COMMUNITY PARTICIPATION IN MID DAY MEAL SCHEME: EXCLUSION AND INCLUSION IN ANDHRA PRADESH

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Abstract
The aim of this paper was to find out the importance of community participation and contribution for the quality improvement of Mid Day Meal Scheme in Andhra Pradesh. The main objective of the Mid Day Meal (MDM) is to increase the enrolment, retention drive and declining of dropout rate and at the similar instant to improve the nutritional support of children for physical and mental growth. This scheme has been negligible by the community. The children belongs to downtrodden were more inequity and helpless due to the poverty and vulnerable. The quantity and quality of food served to children under mid day meal has put a question mark on this scheme. Hence, the proper implementation of this scheme it would be necessary to take measures through the community participation.

Keywords: Community Participation, quality improvement, vulnerable, implementation

INTRODUCTION
The United Nations Child Rights Convention (UNCRC) has defines child rights should be afforded to children in four broad classifications that properly face all social, political, economic and cultural rights of every child. They are Right to Survival, Right to Protection, and Right to Participation and Right to Development. In Right to Development including the right to education provision to all the children without the discrimination of caste,
creed and color for their physical, emotional and social growth with free and compulsory education in the age group of 6 to 14 years. India has to attain the goal of Universal Elementary education by the year 2015 basing on the oath during the UN Millennium Summit held on 8th September, 2000. Mid Day Meal Scheme is also one of the emerged scheme for the improvement of Nutritional and learning abilities of children for the attainment of MDG. The main objective of the MDM is to increase the physical growth and mental development of school going children through the provision of cooked nutritional meal that is provided by the School. The orphan, semi orphan, poor and needy children were suffering with hunger during their day time because of their care takers and parents were going out to earn something for their daily bread and most of the children in these situation were going to school with empty stomach but MDM has fulfill their appetite and also bonding the good friendship between the children for their personality development and increasing of their abilities.

This paper assess the functioning of mid day meal scheme in the schools, identifying the gaps in ground level, achievements in unconditional circumstances, best practices, Challenges and also analyze the impact of community participation.

**SCENARIO OF MID DAY MEAL SCHEME IN INDIA**

Initially in 1925, a mid day meal programme was introduced in India for the benefit of vulnerable children in Madras Municipal Corporation. The horizontal implementation of mid day meal in between 1980-1994 expanding in 12 states with their own resources for children of primary education. On 15th August, 1995 National Programme of Nutritional Support to primary education was launched by Government of India as a centrally sponsored scheme in 2408 blocks in the country. It was extended in between 1997 to 2002 to cover in all blocks of the country.

The MDM scheme has revised to provision of cooked meal to all children studying in primary schools and also provided mid day meal during summer holidays in drought prone areas of the country. In 2007 to 2008 this scheme has further revised to including upper primary school children under Sarva Siksha Abiyan (SSA) implementing across the country. The MDM Scheme is a crown of all the programmes which are implementing by Government of India for the benefit of school going children includes Education Guarantee Scheme (EGD)/Alternative & Innovative Education (AIE) and National Child Labour Project (NCLP) of all across the country.
Present Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary School Children</th>
<th>Upper School Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>8.41 Cr</td>
<td>3.36 Cr.</td>
<td>11.77 Cr.</td>
</tr>
<tr>
<td>2010-11</td>
<td>7.97 Cr</td>
<td>3.39 Cr.</td>
<td>11.36 Cr.</td>
</tr>
<tr>
<td>2011-12</td>
<td>7.71 Cr</td>
<td>3.36 Cr.</td>
<td>11.07 Cr.</td>
</tr>
<tr>
<td>2012-13</td>
<td>10.68 Cr</td>
<td></td>
<td>10.68 Cr.</td>
</tr>
<tr>
<td>2013-14</td>
<td>10.45 Cr</td>
<td></td>
<td>10.45 Cr.</td>
</tr>
</tbody>
</table>

IMPLEMENTATION OF MID DAY MEAL IN ANDHRA PRADESH

In the year 1982, Andhra Pradesh state was introduced Mid Day Meal Programme in all the Abhvudaya Primary Schools and this programme is not succeed due to lack of continues financial assistance. On 15th August 1995 the Government of India has inaugurated the National Programme for Nutritional Support to Primary school children and each child was provision of 3 kgs. of rice per month for 10 months in a year. In 2001 onwards the State of Andhra Pradesh has been introduced the cooked Mid Day Meal programme in all Primary and Upper Primary Schools.

Present Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>School Enrollment</th>
<th>Availability of Mid Day Meal</th>
<th>% Availed MDM vs. Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>5073213</td>
<td>4388594</td>
<td>87 %</td>
</tr>
<tr>
<td>2009-10</td>
<td>4876214</td>
<td>3985837</td>
<td>82 %</td>
</tr>
<tr>
<td>2010-11</td>
<td>4546650</td>
<td>4075385</td>
<td>90 %</td>
</tr>
<tr>
<td>2011-12</td>
<td>4227205</td>
<td>3929735</td>
<td>93 %</td>
</tr>
<tr>
<td>2012-13</td>
<td>4123057</td>
<td>3469144</td>
<td>86 %</td>
</tr>
</tbody>
</table>

(Source of Information: JRM –MDM-Report-AP)

PROVISION OF INFRASTRUCTURE, HR AND MEAL UNDER MDM

1. Construction of Kitchen cum Store will be basis of plinth area norm and 20 sq. mt plinth areas for schools having up to 100 children and add 4 sq.mt plinth areas will be added. Slab of 100 children depending upon the local condition of States/Uts.

2. Kitchen Devices were provided for at an average cost of Rs. 500/- per school. The kitchen devices were containing Stove, Chulha, utensils for cooking and serving and containers for storage of food grains and ingredients,
3. Appointment of cook-cum-helpers in a school having up to 25 school children and the honorarium is shared between the Centre and NER States on 90:10 percentage and with other states/UTs on 75 : 25 percentage
4. The rate of 1.8% total assistance under the provision of Management, Monitoring & Evaluation (MME) on free food grains, transport cost, cooking cost and honorarium to cook cum helper. Another 0.2% of the above amount will be utilized at the Central Government for management, monitoring and evaluation.

MEAL PROVISION
1. Primary School Children – 450 kcal and 12g of protein which is derived from 100 g of food grains (rice/wheat), 20g of pulses , 50g of vegetables, 5g of oil and eggs/banana in twice a week
2. Upper Primary School Children – 700 kcal and 20g of protein, which is derived from 150g of food grains (rice/wheat), 30g of pulses , 75g of vegetables, 7.5g of oil and eggs/banana in twice a week

RESEARCH FINDINGS - ACHIVEMENTS AND CHALLENGES ON MDM
1. The implementation of MDM Scheme has been increase in attendance and enrollment of children particularly girl children.
2. The increase in retention, learning ability and social equity among various groups of children in the schools
3. Improvement of quality of food needs and active participation of the children and community and also proper response of the state and district administration (Research Findings of Prof. Amartya Kumar Sen(2010)
4. The provision of cooked mid day meal in schools were enjoyed in 84% of households. The practice of hand washing before and after every meal and hand washing tips and stages imparting in the schools and improve the enrolment rate through MDM(PROBE Report on Public Report on Basic Education)
5. According to the findings of National Institute of Public Cooperation & Child Development in Madhya Pradesh, Indore has reduction of dropout rate in school going children particularly girls, increased attendance and retention drive. Parents has analyze the reduction of the burden of providing one time meal to their children and it is a great
support to the poor families. Based on the opinion of teachers are to observed that the active learning ability of children and improvement of their academic performance through the provision of Mid Day Meal.

6. An empirical study conducted on MDM in Khurda district of Orissa has exposed to the benefits of mid day meal and it has increasing the integration and public cooperation among the children and increasing of enrolment and increasing of attendance in afternoon session and also provide new employment to downtrodden as serving of cook cum helper.

7. The proper infrastructure for the cooking and storing of mid day meal is the first step to improve the school level facilities and increasing of school sanitation (Annual Status of Education Report (ASER) 2010)

8. Supreme Court Commissioners undertake review on MDM and they are observed that the MDM is play a vital role in the increasing of school enrollment and attendance of children in primary education after the provision of MDM

9. Study Conducted by Programme Evaluation Organization of Planning Commission (2010) observed that the MDM is successful scheme to eliminate the classroom hunger among the poor and needy children. The improvement in the social integrity and social equity among the children. Teachers and children were concentrated on MDM allied activities in the school. Insufficient infrastructure for the implementation of MDM in schools. The misleading of follow the guidelines of Government of India to deliver the food grains from PDS to the school, leakage of food grains, low quality of food grains.

10. Supreme Court Monitoring on MDM during 2010-11 in 7 respective states. The major recommendations of the reports are mentioned below:
   a. Improvement in delayed and insufficient funds for the implementation of the MDM and also cover all the eligible age group children without the limitation of enrolled in the school or drop outs from the school
   b. The proper infrastructure are engaged for the implementation of MDM are compulsory are cooking sheds, storage rooms, drinking water, ventilation, utensils etc. Maintenance of proper drainage system and rearing of kitchen gardens in school grounds.
c. The appointment of cooks and helpers from the SC or ST communities to provide self employment

d. The importance of imparting nutrition education in the educational activities in the schools. Eggs and green vegetables should be mobilized and provided regularly to children

e. Incorporate the community participation and monitoring for quality of food and prevention of corruption and avoid discrimination in any form of social inequity.

f. The MDM scheme has been combined with the School Health Programme including immunization, deworming, growth monitoring, health checkups and micronutrient supplements.

g. Practice of Grievance Redressal mechanism in decentralized in PRI level and also conducting mobile camps for addressing the problems in the villages and remote areas.

COMMUNITY PARTICIPATION – EXCLUSION AND INCLUSION

The MDM is a National Programme of centrally sponsored primary education scheme inaugurated on 15th August, 1995. The scheme has been extended to upper primary schools and NCLP schools in between the years 2006 to 2010. Since 1995 onwards the most of the states were provided dry ration to children through the schools and after 2001 the all states to provide cooked meals to all primary school children with the order of Supreme Court of Right to Food case. In spite of all the achievements, there is lot of challenges in the implementation of this scheme. There are number of difficulties face during the implementation of the scheme i.e., lack of basic infrastructure in schools(Store room and Kitchen), One or Two teachers were engaged in monitoring during cooking of food and there is no time for teaching the children almost half day, lack of participation of Panchayat Raj Institutions(PRI), local stakeholders, parents and community.

In the perception of parents and children in the implementation of MDM in schools are achieving the objectives of the scheme and enhancing the equity among the children. The parents were feel the ownership of the scheme to monitor and supervise in school level for better quality of meals. The community will be contribute for the value addition to the MDM scheme in their school level through the mobilization of local contribution in kind and cash for the extra nutrition to the malnourished and needy children in the school. The PRI is accountable to implementation and
monitoring of the MDM scheme in the panchayat level for day to day implementations and transactions with the constitution of a sub-committee with the participation and involvement of PRI President as a chairman, Village Secretary act as a Convener, MPTC, SEC member, SHG president, Headmaster, PDS dealer are the members in the committee

The implementation of MDM in village level mostly engaged SHG groups because of the group members were women and they know about the concerns about the village and aid of the community support is available. The SHGs were ensure to check the quality of eggs which were supplied twice in a week to the children for the adding of nutritional value of MDM. In urban areas the MDM scheme has been implementing by the NGOs/Charitable trusts etc.

The Community participation in the contribution for the promotion of Girls education though the equal participation and gender equity. The girl’s education will help the entire family and the impact of girls’ education will lead to better family health and nutrition, increasing of knowledge on Reproductive Health education for better family life and economic productivity. The parents of the girl children were hesitate to send their girl children to schools due to schools located in distance, insecurity in the way to and from the school and also the girls were source of household work laborer to help their mothers and taking care of their siblings. These causes are serious and have to be addressed and overcome in order to promote girls education through the community participation.

The community participation has been raising the local resources, ensuring students regular attendance and contributing in monitoring and follows up on teacher attendance and performance with the constitution of village education committee to manage school progress. The community participation in the implementation of MDM to the major aspects to ensure sustainability of scheme in the availability of funds and in time release of funds and maintenance of records.

**SUGGESTIONS**

In the MDM menu is standardized recipes should be provided to primary and upper primary students and information should be communicated to all the MDM committees and display in the school board for visibility of community. Encouraged to use vitamin A, iron and calcium rich vegetables and leafy vegetables and there is a kitchen or organic garden will be grown in the premises of school. Ensure to promote positive deviance with the use of seasonal and locally available low cost unconventional foods preparation with the help of home science based
colleges may be involved for developing such particular recipes for the improvement of nutritional value and balanced diet to the school children for their better living. The store room and kitchen must be hygienic and good because of safe guarding of food materials of MDM. Sanitation and drainage system were must for the more hygienic and healthy food has been supply to the children. Drinking water must be used for food preparation and a water purification system must be available in all schools for cooking and drinking. The school management committee and community may be supervising upon the menu based on the availability of local vegetables and ingredients and the meals should be more nutrient and tasty. The regular Steering cum Monitoring Committee meetings should be held for the better implementation of MDM. Horizontal exposure visits will help to learn best practices on MDM like washing hands before and after meal, rising of kitchen garden and fruit bearing plants/trees. The periodic capacity building trainings to teachers, community and stakeholders for the concerns regarding MDM and proper management and maintenance of accounts and registers. The community was empowered to monitor the implementation of MDM and community mobilization efforts were need to improve the quality of MDM. The convergence of School Health programme with MDM for the improvement of hygienic practices and regular health check up and supply of IFA tablets, Vitamin A, De-worming tablets and spectacles. The practice of Grievance Redressel Mechanism is implement through setting up of suggestion box/complaint register should kept in school for the visitors to give their suggestions and view for better improvement of the MDM scheme.

CONCLUSION

The widespread views among parents and teachers were that the MDM scheme had led to increased attendance and enrollment. All the active stakeholders in the participation of MDM scheme in schools were satisfied with the quality and quantity of cooked MDM. The problem of food material storage and quality deterioration in schools is major challenge. In schools where kitchen gardens were grown, the meal becomes enriched with locally available vegetables and fruits with the participation of children, teachers and community.
The Mid Day Meal Scheme of the country is the largest successful programme of the world and the efforts from community and stakeholders to make this scheme success. The dignity and
success of this scheme will depend on continued community participation and monitoring as well as sustainability through the mobilization of local funds and ensure to avail the Government Welfare schemes for the construction of school infrastructure for the smooth running of the scheme. By educating and healthy child being of the country will becomes potential to regulate the difference of rural and urban India and to understand the concept of inclusive education.

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