

Chapter III

THE WAY FORWARD

Using School System for Nutrition and Health Upliftment

As early as 1974, Dr. Gopalan laid emphasis that “the school could be a valuable second front in our attempts to bring about nutrition and health upliftment of our population”. The school system in our country offers a vast infrastructure of enormous potential; and can therefore become a most powerful instrument for bringing about transformation. It can exert a profound influence not only on children but on the community at large; and can serve as a focal point for a meaningful synthesis and integration of the currently compartmentalized / fragmented health, MCH and family welfare operations addressing our communities

- ▶ Nutrition related messages/education need to be directed towards children in primary classes so as to lay a firm foundation for good eating habits and proper lifestyle practices.
- ▶ For the headmasters and school teachers workshops should be conducted for reinforcing the nutrition and health related concepts again and again.
- ▶ Nutrition related games should be developed as a source of entertainment packed with knowledge, which the children can benefit from.
- ▶ Competitions with the main theme on nutrition related areas could be proposed and conducted at school level to enthuse the children.
- ▶ Establishment of school gardens as another nutrition education tool.

The Schools

Data from the visits to the schools in which MCD is providing midday meal have indicated that by and large the programme is being implemented satisfactorily. In majority of schools, the meals served were well cooked, adequate and palatable.

Several schools lack essential infrastructure such as potable /drinking water, toilet facilities and water to wash hands; in some cases environmental hygiene was poor. Focus group discussions with school teachers and children showed that as MDMP has been in operation only for a relatively short period neither the teachers nor the students have fully realised the potential role of MDMP in improving health and nutritional knowledge in schools and catalytic role it could play in improving school retention rates.

It has been observed that wherever there was either a head master or a teacher who understood this, was able to overcome infrastructural gaps and lack of awareness and successfully implement the programme. It was obvious that overcoming the lacunae with regard to infrastructure will take time and expenditure. The MCD may try to fill the infrastructural gaps in these schools in a phased manner

However, it is recommended that highest priority may be accorded to orienting and training head masters/teachers so that they

- ▶ Understand the importance of MDM and do not regard Supervision of MDM distribution to the children as additional workload.
- ▶ Highlight to the students and inform the parents that the midday meal is additional to the home meal and not a substitute for it.
- ▶ Become aware that the MDM provides an opportunity for health and nutrition education and give practical lessons on personal hygiene and environmental sanitation to children in primary schools.
- ▶ Utilise to the maximum, the Parent Teacher Associations and other mechanisms for the involvement of society in improving monitoring of the MDM and ensuring that the problems if any, are detected and rectified at the earliest.
- ▶ The school should develop a system in which the teachers play a key role in
 - Monitoring and ensuring quality and quantity of food served, persuading children to consume all the food provided and to observe hygiene practices during eating.
 - Ensuring that left over food is not thrown in and around the school to prevent environmental deterioration.
 - It would be useful to find out the causes for refusal to take MDM by some children / parents so that acceptance is improved. For this parents/ views could give an insight.
- ▶ The schools are also suggested to mention the approximate number of children that could be expected to be present for the next day so that the FSPs may prepare accordingly and the supplies is not in excess or fall short.
- ▶ The teachers and the parents need to be sensitized regarding importance of whole hearted participation by all in order to get optimum benefits from MDM. MDM can become a part of the curriculum where good hygiene practices are not just taught but put into effective action.
- ▶ In the urban setting of Delhi, children are exposed to unhygienic junk foods sold outside the schools. Some of the children are able to afford them. Therefore, there is a great need for educating the children to choose healthy, wholesome food.
- ▶ The school children should get a school health check up. Height and weight should be recorded as a part of school health card. It is suggested that as the session begins in July a health check up is undertaken. If this is not possible in all the schools at least height and weight should be recorded and children with severe / moderate under nutrition identified. These children should receive priority in MDM and also in health care. If possible they may be provided a large share of MDM, until their nutritional status improves. Improvement may be monitored by weight and height assessment after every 3 months.
- ▶ The children of the schools should also receive Iron/folate supplements and be dewormed regularly as a part of the school health component.
- ▶ Some schools that have been ranked 'good' and 'poor' could be selected for an in-depth study to understand the functioning of the Programme better and reported as case studies.

- ▶ It is important to supply adequate potable water in the schools and also maintain clean toilets to reduce morbidity.

The FSPs

- ▶ Mid day meals served are by and large rated as 'fair' on the basis of taste, texture, appearance and odour, the actual process of cooking leaves much to be desired. The FSPs have been rated as 'fair' with regard to infrastructure but they are still not functioning as an organized unit. The MCD may have to look into adequacy of space, environmental hygiene in the vicinity of the unit, general hygiene practices of the cooks.
- ▶ The FSPs should be sensitized to be socially and morally responsible to providing hygienic / wholesome cooked meals to the students and not just view it as a commercial venture alone.
- ▶ MCD should ensure that adequate amount of seasonal vegetables are incorporated into MDM menus. Since the MCD provides only the list of the food items, it is suggested that the MCD also provide **standardized methods** of preparing the food items so that the product could be more or less same from all the service units. Further the use of iodized salt should be mandatory.
- ▶ Evaluations cannot replace monitoring and therefore, it is important that the public health personnel and the MCD officials carry out continuous monitoring and make appropriate mid-course corrections, in order to make the Programme successful. A simple checklist can be developed for monitoring purpose.
- ▶ It is important to develop regular monitoring of the programme at various levels, utilizing existing infrastructure/manpower so as to ensure food safety, quality and optimum utilization of food provided. The service units should be monitored by MDM Programme Officers as well as Public Health Officials to detect and rectify any shortfalls in food preparation and distribution.
- ▶ For **monitoring** of the process of cooking and packing of MDM, it would be ideal to visit the service units between 6.00 and 7.00 a.m. (morning shift) 12.00 and 1.00 p.m. (afternoon shift). MCD officials should facilitate the visits during these time periods so that the cooking process can be observed.
- ▶ The Public Health Department may carry out microbiological testing of the cooked meals and water especially in the summer months to assess the quality of the food. This objective has also been achieved.

Finally the positive aspects of the MDM scheme in India are

- ▶ India's shift from grain for education to hot-meal for education.
- ▶ School meal programme gets more financial support from GoI.
- ▶ MDMP extended to children in Education Guarantee Scheme (EGS) and Alternative Innovative Education (AIE).
- ▶ 100 million school children are eligible for hot meal; 50 million are getting the meals; of which 27 million also get the "4-in-one health package."
- ▶ Proposal to extend MDM to class VII.
- ▶ Child labourers will get "Flexi-schools" and a "Hot meal".