



# MID DAY MEAL SCHEME CONFERENCE OF EDUCATION SECRETARIES NEW DELHI

5<sup>TH</sup> JANUARY 2012



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

# **Mid Day Meal Scheme Background**

# ANAEMIA AND MALNUTRITION

MILD ANAEMIA	MODERATE ANEMIA	SEVERE ANEMIA	ANY ANAEMIA
10.0-10.9 g/dl	7.0-9.9g/dl	<7.0g/dl	<11.0g/dl

Three standard indices of physical growth that describe the nutritional status of children

**Height-for-age  
(stunting)**

**Weight-for-height  
(wasting)**

**Weight-for-age  
(underweight)**

## Level of Anemia (6–35 months old) & Level of Mal nutrition as per NFHS – III

STATE	SEVERE ANAEMIA	UNDERWEIGHT	WASTED	STUNTED
India	2.9	48	19	38
Delhi	0.7	33	16	35
Haryana	4.3	42	17	26
Himachal Pradesh	2.2	36	19	27
Jammu & Kashmir	2.4	29	15	29
Punjab	6.6	27	9	28
Rajasthan	6.7	44	20	24

## Level of Anemia (6–35 months old) & Level of Mal nutrition as per NFHS – III

STATE	SEVERE ANAEMIA	UNDERWEIGHT	WASTED	STUNTED
Uttaranchal	2.3	38	16	32
Chattisgarh	2.0	52	18	45
Madhya Pradesh	3.4	60	33	40
Uttar Pradesh	3.6	47	14	46
Bihar	1.6	58	28	42
Jharkhand	1.9	59	31	41
Orissa	1.6	44	19	38
West Bengal	1.5	44	19	33

## Level of Anemia (6–35 months old) & Level of Mal nutrition as per NFHS – III

STATE	SEVERE ANAEMIA	UNDERWEIGHT	WASTED	STUNTED
Arunachal Pradesh	0.8	37	17	34
Assam	2.2	40	13	35
Manipur	0.3	24	8	25
Meghalaya	1.0	46	28	42
Mizoram	0.6	22	9	30
Sikkim	0.8	23	13	29
Tripura	0.7	39	20	30
Goa	1.5	29	12	21

## Level of Anemia (6–35 months old) & Level of Mal nutrition as per NFHS – III

STATE	SEVERE ANAEMIA	UNDERWEIGHT	WASTED	STUNTED
Gujarat	3.6	47	17	42
Maharashtra	1.8	40	15	38
Andhra Pradesh	3.6	37	13	34
Karnataka	3.2	41	18	38
Kerala	0.5	29	16	21
Tamil Nadu	2.6	33	22	25

# Nutritional status in the country

Fig 1 Nutritional status of preschool children -NFHS 3

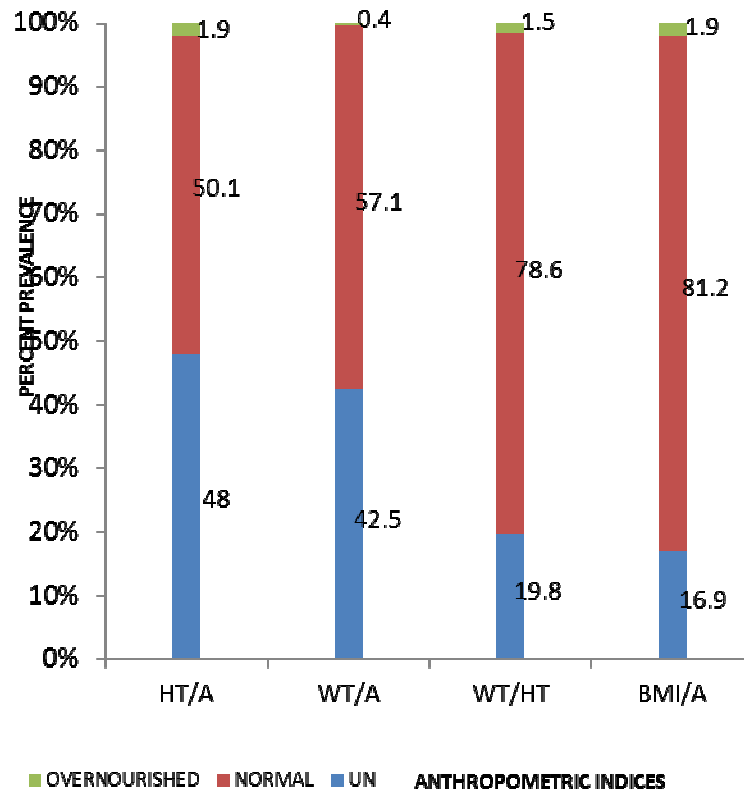
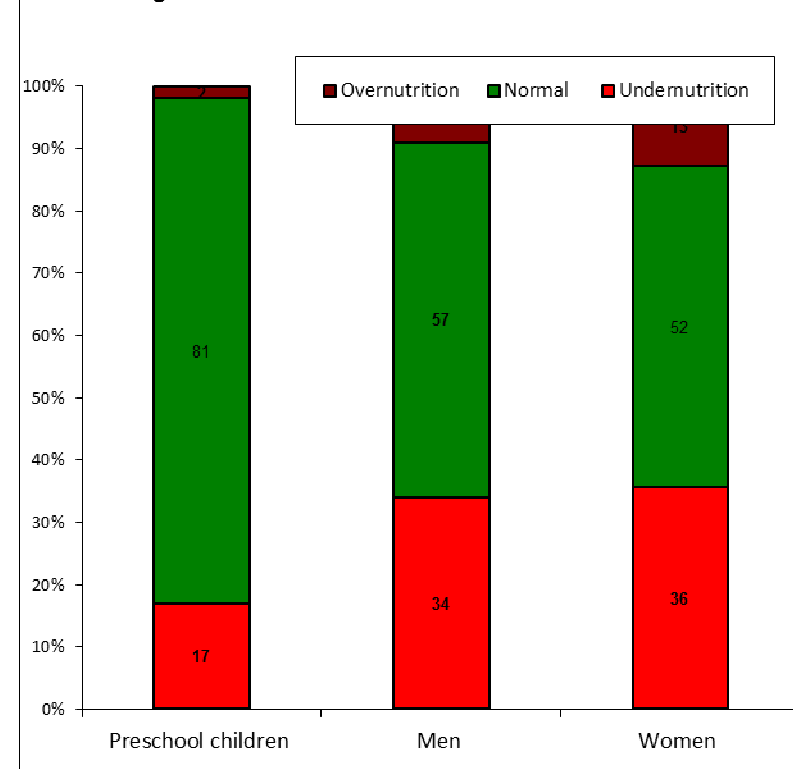


Fig 2 Nutritional status of children and adults -NFHS 3





# Anemia

- Anaemia affects over 3/4<sup>th</sup> of the school children due to low intake of iron and folic acid.
- 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. Need to enhance consumption of vegetables and DFS
- Under School Health Programme Iron and folic acid tablets are being provided to school children - Weekly, bi weekly and daily regimens exist but implementation poor and not scaled up. Need to operationalise throughout the country during the 12th plan period.

# Addressing under nutrition through MDMS

- **20%-40 of school children from the low income groups are undernourished** ( low BMI for age) and **about 20-30% of urban school children from affluent sections are overnourished.** Prevalence of undernutrition in adults is double of that in preschool children and overnutrition was 4-6 fold higher in adults - progressive increase in both under and overnutrition during school age.
- Imperative to compute BMI to identify children suffering from undernutrition as well as children who are obese for their height.
- As a part of the MDM school children who are undernourished can be given **bigger 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. **Overnourished children should be encouraged to be more physically active and play games.**
- **Regular weight monitoring** once in three months can provide useful information on progress on prevention of stunting.

# Recommendations of expert group on nutrition

- The current level of the MDM supplements are appropriate for the primary and upper primary schools.
- It is essential that the children and the parents are given nutrition education, so that ***MDM is not taken as a substitute for home food but as an addition*** to the food provided by the family.

# Recommendations contd.

- *Frontline MDM workers, teachers, VECs, PRIs should be oriented on nutrition, hygiene and sanitation. An understanding has to be created that the meal provided to children is not simply a 'feeding process' but aims at improving the nutritional status of the children and increasing school attendance, for overall quality development of the child.*
- *43 field units of the Food and Nutrition Board* who are providing nutrition education training to teachers of the schools; they should be involved for helping teachers with development of the nutritious recipes for MDM; and monitoring BMI of the children through regular weight and height recording.
- *Convergence with the MOH&FW* - Promotion of health cards under school health program. The children should be regularly weighed and height should be measured. IFA, Vita A given
- *Need to address refractive errors*

# **Mid Day Meal Scheme**

## **Implementation**

# Objectives of MDMS

- To address *classroom hunger* and *encourage poor children*, belonging to disadvantaged sections, to *attend school* regularly and *help them concentrate* on classroom activities
- To *improve the nutritional status* of the children in classes 1-VIII in Government, local Body and Government aided schools, National Child Labour Project Schools and Education Guarantee Scheme (EGS) /Alternative & Innovative Education (AIE) including Madarasas/Maktabs supported under Sarva Shiksha Abhiyan (SSA).
- Provide *nutritional support to children in drought-affected areas* during summer vacation.



# COVERAGE

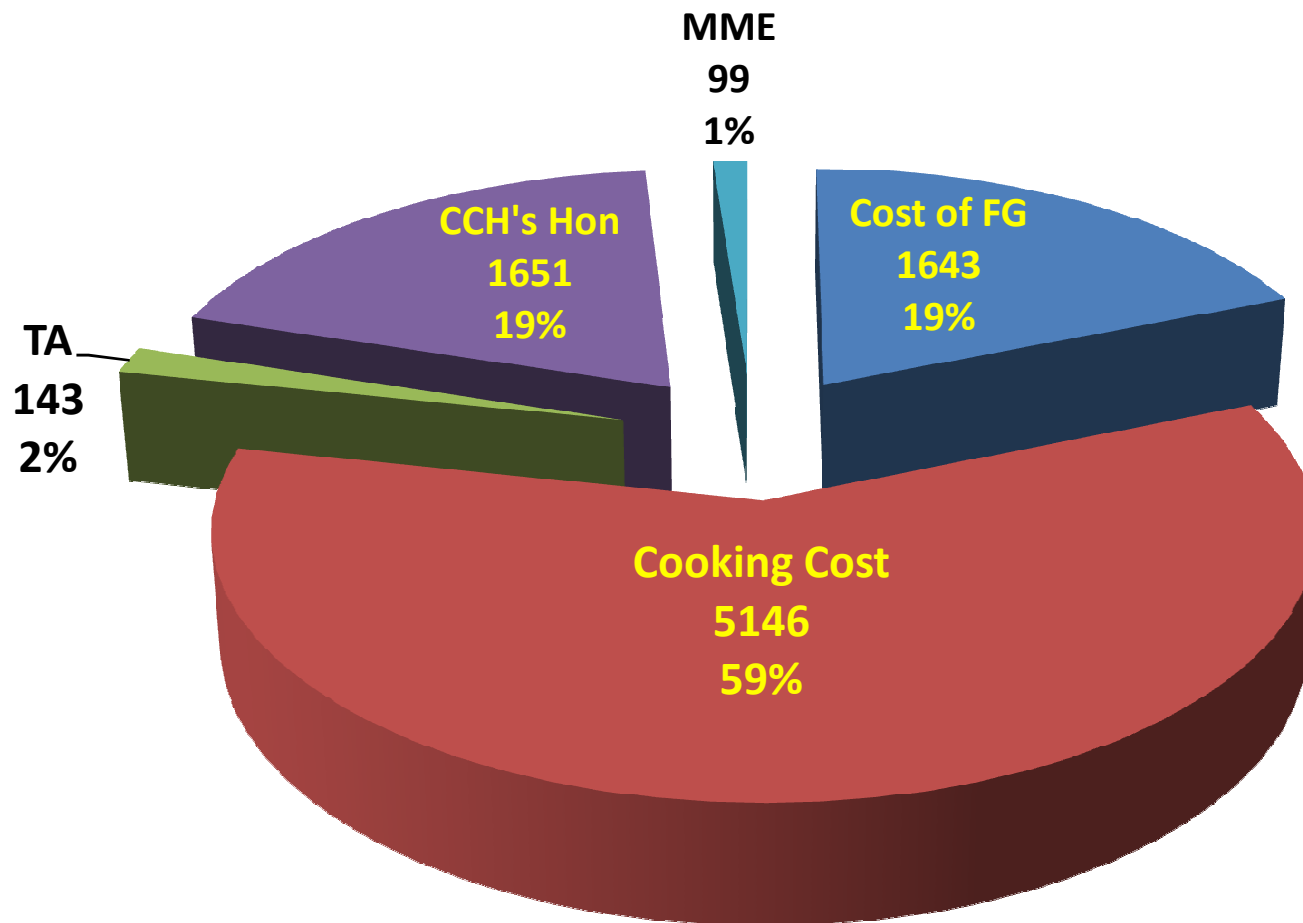
- The Mid Day Meal scheme is the largest noon meal Programme in the World.
- It covered about *10.46 Crore children of primary and upper primary classes in 11.92 Lakh* Govt., Govt. aided, local body, and NCLP Schools as well as Education Guarantee Scheme (EGS) / Alternative Innovative Education (AIE) centers including Madarsas / Maqtabas supported under SSA during 2010-11
- *Rs 48000 crores allocated for the programme during the 11<sup>th</sup> five year plan; Rs 38,000 crores spent so far*
- *Rs 10,380*, allocated for the programme during the current year



# BENEFITS

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



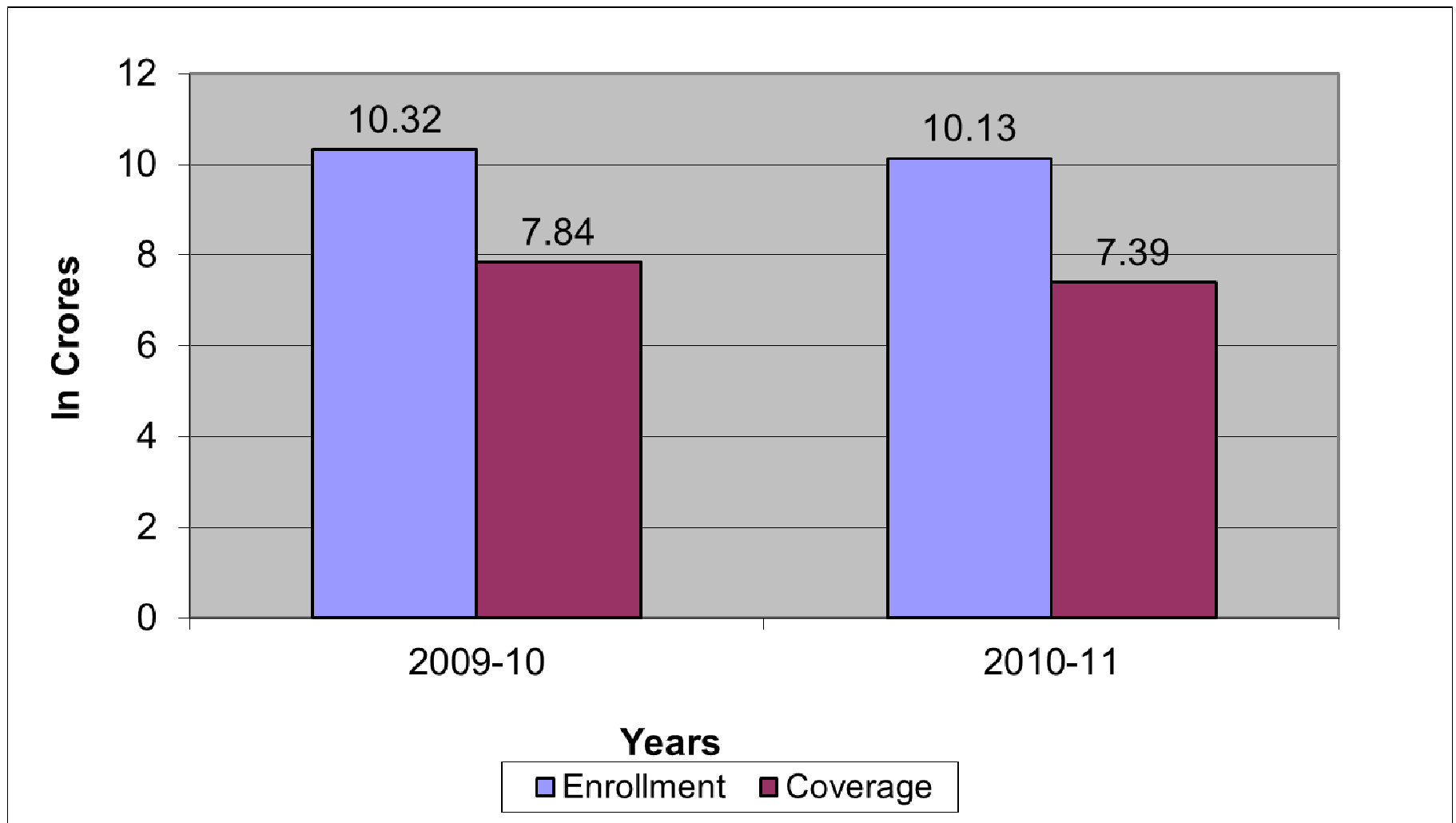


**MDMS Cost components 2010-11**

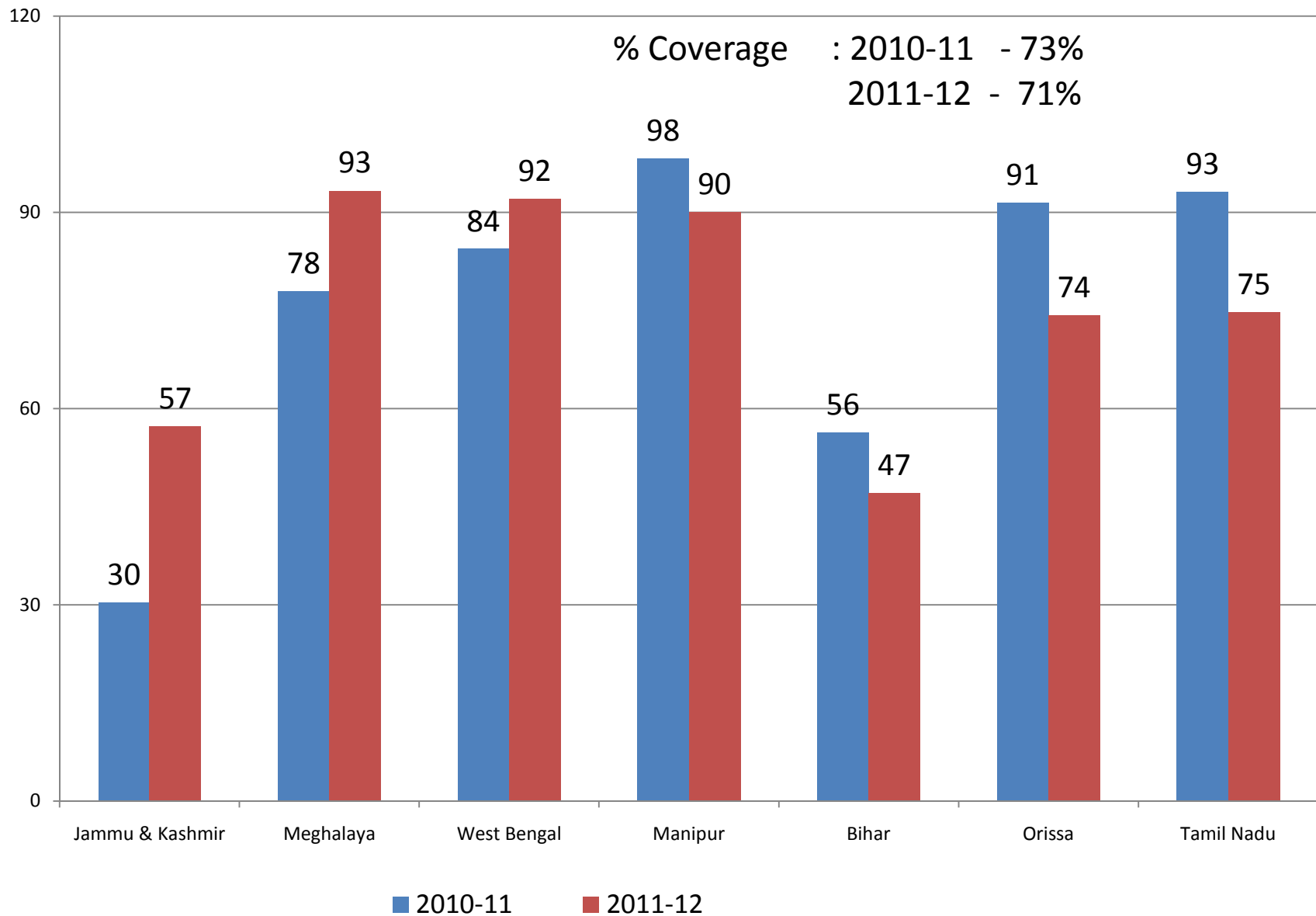
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# Enrollment and coverage under Mid Day Meal : Trends

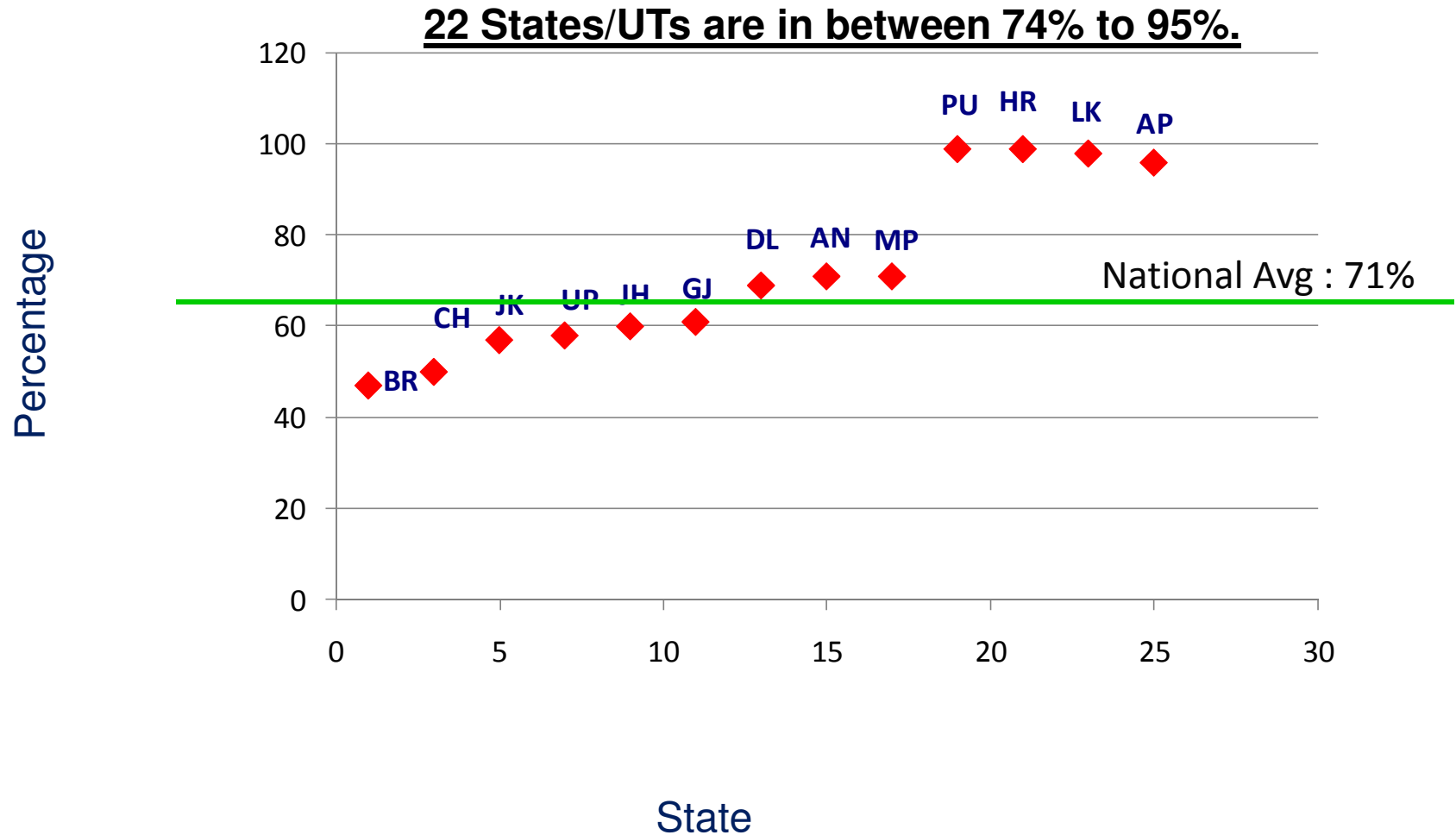
## Comparison for Enrolment Vs Coverage (Primary)



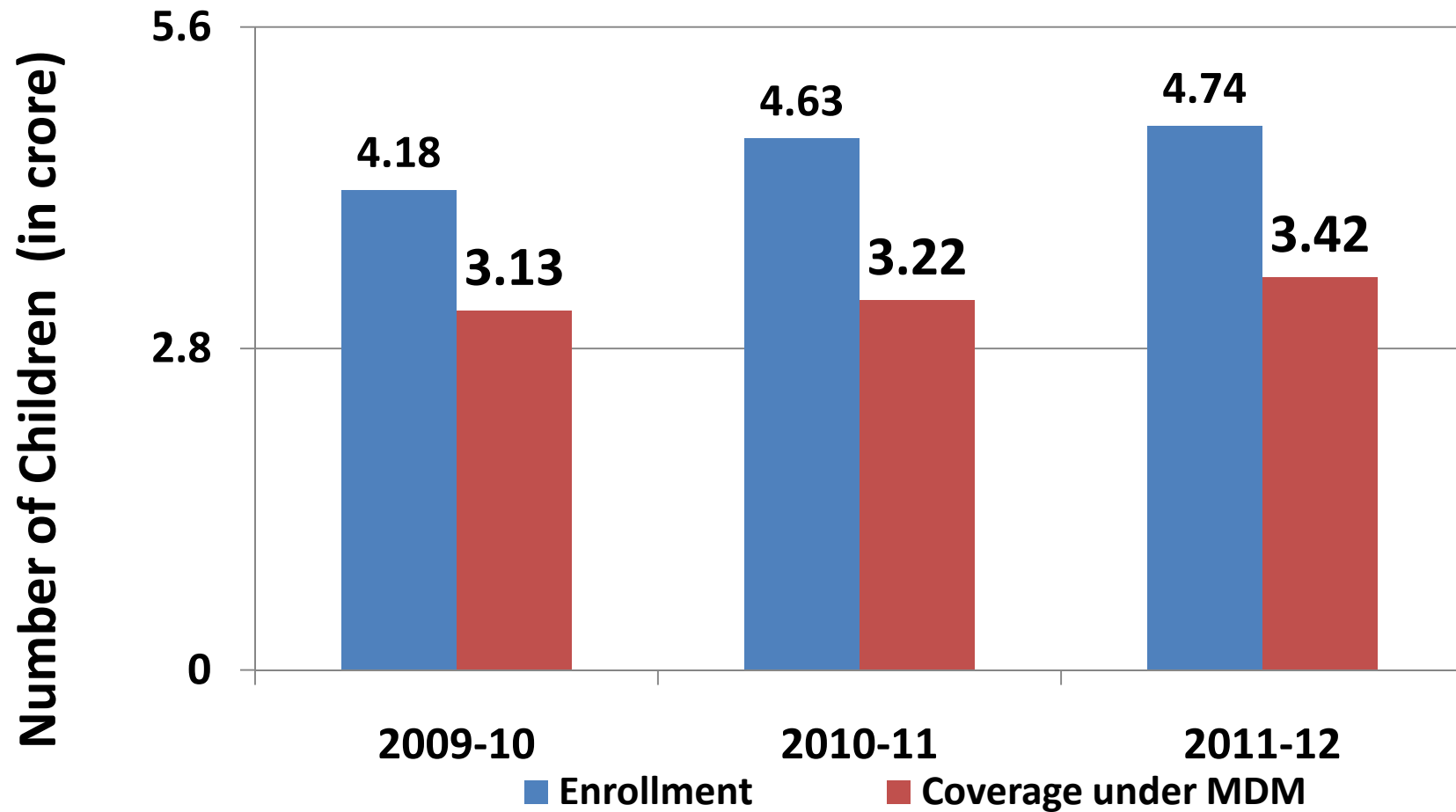
# Coverage of children vs. Enrolment (Pry)



# Enrollment vs. Beneficiary [PY]



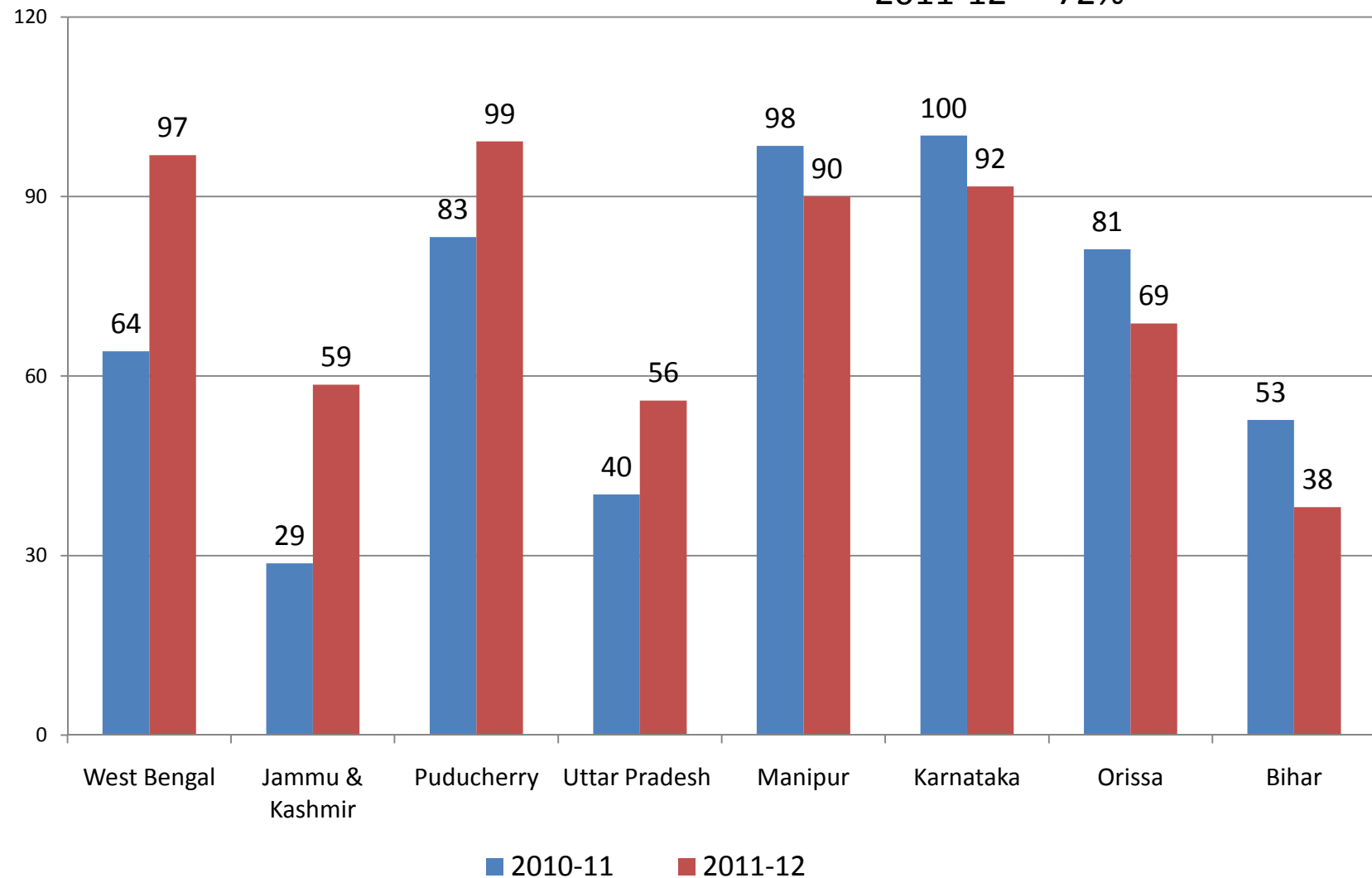
# Coverage of children vs. Enrolment (U. Pry)



# Coverage of children vs. Enrolment (U. Pry)

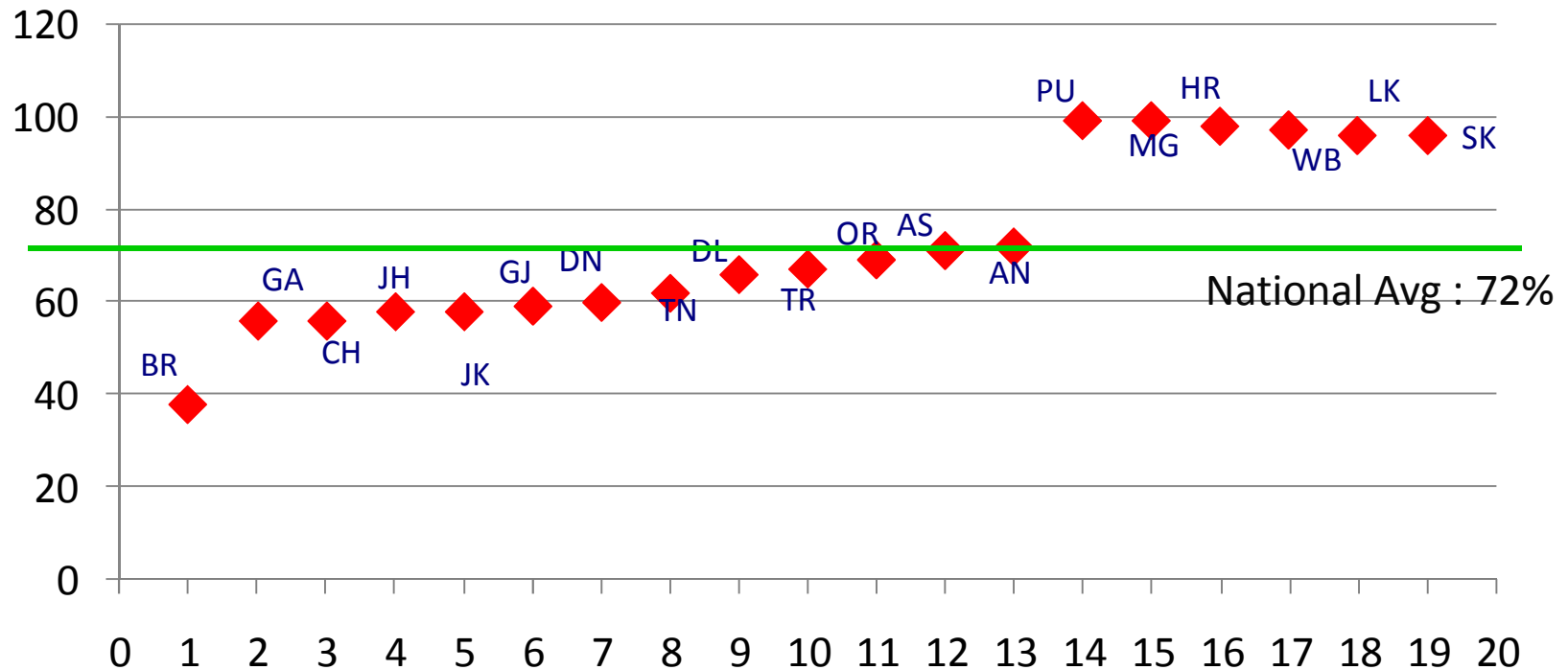
% Coverage : 2010-11 - 69%

2011-12 - 72%



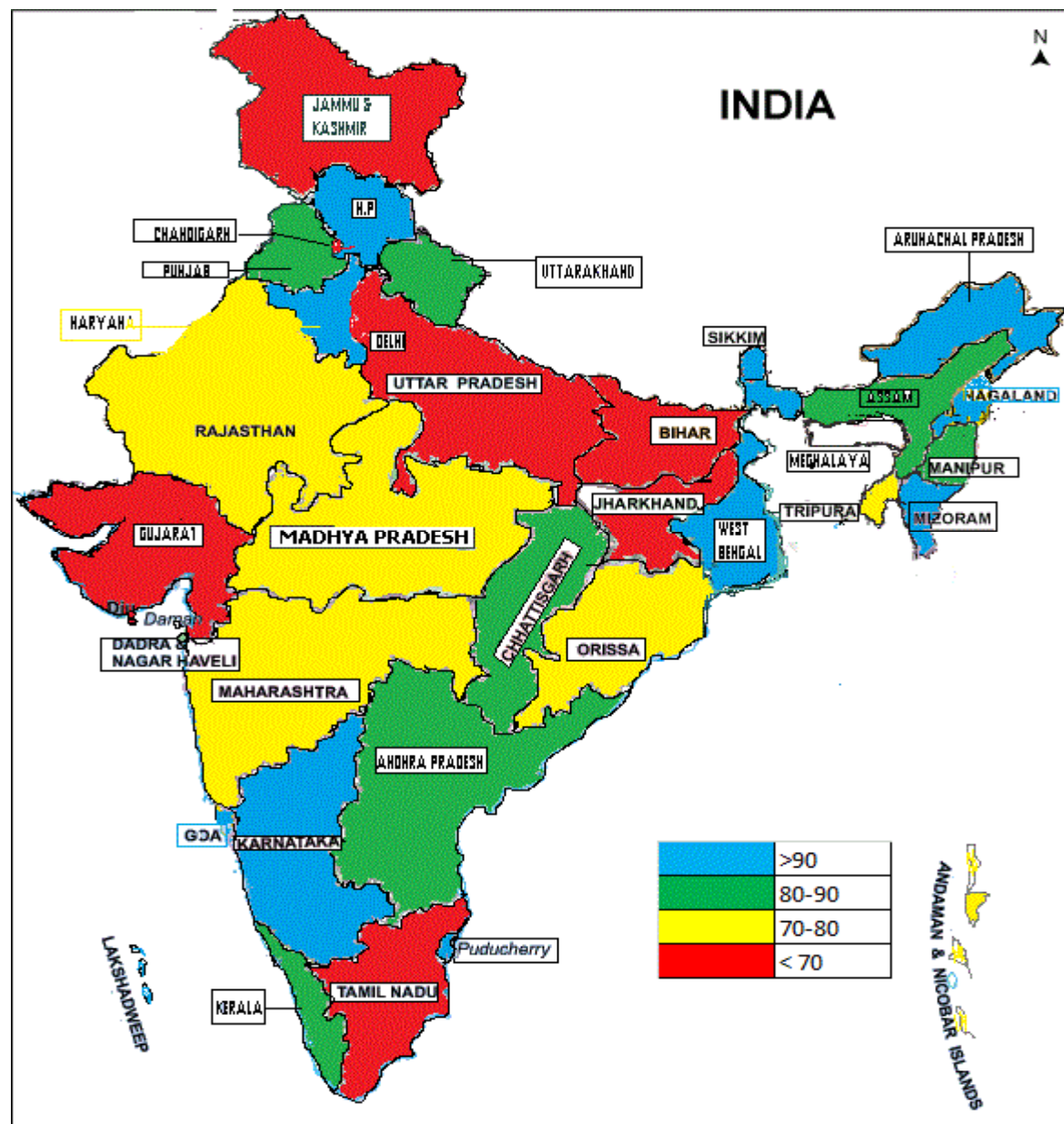
## Enrollment vs. Beneficiary (Up. PY)

❖ 16 States/UTs are in between 75% to 95%





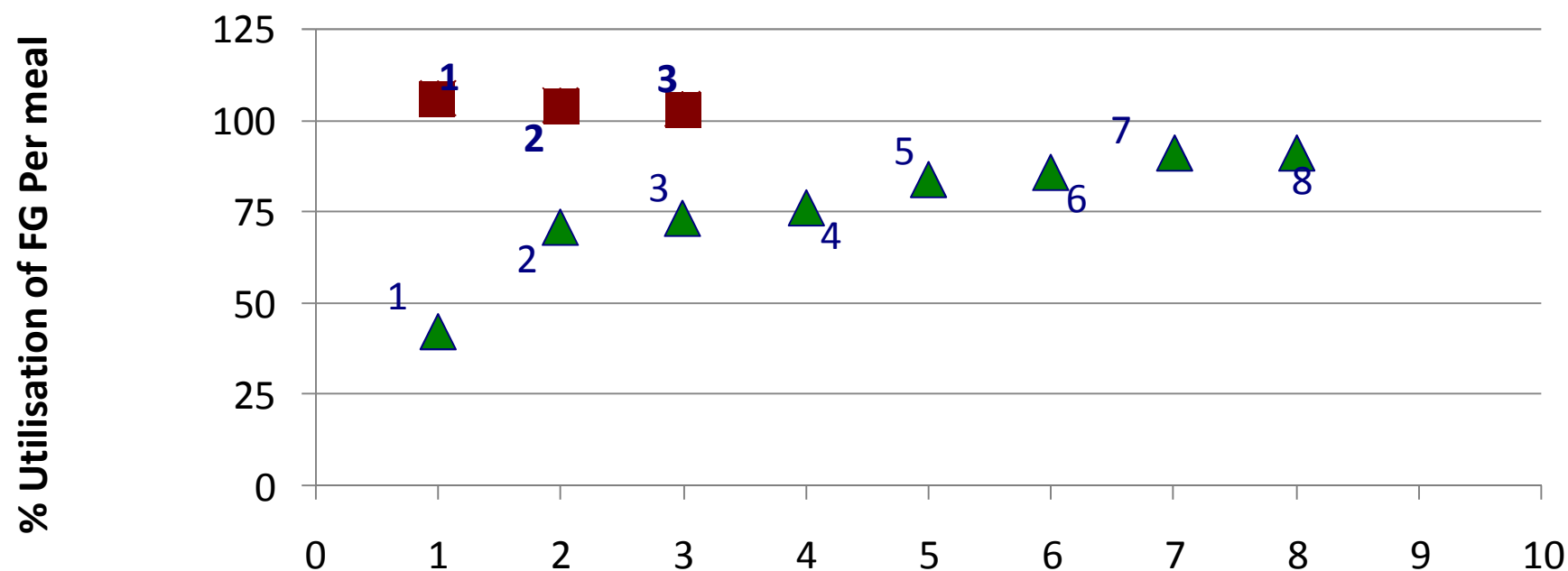
## Coverage : Enrollment Vs. Average children



# Reconciliation of Foodgrain vis.a.vis meal served

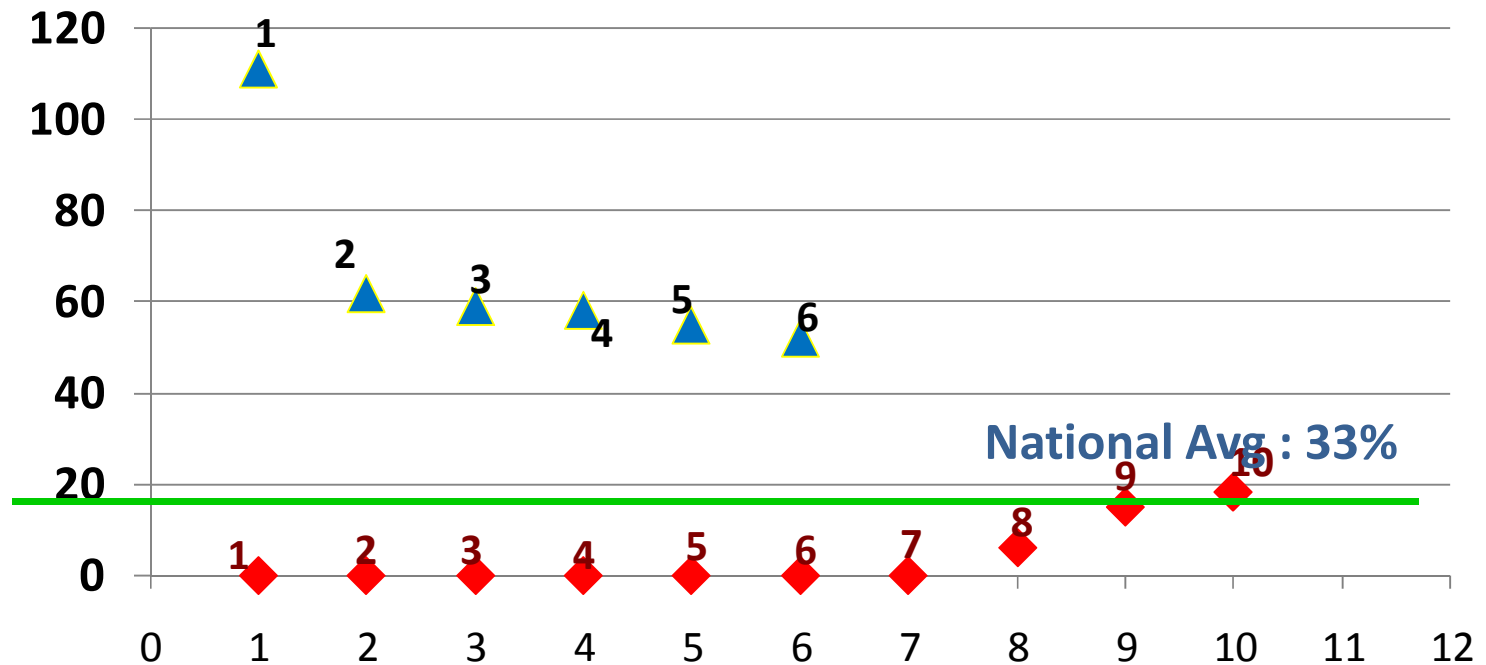


❖ 24 States/UTs are in between 95% to 100%.



## TA Utilisation

❖ 19 States/UTs are in between 20% to 45%.



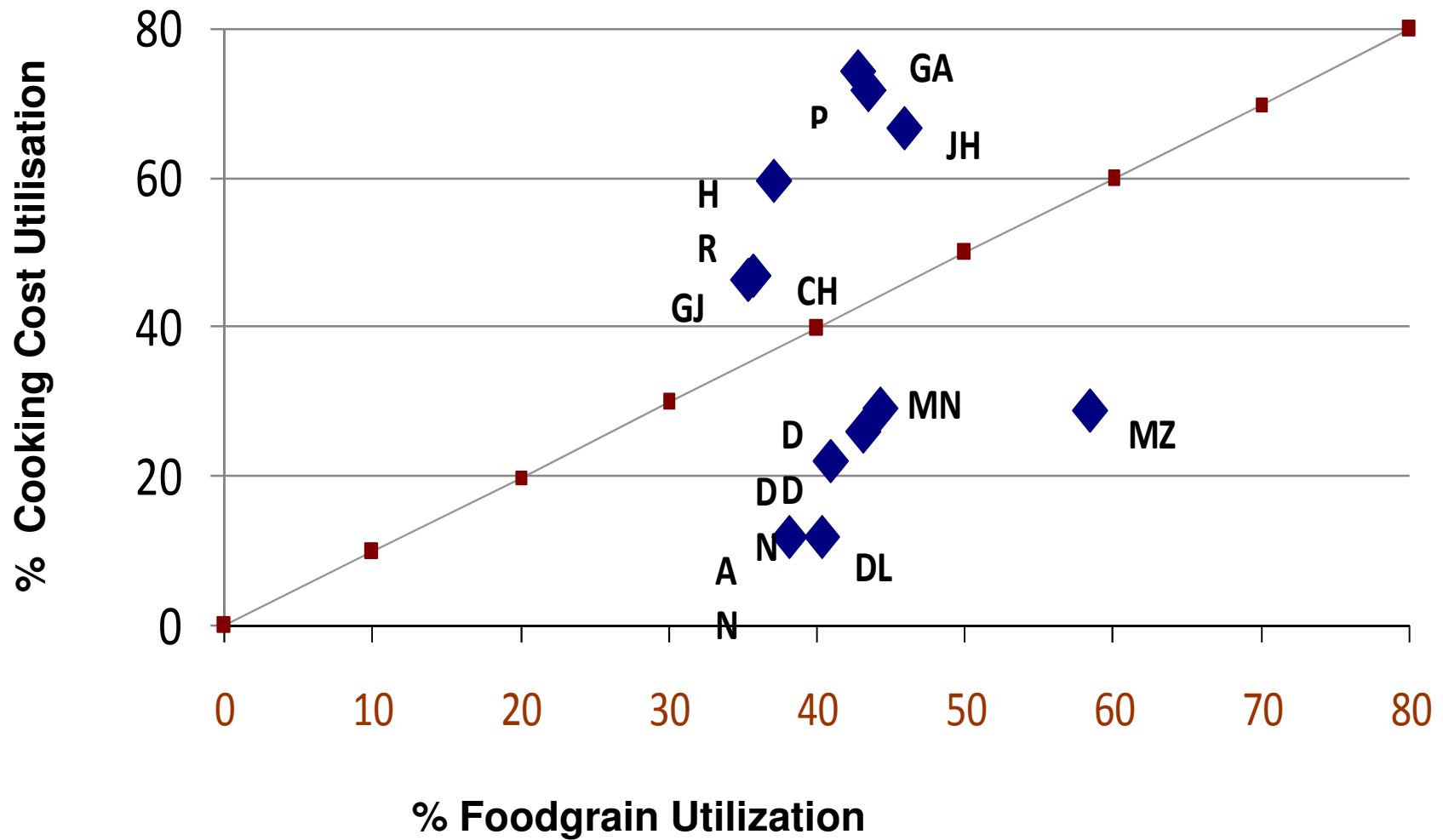
Odisha has utilised more than its allocation. Bills for 2010-11 have been paid during 2011-12.

# Payment to FCI

- FCI raised bills for Rs. 56007 Lakhs till 30 November, 2011; payment of Rs. 31785.78 Lakhs has been made to FCI by various States/UTs.
- Payment of Rs. 24221 Lakhs is still pending.
- Payment above 50% is pending with Assam (96%), Bihar (89%), Jharkhand (72%), Uttar Pradesh (67%), Sikkim (62%), and Arunachal Pradesh (52%).
- Payment between 25% to 50% is pending with Gujarat (44%), West Bengal (42%), Daman & Diu (38%), Rajasthan (32%), Andhra Pradesh (28%) Maharashtra (28%) and Orissa (26%),

## Reconciliation of Cooking Cost vs. Food Grains

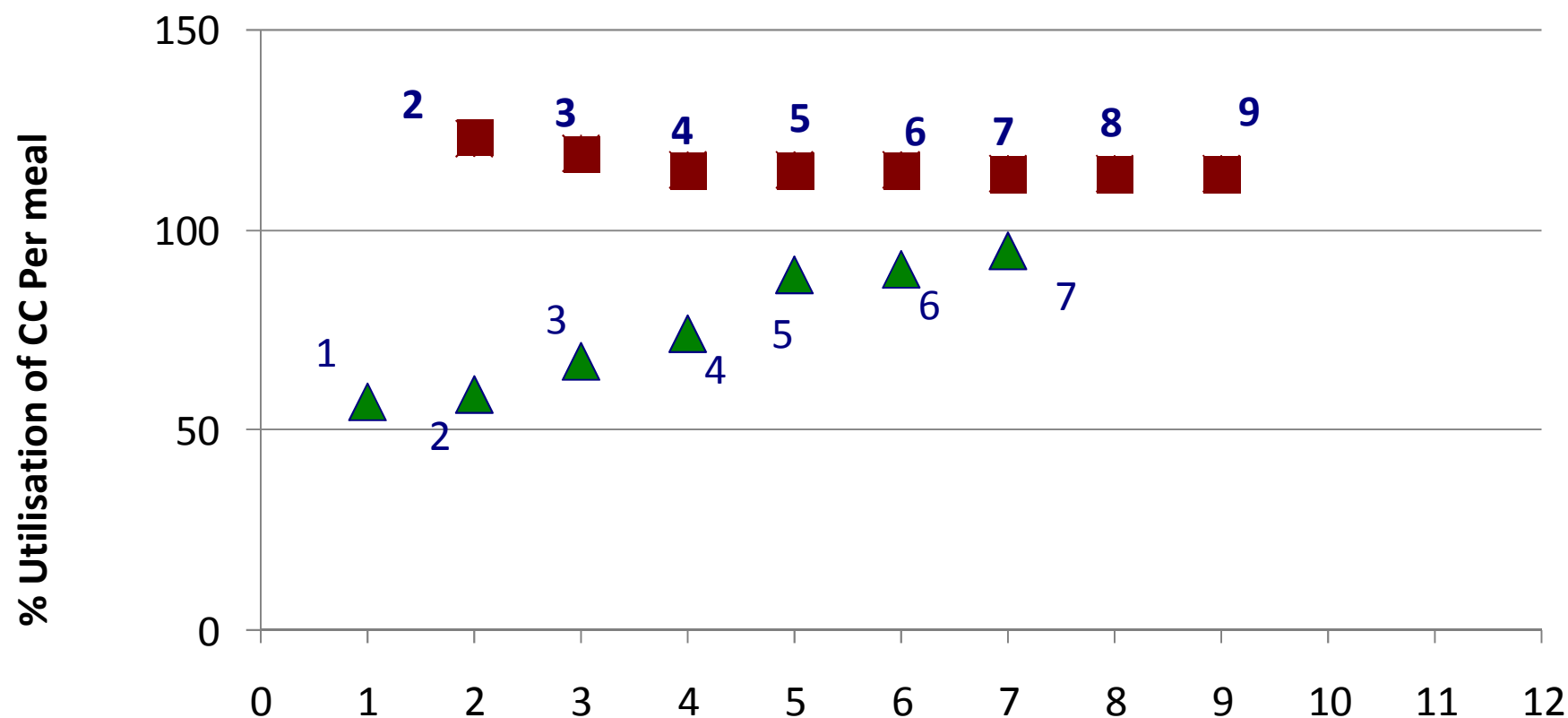
❖ 23 States/UTs are within (+/- 10%) difference.



# Reconciliation of Cooking cost vis-a-vis meal served

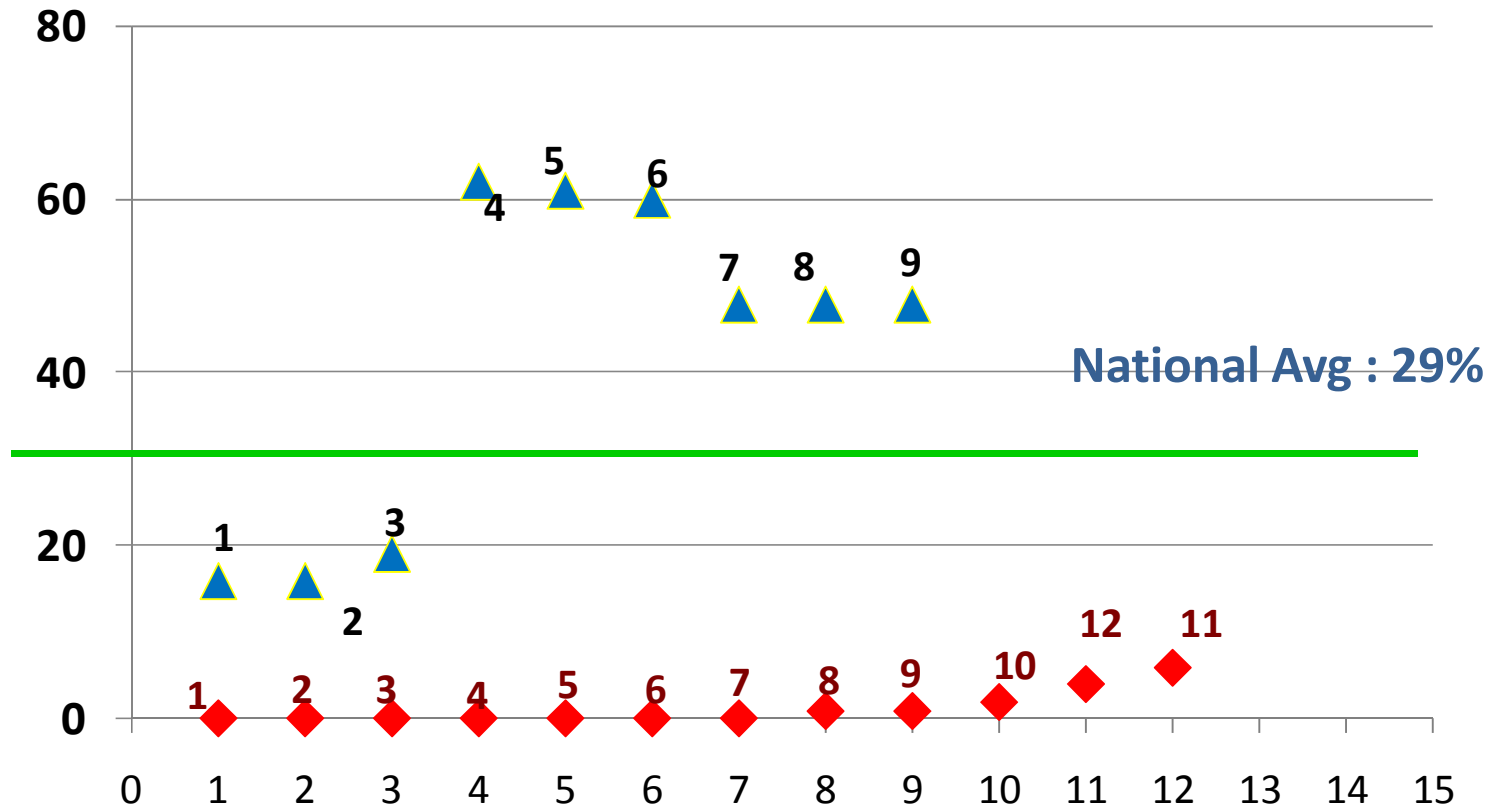


❖ 19 States/UTs are in between 95% to 110%.

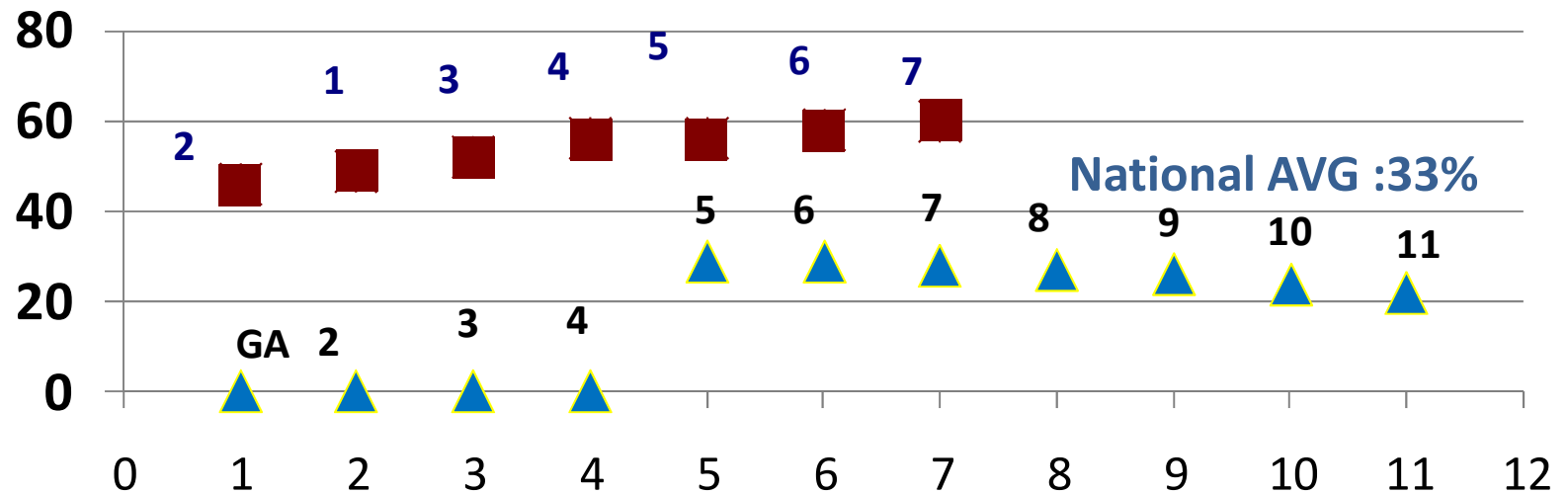


## MME Utilisation

❖ 12 States/UTs are in between 25% to 37%.



# Honorarium to Cook-Cum-Helper





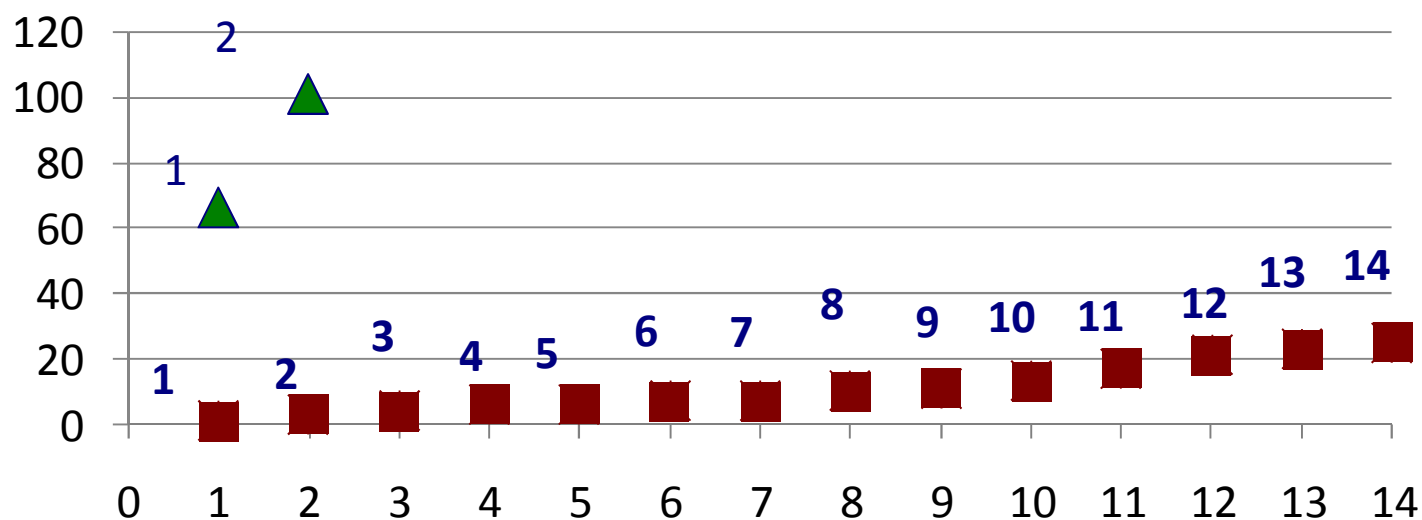
## CONSTRUCTION OF KITCHEN-CUM-STORES

- 8,69,223 kitchen-cum-stores were sanctioned from 2006-07 till 2010-11.
- 5,09,692 (59%) kitchen-cum-stores have been constructed so far.
- Construction is in progress in 1,24,426 ( 14%) kitchen-cum-stores. 25064 in Odisha 19588, in MP, 18101 in Rajasthan and 9367 in Bihar.
- Nagaland, Punjab, Sikkim, Pondicherry have constructed/started construction in 100% kitchen-cum stores.
- Arunachal Pradesh, Himachal Pradesh and Madhya Pradesh and Rajasthan have constructed/started construction in kitchen-cum-stores between 90%-99%.
- Andhra Pradesh. Maharashtra and Kerala have constructed 12%, 28% and 33 % against the sanctioned kitchen-cum-stores

## CONSTRUCTION OF KITCHEN-CUM-STORES ....Contd....

- Construction has not yet started for 2,35,115 (27%) kitchen-cum-stores. Construction is yet to start in Maharashtra (47436), Andhra Pradesh (44565), West Bengal (24824), Bihar (15934), Orissa (10930) kitchen-cum-stores.
- An amount of Rs. 5,962 Crores has been released to various States/UTs for construction of Kitchen-cum-stores. Major unutilized amount lies with Maharashtra, Andhra Pradesh, West Bengal, Bihar and Orissa which have been sanctioned kitchen-cum-stores on unit norms of Rs. 60,000/- from 2006-07 to 2009-10 till November, 2009 and plinth area norms on State Schedule of rates w.e.f 1.12.2009.

# Coverage of Students under School Health Program



# Grievance Redressal Mechanism

- 92 complaints were received during 2009-2011 by various States.
- 25 complaints related to Poor Quality of Food ; 3 each in Bihar & Haryana, 6 in Madhya Pradesh, 7 in Delhi.
- 27 complaints related to Corruption/misappropriation ; 3 in Punjab, 4 in Madhya Pradesh and 10 in Uttar Pradesh.
- 9 complaints related to Caste discrimination; 3 in Uttar Pradesh and 4 in Madhya Pradesh.
- 31 complaints related to other irregularities ; 7 in Bihar and 11 in Uttar Pradesh
- 77 complaints have been addressed. 15 are pending; 9 complaints relate to other irregularities (4 of 2009 and 5 of 2011); 3 complaints relate to poor quality of food (1 of 2010 and 2 of 2011) 2 of corruption and 1 Caste discrimination in 2011.

# **MAJOR OBSERVATIONS of MIs**

## **Irregular delivery of food grains**

Arunachal Pradesh, Andhra Pradesh, Chattisgarh, Jharkhand, Maharashtra, Manipur, Meghalaya, Mizoram, Orissa, Punjab, Rajasthan and UP.

## **Deviation in quantity of food grains**

Found in Arunachal Pradesh, Andhra Pradesh and Karnataka.

## **Irregular disbursement of cooking cost**

Arunachal Pradesh, Andhra Pradesh, Karnataka, J & K, Maharashtra, Manipur, Orissa, Rajasthan, Tripura, Dadra & Nagar Haveli and Delhi.

## **Caste Discrimination**

Gujarat, Rajasthan, Madhya Pradesh and UP.

## **Poor quality of Meal**

Arunachal Pradesh, Chhattisgarh, variety lacking in Tamil Nadu.

Contd..

**School Health Program -**

Health Cards not maintained in – Arunachal Pradesh, Jharkhand, Meghalaya and West Bengal.

Micro nutrients not administered in - Arunachal Pradesh, Andhra Pradesh, Gujarat, Haryana, Rajasthan, UP and West Bengal.

**Irregular Payment of honorarium to Cook cum Helpers -**

Haryana, Manipur, Orissa, Rajasthan, Tripura, Gujarat, Madhya Pradesh Dadra and Nagar Haveli and Delhi.

**Non availability of Pucca Kitchen Sheds –**

Andhra Pradesh, Chattisgarh, J&K, Tamil Nadu

**Non availability of functional Toilets –**

J&K

**Irregular inspection and supervision –**

Gujarat, J&K, Jharkhand, Manipur, Orissa, Rajasthan, UP.

## MEETING OF STATE STEERING-CUM-MONITORING COMMITTEE (SSMC) DURING 2011-12

- Only 17 Meetings of the State Steering-cum-Monitoring Committee have been held till 30 September, 2011 against the mandated 24 meetings @ 2 meetings during each quarter.
- Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Haryana, Maharashtra, Manipur, Meghalaya, Nagaland, Orissa, Punjab, Tripura, West Bengal Chandigarh, Delhi and Lakshadweep have held one SSMC meeting till 30<sup>th</sup> September, 2011.
- No. SSMC meeting has been held in the remaining States/UTs



## Plan for Media Campaign

1. Entitlement of children under MDM in respect of quantity & quality of food should be widely publicized.
2. Dissemination of information through audio-video, print, electronic media.
3. UNICEF is preparing audio jingles, video spots, pamphlets and brochures.



# **Social Accountability and Grievance Redressal for Mid Day Meals**

# Social Accountability and Grievance Redressal for Mid Day Meals

- The term social accountability refers to a set of actions through which *citizens directly participate in government processes to hold the government accountable.*
- Growing recognition that *social accountability can contribute to improved governance, increased development effectiveness through better service delivery, and importantly, lead to citizen empowerment.*
- It could be carried out through *participatory budgeting, social audits, public expenditure tracking, and so forth.*

# Mapping the implementation of MDM to identify the grievances experienced by stakeholders.

## Service Providers

- **Delay in payment**
- **Bad quality rice**
- **Harassment from officials**

## Students and Parents

- **Quality and quantity of food given**
- **Irregularity in time of supply**
- **Lack of hygiene**
- **Corruption**

## Employees

- **Non payment of wages on time**
- **Delays in fund flow**

## Grain lifters

- **Humiliating conduct of FCI officials**
- **Irregularity in supply leading to problems at school level**
- **Corruption**

## Govt. employees

- **Lack of role clarity**
- **Fund flow delays**

## General Public

- **Kitchens placing excess demand on water and drainage infrastructure**
- **Lack of hygiene**
- **Blocking roads during loading of food and unloading of grain**
- **Corruption and leakages**

## ***Achieving social accountability in service delivery through program design***

- Social accountability is a product of two things working together: an informed and mobilized citizenry and an institutional delivery mechanism with a credible system of rewards and sanctions (in other words grievance redressal) that can respond to demands made through citizen participation.
- Policies to ensure citizen participation is possible and grievance redressal effective.
  - **Information**
  - **Community Mobilization**
  - **Follow up/Grievance Mechanism**

# Information

## ***Awareness Campaigns for citizens through IVRS; media campaign***

### ***Citizen access to information about the implementation of MDM*** - Financial Register; Pass Book/ Cash Book and Physical (Stock) Register

- Schools could organize an 'inspection' day when the MDM managers voluntarily make these updated registers available in the school premises or in Gram Sabhas.
- Display board in a publicly visible place with information on MDM (along with other aspects of school education). MDM officials must monitor this provision and ensure that it is implemented.

## ***Information on roles and responsibilities of citizens and officials***

- Roles and responsibilities of the civil supplies department in delivering food stock and grains to the school
- Fund flow and grain procurement processes; Process for identifying NGOs (in case of delivery through NGOs); Monitoring systems (key officials responsible for monitoring and follow up action)

## ***Information on management processes and fund flows for officials***

- For officials to be able to effectively monitor MDM, identify and fix bottlenecks in implementation, they need to have **real time information on fund flows and grain movement**. A real time MIS system need to be put in place (details of this are being looked in to by the MIS group) that can capture these processes. Steps need to be taken to ensure that MIS data is regularly shared with MDM implementing officials in monthly meetings.

# Community mobilization

- *Capacity Building Capacity Building on implementation and management procedures for MDM (roles and responsibilities, fund flow system, procurement process); awareness about citizen charters and key information provided in them; key entitlements under MDM; developing a monitoring strategy for MDM.*
- Role of community mobiliser
- *Auditing MDM - Total expenditures incurred during the month; Number of meals served vs attendance; Quality of food grain; Any other grievance*
- *MDM Panchayat/School innovation fund*
- *Citizen involvement in monitoring and evaluating MDM outcomes*

# Follow Up and Grievance Redressal

An effective GR system must have the following elements :

- Space for Complaint Registration
- Norms and responsibilities for complaint resolution and follow up
- District Level Ombudsman

Convergence MGNREGA Ombudsman by broadening the scope of the Ombudsman to address MDM related grievances. The Ombudsman should be responsible for undertaking enquiries and ensuring action is taken

# Web Based MIS with integrated with IVRS

Initiative of MDM bureau





## Present Status of Information System

- ❑ MDM attendance register has been kept at the School Level. The Head Master/Authorized Teacher would fill up the number of students getting the Mid-Day Meal every day in the register.
- ❑ The data provided by the schools is compiled at Block Level and further at District Level
- ❑ The district office submits the district-wise data to the state level MDM Directorate of respective state.
- ❑ In some States, Nodal Agencies, for Mid-Day Meal Program, have deployed ICT based monitoring system using wide range of web



# Need of the ICT based MIS for MDM

To track and monitor the MDM project activities on a regular basis, which are very diverse and are being carried out at geographically dispersed areas across the country.

- ❑ There is a significant time lag about 3-4 months in getting the data of a School at the State Level leaving scope for data manipulation/distortion at a later time.
- ❑ Exceptional reports are not available for parameters, like number of Schools where no meals were provided with reasons thereon, number of schools where only a small percentage of enrollment students are getting mid day meals, etc.. If these reports are made available to appropriate authorities in time so as to initiate further necessary interventions
- ❑ Physical Inspections are being done on a random basis. The objective of inspections could be served better through timely exceptional reports without information thereon.

# DMS: A New Tool of Monitoring



- **Philosophy behind the concept**
  - Making **School** as the basic unit for information flow & monitoring rather than district
  - Real time data collection and MIS
  - **Bridging gaps in monitoring** due to problems inherent in conventional system of monthly/ quarterly reporting
- **Innovative System of Data collection, Monitoring & Intervention for huge programmes**
- **Successfully implemented since Jun'10 in UP**
  - Tracks number of students actually fed daily
  - Tracks number of schools not serving meals

# Key components of the System



- **IVR calls**
- **Teachers to reply to the IVR calls for informing number of students availing MDM on that day**
- **Info to be given by way of keying-in on one's mobile phone**
- **In case one misses out replying to the IVR call, one needs to give a missed call to the same no.**
- **The System to call back on its own within 5 minutes of missed call**
- **Provisions made for change of number, leave, transfer, retirement etc. of the teacher**
- **Helpline**
- **Hardcopy of info provided daily by the schools through IVRS to be verified monthly by the headmaster in monthly meeting**

# Innovative Features



- A Paradigm shift in Reporting System
  - IVRS technology used for the first time in the world at such a large scale for data collection and MIS instead of information dissemination
- Hallmark of the New Tool: Process Innovation
  - Removes time-lag in data-flow
  - Monitoring based on Exception reports rather than Random selection
  - Quick & Pointed Remedial action
  - Data manipulation done away with
- Data 'pull' vis-à-vis data 'push'
- Teacher not to spend a single paisa/ No mobile phones required to be given to teachers

# Innovative Features..... contd.



- Completely outsourced
  - Complete risk passed on to vendor
  - Pay per data instead of pay per call
  - No investment for hardware, software, training etc.
  - Training, mobile no. collection, updation, call center, publicity also responsibility of vendor
- System of repeat calls/ reminder SMS/ calling other teachers of the school/ call escalation
- Auto sms on daily basis to BSA, DMs & MDMA for defaulting schools not serving meals; auto mails to DMs

# Innovative Features..... contd.



- User of Info controlling the information flow instead of sender
- Direct & instant info mechanism from grass-root to the State without intermediate levels
- Transparency & neatness of data resulting into valid information
- Real time monitoring at all levels
- Objective inputs for Policy Making

# Success & Impact: Quantitative

	No. of Schools data received from	No. of schools meal was not served	Percentage
Jun 1, 2010 to Jun 9, 2010 (schools were closed after Jun 9, 2010)	31,089	10,960	35 %
Jul 1, 2010 to Sep 30, 2010	97,359	27404	28 %
Apr 1, 2011 to May 20, 2011	1,26,615	14904	12 %
Sep 1, 2011 to Nov 30, 2011	1,34,884	7382	5.5 %

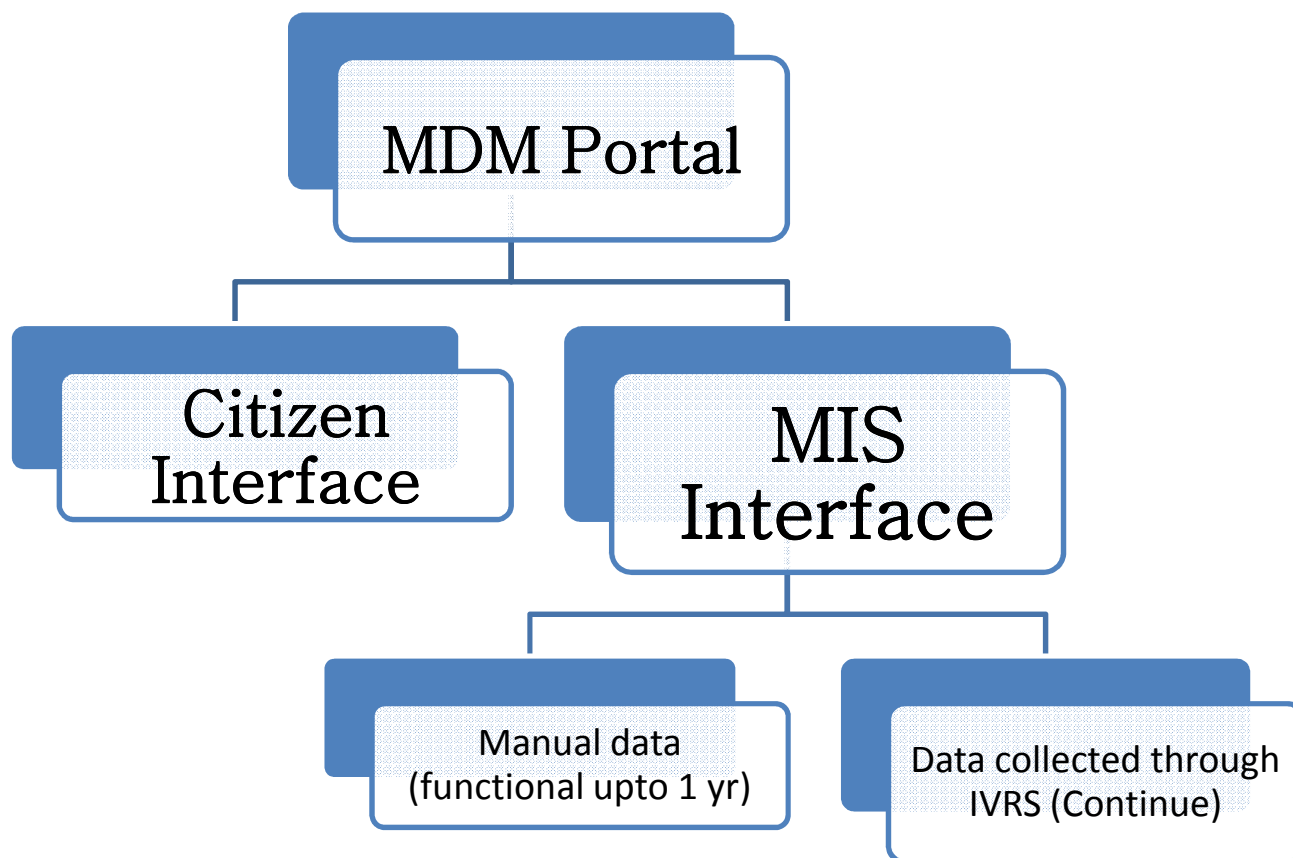


# Success & Impact: Qualitative



	Status before the implementation of the initiative	Status after the implementation of the initiative
<b>Key Result Areas</b>		
Information about schools not serving MDM	No authentic information available	Exact information available daily
Structure of Information	Compiled information available month wise	School wise information available on daily basis
Immediacy of intervention	Not possible	Possible, based on objective criteria
<b>Key Performance Indicators</b>		
Periodicity of information	Monthly/quarterly	Daily
Level from which information made available	District	School i.e. the actual level of implementation
System of alerts	Not available	Alerts available to higher ups for remedial action
Quality of data	Compiled monthly	Real time data
Transparency	Information often based on percentage basis	Transparent, actual information available
<b>Socio-economic Impact Parameters</b>		
Knowledge of status of implementation to public	Not available	Possible to be made available in public domain
Social Audit	Not possible	Possible
Level of community ownership	Low	High
Beneficiaries' feedback	Available, if at all, through hierarchical system	Directly available to decision makers

# Component of MDM Portal





# Component of MDM Portal

## Citizen Interface:

- ❑ All relevant data and content to be in public domain.
- ❑ Data and Information to be presented in relevant formats
- ❑ Information to be provided through multiple channels – Web, Mobiles, Social Media.
- ❑ Validation of the data fed into the system by putting it in public domain through non ICT means also like pasting on the School Notice Boards.



# Component of MDM Portal

## MIS Interface :

Money is to be released only when we get the data

- ☐ Meal Served
- ☐ Cook cum helper
- ☐ Physical and Financial monitoring for Kitchen Shed and Utensils
- ☐ Food grains Management – Allocation and Lifting
- ☐ Funds Management – Allocation Utilization
- ☐ Transportation Cost
- ☐ School Level Utilization
- ☐ MME

# MIS INTEGRATED WITH IVRS : OUTPUT



## Dashboard for Central / State / District

- Component wise allocation Vs utilization
- Utilization of Cooking Cost Vx. Utilization of foodgrains
- Expected utilization of resources as per norm Vs. actual utilization
- No. of children covered Vs. enrolment
- Payment to FCI Vs. lifting

## Review Missions

- ❑ MHRD has constituted Review Mission consisting of representative MHRD, State Govt., UNICEF and Office of supreme court Commissioner .
- ❑ So far the Review mission has visited *Uttar Pradesh, Assam, Bihar, Andhra Pradesh, Gujarat, West Bengal, Madhya Pradesh, Maharashtra, Kerala, Tamilnadu and Uttarakhand.*

# Recommendations of the Review Missions



- ❑ There is a need to narrow the gap between enrollment vs. actual number of children availing MDM.
- ❑ Creation of Separate MDM cell for Monitoring and Supervision of MDMS. Maintenance of records at all levels.
- ❑ Fund flow mechanism – transfer of funds upto school level to ensure full utilization of funds (eg. Madhyan Bhojan Nidhi in Uttar Pradesh).
- ❑ A proper Financial Information management system to be established.

*Contd.../-*



- ❑ Community involvement – activate SMC and VEC for a watch on the MDM.
- ❑ The SSMC meetings should be held regularly for the implementation of the programme.
- ❑ Better convergence with other schemes like NRHM, MNREGA.
- ❑ Establishment of Grievance Redressal Mechanism at all levels.



*Contd.../-*



- ❑ Provision of utensils both for serving and cooking.
- ❑ Promotion of gas based and use of energy from Renewable, non-conventional energy resources for cooking MDM.
- ❑ The training of cooks-cum-helpers on aspects of hygiene, health, sanitation, cooking and serving.
- ❑ Capacity building activities of community to be undertaken. Module on roles and responsibility of teachers under MDM.
- ❑ Wide publicity of MDM logo.

*Contd.../-*

- ❑ Weekly Menu should be locally decided involving community members /SMC/VEC/PTA.
- ❑ Inter State exposure visit for officials of State Governments officials to enable them to learn best practices.
- ❑ Setting up of State Review Mission to review the Scheme in district in bi-monthly basis.
- ❑ Use of MIS integrated with IVRS – Introduction of Social Audit Mechanisms.
- ❑ The option of cluster kitchens run by SHGs should be explored before operationalizing centralized kitchens.

# State Review Mission

- ❑ The States may constitute State review missions on the pattern of Review missions constituted by Govt. of India.
- ❑ At least one district should be covered in each quarter by the State Review Mission.

# Community Involvement as observed by Review Mission



## Kerala:

- ❑ The involvement of Parents Teachers Association is very good and PTA President and the members visit the school regularly.
- ❑ Parents help the cooks in many schools and are found to be supportive in distribution of MDM.

## Madhya Pradesh:

- ❑ In Dhar district community has donated refrigerator, utensils, mixer grinder etc. to the schools.

## Receipt of 2<sup>nd</sup> QPR : 2011-12

In time	12 States / UTs	Andhra Pradesh, Assam, Goa, Karnataka, Haryana, Karnataka, Mizoram, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand, A&N Islands, Chandigarh, Daman & Diu
Received late (with in up to 20 days delay)	14 States / UTs	All other States
Recd. After more than 20 days	8 States / UTs	Gujarat, J&K, Jharkhand, Kerala, Manipur, Sikkim, Nagaland and Tamilnadu,
Recd. After more than 40 days	1 State	<b>Arunachal Pradesh</b>

# The MDM Logo should be Widely Publicized





# Thank You



# Key issues for concern

- Beneficiaries as proportion of enrolment
- Availability of food grains
- Regularity of Cooking cost allocation
- Infrastructure
- Cooks and supervisory staff
- SHGs VS centralised cooking by NGOs
- Grievance Redressal Mechanisms
- MI reports/Mission Reports/State inspections.
- Convergence with school health
- Prevention of stunting
- Community involvement/Kanker experience
- MIS /MPRs/QPRS / IVRS
- SSMC meetings
- Social accountability mechanisms
- Awareness campaign
- Drinking water and clean toilets
- SC Commissionerate/Right To Food

God's own work – you are privileged to carry out