
Tel: 011-23384253

Copy to:

- i) Mrs. Veena S. Rao, Former Secretary, Government of India, Mission Leader, Joint Review Mission, Mid Day Meal Scheme, Ministry of HRD, Government of India.
- ii) All the members of the Joint Review Mission (By Name)
- iii) Director of Mid Day Meal Scheme in Chhattisgarh, Haryana, Jammu & Kashmir, Karnataka, Kerala and Sikkim
- iv) Sr. PPS to Secretary(SE&L), Ministry of HRD
- v) PPS to JS(EE.I), Ministry of HRD
- vi) Shri Vijay K. Vaid, Project Manager, TSG-MDM, Ed.CIL (India) Limited for information and necessary action.

ANNEXURE 2

Mid Day Meal Scheme

Terms of Reference of the Joint Review Mission

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) Give suggestions for improvement in the implementation of the programme.
- xvii) Review of the status of tasting of the meal by at least one teacher.

- xviii) Review of status of Safe storage and proper supply of ingredients to schools.
- xix) Review of status of awareness about Mid-Day Meal Scheme.
- xx) Review of status of convening of Monitoring Committee under the Chairmanship of Member of Parliament.
- xxi) Review of the convening of regular review meetings at District level.
- xxii) Review of the status of testing of food samples by reputed institute.
- xxiii) Review of the status of Emergency Medical Plan.

Part – II

Assessment of Nutritional Status

- 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 (Rashtriya Bal Swasthya Karyakaram)
