



Attaining the MDGs in India
The Role of Public Policy and Service Delivery
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MIDDAY MEAL SCHEMES
IN THE INDIAN STATES OF TAMIL NADU AND GUJARAT

Ashok Mohapatra took a deep breath and closed the report on midday meal schemes, before getting up for a routinely delayed lunch break. As a Secretary to the Government of India, he had been asked to ensure implementation of the order given by the Supreme Court, asking every state to have a midday meal scheme in all schools throughout the country. He also remembered that the court order dated back to November 2001, and nothing much had been done in most states. While waiting for his lunch to arrive, he recollected the noble purposes with which the lunch program for children was conceived. The two states that had caught his attention, and that could provide a lot of learning, were Tamil Nadu and Gujarat. He decided he should study the schemes in these two states before proceeding further. He cancelled his lunch order and rushed back to study the report again.

The Historical Background

The genesis of the Midday Meal (MDM) Program in India can be traced back to 1925, when a program was introduced for poor children in Chennai (Madras). The next two decades saw similar programs introduced in Kolkata, Mumbai, Bangalore and parts of Kerala. In the 1950s, many states in India introduced MDM programs with assistance provided by different international and donor agencies. In the late fifties, an Expanded Nutrition Program was jointly sponsored by the FAO, WHO, UNICEF and the Government of India, which was subsequently further expanded as the Applied Nutrition Program.

In 1956, the School MDM scheme covered 20,000 children in 8,000 elementary schools in Tamil Nadu. It was started initially with voluntary contributions from the local people. Soon the government took over the funding responsibility to the extent of 60% of the

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costs, and provided a rice meal to each child beneficiary. In 1961, CARE (USA) came up with food commodity assistance, to cover about 30,000 schools in the state. Initially, the headmasters were responsible for the feeding program and the children themselves were used for cooking work. The system was modified to eliminate wastage of learning time and materials, and in 1967, “central kitchens” were introduced. These cooked the meals and packed them hygienically in polythene packets, and distributed them to schools with delivery vans.

The famous “Chief Minister's Noon Meal Scheme” was launched in July, 1982 in the child welfare centers of the rural areas of Tamil Nadu, covering pre-school children (2 to 5 years) and primary school children (5 to 9 years). The scheme was fully supported by the government, and was extended to cover urban areas and 10 to 15 years olds as well. Old age pensioners were included in the scheme in 1983 and pregnant women in 1995. The main objective of these schemes was to provide adequate nutrition to economically disadvantaged children, combat malnutrition, increase their literacy rates, and act as a potent incentive for increasing enrolment and reducing school dropouts. In 2003 the scheme catered to over eight million beneficiaries at about 72,000 centers across the state, with a budget of Rs. 6,593.9 million. See **Exhibit 1** for the ingredients of a meal.

Concerned at the low literacy levels (43.70% according to the 1981 Census) of the 6 to 14 age group in Gujarat, the state government followed the Tamil Nadu scheme and in 1984 introduced a MDM scheme for children in primary schools in 68 *talukas*, in order to improve school attendance. The menu was left flexible, to be determined locally, provided the scale of rations per child was maintained at 180 grams, giving 450 calories to the beneficiary child. In 2003, there were about 3.3 million children in the 5 to 12 age group covered through a network of about 28,000 MDM centers in the entire state. The meals were cooked at the center and served as a hot noon meal to the children. The annual budget for the scheme was Rs. 800 million in 2003.

The Government of India extended support to the scheme by releasing food grains at the rate of 100 grams per child. In 1955, the National Program of Nutritional Support to Primary Education (NPNSPE), commonly known as the MDM Scheme, was launched by the Ministry of Human Resources Development. The Finance Minister's Budget speech for that year made an explicit mention of the scheme's expansion at an all-India level because of the favorable impact of the scheme on children in some states, as well as the comfortable food stock position of the country, and the relation between primary education and nutrition, health and the Integrated Child Development Scheme (ICDS), which was launched by the Government of India as a major component of midday meals for children under six and pregnant women. The program was also intended to give a boost to the universalization of primary education, by increasing enrolment, retention and attendance, and simultaneously impacting upon the nutritional status of students in primary classes. Under the *Pradhan Mantri Gramodaya Yojana* (PMGY) another central government program, supplementation was given to children in the 6 to 36 month group, covering 30,125 Anganwadi Centers in the rural and urban ICDS projects, including previously unreached hamlets.

The Supreme Court of India had, in November 2001, directed the state governments/union territories in India to implement the MDM Scheme by providing every child in every government and government-assisted primary school with a prepared midday meal with a minimum content of 300 calories and 8-12 grams of protein every school day, for a minimum of 200 days. It directed governments to start providing cooked meals within three months, with a provision for extension for a further period of three months, as detailed in **Exhibit 2**.

Economic Implications and Financing

The budget for the MDM scheme rose from Rs. 1,071 million in 1982-83 to Rs. 6,593 million in 2003-04 in Tamil Nadu, as shown in **Exhibit 3**. The corresponding figures for Gujarat were never above Rs. 1,000 million in any year.

The Tamil Nadu program was criticized from the very beginning as wasteful expenditure, and also on the grounds that the state's resources were meager, and that it could therefore ill afford to go in for such a "doling-out" scheme, no matter how popular it was likely to prove. The state's resources at the time were indeed not well-prepared to accommodate such huge expenditure. In spite of this, the Chief Minister went ahead with the scheme because of his perception of its long term utility to the children from the poorer groups of population, and particularly its potential to attract children to schools and retain them there. He looked at it as an investment in human capital formation. Such perceptions prompted him to venture boldly into the scheme, taking a calculated risk on the resources needed. The scheme was also criticized on the grounds that it was difficult to target such a scheme properly, and to manage the logistics of keeping wastage/pilferage to the minimum. In view of the enhancement of the cost from 23 paise¹ per beneficiary to 35 paise in 2002-03, the additional annual expenditure of the government was Rs. 209.8 million. There were also other production costs such as Rs. 25 million for repairing the centers, Rs. 5 million for the purchase of aluminum vessels and Rs. 10 million for the purchase of stainless steel plates and tumblers for the centers.

Institutional Arrangements for the Implementation and Monitoring of the Scheme

In Tamil Nadu, the secretary of the Social Welfare and Nutritious Meal Department was in overall charge, with the Rural Development Department implementing the nutritious meal program in schools, and the ICDS III Project implementing the program in Anganwadi Centers. In every center, the scheme employed a Nutritious Meal Organizer, a cook and an assistant, all women from the neighborhood, both in urban and rural areas, preferably widows/destitute women.

Committees were constituted at the village, block, district, municipality and corporation levels to ensure quality and quantity of food served. Elected representatives of the people were nominated to the committees, along with the officials concerned. At the cabinet level, the Minister in charge of Social Welfare was responsible for this scheme, as well as for the ICDS program. For instance, the District Level Monitoring Committee for the Noon Meal Scheme had the District Collector as chairperson, and 24 other officials as shown in **Exhibit 4**.

The District Collector had to ensure that each and every noon meal center in the district was inspected at least once a month by any one of the committee members. The block level committees had been assigned similar responsibilities at the block level. However, the village level committees were expected to monitor the proper functioning of the centers, particularly with regard to the quality, quantity, timeliness and other aspects related to the food served at the centers. If the members found any deficiencies, they had to report to the Block Development Officer or the District Collector. The village level committees were also expected to meet once every month and record their impressions on the functioning of the noon meal centers. These committee members were particularly

¹ The Indian currency is called Indian Rupee (INR). One Rupee equals 100 paise.

advised not to function as government inspecting officers. Similar instructions were given in respect of supervision and monitoring of the urban centers located in municipalities and municipal corporations. The District Collectors had to conduct monthly meetings to review the progress of the scheme, with particular reference to deficiencies noticed in the implementation of the scheme, and how to correct them.

The implementation of the ICDS program for pre-school feeding in Tamil Nadu was through an Anganwadi Center (AWC) or Community Nutrition Center; there were two workers supported by two *ayahs*. There were Village Level Monitoring Committees which supervised all the activities of the nutrition centers, including feeding of children. For every 12 nutrition workers, there was a supervisor, who was supervised by a Community Nutrition Instructress or the Child Development Project Officer at the block level. At the district level, the District Project Nutrition Officer (DPNO) supervised the work of all the CDPOs and other functionaries. The District Collectors also periodically reviewed the progress of work under the ICDS program in the districts including the nutritious meal scheme at the pre-school level. The Secretary to the Government in the Social Welfare and Nutritious Meal Department controlled the overall budget for the program and was responsible for its overall implementation.

The food supplement under the ICDS program consisted of two components: a powder prepared as ready-to-eat food by a factory and by some women's self help groups (SHGs), and what was cooked and served as a noon meal at the centers. While the powder form was supplied to children under three and pregnant and lactating women, the cooked food was supplied to children in the 3 to 6 age group. The ready-to-eat form had its own advantages in terms of fortification, with micronutrients, as well as organoleptic bulk, besides its administrative convenience. However, the cooked food had its own attraction to children of the 3+ age group.

The MDM scheme in Gujarat was replaced by the Food for Education Program from August 1990 to October 1991, in which children with 70% attendance rates were provided with 10 kg of food grain free of cost. The MDM scheme was re-introduced in the state in January, 1992 in its original form.

All the MDM centers were located on school premises. The Gujarat scheme followed a weekly menu, with the centers being able to choose according to local tastes. The M. S. University of Baroda was involved in the development of different types of local recipes, ensuring the provision of the desired levels of calories, proteins and other micronutrients. Some parts of the state were covered by the supply of extrusion processed and factory-made ready-to-eat food. Nutritionally, the advantage of ready-to-eat food was that it was properly fortified with all the necessary micronutrients, and above all, its organoleptic bulk was ideally suited for a nutrition supplementation program. It was also administratively easier to manage.

The Gujarat Government also provided for kitchen sheds outside the school buildings, but within the school campus, in order to facilitate undisturbed cooking of the meals. 12,940 such kitchen sheds had been constructed in the state by the end of 2003. The necessary utensils were also provided.

The whole scheme in Gujarat was implemented by the Education Department. The Commissioner of Midday Meals and School Education was the Head of the Department at the state level. At the field level, each MDM center was looked after by an organizer, with the assistance of a cook and a helper. A Tahasildar supervised the functioning of the MDMs at the block level. Monitoring Committees were formed at the village, block, district and

state levels to discuss and review the progress of implementation with particular reference to shortfalls, if any, and measures to rectify them. The committee at the village level monitored the implementation of the scheme closely, assisted by primary school inspectors. At the district level, the District Collector supervised the functioning of the scheme, assisted by an exclusive Deputy Collector to assist in its implementation. Another exclusive officer of the rank of Deputy Primary Education Officer was deputed to assist the Deputy Collector in this work. At the state level, the implementation of the scheme was managed by a senior officer with the rank of a commissioner. The commissioner exercised overall administrative supervision and budget control over the districts. The overall control of the scheme at the state level rested with the Principal Secretary to the Department of Education. At the cabinet level, the Minister for Education, Women and Children, Youth Services and Sports was responsible for the scheme.

The ICDS program in Gujarat was run on the same pattern as in other states. At the village level, there was an Anganwadi Center for every 1,000 people, on average. This norm was relaxed in favor of tribal areas. There was a total of 33,254 Anganwadi Centers functioning in the state. Supervisors had to normally supervise about 12 centers each. In actual practice, however, due to shortage of staff, supervisors were allotted more centers. At the block level, supervision of the program's implementation was done by a block level officer. The same cabinet minister who looked after the MDM program also looked after the ICDS program. The ICDS program was taken away from the health department and formed as a new Department of Women and Child Development.

The state of Gujarat did not have, as in the case of Tamil Nadu and some other states, any World Bank-assisted ICDS project. However, the state did get the benefit of funding under another World Bank-assisted training project. The SHGs also sought to converge with the ICDS program to facilitate woman and child development, including assistance in the implementation of feeding programs. Tamil Nadu, however, had a much larger SHG program, though not assisted by the World Bank. The Tamil Nadu SHG groups also converged with the Nutrition Program in the state for proper delivery of woman and child development services including nutrition supplement feeding programs.

The committee at the village level elected members from the local bodies, SHG members and representatives of local NGOs as members. Even though the members of such committees took an interest in the running of the centers, people saw them basically as government centers and the workers as civil servants. This perception also gained ground thanks to the government declaring the nutrition workers who started off as volunteers, to be government employees on a time scale of pay like other civil servants. The original objective of gradually shifting the focus of activities from the centers to homes and using communications to help such a change in the long run never happened. The objective of changing intra-family feeding practices in favor of women and children also did not happen, thanks to the introduction of universal feeding under the nutritious meal scheme and the General ICDS program. In this process the importance of addressing issues relating to 0 to 3 year olds, including changes in intra-family feeding practices, was diluted.

In Gujarat, the state tried a number of initiatives for involving the community in the implementation of the midday meal scheme and its monitoring. The local committees decided the exact menu from a list of choices. They also arranged for volunteers to feed the children with sweet dishes on special family occasions. In the district of Sabarkanta, the government handed over 50 centers to the Education Committees at the village level, to be run by them. The state wanted to replicate this innovation. However no study of its impact had been made at that stage. Similarly, in Kheda district another experiment was carried out,

to run the centers through SHGs under the guidance of NGOs. In Gujarat people also generally saw the scheme as a government scheme.

Convergence Issues

The MDM scheme had to converge with other services delivered to children in order to make its impact holistic, as it was planned not merely to remove hunger but also to provide necessary nutrition and health to the children. Again, these were provided with a view to attracting children to enroll at school, to retain those already enrolled in the schools and to encourage their completion of primary or secondary education.

At the pre-school level in both the states there was convergence because the same functionary, namely, the Anganwadi worker, provided the meal and ran the pre-school. In Tamil Nadu, though, there was a separate worker to take care of the pre-school children. She took care of both the activities, namely providing the noon meal for the 2+ children, and running the pre-school. There was some convergence between the pre-school and the primary school under some other projects.

Monitoring the children's growth and the services they needed at different points in time, based on their lifecycle development, ensured that the children underwent normal and healthy growth and development. This cycle started at conception and passed through the different stages of growth in the womb, normal delivery, healthy infancy and early childhood, proper schooling, adolescence and continuing education, marriage at the right age and entering the productive labor force, and in turn producing healthy children. From a service delivery point of view, this would mean that at conception, the mother should be advised to go in for early registration of pregnancy at the nearest Anganwadi Center, or health center. During the ante-natal period, the mother should go in for regular check-ups. Here again, there should be convergence between nutrition workers and the health staff. This was followed by institutional delivery and the avoidance of low birth weight. Low birth weight needed to be prevented at all costs, as otherwise it could affect the proper psycho-physical development of the child as well as its learning abilities when it went to school.

In Tamil Nadu, at the Anganwadi Center/community nutrition center level, fairly good convergence existed between the nutrition and health departments. This was mainly in the areas of ante-natal care, delivery, post-natal care, immunization of children, growth monitoring of children and referral of cases of stunting and severe malnutrition, and an adolescent girls program. At the pre-school level, there was the School Readiness Program implemented at the Anganwadi Centers, involving primary school teachers. The *Sarva Siksha Abhiyan* provided some funding support for this. There was also a proposal under the state's ICDS program to strengthen 5,000 pre-schools in the state into fully fledged nursery schools at a cost of Rs. 25 million. Some earlier projects had carried out joint training for nutrition and health functionaries in the state at the different levels. At the village level, such training was given to Anganwadi Community Nutrition Workers and Village Health Nurses in joint sessions. At the sector and block levels, joint training sessions were held that stressed not only joint planning of field visits, but also joint carrying out of such field visits.

Convergence between the revenue and education departments existed in the implementation of the MDM scheme in Gujarat. However, there was a general feeling among the revenue department officials that the schoolteachers could share some of their work. The latter seemed to feel that they had no real "control" over the organizers and their

assistants, with the result they were unable to exercise any supervision of the scheme. However, the teachers did support the view that provision of MDM was a welcome measure not only to attract children for enrolment in schools but also for their retention in schools. The Department of Midday Meals and School Education had also taken steps to ensure that the quality of education provided at the schools improved.

However, in general, the expected level of convergence did not happen for a number of reasons, including lack of clarity of roles and responsibilities among functionaries, lack of appreciation of the linkages, lack of motivation on the part of people involved, and lack of guidance from the supervisory levels.

Impact Assessment

In Tamil Nadu, the beneficiaries of the Rs. 8.27 million spent in 2002-03, belonged to the following categories:

- Children in the 5 to 9 age group (Rs. 4.74 million)
- Children in the 10 to 15 age group (Rs. 1.70 million)
- Old-age pensioners (Rs. 1.08 million)
- Children in the 2 to 4 age group (Rs. 0.29 million)

Though the scheme covered the entire state, the number of beneficiaries varied from 0.43 million in Vellore to 0.11 million in Namakkal district.

Some of the feedback received from children and mothers is summarized below:

A large number of the beneficiary students hailed from poor families. Their parents went to work as laborers early in the morning. They worked in quarries, teashops, vegetable shops, fish markets, export companies, as construction laborers, as agriculture laborers and in small shops. So they were not able to prepare food at home in the mornings. Food was cooked only once in a day, in the evening, after the parents returned from work. The students were, therefore, very happy about the food (midday meal) that they got at school. They felt that the quality of food was good; additionally they got protein-rich food on three days a week. They felt it gave them new energy for studying until evening without getting tired. Because of this perceived advantage, the students attended school regularly.

A small proportion (say about 10%) of the beneficiary students said that they took food (midday meals) at school because of their families' poverty. However, they felt that the rice and vegetables were not properly prepared before cooking.

Households

Parents sent their children (both boys and girls) to school so that at least they would get food regularly and at the right time. They felt that the intake of such nutritious food provided energy, and made the children physically as well as mentally healthy. They felt that had there not been a noon meal scheme at the schools, their children might not have gone to school and might have ended up as child laborers. Because of the midday meal scheme, the economically poor but bright students were able to pursue their studies in an uninterrupted manner.

In Gujarat, there were 3.55 million children covered by the MDM in 2002-03. Besides this, there were 1.36 million pre-school children (6 months–6 years) and 0.22 million mothers supported by the MDM and ICDS together. The total provision for the ICDS program in Gujarat was Rs. 1,274.30 million in 2002-03.

One of the earliest evaluations of the MDM scheme in Tamil Nadu, by Rajammal P. Devadas in 1987, concluded that it had created a very favorable climate for the education, health, growth and overall wellbeing of the children. An assessment by T. V. Antony, Chief Secretary of the Tamil Nadu Government when the scheme was introduced, attributed the success of the family planning program in Tamil Nadu at least in part to the successful implementation of the nutritious meal program. He argued that welfare programs like the nutritious meal program and effective health programs, ensured child survival. Some studies showed that malnourishment had been reduced in Tamil Nadu.

The National Council of Applied Economic Research, in a 2001 report, opined that a major reason for the high enrolment rate for girls in Tamil Nadu was the implementation of several welfare measures for children, the most notable among them being the provision of free midday meals. The report went on to state that the enrolment rate at primary level had increased to 94.54 % in 1981-82. The report also stated that the program was primarily a nutrition scheme for providing more than a third of the nutritional requirements of the children, but its linkage with school attendance had increased enrolment and retention. The report further quoted from an evaluation of the program in the Dharmapuri district of Tamil Nadu, and stated that the MDM scheme led to an increase in class attendance in Classes I to V by 26 %, the increase being higher among girls, at 28 %. Similarly, there was a 57 % rise in enrolment in Class I; about 14-17 % of the students, who had been long-term absentees and subsequently detained in their respective classes, rejoined the classes after the introduction of the scheme and most of them were regular in attending classes. The Tamil Nadu Midday Meal Program was held to be commendable.

See **Exhibits 5, 6, 7 and 8** for information on enrolment and dropout rates of children in Tamil Nadu.

In another study in Tamil Nadu in 1996, Devadas and Radharukmani noticed weight and height gains, increases in hemoglobin levels, and RBC count, greater achievement of children in schools, and children exhibiting desirable food habits. A NCERT study in 2000 concluded that the Tamil Nadu MDM scheme and the supply of food grains under the MDM in Uttar Pradesh had helped in improving enrolment and retention of girls in schools.

However, it was observed that the states had, over the years, received shortfalls in the free supply of food grains from the central government. For instance, Gujarat had received shortfalls of food grains at rates of 37.14% in 1995-96, 46.08% in 1996-97, 76.53% in 1997-98 and 63.90% in 1998-99. For the same years, Tamil Nadu had shortfalls in the receipt of food grains to the extent of 0%, 6%, 10 % and 37%. The delay in preparing beneficiary lists at the district level, based on which food grains are allocated was a factor causing such shortfalls.

There were no external evaluations of the MDM scheme in Gujarat, as in the case of Tamil Nadu. However, there were some internal departmental evaluations made. In an evaluation carried out in 1994, it was stated that the scheme “provides nutritious value added food to the children in primary schools all over Gujarat; it also generates employment opportunities to very needy people of poor sections like destitutes, widows and others”.

However, none of the studies established clear causal relationships between the program, and the nutritional and health aspects of the target population.

Elements Responsible for the Success of the Scheme

In most social indicators, such as population growth rates, fertility rates, infant mortality rates, maternal mortality rates, literacy rates, school enrolment rates, drop-out rates, age at marriage of women, and women's empowerment, Tamil Nadu had always maintained a lead position, along with Kerala. For instance, the annual exponential population growth rate in the state between 1981 and 1991 was 1.43%, placed it second in the country next only to Kerala, which recorded a rate of 1.34%. According to the provisional figures from the 2001 Census, the average annual exponential growth rate of Tamil Nadu for 1991-2001 was estimated at 1.06%, still placing it second in the country, next only to Kerala, which recorded a rate of 0.90% for the same period. The state's Total Fertility Rate was estimated at 2.1, being the second lowest in the country, with Kerala again coming with the lowest, at 1.7. According to this estimate, Tamil Nadu had reached replacement reproduction levels by 1994. Immunization coverage had reached nearly 100%, and the age at effective marriage for women in the state was 20.1, even 10 years ago. The status of women had been rising thanks to the people's involvement, and also to the social reformist movements.

Similarly, the state had been a pioneer in launching nutrition programs. Such strong political will was always matched by an equally strong commitment on the part of the state bureaucracy to support progressive schemes like nutrition and noon meals.

Food grains (wheat and rice), at 100 grams per child per day, in schools where cooked/processed hot meals were served, and 3 kgs per student per month, subject to a minimum attendance of 80% by the students, in schools where food grains were distributed, were provided free of cost by the central government from the go-downs of the Food Corporation of India (FCI). The transport costs of the food grains was reimbursed through the district authorities, from FCI go-downs to the schools at actual cost subject to a maximum of Rs. 50 per quintal as applicable under the Public Distribution System (PDS). In addition, a hill transport subsidy was also provided to the states through the FCI, as in PDS, for hilly areas. The cost of conversion of food grains into hot cooked meals had to be met by the state governments, or the other implementing agencies.

Elements Acting as Constraints

The scheme in both the states was massive, calling for enormous logistical and administrative efforts. The efforts also involved the convergence of many departments of government, NGOs public support and cooperation. A major problem encountered by both the states was that of inter-departmental coordination and convergence. For the holistic development of the child, the departments of health, nutrition, education, revenue/rural development, civil supplies, and finance needed to converge and work in tandem.

The next big constraint was community involvement and ownership of the scheme. As has been noted earlier, in both the states, the popular perception was that the scheme was basically a government scheme, and they expected the government to do everything. There

were, of course, a few exceptions. Ensuring community involvement and ownership was one of the big challenges that the scheme faced.

Another constraint was the lack of resources. Both states had this problem, and even sustaining the schemes at current levels of spending was a problem. Other schemes, like employment generation, poverty alleviation and so on, could have helped this situation to a great extent.

Yet another constraint was the lack of capacity within the system to better monitor and manage the scheme. There was a distinct need to build capacity, particularly in monitoring the progress and measuring the impact of the scheme. Gujarat had tried a quality improvement scheme in education through its *'karmayogi'* scheme. Similarly, Tamil Nadu had its own quality improvement schemes.

Replicability and Future Sustainability

When he finished reading the report again, Mohapatra realized that there were a number of positive aspects to the MDM scheme. He was puzzled that not many states had progressed on the implementation of the Supreme Court order. He thought there were questions of attitudes and resources of funds and manpower that needed to be addressed. Still, he decided that he would ensure that the states implemented the Supreme Court order in full. But he was not sure how... □

Exhibit 1

MIDDAY MEAL SCHEMES
IN THE INDIAN STATES OF TAMIL NADU AND GUJARAT

The Ingredients of the Midday Meal

No.	Name of the Commodity	2 to 5 years	5 to 9 years (I to V Sts.)	10 to 15 years (VI to VIII Sts.)	IX and X Sts.	Pregnant Women and Pensioners
1.	Rice	80 g.	100 g.	100 g.	120 g.	200 g.
2.	Dhal	10 g.	15 g.	15 g.	15 g.	15 g.
3.	Oil	2 g.	1 g.	1 g.	1 g.	1 g.
4.	Vegetables, Condiments and Fuel*	35 paise	35 paise	35 paise	35 paise	35 paise

* Vegetables – 15 paise; condiments including salt – 9 paise; and fuel – 11 paise.
100 paise = 1 Indian Rupee (INR).

Exhibit 2

Orders of the Honourable Supreme Court of India

The Honourable Supreme Court of India has in its order dated 17.9.2001 on the Writ Petition (Civil) No. 196 of 2001 in the case of People's Union for Civil Liberties v/s Union of India directed all the State Governments to forthwith lift the entire allotment of food grains from the Central Government under various schemes including Midday Meals scheme and disburse the same in accordance with the scheme. The Honourable Supreme Court of India has again passed another interim order on the 28th of November, 2001, regarding implementation of the Midday Meals Scheme, which is reproduced below:

“3. MIDDAY MEAL SCHEME (MDMS)

- (i) It is the case of the Union of India that there has been full compliance with regard to the Midday Meal Scheme (MDMS). However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the scheme.
- (ii) We direct the State Governments/Union Territories to implement the Midday Meal Scheme by providing every child in every Government and Government assisted Primary schools with a prepared midday meal with a minimum content of 300 calories and 8-12 grams of protein each day of school for a minimum of 200 days. Those Governments providing dry ration instead of cooked meals must within three months start providing cooked meals in all govt. and govt. aided Primary Schools in all half the Districts of the State (in order of poverty) and must within a further period of three months extend the provision of cooked meals to the remaining parts of the State.
- (iii) We direct the Union of India and FCI to ensure provision of fair average quality of grain for the scheme on time. The States/Union Territories and the FCI are directed to do joint inspection of food grains. If the food grain is found, on joint inspection, not to be of fair average quality, it will be replaced by the FCI prior to lifting.”

Exhibit 3

MIDDAY MEAL SCHEMES
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Budget for Midday Meal Schemes

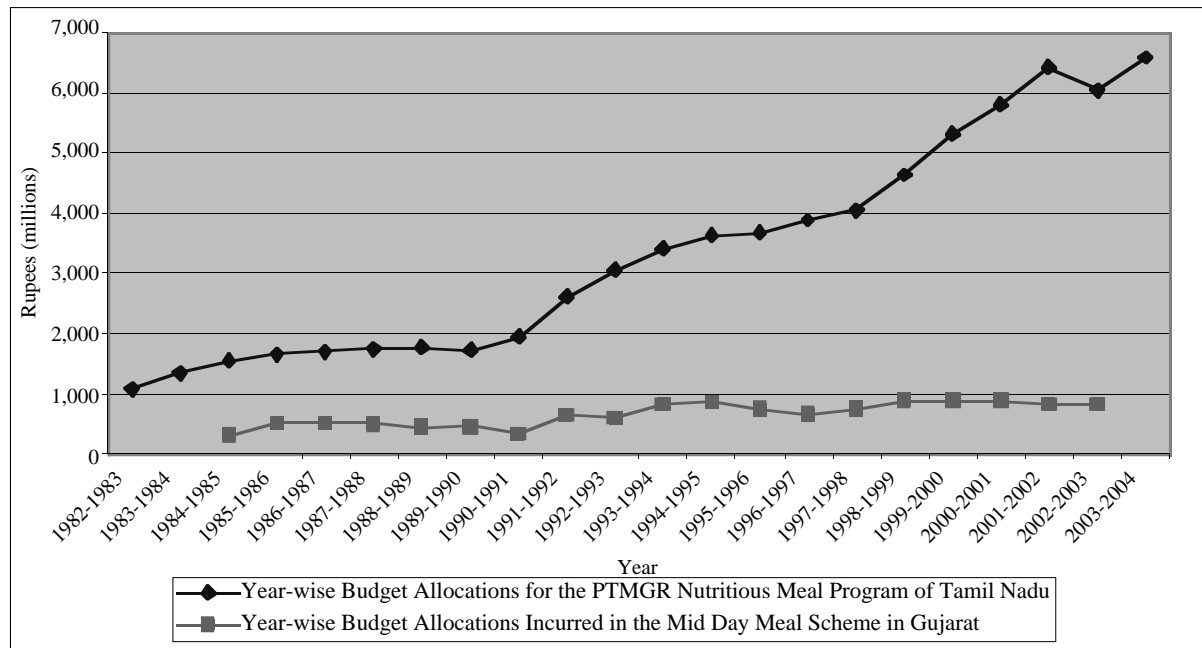


Exhibit 4

Members of the District Level Monitoring Committee

1. District Collector (Chairperson)
2. District Revenue Officer
3. Commissioners of Municipalities/Municipal Corporations
4. Personal Assistant to the District Collector (General)
5. Additional PA to the Collector
6. Deputy Collector (Public Grievances)
7. District Supply Officer
8. District Backward Classes Welfare Officer
9. District Adi Dravidar Welfare Officer
10. Assistant Commissioner (Excise)
11. Revenue Divisional Officers
12. Tahsildars
13. Special Tahsildars (ADW & BCW)
14. Taluk Supply Officers
15. Other Gazetted P.As to the Collector
16. Planning Officer of the Rural Development Department (District Rural Development Agency)
17. Planning Officer, Women's Development Project
18. PA to Collector (RD)
19. Assistant Director (RD)
20. Assistant Director (RD Audit)
21. PA to Collector (NMP)
22. Joint Director, Health
23. Deputy Director, Health
24. Health Officers of Municipalities and Municipal Corporations
25. Assistant Planning Officers (DRDA)

Exhibit 5

MIDDAY MEAL SCHEMES
IN THE INDIAN STATES OF TAMIL NADU AND GUJARAT

**Enrolment and Drop-Outs in Primary Schools
in Tamil Nadu (millions)**

No.	Year	Enrolment	Drop-Outs
1.	1981-1982	4,472	—
2.	1982-1983	4,673	—
3.	1983-1984	4,806	—
4.	1984-1985	4,892	2,324
5.	1985-1986	5,042	2,248
6.	1986-1987	5,177	2,229
7.	1987-1988	5,272	2,178
8.	1988-1989	5,362	2,144
9.	1989-1990	5,446	2,105
10.	1990-1991	5,550	2,032
11.	2002-2003	6,292	1,385

(Source: *Sarva Siksha Abhiyan*, Tamil Nadu.)

Exhibit 6

**Total Drop-Out Rates at Different Stages of School Education in
Tamil Nadu State 1985 - 2003**

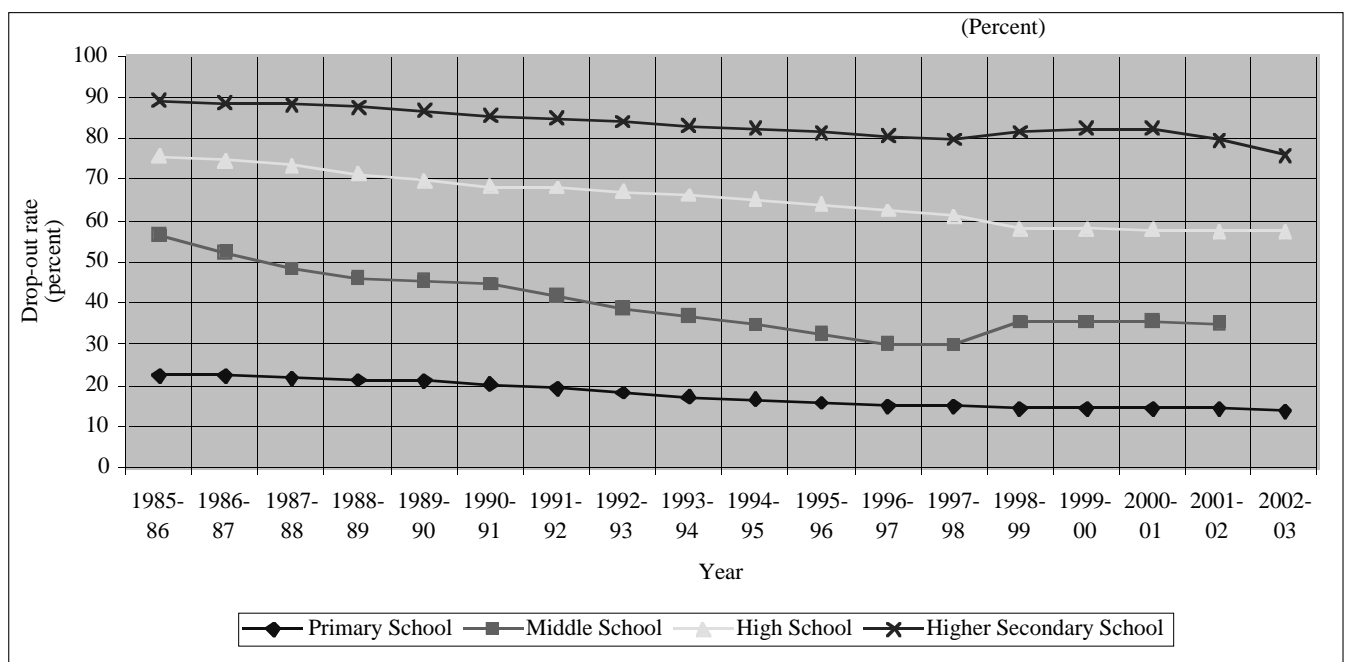


Exhibit 7

MIDDAY MEAL SCHEMES
IN THE INDIAN STATES OF TAMIL NADU AND GUJARAT

**Male Drop-Out Rates at Different Stages of School Education in
Tamil Nadu State 1985-2003**

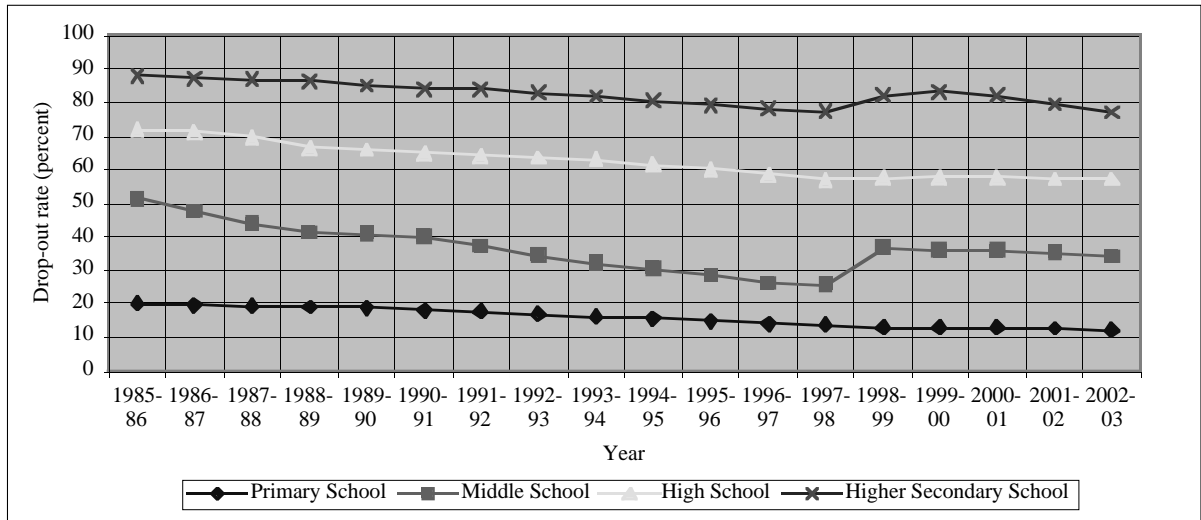


Exhibit 8

**Female Drop Out Rates at Different Stages of School Education
in Tamil Nadu State 1985-2003**

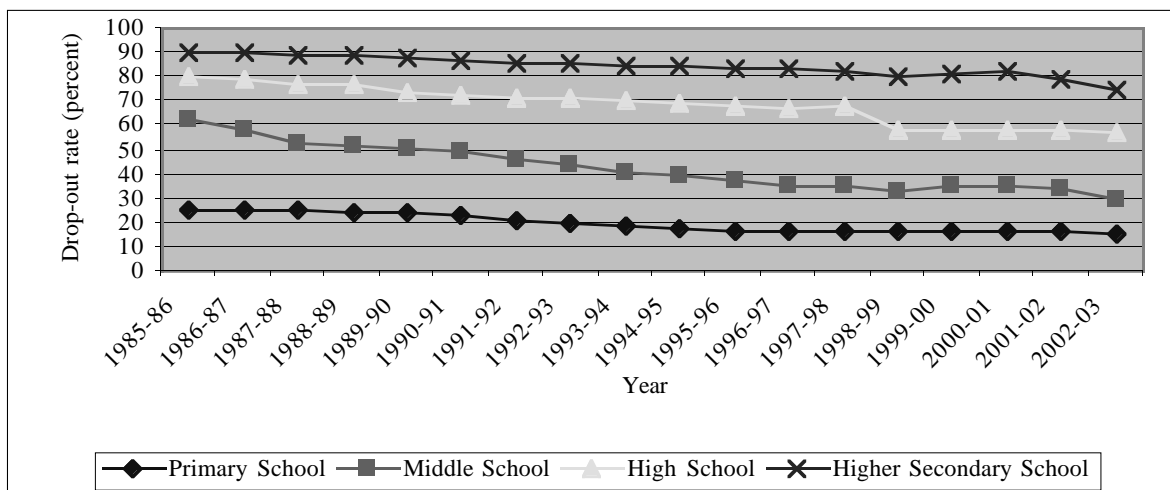


Exhibit 9

MIDDAY MEAL SCHEMES
IN THE INDIAN STATES OF TAMIL NADU AND GUJARAT

