

## The Case for Cooked Meals: Concerns Regarding the Proposed Policy Shifts in the Mid-Day Meal and ICDS Programs

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### INTRODUCTION

The University School Resource Network (USRN) is a unique action research project initiated by the Jawaharlal Nehru University (JNU), New Delhi to build partnerships between universities and schools and to design interventions and linkages that facilitate delivery of education and health services to the school children of marginalised groups. The USRN addresses issues of equity and quality in education and health. The Project is being funded by the Sir Ratan Tata Trust, Mumbai and is being implemented in close collaboration with the Municipal Corporation of Delhi in selected schools of South Zone.

The recent move towards dry/package foods and biscuits replacing the Mid Day Meals (MDM) and the Integrated Child Development Services (ICDS) has resulted in serious reflection by academics. The School Health Project of the USRN organized an Academic Consultation on 22 January 2008, to explore a common understanding among academicians and professionals on the importance of cooked meals in these two programs. The Consultation was attended and endorsed by academicians, scientists, medical professionals, educationists, nutritionists, public health experts and civil society organisations including members of the Indian Association for Preventive and Social Medicine (IAPSM). It was submitted to Shri Arjun Singh, Honourable Minister for Human Resource Development and the matter was discussed with him in considerable detail. The process of engagement with other concerned Ministers and parliamentarians is continuing.

The Statement placed below has been prepared by the School Health Team of the University School Resource Network, JNU and the authors sincerely acknowledge the contributions of the participants of the Consultation.

### PREAMBLE

The jubilation around the high economic growth being experienced by the country gets severely tempered when we contrast this with the state of children's health and nutrition in India. We believe that any civilized society must provide for healthy development of its children and ensure that the required inputs are made available to all sections of society, particularly those who are socially and economically marginalized. Health and education is a fundamental right of every child and we must ensure that these services are available, accessible and of good quality. These rights of children have to be seen as non-negotiable and our policies should foster their realization. The Mid Day Meal (MDM) and Integrated Child Development Services (ICDS) are two such vital programs and their universalisation is fundamental to address the health needs of children. At present these programs target specific age groups and are administered through

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*\*<sup>1</sup>The MDM was launched as a 'centrally sponsored scheme' called the National Program of Nutritional Support to Primary Education (NPNSPE) in 1995 but it was seen that most states continued with dry rations till the Supreme Court intervened. The ICDS was launched in 1975 however it was the Supreme Court order in 2001 and then again in 2004 that called for its universalisation. The universalisation of ICDS is one of the core commitments of the present Government of India.*

different Ministries and Departments. We advocate the adoption of a life course approach and an integration of these programs to increase their effectiveness.

### MID DAY MEAL AND ICDS PROGRAM

The Mid Day Meal and ICDS Program\*<sup>1</sup> have had a long and varying history across different parts of the country. In response to a public interest litigation on the right to food filed by the People's Union for Civil Liberties (in a context where chronic malnutrition and hunger coexisted with overflowing Food Corporation of India godowns), the Supreme Court ordered<sup>†2</sup>, in 2001, that every child was entitled to a cooked meal consisting of 300 calories and 8-12 g of protein per day. The Supreme Court Order had listed eight different schemes (including the Integrated Child Development Services (ICDS) and MDM) on food security. In the absence of a comprehensive set of food security programs in many states, the cooked MDM and ICDS remains critical for school-going children.

The underlying objective principles behind both the MDM and ICDS programs are to address health, education, nutrition and social equity issues. The objectives of the mid day meal program were to increase the enrolment, retention and attendance of children in school leading to universalisation of primary education, impacting learning and simultaneously also improving the nutritional status of children. Several studies have demonstrated positive impacts(1,2). The Center for Equity Studies (CES) (2003) survey across 3 states found that school enrolment shot up after mid day meals were introduced and the rise in enrolment of girls was particularly impressive(3). The Pratichi Trust study in West Bengal (2005) also showed an increase in enrolment and attendance(1). This increase was

<sup>†2</sup> Under the MDM the court ordered that each child was entitled to a cooked meal consisting of 300 calories and 8-12 g of protein per day for a minimum of 200 days in a year. The same amounts were also fixed for children up to 6 years of age under the ICDS. Malnourished children were entitled to 600 calories and 16-20 protein. Entitlements of food were also fixed for adolescent girls and pregnant and nursing mothers, under the ICDS program.

particularly marked for girls and SC/ST students. Similarly, the Samaj Pragati Sahyog Study (2005) in Madhya Pradesh showed a 15% increase in enrolment. This included a 43% increase in the case of SC and ST students and a 38% increase for girls. 74% of the teachers expressed that it had positively affected the children and 63% parents felt the meal had positively impacted the learning abilities of children(4). The Collaborative Research and Dissemination study (2005) in Delhi found that teachers and parents reported that children attend school more regularly(5). The extent of the impact on health and nutrition for a child depends on whether the meal was a substitute or a supplement. However several studies point to the elimination of classroom hunger with the introduction of the MDM(2-4). The current policy suggestion to replace cooked meals therefore calls for critical questioning from a broad public health perspective that looks at health and education in an integrated manner.

### COOKED MEALS IN THE CONTEXT OF HUNGER AND MALNUTRITION

The cooked mid day meal has to be seen in the context of satisfaction of hunger and chronic malnutrition. According to National Nutrition Monitoring Bureau (NNMB) data (2002) (weight for age), 94.5% children in the age group of 6-9 years, and 96.1% children in the age group 10-13 years were suffering across mild, moderate and severe levels of malnutrition(6). The National Family Health Survey (NFHS-3) data(7) also presents the disturbing findings that the percentage of children suffering from 'wasting' has gone up by three percentage points from the last NFHS round and those underweight has almost remained stagnant. Studies have shown that children come to school on an empty stomach and the issue of 'classroom hunger' is extremely serious. The importance of cooked hot food representing a meal rather than a snack and satisfying hunger can not be overstated in this context. In fact studies have shown that girls more often come to school on an empty stomach. The mid day meal in a public space can ensure equal access for girls.

The experience of dry rations and biscuits which were part of the National Program of Nutritional

Support to Primary Education prior to the Supreme Court order on cooked meals has shown that these were often not consumed by children and though they did push up enrolment it had little impact on attendance and retention levels. The nutritional impact of dry snacks has also been questioned and it is seen that this impact is likely to be far lower compared to a cooked meal. A freshly cooked meal offers a better range of nutrients and packaged food is costlier in terms of per rupee nutrient yield. In both ICDS and MDM the evidence suggests that children often take the dry foods home and may or may not eat it later and in contexts of poverty this food often gets shared by the family.

A cooked mid day meal along with addressing classroom hunger also provides general protection against hunger especially in drought affected areas and districts with poor levels of socio-economic development. The CES study had found that the contribution of the MDM to food security and child nutrition was especially crucial in tribal areas where hunger is epidemic. Households run by women, widows and of the landless as well as mothers who had to work through the day placed a deep value on the free lunch provided in the school(3).

A cooked mid day meal makes the school attractive for the child and along with enrolment and attendance it impacts the learning process. It can help in improving the concentration levels, attentiveness and memory, particularly in the context in which children come to school on an empty stomach in the morning(5). This reduces the likelihood of children leaving school early because of hunger. The additional benefit of the MDM is its significant social impact. Children learn to sit and eat together often contributing to breaking barriers of caste and class.

#### ADDRESSING THE CONSTRAINTS AND CONCERNS

Despite overwhelming evidence regarding the positive contribution and demand for the scheme the program is not without its share of constraints. These are related to resource constraints, infrastructure deficiencies, problems in delivery and issues of quality and quantity insufficiency. These constraints emerge in program implementation and vary across

different models. There is a plurality in experiences and outcomes of cooked MDM and ICDS and this must be properly reviewed. There is tremendous variation in delivery models across rural and urban areas as well as across states such as provision through direct state delivery, involvement of self help groups, contracting out to NGO's, cooking in the schools in separate constructed sheds and employing women from the poor and Dalit households as well as entering into Public Private Partnerships with large organizations through setting up of centralized kitchens. Certain states like Tamil Nadu, Karnataka and Andhra Pradesh have shown effective implementation of the scheme. It is critical to study this plurality and draw lessons from diverse models. The constraints need to be addressed in their local contexts rather than abandoning the program itself. Management challenges need to be tackled with managerial strategies and does not necessarily call for a policy shift. This will entail exploring new institutional forms and a critical review of public-private-partnerships.

A common criticism with cooked meals has been the possibility of food borne diseases, however, we need to acknowledge that these situations have been very few and far between. Overall the incidence of these has been rare and this is an achievement of the program. On the other hand, there are instances (particularly in the context of contractor-supplied rations in ICDS) where packaged food was bad and rotten or of poor quality.

Disruption of classroom activities because of the cooked MDM is another area of concern, however one finds that there are models and contexts where this has not happened and one needs to understand these. Disruption to classroom functioning cannot become the reasons for dismantling the program. In fact we believe we have to evolve institutional supports and alternate designs that would further enable the effectiveness of this program, address teachers concerns and strengthen the program. Also, as Dreze and Goyal(3) point out, an enormous contribution to classroom activities has been that children stay back in school after lunch. The MDM process itself offers areas to include health and hygiene education in the curriculum.

The issue of caste discrimination during the meal distribution(8) as well as in the hiring of cooks has been reported in different studies and needs to be addressed. In fact MDM can play the role of narrowing social distances and nurturing a culture of social equality(1,3).

#### EVIDENCE FOR POLICY MAKING

It is evident that a hot cooked meal is not only nutritionally more adequate but provides physiological and psychological satisfaction. It is well known that it is macronutrient deficiency that is a major problem and the debates around food fortification have to be contextualized within this reality. Acute and chronic hunger is widely prevalent among children in India. Calorie deficiency is by far the single most important challenge and its correction (through wholesome balanced diets containing pulses and legumes, fruits and vegetables, apart from cereals) will go a long way in meeting micronutrient requirements as well(9). Till we have achieved this primary objective a reversal of the strategy in the name of the second priority is unscientific. The evidence on how much micronutrient fortification, its absorption and its effectiveness needs further exploration/research. Can not these be supplemented with the cooked meal? Examples of supplementation (at an additional cost) of the MDM with fortified biscuits and eggs already exist and the costs, benefits and sustainability need to be examined. What has been the experience and impact of ongoing programs and innovations within them? We believe that enough research has to be done and existing studies collated to provide evidence for any policy shift. Already one has found that there is tremendous evidence regarding the positive impact of the cooked mid day meal. What then is the rationale behind the proposed shift?

Through our statement we seek to address the following issues:

- Financial allocation needs to be enhanced to be able to vary the food menu, increase its nutritional content and quantity to make it a substitute full meal rather than a supplement.
- The macro and micronutrient nutritional needs of children need to be addressed through these

programs in an integrated manner. The scope, nature and extent of fortification need to be explored and evaluated.

- Issues of infrastructure in schools such as water supply, toilets, kitchen area, hiring of cooks *etc.* need to be addressed. Also, the basic infrastructure of the ICDS program—a functional anganwadi must be ensured in every settlement(10).
- Monitoring systems to check quality standard and possible corruption and leakages in food grain supply need to be strengthened.
- To undertake a systems analysis and study models of delivery and innovations that are working effectively.
- The strategy for implementation needs a decentralized approach taking into account the regional and local contexts.
- The Supreme Court order of 2004 regarding the ICDS clearly stated that contractors shall not be used for supplementary nutrition(10). This must be implemented.
- Ensure that meals are served with complete consideration for the dignity of children irrespective of class, caste and gender of children.
- There needs to be a convergence between the ICDS, MDM and the School Health Program.

#### CONCLUSIONS

Therefore we argue against any shift in policy without acknowledging the overwhelming scientific evidence regarding the value of cooked meals in the feeding programs. The existing positive evidence needs to be acknowledged as well as the constraints in program delivery need to be addressed. In the context of hunger and malnutrition the MDM and ICDS is making a significant and critical contribution and this needs to be strengthened.

- Locally available foods that cater to taste and nutritional adequacy must be encouraged and the value of a cooked meal as perceived by children be given its due importance.

- We reiterate that one centralized model will not be either effective or efficient given the diversity and plurality in socio-economic and cultural aspects. A decentralized approach involving state and local governments would work better. This would also address greater accountability and transparency at every level of the program. School health is an important component of the National Rural Health Mission (NRHM). The NRHM offers a platform for decentralized district level planning and with the creation of the village health and sanitation committees, it offers institutional mechanisms for planning, delivery and accountability. These committees can play an important role as institutional supports to the ICDS and MDM programs.
- Good quality food must be served with dignity, love, care and respect to all and is not to be seen as largesse but as a fundamental right of every child. Special attention should be given to those who are already marginalized and effort towards building sensitivities at all levels of the program—from children, teachers, communities, schools up to program planners need to be strengthened.

These programs addressing children's basic rights are far-reaching steps that our nation has taken and it would be a shame if we reverse these progressive initiatives.

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