Chapter Five

MDMS in Tamil Nadu and Orissa: A Comparative Analysis

From the last two chapters, it is observed that MDMS though a centrally sponsored scheme for the children, but different states have implemented it in a different way. When on one hand Tamil Nadu is far ahead on the other side Orissa is lagging behind. Therefore the present chapter discusses about the causes for the successful lagging of the MDMS. The National Programme of Nutrition Support to Primary Education or MDMS has been one of the most important food security interventions for children that the Government of India has undertaken since 1995. The government’s goal was to reduce hunger and illiteracy among children. Over a period of time, the importance and demand for the scheme has risen as instances of hunger and malnutrition deaths are increasingly being reported from different parts of the country; cases are also reported of child starvation, child sale and death. Of late, MDM was introduced by the Government of India to make it a child’s ray of hope. The scheme has overcome many of the deep-rooted problems that besieged it since its launch in 1995, and it gradually became a universal scheme of feeding primary school children all over the country. But, until 2001, the MDMS was implemented neither in letter nor in spirit and was limited to providing dry rations by most of the states in India. Changes were observed after November 28, 2001, when a Supreme Court order in the right to food case directed all states to provide “cooked meals” to all primary school children.

Hence, the Indian State was either reminded by the judiciary or pressurized by the civil society organizations to protect the children as they are a dependent group. In this regard, the Supreme Court also gave directives from time to time to implement the scheme with a cooked MDM. Afterwards a few states like Tamil Nadu, Kerala and Gujarat went ahead and started providing more nutritious food. When the above mentioned states considered MDM as every child’s basic right, the other states in India took the scheme as a burden to them even though they had high percentage of child under-nutrition and hunger death.

Under this background, an attempt is made to understand the process of implementation of the MDMS in a successful state like Tamil Nadu and a lagging-
behind state like Orissa. This is due to the fact that the study was attempted to find out how far the MDMS has fulfilled the children’s right to food after visiting both the states and interacting with the stakeholders. Based on the observation, field experience and accounting official information from two states, an attempt has been made to identify the factors and issues related to the success and failure of the scheme. Though the study attempts to find out whether MDMS could satisfy children’s right to food, in this regard much emphasis was given to the responses of the respective states regarding the scheme as well as various issues related to the child’s right to food. Further an analysis is made to understand the respective state’s attempt to strengthen the MDMS.

Based on the secondary as well as primary information on the implementation of MDMS, a study is made regarding the overall issues related to MDMS like participation, decentralization, financial support, awareness and demand of the public and government’s support, infrastructural development, role of political parties, involvement of private bodies and community participation. These issues were taken as important indicators for the success of the scheme and discussed later.

In order to contain hunger and malnutrition among children, the governments both at the centre and at the states took a cumulative effort to introduce MDMS during the late 1990’s. However, the issue of food as a matter of right was never brought into the forefront until the Supreme Court’s intervention. With the intervention of the judiciary, increasing awareness and publicity through print and electronic media, the issue has taken a new turn, where the community members have started demanding and questioning the State regarding the same. This is well estimated from the number of petitions and complaints filed in various Courts’ including the apex court of the country for the protection of child rights.

With the Supreme Court’s intervention, providing MDM to the school going children has not remained a mere child welfare programme but it has now gradually come to be perceived as a matter of their entitlement. As a result of increasing public demand and legal support from the court, perception on MDMS changed and many states had to initiate the scheme as a means for child survival. Not only this, the perception of researchers on the scheme changed from a welfarist approach to a
rights-based approach and emphasis is given to food as a matter of fundamental right and expected from the state authorities to protect that right with high priority.

5.1 MDM as a Right: A Changing Perception

In the two states studied, there is a growing consensus among the different stakeholders that MDM can fulfil the child’s right to food. As children do not have a bargaining power or have a representation in the policy making body, in this context the State is expected to protect them from exploitation and to play a major role in the protection of their rights including the right to food. During the survey in Tamil Nadu, it was observed that the people involved in MDMS process like the teachers, parents, and officials have supported the scheme. According to them MDMS is definitely an effective means to ensure the child’s right to food and nutrition. They argue that though a majority of the children belong to poor socio-economic background, it is not possible for their family to ensure a qualitative nutritious meal everyday.

Even if the parents provide food for their children, they revealed that providing varied food is quite difficult as their children receive from the school under MDMS (the children in Tamil Nadu get different types of food in different days in a week along with eggs, fruits, sweets, etc). In such situations, the teachers argue that MDM can definitely ensure the children’s right to food as well as other rights including right to education, health, sanitation and socialisation, among other things. On the other hand, teachers feel that children are getting a definite nutritious meal with variety of vegetables which are inevitably necessary for the growth of children. It is very significant to point out here that most of the parents and teachers expressed that children go to school due to the provision of a meal which not only fill their belly but

![Figure 5.1: % of Respondents who feel that MDM can secure child's right to food](image-url)
also gives them maximum happiness as they share food with their friends. Poor parents expressed their happiness for MDM and felt that their children are getting proper education as well as food without any cost.

While Tamil Nadu is as one of the leading states in implementing MDM, Orissa presents a different picture. During the field visit to Orissa, it was observed that MDMS is perceived as a mere a centrally sponsored child welfare scheme and state has to implement it. Even though teachers and parents in Orissa realise that MDM can be an effective means to child’s right to food, the existing scenario in the state gives a different picture. It was noticed that MDMS is a burden to the teachers as they have to manage everything starting from procurement of food grains to distribution of cooked meal in the school. There is no separate department, staff and infrastructural facilities to handle MDMS at school level. Though teachers have to look after everything about MDM, they feel it is an extra burden to them. Most of the teachers in Orissa felt that they are forced to implement the scheme without basic provision (infrastructural facilities) and proper cooperation from the government and local officers.

Therefore the teachers expressed that though MDMS is a government scheme, the state has to be more active and co-operative without putting everything on their shoulders. They feel that it is like doing the duty even without holding a single power. Teachers are highly critical about the existing procedure of the scheme and suggested that MDMS could definitely fulfil the children’s right to food if the state government takes the scheme as well as children seriously. But in case of Tamil Nadu, teachers are not involved completely in MDMS process. There are separate staffs created for managing the scheme as well as for procurement, cooking and distribution of MDM to the children.

The Orissa experience helps us realize from that there is a serious need for educating the people and the community as a whole and bringing awareness among them regarding (child) rights and shaping those rights under the purview of the State. And among all the people interviewed in the state, a few respondents from the teachers’ group were of the opinion that MDMS could definitely protect the best interest of the children. The perception of the teachers in Orissa might be due to their
level of understanding of rights in general and the protection of child rights in particular.

Secondly, the perception of MDMS as a right has not emerged among the masses as the researcher observed in Orissa. It can be due to certain reasons like, ignorance of the public regarding their entitlements, lack of bargaining power from the state authorities and most importantly less political awareness and simultaneously the absence of a vibrant civil society. In this respect, the situation is very different in Tamil Nadu as even illiterate women have a sharp awareness of their entitlements, and of the redressal mechanisms that are available for them where they can make complaints. During the study it was surprising to notice that mothers of the children do visit to discuss MDMS with the school teachers and even monitor during cooking and distribution hour. When a few mothers were asked about the irregularity of the lunch, they said that if their children do not get meals regularly in the school, then there is a department to give a complaint to or else bring this issue to the notice of the district collector.

Coming to the active participation of civil society in Tamil Nadu, the researcher’s observation was that civil society has a very dominating role in welfare programmes and their role is mostly concentrated in monitoring and educating the people. Associations and Committees (PTA and MTA) have a major role in the implementation of the MDMS. These associations meet once in a week and the VEC meets twice a month to review the implementation of the scheme. This is because MDM has long been implemented in Tamil Nadu even before introduction of the scheme in national level of 1995. Over the years, the institutions, processes and understanding of the scheme from the perspective of the different stakeholders like state officials, local governments, various committee members, school level functionaries and parents have gained maturity. In 1956, meals were already provided to two lakh children in the state with varied nutritive ingredients.

Further, new institutions have been created for the proper implementation of the scheme in Tamil Nadu. A separate department to deal with MDMS is in place. At the district level, the overall supervisory role of the programme has been vested in an independent official in the rank of a Deputy Collector. Appointment of a full time
NMP organizer at the school level to manage the day-to-day activities of MDMS was the most significant step taken up by the state government to relieve the teacher from the burden of managing both teaching as well as the process of MDM. Therefore, in Tamil Nadu there is minimum or no involvement of the teachers in the MDM process which is seen to be one of the important factors for the successful implementation of the programme.

At the district level, the independent department of the Noon Meal Programme is entrusted with the task of implementing, monitoring and coordinating with the district administration and the state government. An independent department has made the scheme more vibrant as it deals with different issues related to the scheme differently. They assist the district collector and keep up to date regarding the scheme. Because of the independent department in Tamil Nadu, monitoring has become quite strong.

At the same time, in Orissa, it is found that MDMS is implemented by the Department of Women and Child (which deals with various issues dealing with women and children) at state level and Social Welfare at the district level. As a result, neither child rights nor the MDMS could get priority by the department as it has to cover many schemes. Even at the district level, department of social welfare deals with the implementation of the scheme. The department looks after the scheme along with other welfare programs for the weaker section like ICDS, mother’s welfare, SC and ST welfare and scholarship for weaker students. Overemphasis given to one department with inadequate number of supporting staff is a major factor for the delay in implementation of the programme in Orissa. As one department has to look after the implementation of various programmes, it is difficult to monitor the entire scheme properly. And secondly, it is also observed that due to the presence of different schemes, there is confusion as well as ambiguity in relation to implementation.

Further, in Orissa there is no clear-cut division of power or fixing of responsibilities to any department or officials regarding MDMS. A host of government agencies like the Women and Child Development Department, Education Department, Social Welfare Department, Health Department and Civil Supplies Department among others are roped together for MDMS. Consequently, there is an
overlap in responsibilities among the departments which blame each other for discrepancy, delay or for malpractices. This has also led to delay in delivery of provisions and other materials under MDMS, less accountability on the part of the officials and corruption, leading to the gross violation of children’s rights.

Given below is the difference between Orissa and Tamil Nadu in terms of nodal agency for implementing the scheme, staff for cooking food, cost of food per child, etc.

**Table 5.1: Nodal Departments for MDMS, Remuneration and Cost of Cooking**

<table>
<thead>
<tr>
<th>State</th>
<th>Nodal Agency</th>
<th>Remuneration of Cooks (Rs/month)</th>
<th>Cost of food per child per day</th>
<th>No of Days A Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orissa</td>
<td>WCDD</td>
<td>Rs. 200 (Cook)</td>
<td>Rs. 1.64</td>
<td>5 Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rs. 100 (Helper)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>Rural Development</td>
<td>Rs. 2105 (Organiser)</td>
<td></td>
<td>7 Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rs. 1160 (Cook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rs. 880 (Helper)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Field survey: 2007.*

Regarding the remuneration of the organizers, cooks and helpers in both the states, the study noted that the salary of the cooks and helpers for MDMS was significantly very less in Orissa as compared to Tamil Nadu. Tamil Nadu pays the highest remuneration to its organizers, cooks and helpers. In Tamil Nadu, the organizer, cook and helper gets Rs. 2105, Rs. 1160, and Rs. 880 respectively. The corresponding figures for the cook and the helper in Orissa are Rs 200 and Rs 100. In Tamil Nadu the salary is higher as well as more regular, as they receive it in time. But in case of Orissa, cooks and helpers there complain about the low and irregular salary as they receive it once in six months and sometime they do not get at all. Lower remuneration is also a major cause for the lack of seriousness of the cooks and helpers to become regular. Irregularity of salary is not an issue for all the cooks and helpers interviewed in Tamil Nadu. Moreover they are happy with the salary and other facilities provided by the government which made many cooks and helpers to continue in the job.
Coming to the issues of infrastructure, there is a huge gap between the two states. Tamil Nadu is in a much better position than Orissa as every school in Tamil Nadu is provided with separate kitchen, sufficient utensils and piped water supply facility. Moreover there is sufficient number of employees for preparing meals. But in the case of Orissa, they have to cook food without proper infrastructural facility including separate kitchen, proper utensils and fire wood. They have to prepare food with limited or, most of the time, with no facilities. All the cooks and helpers in Orissa expressed their dissatisfaction for the scheme due to unavailability of a separate kitchen-cum-store and insufficient utensils. Because of its unavailability, most of the time they have to cook outside and it is quite difficult for them to prepare meals during rainy season and they have to be attentive all the time for stray dogs and other animals.

They themselves are not happy with the two-member staff for the scheme. The most important point to note in the case of Orissa, due to the absence of a separate kitchen, food was cooked in an unhygienic condition as it was cooked near the drainage system of the school. It was quite surprising that even though the school authorities made representations a number of times for a separate kitchen, they did not receive official co-operation. Therefore they viewed that cooking near the drainage was their compulsion but not their wish.

5.2 ENTAP and MDMS in Tamil Nadu and Orissa

By definition, good governance has to be equitable, non-discriminatory, transparent, accountable and participatory (ENTAP); these are also the paths to achieve the right to food as well as the right to have a day meal. These elements are discussed in all the chapters thoroughly and observed during the field visit to both the states. As the focus has been given to the governance of the MDMS, these are considered as important indicators. Though the issue related to rights got prior attention, the rights-based approach emphasizes on the development process, such as maintaining transparency, accountability, equity and non-discrimination in the MDMS. All the children must have equal opportunity to access the resources for development and receive their fair share of the benefits of development. The ENTAP principles are discussed in the following taking into the account of the both the states.
Since *Equity* is the first ingredient of good governance, during the field visits to Orissa and Tamil Nadu, it was continuously examined whether impartiality was maintained at various levels or not. Impartiality proves the success as well as the strength of the scheme; somewhat surprisingly, it was seen that both the states maintain equity while distributing food to the children. But when it comes to official co-operation, Tamil Nadu is far better than Orissa. This is because during the discussions, the village level authorities responsible for MDMS implementation in Orissa pointed out that all the schools are not treated equally during official cooperation.

A few schools, even though they do not demand, get all support automatically but there are many schools that do not. While trying to find out the reason behind this, many respondents from the groups of teachers and parents highlighted that it all depends upon the involvement of a political party. If a school is very close to a political party they get all immediate help whereas others do not. The cooperation and the non-cooperation of officials depend upon the school’s relationship with the local political leaders or the VEC members belong to ruling party. But the case is quite the opposite in Tamil Nadu as all the school get timely as well as equal cooperation. This may be due to public awareness as well participation which made the local leader to cooperate with the schools.

The governments of Tamil Nadu as well as Orissa have achieved the enhancement of gender equity as one of the important objectives of MDMS; during the field study it was found that the gender gap was declining as parents are showing more interest in sending their girls to school. Simultaneously the scheme has reduced the caste feeling as children of different castes share meals together and parents do not have any objection. Even most of the parents in both the states are happy about this system in school and expressed the view that they do not want to interfere in the school matters.

MDMS has spread egalitarian values, as children from various social backgrounds learn to sit together and share a common meal. In particular, MDM helped to break the barriers of caste and class segregation among school children.
Appointing the cooks from Dalit communities is another way of bridging the gap among the castes. Not only this, the MDMS also provides a useful source of employment for women, and helps many of women labourers in reducing the burden of cooking at home during the day as they do not get time for preparing food. In these ways, women and girl children have a special stake in MDMS. All the schools the researcher visited in both the states had women cooks and helpers. Most importantly those women were widows and from lower caste and class background. A significant point here to mention is that all the staff for preparing food at Tamil Nadu were educated and had passed inter.

Different from Tamil Nadu, in the case of Orissa, a majority of cooks and helpers had not even gone to school. It is important here to mention that the educational standards of the cooks and helpers definitely help while preparing healthy and nutritious food. The MDMS was welcomed by the housewives and mothers in Orissa as well as in Tamil Nadu. In both the states, while interacting with the MTA groups, a majority of mothers revealed that since their children have started getting food at school, they are not worried about them going hungry as it is quite difficult for a poor mother to get back home in the afternoon for the sake of preparing lunch. A number of mothers also pointed out that they are saving money and their children are getting regular food. In Tamil Nadu, most of the respondents (parents) expressed that due to the good quality of MDM, their children are growing properly and concentrating more for the studies.

Participation is another factor in MDMS which makes the scheme more effective and vibrant as the case of Tamil Nadu proves. During the study in two states, it was observed that participation is a major factor which has made the scheme more successful and popular in Tamil Nadu than in any other Indian state. By participation here we refer to internal as well as external and direct-indirect participation. Tamil Nadu has received considerably more support than other states have in terms of external participation from international organizations like CARE, World Bank, UNICEF, etc. for the growth of the scheme. These organizations have extensively funded as well as co-operated with the Tamil Nadu government to successfully implement the scheme. Among all the international organizations, the World Bank has made more contributions than other agencies. Apart from the participation of
external organizations, the state government received cooperation from the central government. The state was able to demand and bargain for support from the central government to implement the scheme properly. And coming to the internal participation, the state received huge support from the public in general and various non-governmental organizations, self-help groups and women’s groups in particular for the successful implementation of the scheme.

We observed that in Tamil Nadu, people’s participation is much higher than Orissa. during the field visit, and while interacting with the common person of Tamil Nadu, one thing that struck us was that people do not perceive the MDMS as a mere central government scheme; instead, they perceive it as a scheme meant for their children’s growth and development. They participate with earnestness so that the children of Tamil Nadu grow properly. Even participation from the official level was also seen to be adequate regarding implementation of the scheme. The officials participation was adequate in the sense of proper and timely cooperation with the schools, fulfilling their demands regarding MDMS and frequent monitoring so as to protect the best interest of the children.

On the other hand, in Orissa, the level of participation was seen to be lacking both internally and externally – from the people as well as from the officials. Regarding international support for the scheme, the government of Orissa received CARE assistance since late 1960’s. However, like Tamil Nadu, the Orissa government could not get financial support from a major agency like the World Bank. On the other hand, the central government has contributed considerable financial support for the development of the condition of the children in the state for ICDS as well as MDMS. The central government has a separate financial assistance for the Kalahandi-Balangir-Koraput (KBK) region where child mortality is much higher.

Lack of participation from below is a crucial factor for the lagging behind situation of MDMS in Orissa. During the field visit, we observed that public apathy towards the scheme was a major disappointing factor. Just as there is less demand from the public in Orissa for MDMS, the government as well as authorities also have not given the scheme much importance. Starting from the state level to the school level, it was found that everyone considered the MDMS as a central government
scheme and in this process, their perception regarding the scheme as a right of the children got diluted.

Regarding the participation at the ground level in Orissa, even though there are many committees involved in implementation of the scheme, VEC has a major role as it constitutes the members of the gram panchayat/ municipality. Other associations like MTA and PTA have a very minimal role and sometime no role in the implementation process of MDMS. In case of Tamil Nadu, the situation is just the opposite. Though VEC is present at the village level, PTA and MTA have a greater say regarding the scheme. It is understood that in Tamil Nadu MDMS, political parties are involved at the state level but when it comes to the ground level, people are more involved in it than the political parties.

Since the inception of the MDMS, in Orissa, all the responsibilities are given to the teachers at the school level. Most importantly, it is the teachers at the schools who have been given overall responsibility of the implementation of the programme in the schools. During the study, it was found that the teachers’ involvement is also a major factor which led to the improper implementation of the scheme. The problem here is that the teachers have to look after two things, namely, teaching and the noon meals. The consequence is that they cannot give complete attention to either of these. While looking into the success and failure of MDMS in two states, it was noticed that issues of teachers’ involvement was different in different states.

In Tamil Nadu, it was observed that teachers are not completely involved in MDM implementation as the situation in Orissa. In each school, there is a well-paid organiser, cook and helper. The organizer is responsible for the maintenance of attendance record, procurement of food grains and overall mid-day meal activities. And in each school there is a cook as well as a helper to prepare food and to distribute it to the students.

But in Orissa, the task of implementation of the MDMS at the school level is vested upon the teachers. The teachers are involved in the maintenance of attendance, procurement of food grains, purchase of MDM materials, cooking and distribution of MDM (due to irregularity of cooks and helpers), and maintenance of discipline in the
school, and most importantly getting scolding from the villagers in the name of corruption and selling of MDM food grains. And above all these works, they have to concentrate in teaching and attending different meetings with the administration regarding various issues related to MDMS.

Therefore it was noticed that teachers are overburdened with an extra duty because of which they have been indifferent to the scheme. Seeing the involvement of the teachers, and various problems related to cooking MDM, a number of political representatives argued for the introduction of dry foods (biscuits) and packed food for the scheme which was later on rejected by the government and Planning Commission of India. The government of Orissa has involved voluntary organizations and women’s groups recently in the implementation of MDMS taking note of the various problems of teachers.

Non-discrimination is another significant feature of the MDMS, noticed in both the Tamil Nadu and Orissa while studying MDMS from the state level to the local level. There have been several anecdotal reports of discrimination against children in the MDMS while reviewing the literature on MDMS. But, during the present study, the researcher observed that though there was discrimination at the official level, it was quite marginal and very rare. While coming to the district level and village level, a sort of discrimination was found at the official level. For example in both the states it was observed that schools belonging to urban areas had better access and official support than the schools situated in the remote areas.

Coming to the school level, the researcher could not find any sort of discrimination. Children were treated equally by the school teachers during the distribution of MDM in all the eight schools the researcher visited. There was no separate provision or treatment for some students because of their caste, class, parent’s position, etc. All the children were served food equally and at one place. Most importantly, the survey found that there was no evidence of discrimination in the form of segregated seating, or different food being served to children of different castes or the changes in the quantity of food to the boys and girls in both the states. There have been widespread reports of discrimination against dalits and other minorities in the appointment of cooks. But this factor also did not come to the
attention. But in Orissa, most of the teachers recalled that during the beginning of the scheme (1995), a few upper caste parents objected to dalit cooks and sharing of meals with other caste students. But now the situation has changed and the level of discrimination has gone down with the increasing awareness among the public.

Transparency and Accountability which are major features of MDMS are required for the better implementation of any development schemes including MDMS. After the introduction of the scheme, many researchers pointed out that the scheme in many states faced setbacks due to the absence of transparency and accountability and gross corruption. As a result, based on different reports, the Central Government in its National Guidelines inserted the provision of Right to Information under which a common man can ask even minute details of the scheme. This provision was included by the central government keeping in mind the growing corruption and media report in many states of India including Orissa.

Under transparency, schools have to display information regarding the quantity, quality and utilization of food served under MDMS and to furnish the number of children who were given the meals, the daily menu, and the roster of community members involved in the programme. In the present study, it was found that Orissa and Tamil Nadu maintain records of the quantity and quality of the meals and how many children have taken meals per day. While visiting the four schools in Orissa and four schools in Tamil Nadu, the researcher cross-checked the attendance register and the physical presence of the children. There was no variation found. And most surprisingly, all the schools the researcher visited had maintained proper records with separate books. But when the issue of monitoring came to the point, it was observed that Tamil Nadu was in far better position than Orissa where very minimal monitoring goes on by the officials. Even the Ministry of Human Resource Development passes directives for the frequent and unannounced inspection to the field to have a check on corruption, but it was not followed by both the states in its rural areas.

Decentralization or devolution of power is a major step for which the governments, both at the centre as well as in the states, have striven for in order to strengthen the MDMS. During the beginning of the scheme, the central government in
its policy guidelines (1995) highlighted the devolution of power in the implementation of MDMS. But a majority of the research based on the functioning of MDMS indicated that the scheme needs more involvement of people from the bottom. And these studies highlighted the fact that power needs to be decentralized for greater participation from the people. Further, the Government at the centre brought many policy changes with the varied provision of people’s involvement in policy making as well as its implementation. The National Guidelines on MDMS of 2006 clearly highlighted the devolution of power and involvement of private bodies in MDMS implementation process.

At the state level, different departments were given the responsibility for MDMS. The commissioner is provided with the assistance of two assistant commissioners (one for implementation and another for administration) and a deputy commissioner. The commissioner co-ordinates the work between the departments concerned, such as education, revenue and health and civil supplies. At the district level, the district collector is responsible for the scheme. The day-to-day functioning of the scheme is the responsibility of a deputy collector (MDM), who is assisted by the district primary education officer, DSWO, Social Welfare Officer. At the village level, the responsibility is given to gram panchayat or to the municipality along with many village level committees. At the school level, the power of implementation was given to a group of people or to the teachers, SHGs, etc. Both the states followed the central guidelines in relation to the devolution of power. But in both the states, what the researcher found was that though power was decentralized, the decision is made by the state level officials and local level officials just follow the instruction of the state.

But when we look into the reality in both the states regarding the issue of decentralization, it is found that it is more of a myth than reality. When it comes to the state level, it is the department of Women and Child and the Department of Rural Development that takes the overall decision in Orissa and Tamil Nadu respectively. These departments are given main responsibilities and as a result they have a major say on the scheme. And coming to the district level the situation is different for the two states. In Tamil Nadu, even though there is a separate department to look after the MDMS, but the social welfare department takes most of the decision regarding
MDMS. Secondly, at the district level, however, the departments concerned decide the day-to-day activities related to MDMS and the ground level departments simply follow the instructions.

On the other hand, while discussing the district level functioning of MDMS in Orissa, it is found that the DSWO play a very dominant role. The District Social Welfare Office decides everything for MDMS and passes the instruction to the village level. Before 2007, for distribution of food grains, Block Development Office was given the authority. But later, in the name of better monitoring and implementation of the scheme, block responsibility was deduced and DSWO took the procurement, distribution and monitoring duty for MDMS.

5.3 Bearing the MDMS Responsibility

The MDMS is a centrally-sponsored scheme. Grain (wheat or rice) for MDM is supplied by the central government to the state governments free of charge, at the rate of 100 gm per student per day. Besides this, the central government also subsidizes the transport of grain from the nearest FCI depot to the primary school. Other costs include the cost of ingredients (such as pulses, vegetables, and cooking oil), fuel costs and cooks’ wages. Until the new guidelines were issued in 2004, these costs were to be borne by state governments. This was one of the main reasons why state governments were not providing cooked meals: dry rations saved the states the additional cooking expenses.

The responsibility of providing physical infrastructure lies with state governments. Physical infrastructure, as laid down in the guidelines, includes a kitchen-cum-store, adequate water supply for drinking and washing, cooking devices (stove), and utensils for cooking and serving. State governments can use funds from several centrally funded schemes for these purposes. For instance, Sampoorna Grameen Rozgar Yojana (SGRY) funds can be utilized for the construction of kitchen sheds in rural areas. Similarly, in urban areas funds available under the National Slum Development Programme or Urban Wage Employment Programme can be used for the construction of kitchen sheds. For drinking water, funds from SSA or Accelerated
Rural Water Supply Programme can be utilized. Finally, utensils can be bought from the annual SSA school grant of Rs 2,000.

And bearing responsibility is the major and most crucial issue which determines the proper and improper implementation of the scheme. Even though the MDMS is a centrally sponsored scheme, the state is bearing 75 per cent of the total expenditure. Therefore Orissa, being a poor state, is lagging behind as it has to manage the cost of infrastructural facilities on its own. But the situation is quite different in Tamil Nadu as the state gets both central as well international supports for the scheme. Hence it can be pointed out here that Tamil Nadu is financially stable enough in relation to MDMS as it gets international financial support. It is possible that the government of Tamil Nadu got great media attention due to World Bank’s involvement than any other state. On the other hand, it is also possible that the government has a bargaining power when it comes to the issue of welfare programmes including MDMS.

5.4 Monitoring and Evaluation of MDMS

As already discussed, a scheme is successful when it is implemented or monitored properly. Monitoring for the MDMS is clearly mentioned in the National Guidelines. Along with this, both the states have different agencies to monitor the scheme from the state level to the school level. In the case of Tamil Nadu, the monitoring of the scheme has been properly institutionalized with the officials concerned visiting the programme implementing at regular intervals. The study reveals that teachers, cooks, organizers, parents and officials concerned frequently visit the schools for inspection of the implementation of the scheme. There is also a Patent and Teacher Association at school level which also takes care of the implementation of the scheme. On the other hand, Orissa presents a very disappointing picture as officials concentrate monitoring only for the urban centred schools.

The study shows that, there is very little monitoring of the programme at all by the concerned authority as well as by other associations like the VEC, PTA or MTA
in Orissa.\textsuperscript{1} It is expressed by almost all the respondents at school and village level that official dealing with the education department visits to the respective schools. They visit not only to find out the functioning of MDMS but mostly to inquire about the educational requirements of the school.

While interacting with the officials concerned with education, the researcher observed that those officials were quite hesitant about expressing the facts about MDMS and expressed that there is a separate department dealing with the MDMS and their responsibility gets over after checking the attendance. But, the researcher, while interacting with the education department officials in Tamil Nadu, noticed that they are well-informed about the facts of MDMS and feels that MDMS is an integral part of education system and all the departments involved in its implementation are to work collectively. According to them, even though the main responsibility of monitoring and implementation of MDMS is handed over to Department of NMP, the departments of education and social welfare have a major say on the matter. They feel children’s issues are not one department’s issue, but all the departments have a collective role to protect the best interest of the children.

The quality of the meal is the main remaining challenge as far as the MDMS is concerned. The nutritional impact of MDM depends both on the quality and the quantity of food provided at school. Bringing in a varied menu was one of the biggest challenges for many states including Orissa, when the programme was initiated. The two main problems were lack of adequate staff for preparing the meal and the lack of adequate funds. The interest of the children towards MDM in Orissa is quite less due to the provision of same type of daily food. They don’t feel that it is interesting to have same type of food everyday without any special items with it as the children in Tamil Nadu gets in their MDMS. But coming to Tamil Nadu, children get different types of food in their lunch in different days. Children not only get nutritious food with varied vegetables and eggs, but during special days they even get \textit{Payasam}, sweets which attract the children to school.

\textsuperscript{1} In one of the curious findings it was seen that the officials have prior knowledge of the happenings at the school level and the shortage of logistical arrangements. They fear that, if they visit the school they would be flooded with memorandums, complaints and demand for support which they themselves are reluctant to provide owing to several problems.
5.5 Access and Coverage of MDMS

Regarding the coverage of the school children under the MDMS in primary schools, Tamil Nadu is far ahead than Orissa. The best reason here that can be cited is that the parents in Tamil Nadu are more enthusiastic regarding sending their children to school after the introduction of MDM. They are sure that their children are eating much better food than they can provide at home and mothers are not worried for their children’s noon meal. In the case of Orissa, it was observed that parents feel their children do get food under MDM which is no way nutritious and safe. Regarding Tamil Nadu, during the field visit, it was noticed that a majority children belong to poor or very poor background where their family is not able to provide a day’s meal. This is the main reason why parents as well as children give more interest for MDM as well as attending schools. Whereas in the case of Orissa, children having education in schools belong to economically self-sufficient families where a majority of parents have government jobs and they are able to provide more qualitative food to their children than depending upon the mere MDMS. Therefore, neither the family nor the beneficiaries show their interest in children having their meal in the school premises.

However, it is observed both from primary as well as secondary sources on MDMS in both the states that in Tamil Nadu, when the scheme has become a success and has received wide attention from the government as well as from the public, it is not the same case in Orissa. Though there are different factors which are explained in detail, one important issue that needs to be highlighted is that MDMS is a very old scheme which was introduced long back in Tamil Nadu. Therefore the scheme reached its maturity with the proper institutional growth. On the other hand, regarding Orissa, it started in the late 1990’s and it is still in the verge of attaining maturity. The scheme is getting a different shape every time by the government with many changes in the policy. Orissa, along with other states of India, is going forward for achieving children right to food through strengthening the scheme.

With the maturity of the Indian democracy and institutional development, the scheme is also aimed and expected to gain its maturity. But here stress is also given on public pressure and participation in asserting the right to food. However, what is really needed is the participation and involvement of a vigilant public in planning,
executing, monitoring and evaluating public policies relevant to the development schemes in general and MDMS in particular.

Table 5.2: State/Category Wise Numbers of Schools and Students Covered under MDMS

<table>
<thead>
<tr>
<th>Year</th>
<th>Orissa</th>
<th>Tamil Nadu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School</td>
<td></td>
</tr>
<tr>
<td>2002-03</td>
<td>42655</td>
<td>36620</td>
</tr>
<tr>
<td></td>
<td>Total Student</td>
<td>4621934</td>
</tr>
<tr>
<td></td>
<td>SCs</td>
<td>983144</td>
</tr>
<tr>
<td></td>
<td>STs</td>
<td>1047250</td>
</tr>
<tr>
<td>2003-04</td>
<td>School</td>
<td>51931</td>
</tr>
<tr>
<td></td>
<td>Total Student</td>
<td>4631826</td>
</tr>
<tr>
<td></td>
<td>SCs</td>
<td>984064</td>
</tr>
<tr>
<td></td>
<td>STs</td>
<td>1141792</td>
</tr>
<tr>
<td>2004-05</td>
<td>School</td>
<td>55170</td>
</tr>
<tr>
<td></td>
<td>Total Student</td>
<td>5151346</td>
</tr>
<tr>
<td></td>
<td>SCs</td>
<td>1051628</td>
</tr>
<tr>
<td></td>
<td>STs</td>
<td>1435962</td>
</tr>
</tbody>
</table>


The above table gives a comparative data on coverage of the students under MDMS in Tamil Nadu and Orissa. Both the states have good coverage of both schedule caste (SC) and schedule tribe (ST) students in its MDMS. In 2004-05, Orissa government has covered more ST students comparative to Tamil Nadu. But when it comes to schedule caste students, the Tamil Nadu state has covered 11, 40,228 as compared to Orissa which is 10, 51, 628. Significantly, when the coverage rate comes to total number of students, the above data indicates that Orissa has covered more students of 51, 51, 346 than of Tamil Nadu which covered 43, 05, 932 children under the scheme. Even the coverage of school is much higher in Orissa than of Tamil Nadu. In 2004-2005 Tamil Nadu could cover 35,646 schools, whereas Orissa government’ coverage was 55, 170 schools.
Table 5.3: State-Wise Allocations of Food Grains and Number of Students Benefited (2002-03)

<table>
<thead>
<tr>
<th>State</th>
<th>Students Benefited</th>
<th>Wheat</th>
<th>Rice</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orissa</td>
<td>4621934</td>
<td>-</td>
<td>123762</td>
<td>123762</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>5401644</td>
<td>-</td>
<td>108033</td>
<td>108033</td>
</tr>
</tbody>
</table>

Source: [www.indiastat.com](http://www.indiastat.com), accessed on 22.01.2007.

The long-term viability and success of the programme must be linked to the provision of basic infrastructure required for efficient implementation of the programme. Infrastructure requirements, including the number of teachers, the availability of classrooms, separate kitchen as well as storage room and sufficient MDM staff are necessary factor for the implementation of the scheme. Many states in India failed to implement the scheme due to lack of infrastructural facilities.

In the case of Tamil Nadu, the successful implementation of the scheme is dependent upon its well-prepared infrastructure. During the study, it was found that all the four schools visited by the researcher had more than four class rooms and six teachers including the head master. Therefore, monitoring of the scheme is not a big problem. All the schools visited have separate kitchen and store room with an organizer, a cook and a helper to look after the overall implementation of the scheme at school level. Though each school has sufficient MDM staff, the teachers are not involved in the process. As a result, teachers do not feel that MDM is an obstacle to teaching process. Even all the schools receive their required amount of food grain in time. And all the schools have piped water supply.

But the case is very different in the case of Orissa. All the four schools visited, fetch water from the tube well available near by the schools. The infrastructural development regarding water supply is not highly developed in Orissa as compared to Tamil Nadu. But the VEC members as well as the district authority in Orissa have opined that it is their first priority to develop the infrastructural development including piped water supply as well supplying potable water to the children to prevent water-borne diseases.
5.6 Involvement of Political Parties

In India political parties play a major role in protecting the basic rights. They are the mediators between the government and the public. They represent the public and formulate the public demand into policies. In Tamil Nadu, improvements in the MDMS are closely linked to an increased political interest in the scheme. This has been on account of a realization among political leaders of the popularity and potential vote winning power of MDM. Regarding the child issues and most importantly regarding MDMS, Tamil Nadu is far ahead compared to Orissa. There is no seriousness among the implementing authorities, the political executives\(^2\) regarding the issue which is observed during the field study.

While reviewing the Assembly debates and discussions regarding child rights and MDMS, the study found that Tamil Nadu’s political parties are grossly involved as they have a competitive politics where both the political parties like DMK and AIDMK come up with different agenda for children in general and MDMS in particular. The parties of Tamil Nadu try to mobilize the public while protecting the various interest of the population which is missing in the state of Orissa. Tamil Nadu is the first state in India which proved that children, though not the citizen of India, or have a political association, about whom the political parties decide the future of and fight for. Children are treated as party’s vote bank so that both the political parties fought for their protection of interest. Both DMK and AIDMK gave utmost priority for the MDMS. Sometime when DMK forms the government, they promise to increase the day of provision of eggs to the children. On the other hand, when AIDMK party comes to power, they give more emphasis on provisioning of fruits (banana) instead of eggs. Both the political parties have been trying to protect the best interest of the children in Tamil Nadu while providing free books, school dresses, financial assistance, gold and bicycle to girl children, etc.

But on the other side, in Orissa, the consciousness among the political parties is missing. As none of the political parties including Biju Janata Dal (BJD) and Congress party have children’s basic right as their important political agenda. Most

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\(^2\) Initially the Orissa government did not implement the scheme citing financial crunch but with the Supreme Court’s directive, very reluctantly it has implemented the scheme with no enthusiasm in the state administration.
surprisingly, in Orissa, child issues do not get a shape by the major political parties even the state is highly vulnerable for child survival. None of the political parties has ever promised to provide a nutritious MDM to its children. But the state receives highest amount of international funding (World Bank) for its KBK region for protecting the life of the children. But it has been reported many a time by the national as well as regional news paper that funds coming for children in general and MDMS in particular gets diverted and corruption happens rampantly in the child development schemes, including ICDS and MDMS.

Thus, the child issue has not received momentum from the government of Orissa and therefore it has perceived the MDMS only as a central government sponsored child welfare scheme. However, child issues and most importantly MDMS hardly get debated in the state legislative assembly. Neither the political parties nor the public is vigilant enough to bring accountability in the scheme nor do they have the will power to make MDMS part of child rights. The state government does not have the demanding or bargaining power; nor does it have a strong political will to implement the scheme properly. This is due to the fact that children are treated as minors and though they do not have voting rights neither the government nor the opposition parties sideline their issues.

However, there is a very low level political will in Orissa as compared to Tamil Nadu. None of the political parties in Orissa has ever given importance to child issues resulting in policy crisis regarding the protection of child rights. The government has failed to discuss the above issues seriously which indicates its lack of seriousness regarding the scheme as well as its children. In the entire process it is observed in Tamil Nadu that, there has been a strong political will to carry forward the scheme. The political commitment is such that, the issue finds its place in the election agenda of different political parties. During the last election, none of the political parties ever promised the people to provide improved nutritious MDM to its children attending primary school. More surprisingly, the issue of the child’s right to food has never been discussed in Orissa State’s Legislative Assembly even as the state is prone to child sale, hunger death and deprivation.

As a result of the cumulated effects of apathy at all levels in Orissa, it is finally the teachers on whose shoulders all the responsibilities are nested without a
well-defined power of decision making. Here the teachers at the school level, more or less perform all the duties for MDM starting from cooking, collecting provisions for distribution of MDM and most of the time receiving harassment of the officials as well as the public for alleged misutilization of funds, diversion or selling of food grains meant for the children, and not doing the duty properly; such allegations made teachers to feel apathetic about the scheme.

5.7 Involvement of Civil Society

The civil society plays a significant role in modern democracies. Their role in the form of public pressure, free press, independent judiciary and vibrant Non Governmental Organisations (NGOs) help in shaping the government’s policy and enhancing the political will in fulfilling the right to food of the children. Pressure from the civil society is an enforcing factor to the State as well as to the government to initiate policy necessary for safeguarding the children’s access to food. The role of civil society organization mostly in a country like India is necessary to protect public needs and to encourage people to raise voice against an autocratic state.

Coming to the case of MDMS in Tamil Nadu and Orissa regarding the implementation of the scheme, it was noticed that in both the states, civil society organizations are present. But the issue of creating awareness and pressurizing the government, the state of Tamil Nadu is in a better position than in Orissa. NGOs are involved massively in implementation programme. Parents very often visit the school even though they are economically and educationally backward. But coming to the awareness and participation, they are far ahead and even prefer to leave a day’s work for the sake of attending school meeting. From the above observation from Tamil Nadu state, an inference can be drawn that for awareness and participation in any programme, education as well as sound economic condition are not the only pre-requisites. Good information regarding the scheme is a must and that can be made possible by the presence of a strong civil society.

However, in the case of Orissa, the situation is different. Civil society involvement is quite insufficient or sometime very marginal. Public awareness and public participation is very less. The public prefers to stop the scheme to involving themselves so as to improve the scheme. Most importantly, it was found that there
was no proper co-ordination among the parents, teachers, and officers concerned for MDM. Even though a number of NGOs are working in the state, none of them are serious about the scheme.

Last but not the least, while focusing on the issue of MDMS in relation to right to food and right to education, the researcher observed that both the states have paid attention to the crucial matter of bringing the children to the school, thus increasing enrolment and ensuring retention. After the introduction of MDMS, both the states have seen increase in attendance rate. But coming to the issue of protection of right to food, Tamil Nadu is far ahead as compared to Orissa. Tamil Nadu has been emphasizing more on giving more nutritious food than merely providing a meal to the children. The quality of the MDM is much higher in Tamil Nadu than in Orissa. So, urgent improvements in the MDMS in Orissa require a defined, transparent and representative department, for effectively implementing and monitoring the scheme, at the state level as well as at the grassroots level. Therefore, at the same time, there is a need to create the right kind of institutions which have a stake in ensuring that the programme functions uninterruptedly.

Coming to the positive aspect of the scheme, in both the states it has attracted the children from poor back grounds. Most importantly the scheme has given an initiative to the poor parents to send their girl children to school and accessing food as well as education simultaneously. During the field visit it was found that caste discrimination could not be found as children were sharing food together without any hesitation. Children’s nutritional requirements are taken care of by both the states, which is why both the states have started providing eggs and fruits as a part of the scheme. Parents are also happy as they are not worried for their children’s afternoon meals and simultaneously saving money. Along with the food and education rights, both the states are protecting the right to good health of the children right from the school level. Regular check up in the school premises has benefited the authority to control different childhood diseases of the children less than fourteen year of age.

However, the operationalization of the MDMS in Tamil Nadu and Orissa is quite different. While Tamil Nadu fares significantly better regarding the scheme, the state of Orissa is fighting against all odds to feed its children. While the former
performs far better in terms of protecting the children’s right to food, the latter is quite notorious for its starvation death and heinous crimes against children such as child sale. But whatever the case may be, the MDMS has a greater impact upon the children whether it is in Tamil Nadu or in Orissa. Obviously it has attracted the children to the school and increased the attendance level simultaneously reducing the dropout rates, bridging the gender gap and providing a social value from the childhood. The noble idea of introducing the scheme has not been implemented completely throughout India as there are regional variations and regional inequalities. But even with the pre-existing conditions of different states, many states are improving upon and strengthening the scheme. Urgent improvements in the MDMS in the state require a well-defined, transparent and representative department, for effectively implementing and monitoring the scheme, at the state level and at the grassroots level. At the same time, there is a clear need to create the right kind of institutions which have a stake in ensuring that the programme functions uninterruptedly.