ROLE OF MDMS IN EXECUTING FOOD SECURITY PROGRAMME FOR CHILDREN

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ABSTRACT

MDMS (Mid Day Meal Scheme) as one time food security programme has big effects on food and nutrition of school children. The goal of this scheme was to give boost to universalisation of basic education and to provide one time secured nutritious lunch food for students of primary and secondary classes. It is the provision of free of cost feeding programme for school-children on all working days. In September 2013, the Indian Government passed the National Food Security Act, more popularly known as the Right to Food bill. This bill aims to provide subsidized food grains to 800 million Indians, roughly two thirds of India’s population. As prioritizing nutrition in this food system, this study try to assess to what extent MDMS is executing to provide supplementary nutrition for growing children. The study depends on the cross sectional longitudinal data of randomly selected seven hundred thirty six children of 6 to 13 years age group from govt. primary and upper primary schools of rural set up. Field voice reports that MDMS is acting successfully in providing secured regular lunch food for children. To make its success much better, the challenges facing this programme are also being addressed and also few recommendations are being mentioned.

INTRODUCTION

Guaranteed food security for improving child health & nutrition must be the most needed social investment for a prosperous & sustainable society. Food security and nutrition are complementary and overlaps each other. It is the basic right of every child to attain optimum food for health & well-being. Food cannot be separated from its nutritional role to meet human physiological requirements in terms of quantity, quality, and security. Adequate nutrition from food content is a basic human need. Enhancing food security and reducing under-nutrition have been promised since 1948 through the Universal Declaration of Human Rights. Good nutrition is fundamental for children’s current and future health, as well as their learning. The benefits of developing healthy nutritious food patterns from an early age onwards can positively impact on people’s nutrition and health throughout their adult lives, and enhance the productivity of individuals and nations. Following the 1974 World Food Conference, the 1990 World Summit for Children and the 1996 World Food Summit (WFS), there has been extensive research and progress in identifying relevant food and nutrition indicators, sometimes also leading to uncoordinated and overlapping information systems (Dreze and Sen, 1989). Therefore, guaranteed food security for good nutrition of children must be an issue of great importance. India vision 2020 should aim at complete eradication of food insecurity, both chronic and transient (India Vision 2020:52). One in every three malnourished children in the world is from India (HUNGaMA, report 2011). The majority of deaths associated with malnutrition occur in children who are marginally malnourished (Pelletier, 1994:2047-2081). The nutritional security of children and women is a serious issue that needs to be addressed urgently (World Bank, 2009).These reports initiate to discuss the levels of health and nutrition on the ground of food security programme as MDMS working for school attending children.

It is estimated that about 870 million people have been undernourished and 98 percent of these live in developing countries (Food and Agricultural Organisation, 2012) like India. According to the International Food Policy Research Institute (IFPRI, 2011), around sixty million children in India are underweight and malnourished and nearly twenty one per cent of the population are malnourished. In India, about 217 million (17.5 percent) of population is undernourished and the country stands at sixty three ranks of sixty nine nations in Global Hunger Index (IFPRI, 2013). The extensive hunger and malnutrition has placed the country at seventy out of 107 nations in Global Food Security Index (The Economist, 2013). In the human development front, India’s performance is again
very poor; it is ranked 136 out of 186 countries on its Human Development Index (United Nations Development Programme (UNDP, 2013). Over one fifth of our population comprises of children aged 5-14 years i.e. the group covering primary and secondary education (Raghava, 2005). As today’s children are the citizens of tomorrow’s world, health and nutritional status of children plays important role in deciding future of any country. Still child malnutrition remains the world’s most serious health problem and the single biggest contributor to child mortality. Child malnutrition has risen in recent years in India (Chaterjee, 2007). Malnutrition in children is the consequence of much food insecurity. Food insecurity and poor nutrition as an interlinked problem in many developing countries can have profound effects on children’s health and their development. The Mid Day Meal Scheme in India as a programme covering primary and upper primary school children is premised on expectations of significant gains in schooling and nutritional outcomes.

**Mid Day Meal Scheme (MDMS)**

The Mid Day Meal Scheme (MDMS) as one time secured feeding programme of the Government of India seeks to address the issues of food security, lack of nutrition and access to education on all working days for children in Primary and Upper Primary Classes of all government and government aided schools. MDMS aims to provide cooked mid day meal to the children studying at primary stage. In 1995 to provide mid-day-meal to the children studying at primary stage. In 2004, the Supreme Court directed the Government to provide cooked mid day meals (as opposed to providing dry rations) in all Government and Government aided primary schools. It was revised in September 2004 and in September 2006. In 2004, the Union Ministry of Human Resource Development (HRD) and Department of Elementary Education and Literacy revised the guidelines for the scheme prescribing supply of meal with 300 calories and eight to twelve grams of protein. The Ministry again revised the scheme in September 2006 to provide cooked mid-day-meal with 450 calories and twelve grams of protein content to all children of primary classes (I-V) in the country. In October 2007, the scheme was expanded to cover children in upper primary classes of VI to VIII and the name of the Scheme was changed from ‘National Programme of Nutritional Support to Primary Education’ to ‘National Programme of Mid Day Meal in Schools’. The nutritional norm for upper primary stage was fixed at 700 Calories and twenty grams of protein. The Scheme was extended to all areas across the country from 1.4.2008.

**Food Security Programme**

Concepts of food security have been evolved over time since the World War II. The food crisis of 1972-1974 have been marked a dramatic turning point. In the 1970s, the concept of food security was developed from the perspective of food-supply to ensure that all people everywhere must have enough food to eat. Food security was defined in the 1974 World Food Summit as “availability at all times of adequate world food supplies of basic foodstuffs to sustain a steady expansion of food consumption and to offset fluctuations in production and prices” (Overseas Development Institute (ODI), 1997). The importance of consumption and access has been put forward through the concept of entitlement (Sen, 1981). In his renowned work, Sen highlighted that food related problems are influenced not only by food production and its agricultural processes, but also by the structure and processes of distribution governing entire economies and societies. Following his view, food insecurity has been caused not only by scarcity but also by institutional failures in the promotion of food distribution. Therefore, multi-sectoral planning has to be introduced to tackle food insecurity. In 1983, Food and Agricultural Organisation (FAO) expanded its concept to include securing access by vulnerable people to available supplies, implying that attention should be balanced between the demand and supply side of the food security equation as ‘ensuring that all people at all times have both physical and economic access to the basic food that they need’. Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (FAO, 2000). This definition addressing under nutrition is about the availability of, and access to nutritious food. Maxwell and Frankenberger (1992:8) told food security as “secure access at all times to sufficient food for a healthy life”.

Article 47 of the Indian Constitution states that, “the State shall regard raising the level of nutrition and standard of living of its people and improvement in public health among its primary duties”. India’s Five-Year Plans enunciated the policies, outlined multi-pronged programmes to improve food security and nutritional status of the population, emphasized the goals to be achieved in a specified time frame, and provided the needed funds to implement the interventions. Specially, the Tenth Five Year Plan (2002-07) focused on comprehensive interventions aimed at improving food and nutrition security. The Tenth Plan envisaged that there will be a paradigm shift from (i) household food security and freedom from hunger to nutrition security for the family and the individual; (ii) untargeted food supplementation to screening of all the persons from vulnerable groups, identification of those with various grades of under nutrition and appropriate management; and (iii) lack of focused interventions on the prevention of over nutrition to the promotion of appropriate lifestyles and dietary intakes for the prevention and management of over-nutrition and obesity. In September, 2013, the Indian Government passed the National Food Security Act (NFSA), more popularly known as the Right to Food bill. This bill aims to provide subsidized food grains to 800 million Indians, roughly two thirds of India’s 1.2
billion populations. The NFSA was signed into law on 12th September, 2013 and was retrospectively implemented since 5th July, 2013. The National Food Security Act, 2013 (NFSA 2013) converted into legal rights for existing food security programmes of the Government of India. It includes the Mid Day Meal Scheme (MDMS), Integrated Child Development Services (ICDS) scheme and the Public Distribution System (PDS). The MDMS and the ICDS Scheme are universal in nature whereas the PDS will reach about two-thirds of the population (seventy percent in rural areas and fifty percent in urban areas). These are the important elements of securing better nutrition for children and will support progress towards the Millennium Development Goals (MDGs) which gave importance on eradication of extreme poverty and hunger (MDG-1) and reducing child mortality (MDG-4).

Food security has three components, viz., availability, accessibility, and absorption of food and nutrition. These three are interconnected. Availability refers to the physical availability of food stocks in desired quantities. Accessibility refers the physical and economic opportunities in getting the enough food through their own endeavour’s or through state intervention or both. Absorption is the biological ability to utilize the consumed food.

World Food Summit, 1996 brought into focus the linkage between food, nutrition and health. Food insecurity and malnutrition are viewed as a lack of human rights (FAO 1996). Food is made up of nutrients. A food system must prioritize nutrition. Food security includes the nutrition practices and knowledge that can hinder the absorption of food into the body. Today, the nutrition security emerged with the recognition of the necessity to include nutritional aspects into food security. The development is being measured in terms of economic and social indicators with food and nutritional security of the communities. National Family Health Survey-3 (NFHS-3) report (2005) has revealed that over seventy per cent children suffer from iron deficiency, while 1.5 million children suffer from vitamin A deficiency in India. Low food intake contributes the nutritional deficiency among children. Food and nutrition have to come together. Broad nutrition-specific and nutrition-sensitive interventions must complement each other in a food system.

**Brief Review on Related Literature**

Few studies are available on the concerned subject. Dreze and Goyal (2003) conclude that with additional resources and quality safeguards, mid-day meals can play a major role in improving school attendance, eliminating classroom hunger, and fostering social equity. According to the report on school education department, the rate of school going children has been increased day by day due to MDM programme (Government of India, 2008:24). Another study, based on a survey of primary schools in the state of Madhya Pradesh, concludes that the MDM scheme had a substantial effect on reducing hunger at school and protein-energy malnutrition (Afridi, 2010:156-160). Cooked Mid Day meal has reduced classroom hunger especially those belonging to underprivileged sections (Mathur, 2005).

According to the Research findings (2010) of Pratichi trust of Prof. Amartya Kumar Sen, implementation of MDM has been a success throughout the country. They have also proposed that the quality of food needs to be improved. The report by PROBE (Public Report on Basic Education) indicated that eighty four percent of households reported that the children get cooked mid-day meal in schools and children enjoy varied menu. Good practices like washing hands before eating, and after eating are imparted in the schools.

The National Institute of Public Cooperation and Child Development (NIPCCD)-2007, Madhyapradesh has reported that MDM has shown marked improvement in enrollment pattern of children in primary schools. As depicted in reports, the scheme helped to reduce the burden on poor families relating to food and education with respect to girl child especially.

**Objectives**

1. To evaluate the role of MDMS in securing food security for school going children.
2. To portray nutritional profile of school children under MDMS
3. To understand the hurdles faced the scheme for its needful implementation.
4. To suggest appropriate corrective measures for improving the programme.

**MATERIALS AND METHODS**

**Place of study**

This study was limited to govt. primary and secondary schools of two adjoining blocks of Ramnagar, Purba Medinipur, West Bengal, India. School children between 6-13 years of age were selected randomly for the study.

**Study design**

The study is cross-sectional comprising general community, Scheduled Caste, Other Backward Class (Hindu) and Other Backward Class (Muslim) community. One time observational and experimental study on primary and secondary school children of 1st to 8th standard was conducted to know the impact of mid day meal on these children. Study design is both quantitative and qualitative. Mainly the qualitative data collection method provides information about food quality with children’s overall status of health and nutrition. The findings of the study are being statistically and analytically described. Also the comparison has been drawn on different communities’ nutritional status of the children. Here, for detail analysis, single table has been made on the basis of physical measurements according to age, sex and community of the school children.

**Sample size**

736 children as sample between six-thirteen years of age were found around twenty schools. Total sample had been divided equally from Class I to class VIII standard and also equally had been divided between two sexes. In addition, to know the community wise nutritional status, the sample had been divided equally among all the existing communities in this region.

**Data collection**

This study is based on primary and secondary sources of Information. The primary data were collected from twenty primary and secondary schools of two rural adjoining blocks of
Ranaghat-I and Ranaghat-II of East Midnapore district, West Bengal. The necessary primary data were collected through questionnaires and interview schedule and holding discussions with the concerned school headmasters to evaluate the performances of MDMS in ground reality. The primary data had been chosen through random sampling method.

The secondary information regarding the Mid Day Meal Programme was also obtained through discussions with the officials of the school inspectors of concerned blocks. Relevant secondary data like revised guidelines for Mid Day Meal Scheme, office orders and reports, etc. were collected from the Official site of the Mid Day Meal Scheme.

**Anthropometric Measurements** – To assess the nutritional profile of the school children, anthropometric measurements have been taken. Anthropometry is the single most universally applicable, inexpensive, and non-invasive method available to assess the size, proportion and composition of human body (WHO, 1995). Classifications of childhood nutrition are being assessed through measuring their physique as height-for-age, weight-for-age and BMI-for-age. Height and weight of each child was measured by means of a measuring tape and weighing scale respectively. BMI for age is a measure of Body Mass Index. It is calculated dividing the weight in kilograms (kg), by the height squared ($h^2$) in meters (m).

In this existing study, nutritional status of children was being assessed by anthropometric indicators such as height, weight and BMI of each age and of each sex. To examine their nutritional level, the comparison has been drawn between the height, weight of each age and of each sex. To examine their nutritional level, the comparison has been drawn between the age, sex and community wise standard measurement of ICMR (Indian Council of Medical Research), 1990 value and collected ground data on height, weight and BMI of the sample school children. The difference between these two values shows the actual nutritional profile of these children in the study region. The ICMR specification has been mostly used to assess child nutrition as per Indian standard and has been depicted in the table.

**Table 1** Proportion of Indian Council of Medical Research (ICMR) Standard Height, Weight and BMI of Boys and Girls at six to thirteen ages

<table>
<thead>
<tr>
<th>AGE</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WEIGHT</td>
<td>WEIGHT</td>
</tr>
<tr>
<td>6</td>
<td>1.161</td>
<td>20.7</td>
</tr>
<tr>
<td>7</td>
<td>1.217</td>
<td>22.9</td>
</tr>
<tr>
<td>8</td>
<td>1.27</td>
<td>25.3</td>
</tr>
<tr>
<td>9</td>
<td>1.322</td>
<td>28.1</td>
</tr>
<tr>
<td>10</td>
<td>1.375</td>
<td>31.4</td>
</tr>
<tr>
<td>11</td>
<td>1.40</td>
<td>32.2</td>
</tr>
<tr>
<td>12</td>
<td>1.47</td>
<td>37</td>
</tr>
<tr>
<td>13</td>
<td>1.53</td>
<td>40.9</td>
</tr>
</tbody>
</table>

(Source: Nutrient Requirements and Recommended Dietary Allowances for Indians, ICMR, 1990)

Various previous researches on measuring nutritional status of the populace have been conducted through the use of ICMR specification. A survey and report have been made by Manna and others on child nutrition in North Bengal region through the use of ICMR standard value (Manna et. al. 2011). Also in 2011, the tribal child nutritional status had been assessed through ICMR specification in the study of Bisai and Mallick.

**FINDINGS**

The important factor behind food security is to minimise under-nutrition of the populace through reducing hunger. Food security encompasses with availability of adequate food grains with its nutritional contents in terms of protein, energy, vitamins, and minerals. The embedding of food security emphasizes that raising levels of nutrition is the ultimate goal. MDMS as one time food security for school children had been started on that premise where secured food and nutrition are interconnected. There is the significant effect of regular intake of school meal on nutritional status of children. Now the findings try to analyse how far the ground reality may prove the promise behind the MDMS.

**Age and Sex wise Children’s Nutritional Status**

The number of boys and girls in each single years and their mean value of height, weight and calculated BMI have been measured at first. Then, the differences of mean height, weight and BMI of School going children from the provided ICMR standard value on height, weight and BMI have been calculated and picturised as per age and sex wise. For every age, the differences of height, weight and calculated BMI have been presented on the basis of sex division in the table form.

**Table 2** Distribution of Age wise differences of Height, Weight and BMI of school Boys and Girls in comparison to ICMR, 1990 standard–

<table>
<thead>
<tr>
<th>AGE</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEIGHT</td>
<td>WEIGHT</td>
</tr>
<tr>
<td>6</td>
<td>0.059(+)</td>
<td>2.77(+)</td>
</tr>
<tr>
<td>7</td>
<td>0.023(+)</td>
<td>3.96(+)</td>
</tr>
<tr>
<td>8</td>
<td>0.08(+)</td>
<td>4.05(+)</td>
</tr>
<tr>
<td>9</td>
<td>0.058(+)</td>
<td>6.1(+)</td>
</tr>
<tr>
<td>10</td>
<td>0.031(+)</td>
<td>17.48</td>
</tr>
<tr>
<td>11</td>
<td>0.09(+)</td>
<td>8.31(+)</td>
</tr>
<tr>
<td>12</td>
<td>0.66(+)</td>
<td>13(+)</td>
</tr>
<tr>
<td>13</td>
<td>1.21(+)</td>
<td>16.07(+)</td>
</tr>
</tbody>
</table>

((+ indicates taller/over/high of mean value than ICMR standard, - indicates smaller/under/low of mean value than ICMR standard)

In the age group of 6-13, the height of the girls is distinctly taller as compared to the boys in most age group. The mean height of the girls in every age is higher than boys. The mean weight of the children is much lower in comparison to ICMR specifications. Specifically, the mean weight of the girls is much lower than the National standard as comparison to boys. This study reports that children were found to be severely underweight. Results show that boys were heavier than girls and girls are found taller than the boys in each age. In BMI status, the result is like the weight status of the children, i.e., the low status. Due to the severe deficit in weight status, the calculated BMI is seen also excessively low in comparison to ICMR standard. Underweight reflects the composite indicator of acute under-nutrition.

**Community wise Children’s Nutritional Status**

In order to make the study more comprehensive and holistic, the nutritional measurements of the cross-section of the community have been covered. Therefore, the comparisons from ICMR specification are being drawn on MDM beneficiaries among cross section of the children in the table - III.
In this study the data has been collected on these four communities emphasizing the equal numbers from each category. Out of 736 children, 184 students are taken from each category. Out of 184 students, boys and girls ratio is ninety two. From each, category of height, weight and BMI has been presented on the basis of sex division in the following table. It is already reported that height is taller, weight is lower and BMI is low for every children in comparison to ICMR specification.

In the height chart, the result is praiseworthy. Above 70 percent boys and girls irrespective of castes are taller as compared to ICMR standard.

In the weight chart, Muslim boys i.e., 85 percent are underweight, after that Scheduled caste category boys i.e., 79 percent, then the general community i.e., 77 percent and lastly other backward Hindu classes i.e., 75 percent are belonging to underweight category. In girls section, Muslim girls are severely underweight i.e., 96 percent, then 84 percent of general community girls, 83 percent of SC girls and 75 percent of other backward Hindu girls are belonging to underweight.

In calculating BMI, the results are same as weight chart due severe deficit in weight as compared to ICMR standard. Muslim boys i.e., 90 percent are seen as maximum low, after the other backward Hindu community boys i.e., eighty eight percent, next the Scheduled caste category i.e., 81 percent and then general community i.e., 80 percent are belonging to low category. In girls section, Muslim girls are severely in low BMI i.e., 96 percent, then 88 percent from other backward Hindu girls, just after 88 percent from general community girls and lastly 84 percent from SC girls are belonging to low BMI.

Obtained results establish the contrast in the nature of nutritional status functions between boys and girls. Statistically weight was lower than ICMR standard for boys and girls both. Girls weight is little lower in comparison to ICMR standard than boys. But height was taller than the standard among boys and girls both. Girls’ height was little higher than boys. There was no significant difference between boys and girls in the prevalence of under nutrition in this region. In this study, it is striking to note that the average height of children was higher than ICMR standard. This is praiseworthy report in this region. Because in third world countries, the average height of the children is always lower than the standard height of the children and this instance is alarming for the development practitioners. Here this study report is exceptional.

It is well documented that food intake are mainly reflected through the high prevalence of underweight. The prevalence of under nutrition in this study is not so high. The results clearly indicate that the prevalence of severe underweight is much higher among school going children. Underweight is used as a composite indicator to reflect both acute and instant nutrition and lower height is an indicator of chronic or long-term nutritional deficiency and/or disease or illness. Thereby, the children in the present study are experienced instant nutritional stress. The prevalence of underweight is higher among girls than boys. It is well documented that boys are more likely to suffer from long term nutritional deficiency than girls in respect of measuring height. In another aspect, girls are more likely to suffer acute malnutrition than boys in respect of measuring weight. The main nutritional problem faced the school children include growth retardation due to underweight. This study reports on height is really praiseworthy where long term nutritional deficiency is not documented. Here, average height of boys and girls are higher in comparison to ICMR standard. Deficiency in height indicates long term nutritional deficiency which will be overcome through planned, concerted, long term and well balanced efforts. But this study does not report any such deficiency among school children. In this rural scenario, only deficiency in weight among school going children are documented. This report shows instant nutritional deficit which may be overcome through some instant, careful and conscious efforts.

From Teachers’ perspective, it is documented that the dropout rate of school children has been decreased after implementing the MDMS. Many of children continue their education because of regular availability one time food security at the school. The Mid Day Meal Scheme assures lunch food for the school children. The children, who have come from poor families, are regular in attending the school because of availability of secured food. The food in noon time improves their enrolment because they no longer get hungry during the school day.

**Challenges**

Within a general picture of progress in MDMS scheme, they are facing few challenges as well. Prime challenge is to cover all sections of schools students irrespective of sex and caste and then to wipe out the malnutrition and chronic hunger in India. There are several other limitations of this programme, both in implementation on the ground, in its concept and design. A key problem in its implementation has to do with both the quantum of funds required and the flow of funds in the scheme. All children in rural India are not being accessed in both the right to food and the right to education in spite of constitutional guarantee. With rising prices, the allocations are not enough for providing a secured nutritious meal. This scheme needs the provision for training and skill upgradation for all staffs for proper handling of all these things related to it, i.e., time management, latest information, managing the expenses, proper hygiene, need based collaboration etc. especially to disseminate messages of health and nutrition. This programme lacks active community participation in its actual implementation and monitoring. Lack of close monitoring, supervision and quality guidelines are also creating hurdles for this scheme make active.

**Policy Implication**

There is a strong need for instituting and effective implementation of the Mid Day Meal (MDM) programme throughout the country, particularly in the light of Sarva Siksha Abhiyan (SSA). Here the focus of investigation is on nutrition,

### Table III Distribution of Children’s Height, Weight and BMI in comparison to ICMR for each sex and for each community

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>BOYS (in %)</th>
<th>GIRLS (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEIGHT (Taller)</td>
<td>WEIGHT (Under)</td>
</tr>
<tr>
<td>GEN</td>
<td>67.79</td>
<td>77.15</td>
</tr>
<tr>
<td>SC</td>
<td>80.43</td>
<td>79.35</td>
</tr>
<tr>
<td>OBC (Hindu)</td>
<td>69.57</td>
<td>75</td>
</tr>
<tr>
<td>OBC (Muslim)</td>
<td>70.65</td>
<td>84.78</td>
</tr>
</tbody>
</table>

(Source: Field data and compiled by the author)

(Taller, under data and low value refers the standard in comparison to ICMR value)
then the linkages between nutrition and food security have been carefully explored. Improvement in food consumption under National Food Security Act is a necessary condition for overcoming the problem of malnutrition among children. MDMS needs this qualitative improvement. Periodic monitoring and evaluation of the scheme is needed for its proper success. Availability of effective and secured food with environmental interventions is needed until all the children are adequately well fed. Community based nutrition education programme through active community participation must be facilitated to overcome malnutrition. There is a great need to focus the attention of implementing agencies on the nutritive value of MDMS where food security for the children as one of the main indicators of development and as a precondition for the socioeconomic advancement of societies in the long term.

CONCLUSION

While India wants to achieve success in combating transient food insecurity through the National Food Security Act of 2013, the MDMS is acting successfully as one time food security programme for school children since many years. But after twenty years of its successful performances, it miserably failed to make much dent in food insecurity as reflected in the high incidences of acute malnutrition. School children are a major segment of the population whose nutritional status will indicate the food profile of the region. The nutritional status of the school going children under study was found to be low. The study revealed poor nutritional status among school children received noon food per day from MDMS.

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