Government of India Ministry of Human Resource Development Department of School Education & Literacy MDM Division

Minutes of the Meeting of the Sub Group on Mid Day Meal Scheme for 12th Five Year Plan (2012-2017) held on 20.06.2011

The Meeting of the Sub Group on 12th Five Year Plan for Mid Day Meal Scheme was held on 20.06.2011 at New Delhi under the Chairpersonship of Dr. Prema Ramachandran, Director, Nutrition Foundation of India. The list of participants is annexed at *Annexure-I*.

At the outset, Dr. Amarjit Singh, JS(EE.I), Department of School Education and Literacy, Govt. of India welcomed the Chairperson and members of Sub Group and briefed them about the Schemes. The salient features are as under:

- i) The budget provision for 11th Plan for Mid Day Meal Scheme is Rs. 48,000 Crore; in addition the State / UT Governments are also contributing their share and implementing the Scheme. He emphasized that it is the responsibility of the Centre and States to get it properly utilized for the benefit of the underprivileged children.
- ii) MDMS has broken the barriers of caste & gender. Enrollment of girl children in school has increased. He also mentioned that gender equity is a big plus in the Scheme and literacy amongst girls has increased at a higher rate as compared to that amongst boys, as per Census 2011.
- iii) He further added that more than 23 lakh cook-cum-helpers have been engaged by States / UTs in the Mid Day Meal Scheme to prepare the meal and serve it to children. This ensures that teachers are not involved in activities related to Mid Day Meal Scheme except tasting the food before it is served to children and their teaching time is not affected.
- iv) 2% of the Central assistance is earmarked for Management, Monitoring and Evaluation (MME) of the Scheme. However Monitoring of the programme is a matter of concern and needs urgent attention. States / UTs may engage people at various levels for management and monitoring of the MDMS. States should use MME fund for managerial purposes, training of cooks, training of stakeholders - parents, PRI and community members with balanced representation, engaging institutions for evaluation and feedback etc.
- v) Central Government is also providing Central assistance to all the States / UTs towards cost of foodgrains to enable them to make the payment to FCI.

- 30 lakh MTs foodgrains was allocated to States / UTs under Mid Day Meal Scheme.
- vi) He further added that Ministry of HRD has engaged 39 Monitoring Institutes for monitoring the Scheme. He mentioned that Office of Supreme Court Commissionerate is also evaluating 8 welfare programmes including Mid Day Meal Scheme and that they have rated MDM better than all other food programmes.
- vii) Consumption of Vitamin A, IFA, Iodine, de-worming tablets maintenance of hygienic standards and clean hands make a huge difference in the life of a child and prevents night blindness, diarrhea, anemia, goiter, scabies etc. A lot is to be done in this regard. This is to be ensured in convergence with the School health Programme of National Rural Health Mission (NRHM). Joint Secretary(EE.I) informed that 18% drop out is due to refractive errors in the children which can be corrected with little effort in majority of the children.
- viii) Storage and use of safe drinking water and usable toilets must be ensured in all schools in convergence with drinking water and sanitation departments.
- ix) He also mentioned that there is a demand from a few States for supply of mid day meal to private unaided schools in tribal areas.

He stated that the draft report of the Sub Group has to be prepared by mid August and the final report is required to be submitted to Planning Commission by NSMC by end of the September, 2011. He further mentioned that interested members can visit any State / UT to have a real time picture on the implementation of the Mid Day Meal Scheme before finalization of the report.

Shri Gaya Prasad, Director MHRD Government of India made a detailed presentation on the objective, coverage, funding pattern, monitoring mechanisms and the aggregate performance of the Scheme by all the States / UTs during 2009-10 and 2010-11. A copy of the presentation is annexed at *Annexure-II*.

Dr. Prema Ramachandran, Chairperson of the Sub Group invited members to express their views on the Terms of the Reference of the Sub Group and any other related issue.

Dr. Anup Chandra Pandey, Joint Secretary, Ministry of Labour & Employment (MOL&E) apprised that the age group of the children studying in NCLP schools is 9 to 14 years as compared to 6-11 years for primary stage. The NCLP children are rehabilitated from very difficult circumstances and hazardous occupations to these NCLP schools. He also stated that these children even do not have nutritious meal at their home. Hence it is not necessary that they will be in age specific classes. He requested that the norms for NCLP schools may therefore be revised from primary to upper primary. Joint Secretary

(MOL&E) also informed that the NCLP schools are open for 6 days in a week and remain open for 314 days in an academic year.

Dr. Santosh Mehrotra, Director-General, Institute of Applied Manpower Research mentioned that in all Government of India programmes there is a need for indexing the price of commodities. Analysis should be made to know the rate of inflation of the commodities over the years. He mentioned that many of the Govt. of India programmes suffer due to lack of indexing of prices of the commodities. He wanted to know the process of collection of enrollment date under Sarva Shiksha Abhiyan (SSA) and suggested that SSA may also be represented in the next meeting. Dr. Mehrotra appreciated that there is a mechanism under Mid Day Meal Scheme to provide 2% of Central assistance for Management, Monitoring and Evaluation of the Scheme and wanted to know whether the GOI has prescribed norms for utilization of MME or is it left for the States / UTs to decide as per their needs. He also mentioned that there should be regular and quick flow of information which can be used without any delay as otherwise the information would not serve its purpose. He also suggested that the data collected through Management Information System should be in public domain. He suggested that a presentation should be made by MHRD on proposed Management Information System to capture information on relevant indicators on real time basis in the next meeting of the Sub Group.

Shri K. Ashok Rao, General Secretary, SSMI mentioned that effective monitoring at grass root level is the key to the success of the MDM scheme and hence capacity building programme for the implementing agencies, community and parents is imperative. He emphasized on the importance of the information which will help in effective monitoring at the grassroots level. He also suggested that a study should be undertaken to assess the need of foodgrains requirement of children of primary and upper primary stages in a different regions of the country. He expressed that an appellate authority at different levels should be constituted. He was of the opinion that an autonomous organization like NIPCCD should be established to promote voluntary action research, training and documentation in the overall domain of child development. Mr. Rao also suggested that Ministry of HRD should set up centralized kitchens on pilot basis in different regions of the country for experimenting with various kinds of menu, methods of cooking and requirements of food grains for different kinds of menu etc. Ms. Yamini Aiyar, Accountability India also endorsed the views of Mr. Rao. A note of Mr. Ashok Rao is annexed at *Annexure-III*

Ms. Yamini Aiyar emphasized that steps may be taken to make people part and parcel of the MDM programme. She also emphasized that there should be transparency at all levels in implementation of the Scheme. She said that community should be trained and involved in Mid Day Meal Scheme and in monitoring the learning of children in schools. She emphasized on social audit of the Scheme. She also mentioned that MDM Scheme is a popular Scheme because of its simplicity and awareness and there is a lot of opportunity to involve communities in monitoring and implementation of the Scheme. Ms. Aiyar informed that fund flow under society mode under Sarva Shiksha Abhiyan also has its disadvantages. She also mentioned that monitoring mechanisms under MNREGA are good and may be

suitable for Mid Day Meal Scheme also. Ms. Aiyar also highlighted the success of grievance redressal system being used under MNREGA and suggested that MDM can follow a similar system. A note of Ms. Aiyar is annexed at <u>Annexure-IV</u>

Shri Anwar Jalalpuri, Chairman, Uttar Pradesh Board of Madarsa Education mentioned that there are more than five thousand madrasas affiliated to the Uttar Pradesh Madrasa Board out of which 459 are aided and 4943 are recognized. He stated that the recognized but unaided madrasas and madrasas at Junior High School and High School are deprived of mid day meal. He requested that the Mid Day Meal Scheme may be extended to these madrasas.

Ms. Kumkum Marwah, Joint Technical Advisor, Ministry of Women and Child Development stated that MDM should be used as a platform to disseminate the information pertaining to healthy and hygienic habits amongst children.

Shri K.P. Singh, Deputy Advisor, Planning Commission mentioned that provision for training facilities for functionaries of MDM and for collection of information on meeting of SMC at various levels may be enhanced.

Dr. G.N.V. Braham, NIN informed that NIN has conducted a study on food norm for primary as well as upper primary under Mid Day Meal Scheme and suggested that 100 gram rice / wheat for primary and 125 gram rice / wheat for upper primary is adequate.

Dr. Prema Ramachandran, Chairperson of the Sub Group informed that nutrition health and population education right from primary school level should receive due attention. School children should be taught the importance of nutrition, need for balanced diet for their growth, personal hygiene and health care. Currently the messages under these get distributed in all chapters in the environmental education. Giving a separate page for each of these with appropriate messages in class 1-5 text books will help a lot because authentic message will be read by the teachers, parents and children. Recognizing its importance DWCD has constituted a technical group to consider this and come up with recommendations; Department of school education may like to take this matter up with NCERT and other concerned agencies. Recently ICMR has come up with the revised RDA for Indians. A note on revised RDA and the average gap between energy requirement and the actual intake in different age groups as reported by the National Nutrition Monitoring group has been prepared and is given in Annexure V. Adolescence is the second rapid phase of growth and MDM can help by ensuring that the energy gap in this period is filled. The extension of the MDM to upper primary schools is a welcome step in this direction. She mentioned that the present rate of cooking cost is not sufficient to provide nutritious meal to the children. She also mentioned that pulses, vegetables and other ingredients lost their place in the meal due to the price rise. She emphasized on inclusion of green leafy vegetables and pulses as they are the richest source of micro nutrients as well as minerals and vitamins. A paper expressing her views is annexed at Annexure-V.

Three sub committees were constituted to study the following policy issues and present papers in the next meeting:

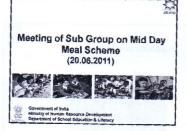
- 1. Shri K. Ashok Rao:
 - a. Study on involvement of NGOs / trusts etc.
 - b. Capacity building of staff at various levels
- 2. Ms. Yamini Ayyer: Study of community involvement and transparency.
- 3. Dr. GNV Braham: Indexing of prices based on price rise in items of MDM basket.

It was decided that the next meeting of the sub group will be held on 9th July 2011 at 10:00 a.m. in which the sub committees of the sub group as well as NIC will present their papers for deliberation, discussion and consideration.

The meeting ended with vote of thanks to the chair.

List of Participants

- 1. Dr. Prema Ramachandran, Director, Nutrition Foundation of India, New Delhi.
- Dr. Amarjit Singh, Joint Secretary(EE.I), Ministry of Human Resource Development, Department of School Education & Literacy, Shastri Bhavan, New Delhi.
- 3. Shri Santosh Mehrotra, Director-General, Institute of Applied Manpower Research, Planning Commission, New Delhi.
- 4. Mrs. Mridula Sinha, Principal Secretary, Department of Human Resource Development, Govt. of Jharkhand.
- 5. Dr. A.C.Pandy, Joint Secretary, Ministry of Labour & Employment, Shram Shakti Bhavan, New Delhi.
- 6. Ms. Yamini Ayyar, Accountability India, Centre for Policy Research, New Delhi
- 7. Shri Anwar Jalalpuri, Chairman Madarsa, Education Board, 306, OCR Building, Vidhan Sabha Marg, Uttar Pradesh, Lucknow.
- 8. Dr. G.N.V. Brahmam, Scientist –'F', National Institute of Nutrition, Jamai Obmania (P.O), Hyderabad 500007.
- 9. Shri K.P.Singh, Deputy Advisor (Education), Planning Commission, New Delhi.
- Shri K. Ashok Rao, General Secretary, Swami Sivananda Memorial Institute, J-152 Saket, New Delhi – 110017, Road No. 31 East Punjabi Bagh, New Delhi – 110026.
- 11. Ms. Kumkum Marwah, Joint Technical Advisor, Ministry of Women & Child Development.
- 12. Shri Gaya Prasad, Director, Ministry of Human Resource Development, Department of School Education & Literacy, Shastri Bhavan, New Delhi.
- 13. Shri K.D.Singh, Under Secretary, Ministry of Minority Affairs, CGO Complex.
- 14. Shri G.S.Patial, Under Secretary, Department of Food & Public Distribution.
- 15. Shri B.R. Meena, Section Officer, Ministry of Human Resource Development, Department of School Education & Literacy, Shastri Bhavan, New Delhi.
- 16. Shri Ravindra Kumar Mishra, Chief Consultant, NSG-MDM, Ed.CIL.
- 17. Shri K.K. Sharma, Consultant, NSG-MDM, Ed.CIL.



Structure of the Presentation

- Part I: Objective of the Scheme, Coverage, Funding pattern, Monitoring Mechanism and challenges ahead
- Part II: Performance of 2009-10 and 2010-11.

Goal

To provide mid day meal to each and every child of eligible schools for Universalization of Elementary Education in the Country

Objectives of MDM Scheme

- To address the most pressing problems of hunger and education by :
 - Improving nutritional status of children.
- Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.
- Providing nutritional support to children in drought-affected areas during summer vacation.

Coverage

All children of primary and upper primary classes attending Govt., Govt. aided , local body and NCLP schools and Education Guarantee Scheme (EGS) / Alternative and Innovative Education (AIE) centers including madarasas / maqtabs supported under the Sarva Shiksha Abhiyan,

Coverage

- The Mid Day Meal schome is the largest noon meal Programme in the World.
- Programme in the World it covers about 11 Crore children of primary and upper primary classes in 12.63 Lakh Govt., Govt. aided, local body, and NoLP Schools as well as Education Guarantee Scheme (EGS) / Alternative Innovative Education (AIE) centers including Madarsas / Maqtabs supported under SSA.

 The expenditure on MDMS during 2010-11 was Rs 9128 crores; allocation for MDM in the current year is Rs 10,380 crores

try of HRD, Govt. of India

Items	Primary	Upper Primary	
Energy	450 Cal	700 Cal	
Protein	12gm	20gm	
Rice/Wheat	100 Grams	150 Grams	
Dal	20 Grams	30 Grams	
Vogetables	50 Grams	75 Grams	
Oil & fats	5 Grams	7.5 Grams	
Micro nutrients Deworming medicines	In convergence with School Health Programme of NRHM of M/o H&FW		

Funding 1. Borne entirely by Central Government: a. Recurring cost:

- Cost of food grains (30.22 lakh MTs)
- Transportation cost @ Rs. 750 per MT for non NER States and PDS Rate for 11 Special Category States including NER States.
- MME at 2% of cost of food grains, coolding cost transportation cost and Honorarium to cook-cum-helper
- Cost of kitchen devices @ Rs. 5,000 per school

ry of HRD, Govc of India

Contd....

- 2. Shared between Centre and States:
 - a. Recurring cost:
 - · Cooking Cost
 - b. Non-recurring cost:
 - Cost of kitchen-cum-store State Schedule of Rates and plinth area norm.
 - The sharing ratio between Centre and State is 75:25 for non-NER States and 90:10 for NER States.

Responsibility of Implementation

- Gram / Urban Panchayat or equivalent committee
- School Management Committee (SMC) constituted under RTE. 75% members of the SMC is from guardians of the schools.
- Self-help group preferred agency for cooking
- Centralized kitchen in urban areas.

Monitoring and Evaluation

- Local level by Community.
 Mandatory Inspections of 25% schools every quarter by supervisory officials.
 SMC at Block / District / Stafe / National level.
 District Level Committees comprising public representatives e.g. MPs / MLAs etc. to monitor the implementation of MDM Scheme.
 National / Peninnal Review Manifons
- Implementation of Mulm Scheme.
 National / Regional Review Meetings.
 Programme Approval Board (PAB) meetings.

Contd.../-

- 7. Review Mission
- Field Visits by National team
- Field Visits by National team
 Regular monitoring through web enabled MIS
 with integration of Interactive Voice
 Response System (IVRS). This MIS will
 help Central Government and States / UTs to
 monitor the Scheme on real time basis.

 Periodic returns: QPRs / MPR, Food grains
 Lifting confirmation return.

 I Independent monitoring.
- 11. Independent monitoring

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Planning Commission

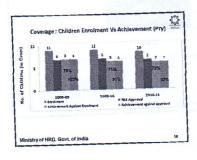
- Successful in addressing classroom hunger.
- Created a platform for children of all social and conomic backgrounds to take meets together, thereby facilitating achieving the objective of social equity.
- ☐ Contributed to an increase in attendance in schools
- Diverted the attention of teacher resulting in loss of teaching time.
- Shortage of basic infrastructure and manpower

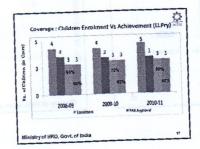
Benefits

- Preventing classroom hunger
- Promoting school participation Facilitating healthy growth of children
- Intrinsic educational value
- Fostering social equality
- Enhancing gender equity Psychological Benefits

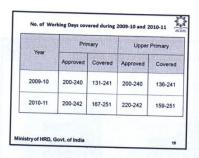
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PART - II: Performance of the Scheme during 2009-10 and 2010-11

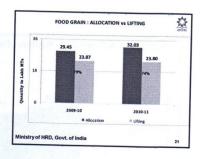


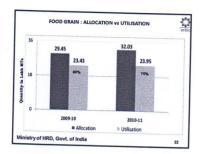




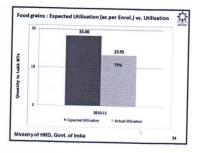


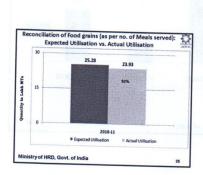


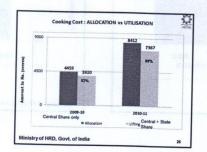


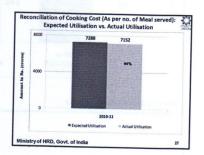




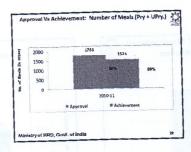


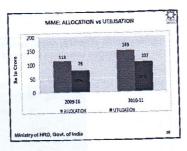


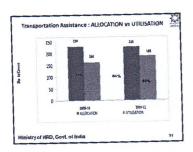


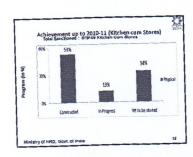


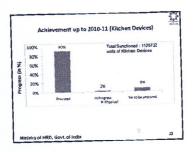


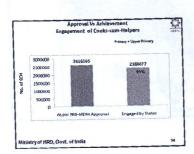


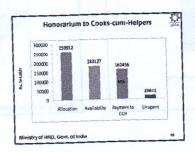


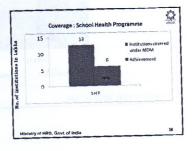


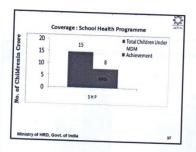


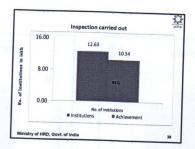


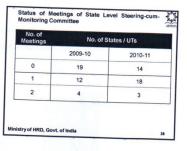


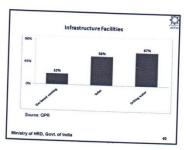


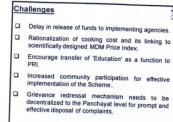


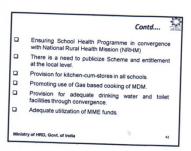














Critical issues flagged for the meeting of the Sub Group on MDMS – K Ashok Rao.

- 1. There is a quantity quality (water to steam) change between the Mid Day meals of the past and the Supreme Court ordered universal cooked food Mid Day mealslikely to be extended to class ten. This critical issue must inform all consideration.
- 2. The annual Central outlay for Mid-Day meals in 2010-11 is Rs. 9440 Crores. Adding 40 % share of the States the outlay becomes Rs. 15,733 Crores. Let us put this figure in perspective. This amount is more than the Annual plan expenditure in FY 2010-11 of t all the State Governments with the exception eight states UP, Andhra Pradesh, Maharashtra, Karnataka , Gujarat, Tamil Nadu, Bihar, West Bengal. The outlay is comparable to the combined revenue and capital expenditure FY 2010-11 of the Department of Higher Education Govt. of India; almost three times that of the Dept. of Panchayat Raj double that of the Dept. of Atomic Energy, almost one and half time that of the Dept. of Drinking Water Supply and several times that of the Dept. of Science and Technology; Dept. of Development of North Eastern States, Dept. of Culture; Dept. of Consumer Affairs. The institutional and administrative structure must be commensurate with such a large outlay.
- There is a need for suitable legislation as well as the creation of a Ministry of Nutrition. All cogent schemes should be brought under such a Ministry or a Department. Also, new legislation is required to regulate NGOs and distinguish them from business establishments.
- 4. Character of the Mid Day meals scheme <u>is MDMS a welfare measure or a service purchased by the Government?</u>
 - Most of the service providers are large contractors masquerading as religious bodies or social welfare organizations. In several states the entry level for a tender is Rs. one Crore or more direct experience in providing Mid Day meals The procurement procedure is similar to PWD tenders. In some states even star hotels and training institutes are service providers.
 - b) <u>But if MDMS is characterized as a social welfare scheme then the</u> scheme must be evaluated on the basis of social spin offs that it

generates, such as employment of women, local procurement, community participation etc.

- 5. The website of Akshaya Patra claims its USP is minimize human intervention. Is that acceptable or should Mid Day meals scheme maximize employment,?
- 6. <u>Food Safety</u>:: is safety in the "operation theatre quality antiseptic highly capital intensive semi mechanized kitchens" or in the bacterial content of the food in the hands of the child. The later involved the entire chain. <u>The Food Safety and Standards Act, 2006 needs to be complied with</u>. This involves setting up a mechanism as well as training of food safety auditor. In the case of centralised kitchens the time the food travels in hot humid conditions and its consequences need to be evaluated regularly.
- 7. Local procurement for the benefits the local farmers. There is a need to rethink the free issue of rice and wheat from FCI godowns. Not only is this fraught with theft and corruption but it also denies a child living in Bajara or Jowar growing area the benefit of local food. [M.S.Swaminathan Foundation has made a detailed study regarding this aspect vis a vis MDMS, ICDS etc]
- 8. <u>Training and capacity building</u>: Women need to be trained in mass cooking as well as entrepreneurial skills to enable them to be involved in the scheme. At another level school teacher, headmaster, education officers at all levels need to be trained about food processing, food hygiene and other aspects of mass feeding. <u>Ten to Fifteen percent of the outlay should be earmarked for training and capacity building</u>
- 9. Uncompromising separation between teaching and feeding. One of the criteria for evaluation of the MDMS should be the man hours of teaching time used by the teaching staff inlouding the headmaster.
- 10. <u>Technological intervention for decentralized kitchens:</u> At present there is neither technological support for the decentralized kitchens nor a fuel policy (highly subsidized LPG or scares firewood are the mainstay fuels). Organizations like CFTRI should be involved..
- 11. <u>Vigilance</u>: whilst corruption, leakages of grain and arbitrariness are endemic there is neither a grievance redressal mechanism nor trained vigilance set up. There are also policy issues involved <u>should a service provider being paid by the Government also raise donations for Mid Day meals? Rules relating to this need to be framed.</u>

- 12. In collaboration with States (and enlightened District collectors) the Central Government should set up model kitchens under different topographical and agro-climatic conditions. In these model kitchens experiments should be carried out on various menus, choices of technology; choices of fuel (use of solar energy and heat conservation), employment of women, local procurement, hub and spoke method of serving villages etc.
- 13. <u>Building campaign for community support.</u> How many parents and community members are aware of the the per child entitlement of cooked food under MDMS?
- 14. Effective multi-layered monitoring mechanism that should include meetings of representatives of all political parties from the Parliament to the village Panchayat. Involving these people would be better than allowing interference from outside. This is independent of the administrative monitoring of cash flow, grain offtake etc.
- 15. Role of the following agencies as service providers needs to be reviewed
 - i) Star Hotels, trainig institutes
 - ii) Agencies seeking donations for providing Mid-Day Meals in addition to receiving government payments.
 - iii) Corporate backed bodies.
 - iv) NGOs and Trusts whose executive committee members have links with food related or catering business

Proposal for Implementing PAISA project on Mid Day Meal Scheme Pilot Project

Background and Overview

Accountability Initiative and PAISA Project

Founded in 2008, Accountability Initiative (AI) is a research initiative that seeks to improve the quality of India's public services by promoting informed and accountable governance. It does so by developing innovative models for tracking key service delivery programs; disseminating information collected through these models to citizens and policy makers alike; building capacity amongst citizens and the government to regularly track and collect data on the processes of service delivery and undertaking research to strengthen current understandings on 'how to' strengthen accountability in service delivery. The Centre for Policy Research, New Delhi is the institutional anchor for this initiative.

PAISA (Planning, Allocations and Expenditures, Institutions: Studies in Accountability) is Al's flagship project for tracking government programs. Under PAISA we develop easy to use, practical and scalable tools to monitor the flow of funds and implementation process for key services at the last mile. We use these tools to collect data on implementation process and disseminate this data to a wide range of stakeholders. The tool development and data collection process is accompanied by a capacity building process to empower citizens and governments alike to track service delivery and use data collected to direct and monitor service delivery. PAISA's current focus is on elementary education and is being implemented in collaboration with the ASER Centre and National Institute of Public Finance Policy. Key products include:

- 1. Tracking tools: At present, PAISA has developed a series of tools to track fund flows and implementation processes under Sarva Shiksha Abhiyaan (SSA). In addition tools have been developed to track state schemes for elementary education. The tools have been developed at two levels. The first set of tools are used for tracking SSA funds at scale. These tools include a school observation sheet to enable a comparison between efficiency of expenditures and quality of expenditures. The second set of tools is aimed at a more detailed micro level survey at the school level. This set of tools enables the user to track central government SSA funds and state funds related to elementary education. The third set of tools are directed as actual users of services, in this instance, members of school management committees.
- 2. District and national report cards: Every year PAISA undertakes a series of surveys at the national and district level to collect data on fund flows and implementation processes of

Sarva Shiksha Abhiyan. This year PAISA is undertaking a set of district surveys to track state schemes in addition to the SAA. These report cards are disseminated widely amongst policy makers and civil society.

3. Capacity building: To build citizen capacity to implement PAISA tools a rigorous capacity building course is integrated in to PAISA. There are two types of courses offered. The first course is aimed at frontline NGO staff and service providers and offers a basic introduction in to public finance and administration. The second course is aimed at volunteers and members of school management committees who are trained in the modalities of the tools and encouraged to use these tools to monitor service delivery.

All PAISA reports and training modules are available on our website: www.accountabilityindia.in

Implementing PAISA in the mid-day meal scheme (MDM)

Why is PAISA needed under MDM?

India's mid day meal is widely acclaimed as the world's largest school-based feeding program. While the program is being implemented effectively across the country – the latest ASER report reveals that on the day of the survey (a random spot check), 83% schools across the country reported serving the MDM. However, like many service delivery programs in India, inefficiency, corruption and quality remain concerns. Over the years, the MDM scheme has piloted many strategies to address these problems including setting up community based groups (such as mothers groups and SHG groups) to monitor the implementation of MDM in schools. However the effectiveness of these different strategies has been varied across the country.

PAISA in MDM would be an important complement to the current innovations to improve transparency and accountability in the implementation of MDM. PAISA could work to develop and pilot tracking tools (this could include fund tracking, procurement tracking and quality checks) in MDM. Based on the experience from the pilot, the project could then build in a capacity building module for training frontline NGO staff and members of community based organizations in using these tracking tools to regularly track and monitor the delivery of MDM at schools. In essence, PAISA would provide monitoring bodies that already exist (whether it is NGOs, community groups or government appointed monitors) to better track and monitor the MDM.

Key activities under PAISA in MDM

As described, PAISA in MDM would have 3 activities:

1. Develop and Pilot MDM tracking tools: The first step in the PAISA project will be the development of pilot tools to track the actual flow of funds (and grains) from the Centre down to the schools. The pilot will focus specifically on 3 kinds of funds: Cooking costs,

kitchen shed and food grains. These funds have been identified specifically because they are the key expenditures that are incurred at the school level. The tools will be developed for two kinds of audience. The first will be a tool that can be used by frontline service providers or NGO to undertake surveyors. The second audience will be members of the community. The tools will be tailored to suit these specific audiences.

- 2. Pilot survey: To test the efficacy of the tools a pilot, district level survey will be undertaken in one district (district preferences are Nalanda Bihar or Sagar, Madhya Pradesh). This will be a rigorously designed sample survey. A report will be prepared based on this survey.
- 3. Capacity Building: Based on the experience of the pilot survey a rigorous capacity building manual will be developed and a set of trainings training's will be undertaken in the pilot district to develop a cadre of 'fiscal detectives' for MDM.

Time Line

- 1. Developing and piloting tools: I month (starting August 2011)
- 2. Undertaking Pilot survey: 2-3 weeks (September2011 October 2011, dates will need to be adjusted based on school calendars)
- 3. Data analysis and report card preparation: 1 month (October 2011)
- 4. Training Manual and capacity building sessions: 2 months (November 2011- December 2011)

Note for the Sub group on MDM

MDM and bridging the gap in energy intake in school children

The basic premise on which the MDM was initiated was that

- there was the gap between the energy requirements of growing school children and their actual dietary intake and
- class room hunger and under nutrition undermined learning ability.

An attempt was made to provide the food grains and later hot cooked food to bridge the gap between the requirement and actual intake. It was thought that it might also bring about some reduction in under nutrition rates in school children. The gap between actual intake and requirements are worked from the Recommended Dietary Allowances for Indians recommended by the Expert Group constituted by the Indian Council of Medical Research.

Human nutrient requirements especially energy requirements have been worked with greater precision in the last two decades, based on newer technologies which allow requirements to be computed under free living conditions over a relatively long period. The FAO/WHO revised the nutreitn requirements in 2004 taking these into account .

Table 1 RDI for Ind	lians			
Group	ref wt	RDA	RDA per kg	
Adult man	60	2730	46	
Adult woman	55	2230	41	
Pregnant		350more		
lactating		500 more		
1 – 3 y	12.9	1060	80	
4 – 6 y	18	1330	75	
7 – 9 y	25.1	1690	70	
Boys				
10 - 12 y	34.3	2190	65	
13 – 15 y	47.6	2750	60	
16 – 17 y	55.4	3020	55	
Girls				
10 – 12 y	35	2010	55	
13 – 15 y	46.6	2330	55	

16 – 17 y	52.1	2440	50
Infants			
0-6 m	5.4	497	92
6 – 12 m	8.4	672	80

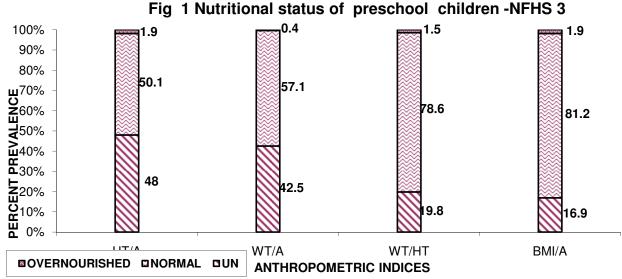
Indian Council of Medical Research has revised the Nutrient requirements and recommended dietary intake of Indians in Nov 2010 and the revised RDI for Indians (various age and physiological groups) is given in Table 1.In India Reference body weights for adult man and woman were computed on the basis of average of the 95th centile weights of the age categories 18-19, 20-24 and 25-29 years obtained from NNMB and INP surveys. Reference body weight for boys and girls were computed similarly from the 95th centile values of body weights of rural India from NNMB and INP surveys. For infants and young children the data from MGRS standards which correspond broadly to the 95th centile of the weight of Indian rural children were used. The expert group had computed the energy requirements for moderately active population in different age groups using the reference weights derived from NNMB/INP data. As Indians of all age groups weigh far less than the reference population used for deriving the RDA, the ICMR expert group also computed the RDA per Kg body weight so that depending upon the actual weight requirements of energy could be computed for various age groups.

Group	Mean wt NNMB	Req for mean wt	Actual intake	Gap
adult man	51	2346	2000	-346
adult woman	46	1886	1738	-148
Pregnant		2236	1726	-510
lactating		2386	1878	-518
Children				
1 – 3 y	10.5	840	714	-126
4 – 6 y	14.6	1095	978	-117
7 – 9 y	19.7	1379	1230	-149
Boys				
10 - 12 y	26.6	1729	1473	-256
13 – 15 y	36.8	2208	1645	-563

16 – 17 y	45.7	2514	1913	-601
Girls				
10 – 12 y	26.7	1469	1384	-85
13 – 15 y	36.9	2030	1566	-464
16 – 17 y	42.6	2130	1630	-500

Computed energy requirements for the different age groups based on the average weight, actual intake and the gap between the requirement and actual intake is shown in Table -2 .As can be seen the gap is highest in the adolescent girls and boys. The gap is lower in the preschool and primary school children. Viewed in this context the initiation of the MDM for the upper primary school children is an appropriate step. In MDM primary school children get about 500 Kcal/per meal and the upper primary school children get 750 Kcal/per meal The quantum of the energy currently being provided would appear to be adequate to bridge the gap.

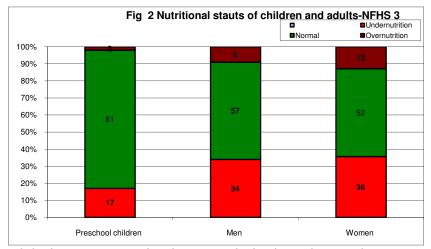
Assessment of nutritional status and appropriate intervention n school children



In India reported underweight rates in children is high because of to low dietary intake and nutrient loss. due to infections. Analysis of data from the NFHS 3 on prevalence of under nutrition using WHO standards (2006) is given in Fig. 1. Nearly half the Indian children are stunted and underweight. But majority of children had appropriate weight for their height and when weight for height is calculated most children have appropriate weight for their height (they are underweight because they are short). Low BMI `` for age is seen only in 17% of preschool children; prevalence of overnutrition is about 2%.

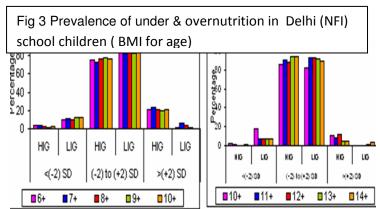
Clearly India has entered the dual nutrition burden era; while under nutrition remains a major problem, over nutrition is emerging as a problem right from childhood especially among the urban affluent.

In view of the global dual nutrition burden problem WHO has brought out the revised growth standards for children (2006,2007) and has suggested that all countries especially countries with high stunting rates, should use BMI for age (weight/height² for age) as the index for assessment for nutritional status in children. India has adopted the WHO growth



standards in 2007. Using BMI as criterion prevalence under nutrition in preschool children and adults were computed form the NFHS -3 data (Fig 2). Prevalence of nutrition in adults is double of that in preschool children and over nutrition was 4-6 fold higher in adults. suggesting that there

might be a progressive increase in both under and over nutrition during school age. Data from several studies have confirmed that about 20%-40 of school children from the low



income group are undernourished (low BMI for age) and about 20-

30% of urban school children from affluent sections are overnourished (high BMI for age) (Fig 3). It is imperative to ensure height and weight of all school children are measured and BMI computed. The BMI for age charts can be

available to school and based on these children who are wasted and children who are obese for their height and age can be identified. As a part of the MDM school children who are under nourished can be given double portion of food if they are from food insecure families and are having low dietary intake. If the children are suffering from infections they may be referred to hospital or school health system. These simple feasible interventions can play an important role in reducing undernutrition and preventing further stunting in school children. Overnourished children should be encouraged to be more physically

active and play games. Monitoring their weight once in three months can provide useful information on progress.

Improving micronutrient nutritional status of school children through MDM

Ample data exist to indicate that anaemia affects over 3/4th of the school children. Anaemia is mainly due to low intake of iron and folic acid. Numerous studies have demonstrated that improving vegetable intake and use of iron fortified iodised salt are two sustainable and affordable methods of improving iron and folic acid intake of the population and improving their Hb levels. MDM guidelines envisage vegetables will be provided as a part of MDM and that DFS will be used for preparing the MDM but so far these guidelines have not been operationalised. It is imperative that these are operationalised through out the country during the 12th plan period. Many investigators have shown that weekly administration of iron and folic acid tablets to all school children is a cost effective and sustainable intervention which could result in slow but sustained improvement in Hb levels as long as supplementation is continued. This is another intervention which could be implemented in schools along with vegetable and DFS introduction in MDM and over time could result in substantial improvement in Hb levels in school children.

