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GOVERNMENT OF INDIA
MINISTRY OF HUMAN RESOURCE DEVELOPMENT
DEPARTMENT OF SCHOOL EDUCATION & LITERACY
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D.O. No. 13-15/2013-MDM 2-1

25th November, 2013

Dear *Hemant Da,*

The 5th Joint Review Mission visited Assam from 11th to 19th November, 2013 to review the implementation of Mid Day Meal Scheme (MDMS) and assess the nutritional status of the beneficiary children, in two districts – Nagaon and Kamrup as per the prescribed Terms of Reference (ToRs). The JRM team was headed by Dr. Pranati Das, Principal Scientist & Head (Foods, Science & Nutrition), Assam Agriculture University, Jorhat. Other members of the team were - representatives from MHRD and Government of Assam; Office of the Supreme Court Commissioner for MDMS and the Monitoring Institute for the scheme in Assam. Research Fellows from Dept. of Food Science & Nutrition, Assam Agriculture University, Jorhat and Consultants from Ed CIL's Technical Support Group for Mid-Day Meal Scheme assisted the JRM. A total of 48 schools and 877 children (429 boys and 448 girls) were surveyed.

The JRM team was appreciative of the best practices like active participation of mothers' groups in implementation of MDM scheme in the schools, availability of MIS data entry formats in all the schools, use of SMS based system for real time monitoring of the scheme. Mass handwashing with soap facility was also observed in several schools in Kamrup District.

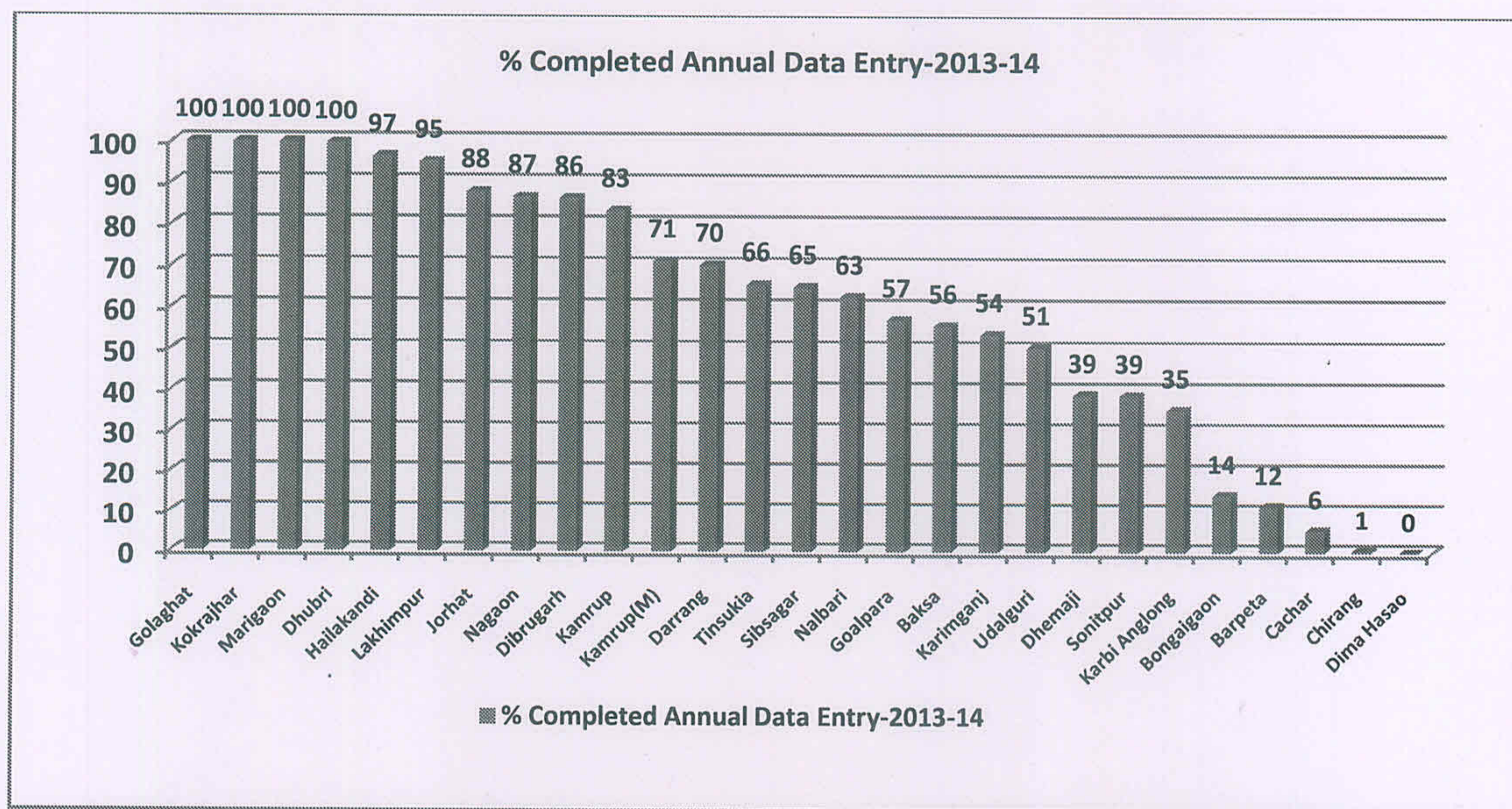
From 48 schools out of the two districts i.e. Nagaon and Kamrup (rural), a sub sample of 429 boys and 448 girls (total 877) amounting to 13.62 per cent of total enrolment of 6435 children were randomly selected for assessment of nutritional status. To assess nutritional status of the children the anthropometric measurements of the children were taken and Body Mass Index (BMI) was calculated. Comparison of Body Mass Index (BMI) with WHO Z score (2007) revealed that 21.21% boys and 14.95% girls were moderately malnourished and 8.85% boys and 11.60% girls were severely malnourished. A minimal per cent of children ranging from 0.89 to 5.8 were found to be overweight and obese. In a few cases, vitamin B complex deficiency reflecting in Angular Stomatitis was recorded. Bleeding gums, cavities observed could be due to poor oral hygiene or vitamin C deficiency. In few cases, an initial stage of dental fluorosis was also observed, indicating fluoride levels in the water sources.

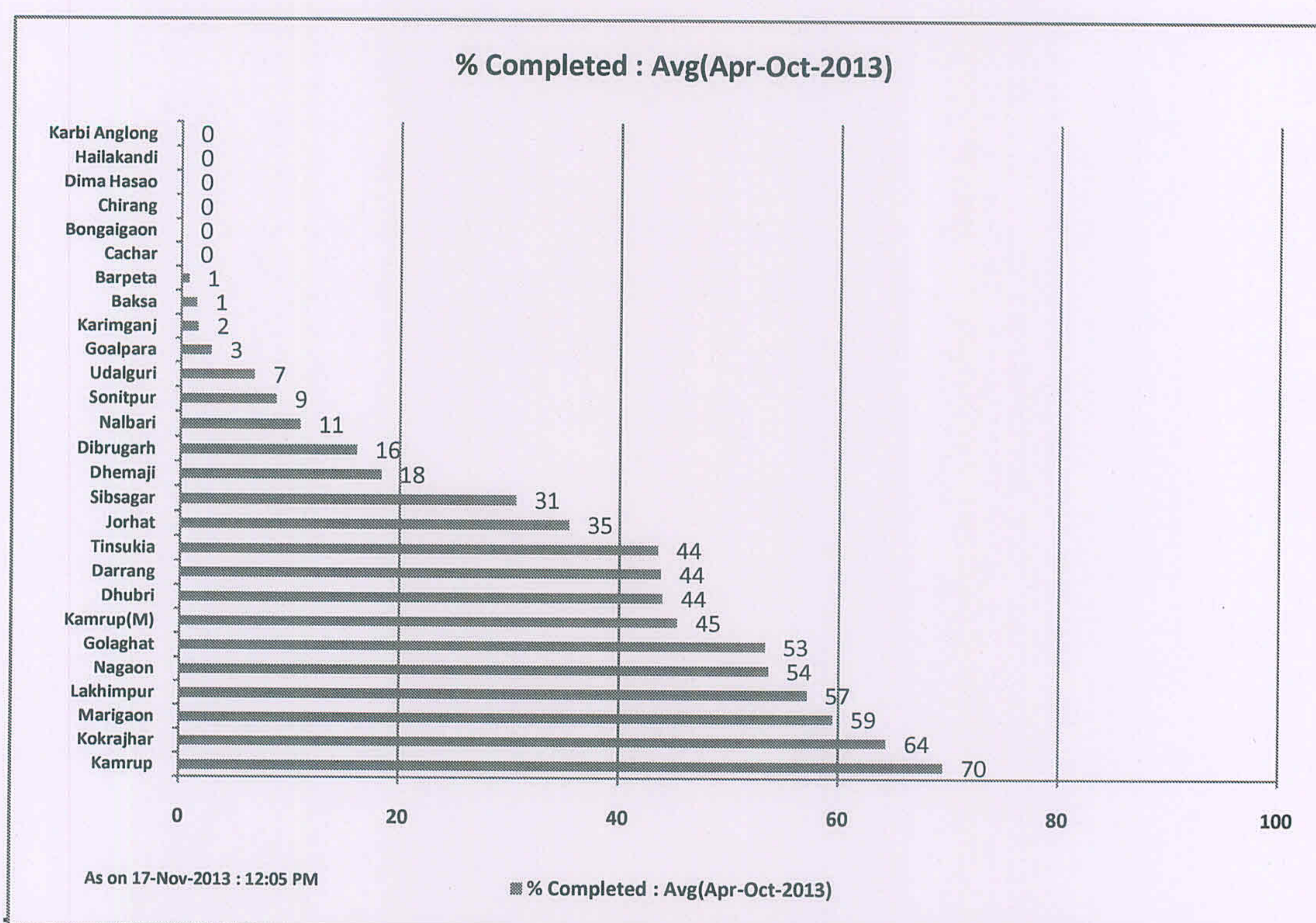


The mission expressed its concern on the lack of dedicated management structure for MDMS, delay in payment of honorarium to cook-cum-helpers, irregularity in serving of meals due to mismatch in availability of cooking cost and food grains, unhygienic condition of kitchen-cum-stores, non-delivery of food grains to the school doorstep, use of firewood as a mode of cooking, slow progress of data entry into MDM-MIS portal, lack of effective grievance redressal mechanisms, poor inspection of schools, poor convergence with school health programme, non-incorporation of green leafy vegetables and other vegetables in the meal, which makes it nutritionally imbalanced in terms of micronutrients.

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

1. A dedicated mid-day meal cell may be set up at State, District and block level with clear roles and responsibilities. The monitoring mechanism at all the levels, especially at the district and below, needs to be strengthened. There is a strong need to create an accountable monitoring mechanism to look into the implementational aspects of the scheme. The chart here below show the districts where the data entry work for the MDMS portal is poor and needs to be stepped up urgently.





2. The SMCs should be actively involved in the implementation of MDM. MDM should be made a compulsory agenda and records for the same should be maintained to ensure the smooth running of the scheme.
3. The State Govt. should engage adequate number of cook-cum-helpers in the schools as per norms. It is also recommended that separate accounts should be opened for the cook-cum-helpers in nearest bank branch and the honorarium (including State share) should be paid on monthly basis.
4. Proper and hygienic kitchen sheds, pre preparation, cleaning and storage area should be developed on a priority basis, in order to avoid any food borne illness due to contamination from the surroundings. Food hygiene should be maintained by avoiding contaminated food/raw ingredients. All the major ingredients including cooking oil, spices etc. should be Agmark certified.
5. Food should be cooked in clean utensils with clean water and in a clean environment cooked food should be kept covered and serve to the students in a hygienic condition.
6. The staff involved in food preparation should maintain good personal hygiene. They should use clean head gear and apron.
7. The meals should be made more nutrient dense and nutritionally balanced and include higher amounts of non-tuber vegetables, especially the green leafy ones, to overcome deficiencies
8. To improve their nutritional status, the malnourished children should be identified by periodical health checkups, dewormed and be given special care during MDM.

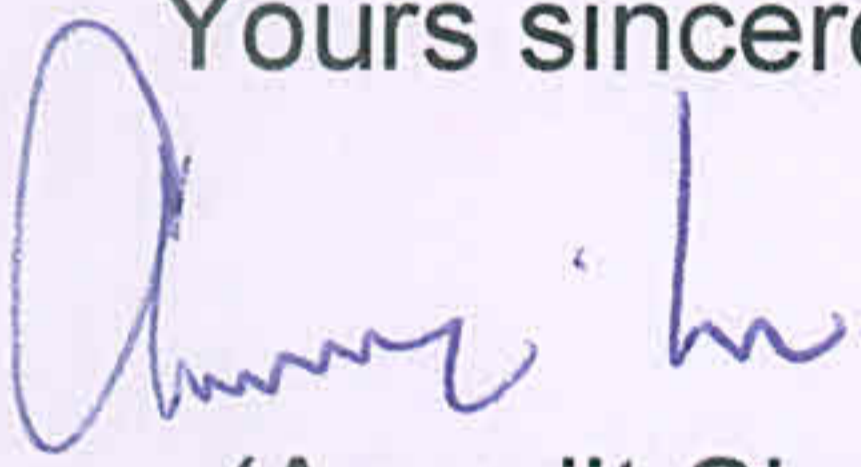
9. Convergence with MGNREGS for maintenance of school **kitchen gardens** could be sought for all schools across the state. Kitchen gardens or green squares can be introduced using the waste water from kitchen and hand washing of children.
10. The State Government may also install/convert chulhas into smokeless chulhas to combat the above problem. Alternate method of fuel like solar cooker may be explored. Gas based cooking may also be started in a phased manner.
11. In the absence of dining hall facilities, wherever classroom/verandas are in use for dining, proper cleanliness needs to be maintained.
12. Use of weighing balance and proper weighments and measurements is recommended for weighing raw ingredients so that children receive prescribed amounts of nutrients.
13. Better convergence with the School Health program is essential to overcome malnourishment. There is a need for the regular health monitoring. Vitamin A, Iron and Folic Acid supplements and deworming tablets should be provided on a regular basis to the schools. Further, proper instructions regarding their dosage should be given to the teachers. Health cards, with duly filled record of each child need to be maintained and updated regularly in all the schools.
14. Health and Nutrition Education programmes for students, parents and teachers should be arranged on regular basis.
15. Installation of Mass Handwashing with Soap facility as being demonstrated in 100 schools of Rani and Rampur Blocks of Kamrup (R), be scaled up to all Government schools through MDM and/or SMC funds in a phased manner. This will ensure all children wash their hands with soap before eating mid-day meals.
16. Centralized kitchens must follow the principles of HACCP (Hazard Analysis Critical Control Point) to ensure that compromised quality food products are not prepared and food related hazards do not occur.
17. The primary (bulk) containers should be sterilized before packing food. This would minimize the risk of food infection outbreaks of food borne illness.
18. Empty gunny bags available in the schools as well as NGOs may be sold and used for other expenditure related to MDMS like purchase of eating plates for the children etc.
19. It is recommended that the Schools should be notified about the revision of cooking cost i.e. Rs. 3.34 for Primary and Rs. 5.00 from Upper Primary from 1st July, 2013. Further NCLP Schools should be provided cooking cost and food grains as per Upper Primary norms.
20. Separate accounts should be opened for MDMS. It is also recommended that the heads under which money has been released should be clearly mentioned so as to avoid confusion at the school level.

21. The Grievance Redressal mechanism up to grass root levels may be set up and a the toll free number should be displayed at a prominent place in the schools in order to address the genuine complaints of all stakeholders etc., and to make the scheme more responsive to the stakeholders.

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

It will be appreciated if you could send an action taken report on the above within 3 months. A little concerted effort on your part will ensure that no child in a school remains hungry in your state.

With regards.

Yours sincerely,

(Amarjit Singh)

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PS: The detailed report is also available on our website www.mdm.nic.in