

A study on Implementation of Mid-day Meal scheme during Covid-19 in Hazaribag district, Jharkhand

At

Jharkhand State Food Commission, Ranchi

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the PGDM- Rural Management*

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APPROVAL SHEET

This is to certify that the dissertation entitled “**A study on Implementation of Mid-day Meal scheme during Covid-19 in Hazaribag district, Jharkhand**” has been prepared by Ms. Divya Kujur in partial fulfilment for the requirement of Post Graduate Diploma in Rural Management (PGDM-RM) 2019-21 at Xavier Institute of Social Service, Ranchi.

This project embodies the data collected and analysed by the candidate under the guidance of **Dr. Sant Kumar Prasad**, Associate Professor, XISS Ranchi, and is hereby approved as indicating the proficiency of the candidate.

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LIST OF ABBREVIATIONS

Mid-Day Meal Scheme	MDMS
Ministry of Human Resource Development	MHRD
School Management Committee	SMC
Education Guarantee Scheme	EGS
Jharkhand State Mid-Day Meal Authority	JSMDMA
Nutritional Support to Primary Education	NSPE
Interactive Voice Response system	IVRS
Management Information System	MIS
National Food Security Act	NFSA
Border Security Force	BSF

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Abstract

The study was made on Mid-day meal scheme practices during the pandemic period which was caused during covid-19 in Hazaribag district of Jharkhand. The purpose of the study was to know the process of implementing a Mid-day meal scheme during closer of schools due to infectious disease that has been spreading across worldwide and also to look into the causes on how it has affected the beneficiaries.

The study has been done based on purposive sampling and the purpose was to fulfill Mid-day meal scheme criteria. The interview Schedule was used as a research tool and technique for the in-depth study of the research topic. The objective of the study was to know the problem they individually facing, the aid which is provided is being used for the same by them or not and to know their level of information regarding the Mid-day meal scheme and its violation.

Children are the future of tomorrow who needs an adequate amount of nutrition and education for growth but the disadvantaged section of the societies are not able to provide them. Mid-day Meal Scheme is a school meal program through this program child of primary and upper primary classes in Government, Government aided, local body, education guarantee scheme supported under Sarva Shiksha Abhiyan and national child labor project provide free lunch on working days, it helps in enhancing the enrollment, and attendance and also improve the nutritional level among school-going children. There were some changes made during the covid-19 period for the implementation of the Mid-day Meal Scheme. So the study reveals the status of practicing the Mid-day Meal Scheme in the schools. Findings of the study were made on the fulfillment of the objectives to ensure a better result. Suggestions were also given for future endeavors.

CHAPTER 1

INTRODUCTION

One of the world's most densely populated countries is India, home to 1.3 billion people. Not only is it densely populated, but it is also diverse in different ways. There are social, economic, and gender disparities based on geographical and physical differences. And when there is a major calamity, both natural and man-made, these disparities are likely to increase. With its alarming figures, COVID-19 has infected the whole world and the virus pandemic is spreading around the world. In its report titled Global Economic Prospects, June 2020, the World Bank predicts that India's GDP growth could fall below 3.0 percent in 2021 due to economic and supply chain disruptions as a result of lockdown measures to contain the pandemic. The lockdown has disrupted millions of daily wage earners, small farmers, craftsmen, and street vendors' livelihoods (World Bank, June 2020). Different sets and groups of individuals are affected differently. The lockdown has also disrupted the livelihood of millions of daily wage earners, small producers, artisans, and street vendors. In India, thousands of individuals suffer from mental and physical suffering. To earn their livelihood, people run out of alternatives. The education sector is one region which is also badly affected.

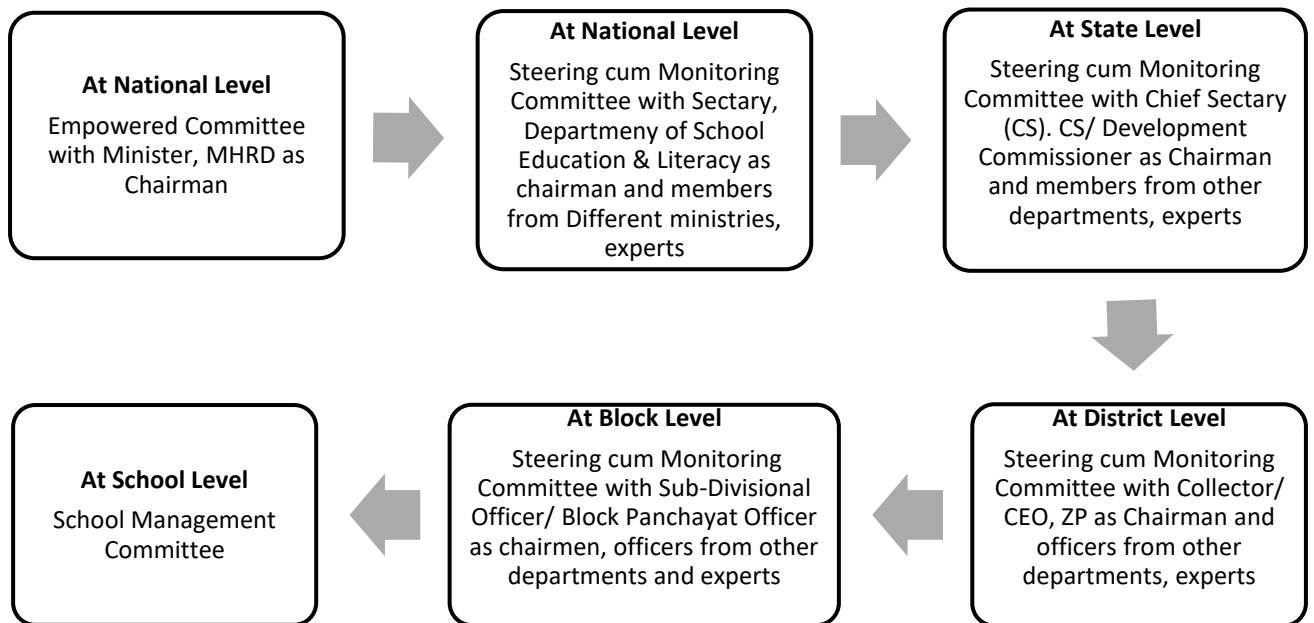
There is no denying that many schools take lessons online. But these initiatives are limited to equipped schools. The risk of mental, physical violence against them has also increased by closing down schools. Children are said to be the ones facing the worst effects of COVID-19, especially in low-and middle-income countries (Fore Henrietta H, 2020). The loss of livelihood is also related to the loss of affordability and the accessibility of nutritious foods would further negatively affect the scenario of public health while experiencing serious problems of anemia and poor nutrition. One of the biggest food distribution systems for school children is in India. The Government of India developed the National Program of Nutritional Support to Primary Education (NP-NSPE) as a centrally funded scheme in 1995. Earlier it was for primary classes but in the year 2008-09, the scheme was extended to upper primary classes. And the name of the scheme has been changed to the National Programme of Mid-Day Meal in School generally referred to as the Mid-Day Meal Scheme. The main concept and goal behind the system were to relish hunger and provide vulnerable children with nutrition. It has not only provided students with nutritional assistance, it has also helped

to increase the number of students enrolled in schools (Kadari Rajeshwar, 2016). As per the National Food Security Act during this pandemic, the fixed menu was recommended by the Government of intake of food for both primary and upper primary students are as follow:

Primary School Students	Upper Primary School Students
Calories – 520 kcal (food grains, pulses, vegetables, oil/fats, salts)	Calories – 760 kcal (food grains, pulses, vegetables, oil/fats, salts)
Protein – 15 gms	Protein – 23 gms

Source: Jharkhand State Food Commission website

There is also online monitoring done through the portal (MDM- MIS) which looks out for information on student’s enrolment, teachers, Cook/helper details, facilities available for cooking, infrastructure, water facilities, sanitation facilities, etc. annually. There is also monthly data on how many meals are served, inspection details, salary paid to cook/helper. For the provision of daily updating about the scheme, there is an Automated Monitoring System which provides real-time data about the number of students using the schemes, appropriately serving meals. The way in which the real time information is generated is through SMS, Interactive Voice Response system (IVRS), mobile applications. As per the system for the smooth running of the MDM Scheme data is collected on a monthly, quarterly, and yearly basis. Further, the Block Education Extension Officer of each block gathers data from each school and after collecting it at the block level, submits the data to the District Superintendent of Education at the district level. The District Superintendent of Education shall compile it at the district level and after that State plan has been formulated. During the compilation of the state-level plan, the districts' monthly and quarterly reports are also used for the assessment of the data submitted by the districts. After compiling the data obtained from the districts, the meeting of the District Superintendent of Education is held and the evaluation of district-level plans and district data is reviewed for any discrepancies and any errors therein corrected, and then finalizes, following approval by the State level MDM Steering-Cum-Monitoring Committee. And finally, it is forwarded to the Government of India for appropriate action. The following institutional structure has been set up for the implementation of the MDM program:



Source: Mid-day Meal Scheme Manual

School closures due to COVID-19 had badly affected the school food program at the beginning of the pandemic period. This closure affected the normal routine of the mid-day meal care program at schools. But to overcome this situation Government of India issued orders and requested states and other union territories to continue with the provisioning of the mid-day meal program. The recent circular generated allowing the food security to children comprises of food grains, pulses, oil, etc. for both primary and upper primary students are as follows:

Stage	Food (in grams)	Items
Primary	100	Pulses (20 grams), vegetables (50 grams), oil (5 grams), other condiments, and fuel.
Upper Primary	150	Pulses (30 grams), vegetables (75 grams), oil (7.5 grams), other condiments, and fuel.

Contents provided by the Ministry of Education, Government of India

Further, there were different mapping and strategies implemented by the state governments. Jharkhand Government implemented MDM Scheme during covid-19 by distributing dry ration and money of egg/fruit and cooking cost to its beneficiaries. The distribution was to be done in presence of the School Management Committee (SMC) secretary. And while distributing the signature of the student or his/her guardian signature was to be registered. Through Management Information System (MIS) and Automated Monitoring System monitoring of the scheme was easily done even in the Covid-19 pandemic period.

CHAPTER 2

LITERATURE REVIEW

Children in any society are considered the most valuable natural resource and the greatest human investment for growth. Schools play a major role in children's physical, mental, and emotional development. In developing countries like India, nutrition remains one of the primary causes of ill-health among children (Nandy S, 2005). In almost all states of our country, the problem of under-nutrition is prevalent among children (Som S, 2006). The Government of India has introduced a mid-day meal scheme to resolve these problems common among primary school children.

According to Reardon COVID-19, transaction costs and instability have increased in the food supply chains of India, which are dominated by private companies, and 92 percent of the country's food intake will be affected by this disruption (Reardon Thomas, 2020). The rise in the prices of basic food goods, on the one hand, and the loss of livelihoods, on the other, would threaten the nutritional welfare of a large number of people. To maintain supply and stabilize prices in those states that rely on other states for their needs, essential cereals, pulses, milk and milk products, edible oil, and livestock for meat need secure and uninterrupted transportation. In order to address this urgent need to protect nutritional security, there are three key ways: first, the effective and target-based implementation of nutrition security schemes and programmes; second, the upgrading of distribution centres for safe delivery of food grains and other facilities to restrict the spread of COVID-19 among beneficiaries of different nutritional services (Mishra., 2020). There are many efforts by the government at both central and state levels to fight undernourishment in the country, including one of the largest nutritional intervention programs in the world at present and Mid-Day Meal program (MDM) is one of which is run by Ministry of Human Resources and Development (MoHRD). The MDM is critical for children attending schools in the current situation, given the economic hardship their households may face slowdown in the economy. Some say that over 90 million children, 52 percent of whom may be girls, are deprived of nutritious meals due to the closure of MDM, and for many of them, this is possibly the only nutritious meal of the day (Shirisha P., 2020).

MDM is one of its best initiative to bring changes in the field of education of the children. However the effect on school education is unparalleled due to COVID-19. A significant number of children have been affected across states, classes, caste, gender and regions. The

closing of schools and the decision to switch traditional classrooms to digital platforms not only exacerbate learning gaps among children, but also drive a large number of children out of school due to the digital divide. Apart from literacy, the lack of schooling will also have a long-lasting impact on children's health and nutrition. A survey in West Bengal found that child labour among school-going children increased by 105 per cent during the pandemic (HT, 2020). MDM benefits in avoiding classroom hunger, increasing school attendance, and addressing malnutrition. The authors of the research seen that children who receive MDMs lack the economic means to provide a healthy and nutritious diet at home. There is a collinearity between the lower socio-economic status and children going to MDM schools. As seen in this study, adolescents receiving MDMs are more undernourished compared to their non-MDM counterparts from higher socio-economic strata (Patel PP, 2016). A survey by Save the Children reveals that 39% of households did not obtain MDM during the locking time between April and June (save the children, 2020).

MDM recognises that hunger and malnutrition are rooted in poverty, deprivation and growth, and are the product of insufficient access to basic nutritional well-being requirements, including healthy and sufficient food, treatment, health education and a clean environment (NHD, 2000). The Universal-Free School Breakfast Program (USBP) programme showed that participation in the school breakfast programme increased daily nutrient intake and improved nutrient intake was correlated with substantial increases in student academic achievement and psychosocial functioning and decreased hunger. Students who reported low intakes of nutrients showed more signs of hunger and psychosocial issues (both reported by their own parents) than students with higher intakes of nutrients. Perhaps more significantly, students who improved their nutrient intake after the start of a free school breakfast programme were more likely to boost their nutrient intake status and academic and psychosocial functioning (R.E. Kleinmana, 2002). In Hisar district, the food and nutrient intake of Haryana was insufficient and anthropometric measurements (mean height and weight) were significantly lower ($P < 0.05$) than the reference value. As regards the prevalence of malnutrition, 54.11 per cent of children were stunted and 55.5 per cent underweight (Vandana Sati, 2012). Almost 28 per cent of absenteeism in rural schools was present in Vadodara, Gujarat; malnutrition was prevalent with 70 per cent of children underweight; stunting was evident in 32.4 per cent of girls and 30.8 per cent of boys; anaemia prevalence was 73 per cent and incidence was higher in undernourished children (Bhoite, 2011). School feeding programmes can boost nutrition and health by directly increasing the supply of

household food, but the net impact on nutrition may be negative if the family loses income because the child spends more time in school and less time in productive activities. If the school feed programme is not followed by increased school capacity, the classrooms will be crowded, negatively impacting learning. Negative effects on both education and nutrition are also possible (arah Adelman, 2009). It is important to have information about the policies for participation as Hartley (2006) contrasts various categories of knowledge, while Glicken (2000) distinguishes between different qualities: cognitive, experiential and value-based knowledge can play a role in public involvement (Glicken, 2000). Cognitive awareness is based on human expertise and experiential knowledge based on common sense and personal experience. These two forms are formed by individuals, whereas value-based knowledge is inherent to a given culture because it is moral or normative (Raymond C.M., 2010b).

CHAPTER 3

RESEARCH METHODOLOGY

A suitable research methodology is one of the utmost importance of any kind of evaluation. This methodology section discusses action taken to examine a research problem and the reasons for the implementation of particular procedure or techniques used to define, pick, process and analyse knowledge applied to understanding the problem, thus, enabling the reader to critically assess the study 's overall validity and reliability.

3.1 Objective of the study

Following objectives were laid down to:

- To know what are the problem the beneficiaries face while implementation of Mid-Day Meal Scheme during Covid-19.
- To explore that the aid which is provided in form of money (i.e. for egg/fruit) for improving nutritional levels among children is actually being used for the same or not during Covid-19.
- To know how well they are aware about the Mid-Day Meal Scheme practiced in the schools.
- To know their information if violated against the child who is eligible to enjoy benefits of Mid-Day Meal Scheme, their knowledge about filing the complaint and do they trust in the process of complaining if not why.
- To know whether there is any need to advertise/motivate towards complaint filing if violated.

3.2 TECHNIQUE

Statistical approach is used for collection and analysis in the present research. For analysis and interpretation, data classification and basic percentage formula are used.

3.3 Sample size

The research is limited to a total population of 40 student's parents/guardians. The method of purposive sampling was used for selection of population sample.

3.4 TOOLS

The following tools were used for the study:

1. Questionnaire: Questionnaire were prepared for guardians or parents.
2. Survey: For this study the investigator contacted with students guardians or parents personally through telephonic mood so that their view on the mid-day meal can be known.

3.5 Procedure of data collection: -

First of all the sample was randomly selected from contacts data available from Jharkhand State Food Commission in Jharkhand and the contacts available from them. Then researcher was randomly selected 40 contacts who were either parents or guardians of the children who were going to government or government aided schools for MDMS. A telephonic mood as a survey method was administered to the guardians or parents who were taken for the study. Keeping in mind the objectives and scope of the study, questionnaire were prepared. The researcher was personally contacted through telephonic mood for collecting data through questionnaire.

3.6 Limitations of the study

- Keeping in mind the covid-19 situation during the interview the respondent were sometime not ready to answer, so they used to hang up the call in the very beginning or in between the conversation.
- Difficult in observing the respondent as there was no virtual mood.

CHAPTER 4

ORGANIZATIONAL AND AREA PROFILE

About JSFC

The National Food Security Act (NFSA) that came into effect on July 5, 2013 aims to ensure “food and nutritional security inhuman life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity” (GOI, 2013).

The National Food Security Act, 2013 (NFSA 2013) converts the Government of India's existing food security programmes into legal entitlements. The Midday Meal Scheme, the Integrated Child Development Services Scheme and the Public Distribution system are included in it. In addition, maternity entitlements were acknowledged in NFSA 2013. The Midday Meal Scheme and the Integrated Child Development Services Scheme are universal in nature, while the PDS (75 percent in rural areas and 50 percent in urban areas) would reach about two-thirds of the population.

In accordance with the provisions of section 16 of this Act, for the purposes of monitoring and reviewing the implementation of this Act, every State Government, by notification, shall constitute a State Food Commission. Subsequently, the Jharkhand Government agreed to form an exclusive commission and, on 13 April 2017, the Jharkhand State Food Commission was constituted by the Department of Food, Public Distribution & Consumer Affairs.

Mission and Objective

They advise the State Government, its departments, autonomous bodies and non-governmental organisations involved in the provision of services related to the successful implementation of food and nutrition schemes in order to allow individuals to have full access to the entitlements provided for in this Act. The commission inspect or look into cause for inspection of the failure to comply with the Government's policy decisions relating to the National Food Security Act. They are responsible to Organise regional camps in order to raise awareness of the benefits and entitlements provided for in the Act. And they identify the grievance resolution measures in three implementing departments, i.e. Food, Public Distribution & Consumer Affairs, Women & Child development and Social Security and School Education and Literacy by investigating breaches of rights upon receipt of the complaint, and hearing appeals against the District Grievance Redressal Officer's orders.

STUDY AREA PROFILE

The area of the study is '*Hazaribagh*' district which lies in the state of *Jharkhand*. The Hazaribagh district is situated on National Highway 33 & 96 km away from state's capital, Ranchi. The Geographical area of Hazaribagh District is 4302 sq. km. This district's boundary is comprised of Gaya (BIHAR) and Koderma districts in the north, Giridih and Bokaro in the east, Ramgarh in the south, and Chatra in the west. The Hazaribagh district is located in the north-eastern part of the Chotanagpur Division of the North. Most parts of this district are full of forests and stones. The administrative set up of Hazaribagh District is divided into 16 blocks namely Sadar, Katkamsandi, Bishnugarh, Barragan, Keredari, Ichak, Churchu, Daru, Tati Jhariya, Katkamdag, Dadi, Padma, Barhi, Chauparan, Barkatha and Chalkusha. In 2011, Hazaribagh had population of 1,734,005 of which male and female were 891,179 and 842,826 respectively. As per 2001 Census there was change of 25.75 percent in the population. Average literacy rate of Hazaribagh in 2011 were 70.48 and if things are looked out at gender wise, male and female literacy were 81.15 and 59.25 respectively in which Schedule Caste (SC) constitutes 17.5% while Schedule Tribe (ST) were 7% of total population. With regards to Sex Ratio in Hazaribagh, it stood at 946 per 1000 male compared to 2001 census figure of 987. The average national sex ratio in India is 940 as per latest reports of Census 2011. The connectivity by road and rail in this district is tedious and tiresome due to mountains, trees, hills, rivers and valleys etc. For the whole of Jharkhand, Hazaribagh is the police training base. Border Security Force (BSF) also has a big presence. East India's largest training center is here in the jungle with mountainous terrain. Central Reserve Police Force is also present in the city near the lake.

CHAPTER- 5

FINDINGS AND ANALYSIS

The core part of the study is this chapter. In response to the problems posed in the study, the data was collected and then analysed. The data collected through interview schedule are being depicted below. The main emphasis was on the influence of Covid-19 on the Mid-day Meal Scheme during this analysis.

5.1 Socio-Economic Aspect of the respondent

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar
Sex	Male	7	7	4	8
	Female	5	7	0	2
Caste	ST	2	3	0	0
	SC	4	4	4	4
	OBC	6	5	0	6
	GEN	0	2	0	0
Marital	Married	9	13	4	10
	Unmarried	2	0	0	0
	Widow	1	1	0	0
Literacy Level	uneducated	1	6	3	0
	class 1-5	3	1	0	2
	class 5-10	5	4	0	5
	class 11-12	3	3	0	3
	graduation or higher	0	0	1	0
Economic condition as compared to other households	About Average	4	4	0	3
	Among the poorest 20	3	6	1	1
	Poorer than average	5	4	3	6
Occupation	Regular employment (Govt./Private)	0	0	0	1
	Self-employment (cultivator/farmer)	11	10	3	3
	Self-employment (non-agriculture)	1	4	1	6
Type of house	cemented house	5	6	0	9
	Kuccha house	7	8	4	1

Socio-economic aspects includes-

1. Sex- wise distribution of the respondent
2. Caste- wise distribution of the respondent
3. Marital status of the respondent
4. Literacy level of the respondent
5. Economic condition as compared to other households of the respondent
6. Occupation of the respondent
7. Type of house of the respondent

1. Sex-wise distribution of the respondent

Sex	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Male	7	7	4	8	26
Female	5	7	0	2	14

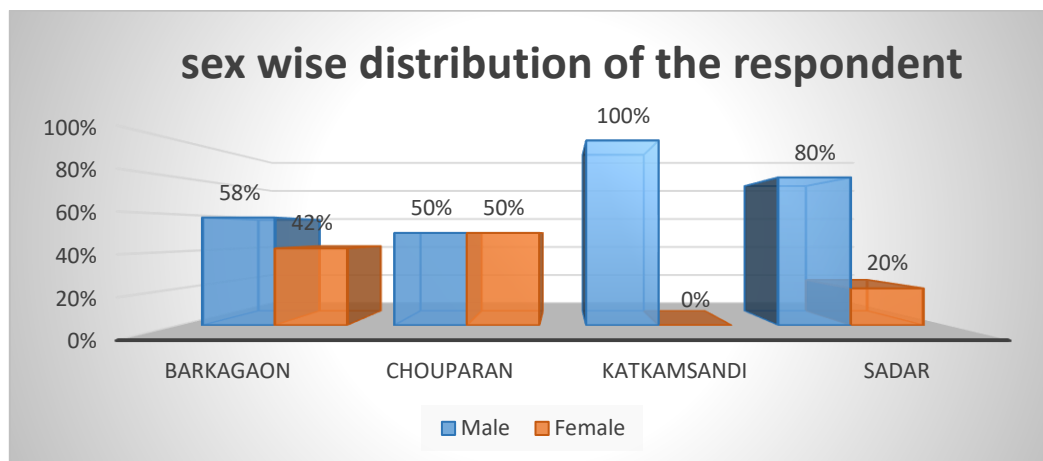


Figure 5.1.1 Sex-wise distribution of the respondent under

The above diagram No. 5.1.1 describes the gender composition of respondent in each block and that the group of respondents consisted of more male composition than the female composition. This is because male had more access to new technological advancement like the telephone which was the medium for data collection. This can be also due to lack of women empowerment.

2. Caste- wise distribution of the respondent

Caste	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
ST	2	3	0	0	5
SC	4	4	4	4	16
OBC	6	5	0	6	17
GEN	0	2	0	0	2

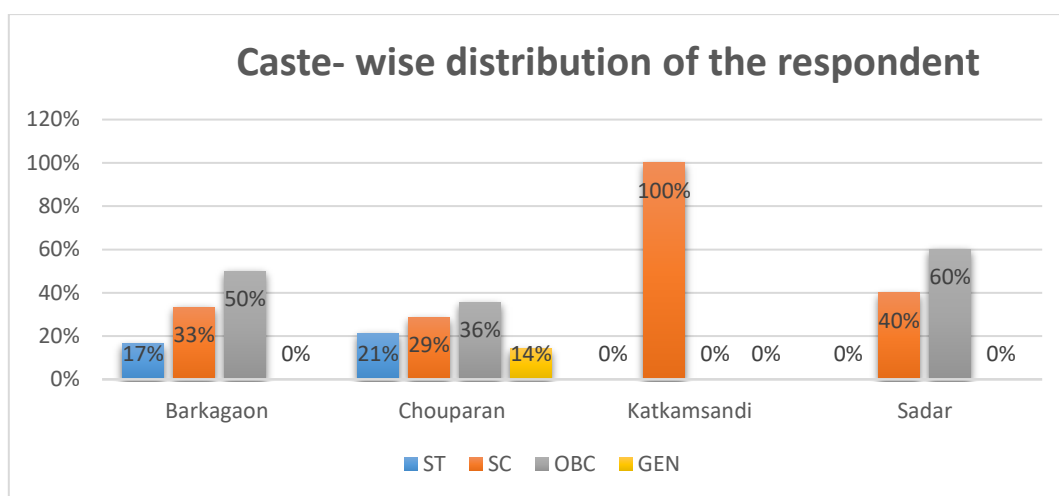


Figure 5.1.2 Caste-wise distribution of the respondent

From the fig 5.1.2 Conclusion can be drawn that respondent were mostly SC or OBC. The population were backward, particularly in regard to education, economic standing and lifestyle because of which there is a gap in the community. The percentage of availability of MDM by Dalits indicates their social acceptance in society. As a high percentage of the use of MDM by Dalits indicates that caste practises are not rigid and Dalit children are allowed to avail MDM.

3. Marital status of the respondent

Status	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Married	9	13	4	10	36
Unmarried	2	0	0	0	2
Widow	1	1	0	0	2

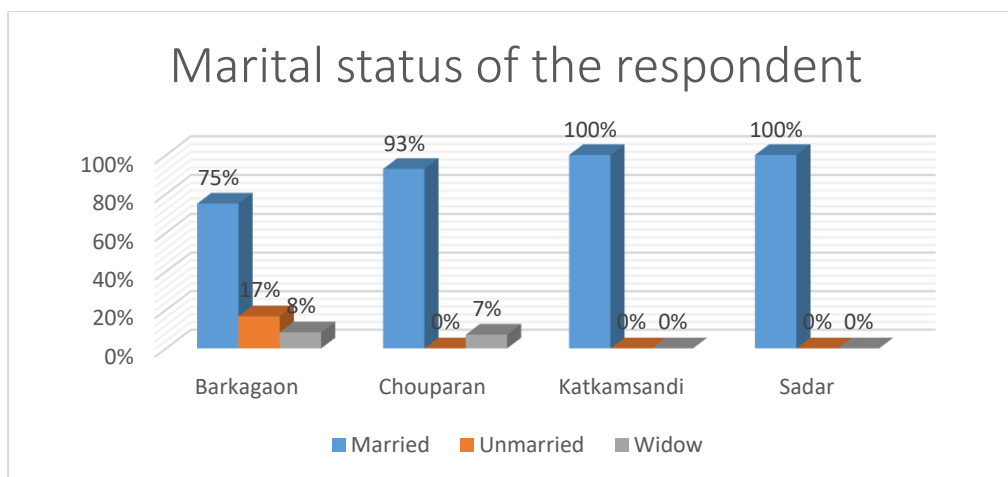


Figure 5.1.3 Marital status of the respondent

From the above figure 5.1.3, conclusion can be drawn that most of the respondent were married. In each block more than 70% of the respondent were married because of the economic standing and life style where education can also be considered.

4. Literacy level of the respondent

Literacy level	Barkagaon	Chouparan	Katkamsandi	Sadar	female	male	Grand
							Total
uneducated	1	6	3	0	4	2	10
class 1-5	3	1	0	2	4	2	6
class 5-10	5	4	0	5	5	9	14
class 11-12	3	3	0	3	1	12	9
graduation or higher	0	0	1	0	0	1	1
Grand Total	12	14	4	10	14	26	40

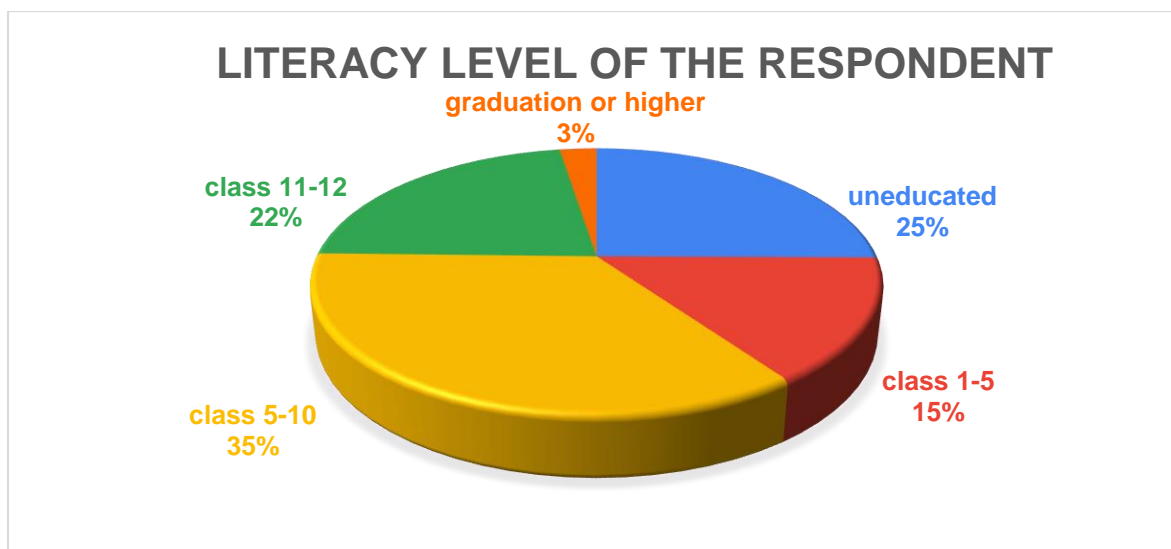


Fig 5.1.4 Literacy level of the respondent

From the fig 5.1.4 Conclusion can be drawn that the number of respondent were mostly literate. Male respondent had higher level of literacy level as compared to that of female respondent as they are married off at a younger age or are burdened with the household chores and expected to look after their families. Poverty is the root cause of low female literacy rate. Girl child labour is also the reason for the same.

5. Economic condition as compared to other households of the respondent

Economic condition	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
About Average	4	4	0	3	11
Among the poorest 20	3	6	1	1	11
Poorer than average	5	4	3	6	18

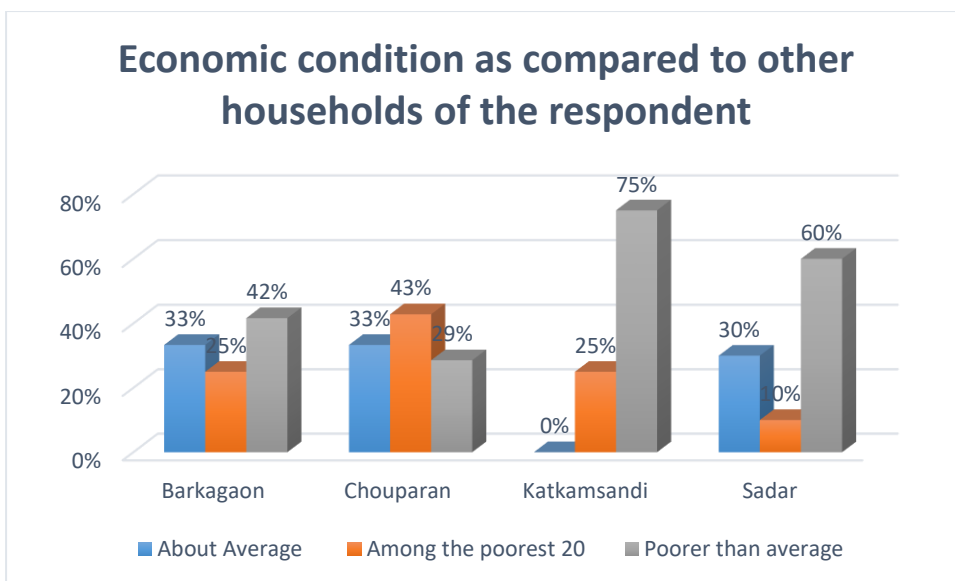


Fig 5.1.5 Economic condition as compared to other households

From the fig 5.1.5 conclusion can be drawn that as per their own opinion most of them felt that they were poorer than average household. People in these areas are mostly engaged in agriculture because they do not have modern facility and they carry out farming activity in their own lands. They sow seeds, weed and harvest crop by themselves. However they were also depended on other sources like poultry or dairy wages. MDM was started with objective of covering maximum economically deprived students and it is truly fulfilled as children from low income are found to be availing MDM.

6. Occupation of the respondent

Occupation	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Regular employment (Govt./Private)	0	0	0	1	1
Self-employment (cultivator/farmer)	11	10	3	3	27
Self-employment (non-agriculture)	1	4	1	6	12

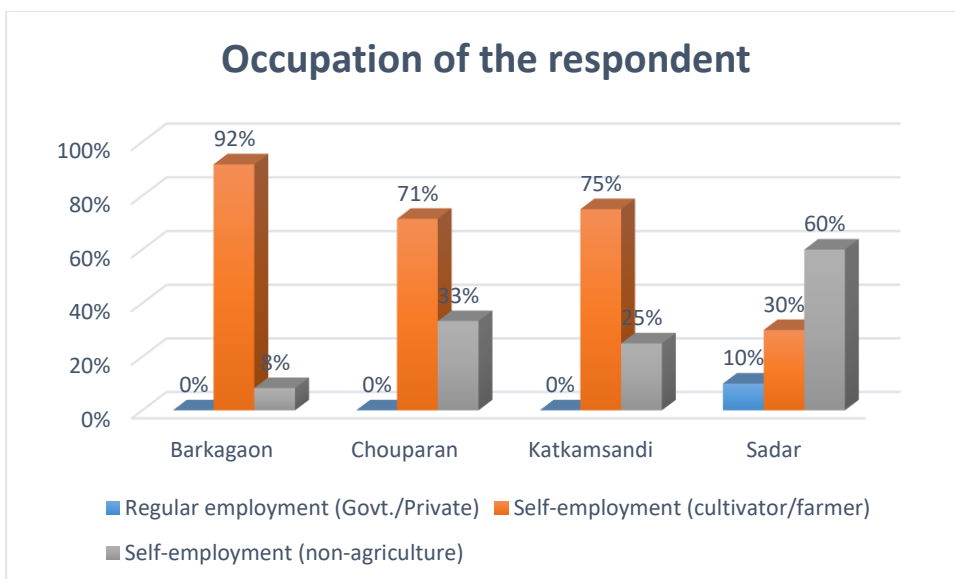


Fig 5.1.6. Occupation of the respondent

Except Sadar block all other block had more than 30% whose main source of income was from self-employment which involved agricultural activities. During the survey, it was observed that the farmer's percentage is more than that of sellers or of any other occupations. This is because they do not have more ideas, modern facilities and capital amount to invest. People were mostly dependent on agriculture, and rest earn through their live stocks, labour activities and services.

7. Type of house of the respondent

Type of house	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
cemented house	5	6	0	9	20
Kuccha house	7	8	4	1	20

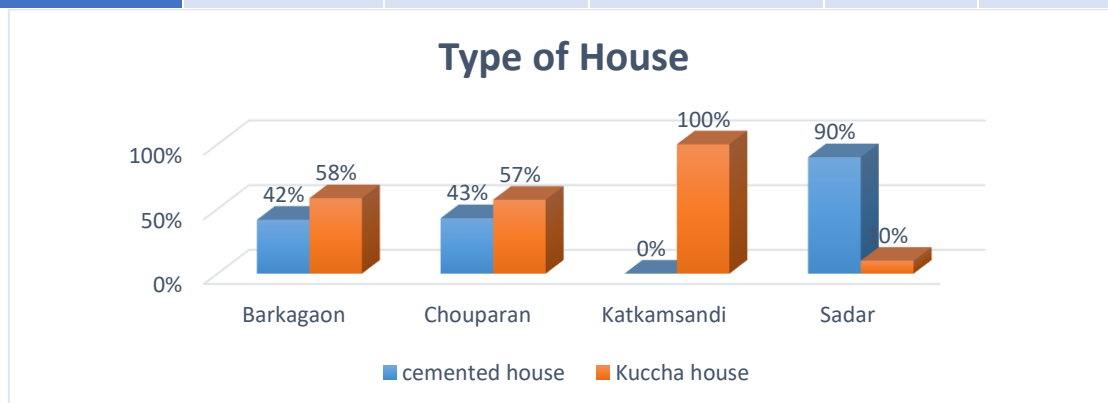


Fig 5.1.7. Type of house of the respondent

The above fig No. 5.1.7 describes the type of houses owned by respondents of all the 4 villages. It was found that out of the total household surveyed 50% houses were pakka, 50% houses were kaccha. As per the table it is being interpreted that Sadar is more socially sound as compared to other three block. Considering the classification of house type with respect to the surveyed done, it can be said that Katkamsandi has highest number of kaccha house i.e. 100% followed by 58% in Barkagaon, 57% in Chouparan denoting the economic position of the households.

5.2 Aspects related to children on the basis of respondents

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar
Number of children	1	0	2	0	3
	2	5	5	0	2
	3	5	5	0	4
	More than 3	2	2	4	1
Gender of the children	both	7	5	1	7
	only female child or children	3	4	2	2
	only male child or children	2	5	1	1
Type of school	government aided school	3	4	0	2
	Government school	9	10	4	8
Class	1-4	4	5	1	3
	4-6	6	7	2	4
	6-8	2	2	1	3
number of times does the child eat in a day	2	0	0	1	0
	3	7	10	3	5
	more than 3	5	4	0	5
Number of times family consume fruits or eggs during covid-	none	5	6	2	4
	1-2 days in a week	6	5	2	6
	3-4 days in a week	0	3	0	0
	More than 4 days in a week	1	0	0	0

19 in a week					
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Aspects related to children includes:

1. Number of children benefiting from MDM scheme
2. Respondent child's gender
3. Type of school in which respondent child is studying
4. Respondent child's Class
5. Number of times does child eat in a day
6. Number of times respondent family consume fruits or eggs during covid-19 in a week

1. Number of children benefiting from MDM scheme

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Number of children	1	0	2	0	3	5
	2	5	5	0	2	12
	3	5	5	0	4	14
	More than 3	2	2	4	1	9

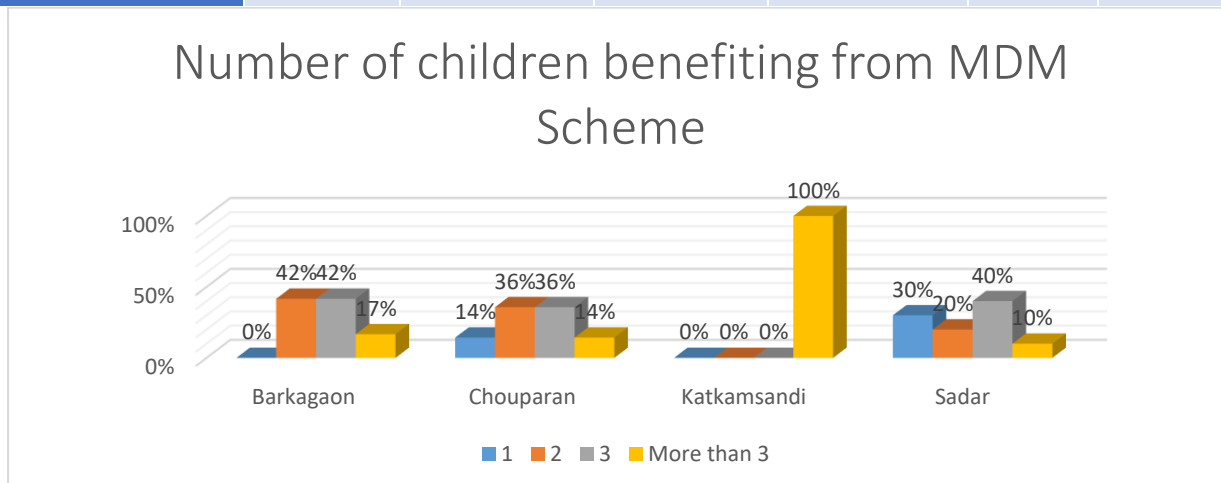


Fig 5.2.1 Number of children benefiting from MDM scheme

From the above fig 5.2.1 it can be concluded that the number of children in relation with the respondent who are enjoying the benefits are mostly in the count of three children. This is because the population are married at young age specially the female who are then busy in the household work and looking after the family which increases the chances of having more number of siblings.

2. Respondent child's gender

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Gender of the children	both	7	5	1	7	20
	only female child or children	3	4	2	2	11
	only male child or children	2	5	1	1	9

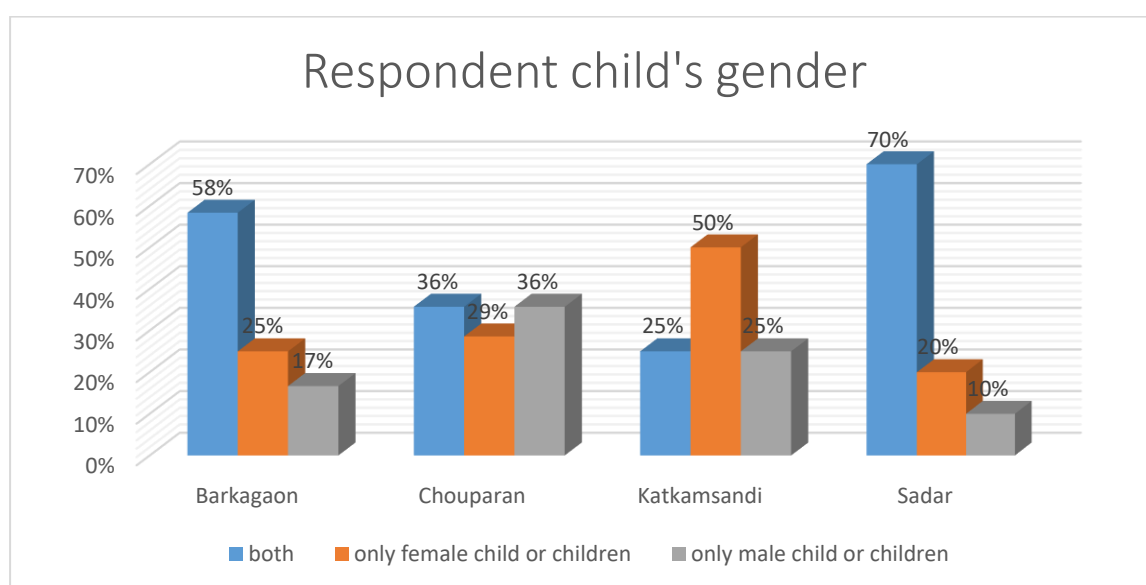


Fig 5.2.2 Respondent child's gender

From the above fig 5.2.2 it can be concluded that the children who are benefited from the MDMS comprises of both female and male children, in a good ratio. This is because the parents support and allow their children to go and enjoy the benefits of MDMS.

3. Type of school in which respondent child is studying

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Type of school	Government aided school	3	4	0	2	9
	Government school	9	10	4	8	31

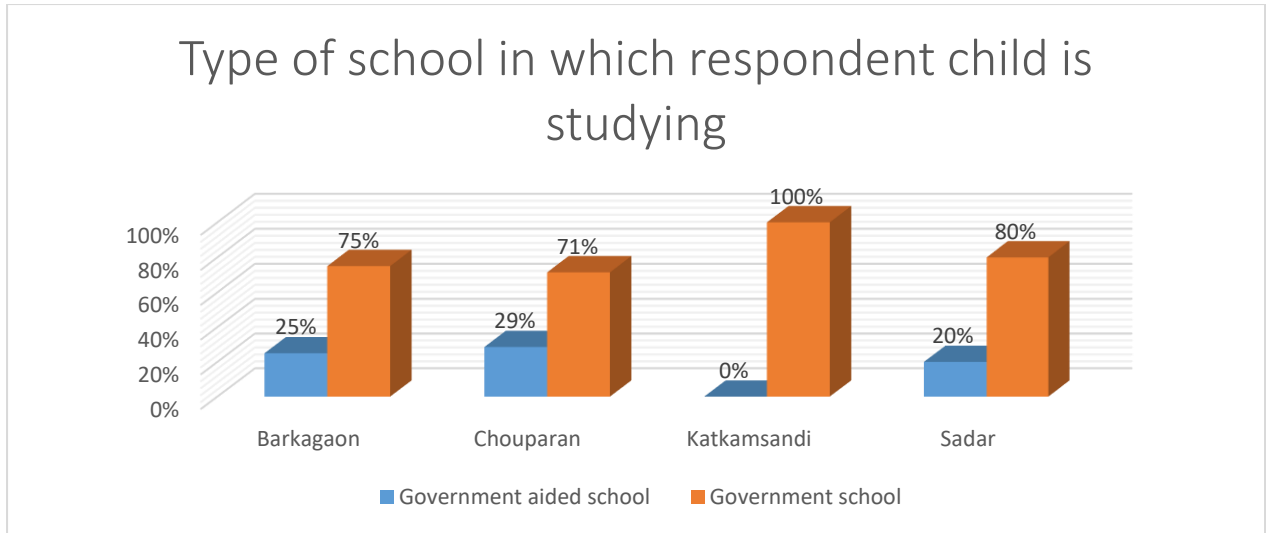


Fig 5.2.3 Type of school in which respondent child is studying

From the above fig 5.2.3 it can be concluded that most of the children of the respondent are studying in government schools. This is because of the economic condition of the family and also because the government school are situated at a less distance from there houses.

4. Classes in which respondent child is studying

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Class	1-4	4	5	1	3	13
	4-6	6	7	2	4	19
	6-8	2	2	1	3	8

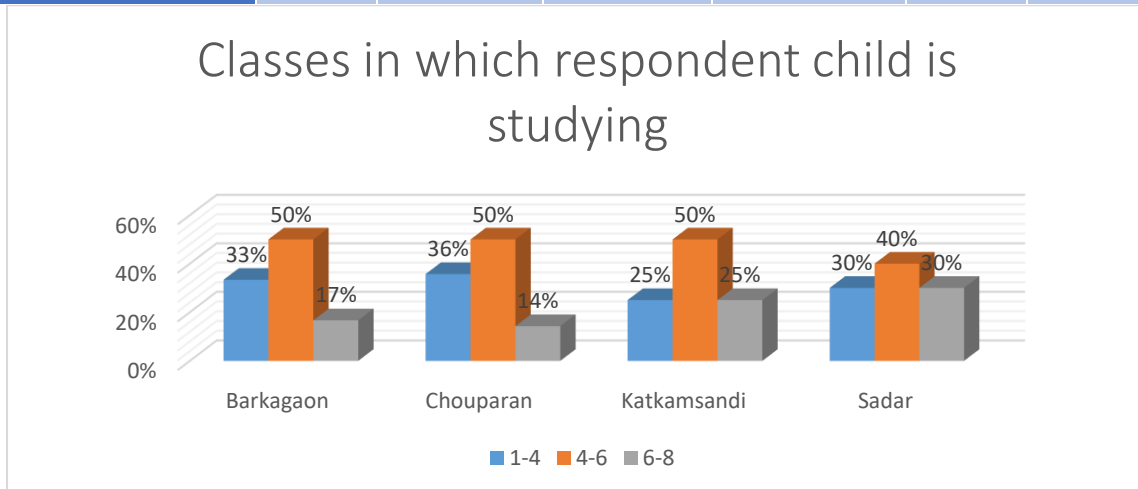


Fig 5.2.4 Classes in which respondent child is studying

From the above figure 5.2.4 it can be concluded that the respondent children were mostly studying in class 4 to 6. In all the four blocks children studying in the class range of 6 to 8 was less as compared to the rest.

5. Number of times respondent's child eats in a day

Variables	Items	Barkagao n	Choupara n	Katkamsand i	Sadar	Total
Number of times respondent's child eats in a day	2	0	0	1	0	1
	3	7	10	3	5	25
	more than 3	5	4	0	5	14

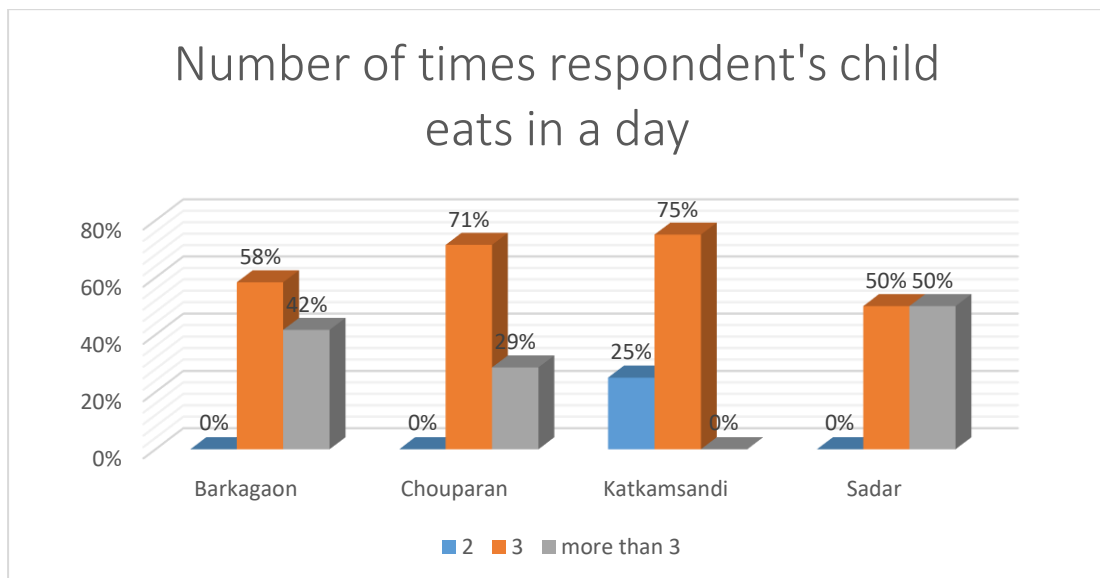


Fig 5.2.5 Number of times respondent's child eats in a day

From the above fig 5.2.5 it can be concluded that the most of the children were eating 3 or more times a day in all the four blocks. This denotes that the family had enough to feed the child for 3 or more times except in Katkamsandi where 25% eats only twice a day.

6. Number of times respondent family consume fruits or eggs during covid-19 in a week

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Number of times family consume	none	5	6	2	4	17
	1-2 days in a week	6	5	2	6	19

fruits or eggs during covid-19 in a week	3-4 days in a week	0	3	0	0	3
	More than 4 days in a week	1	0	0	0	1

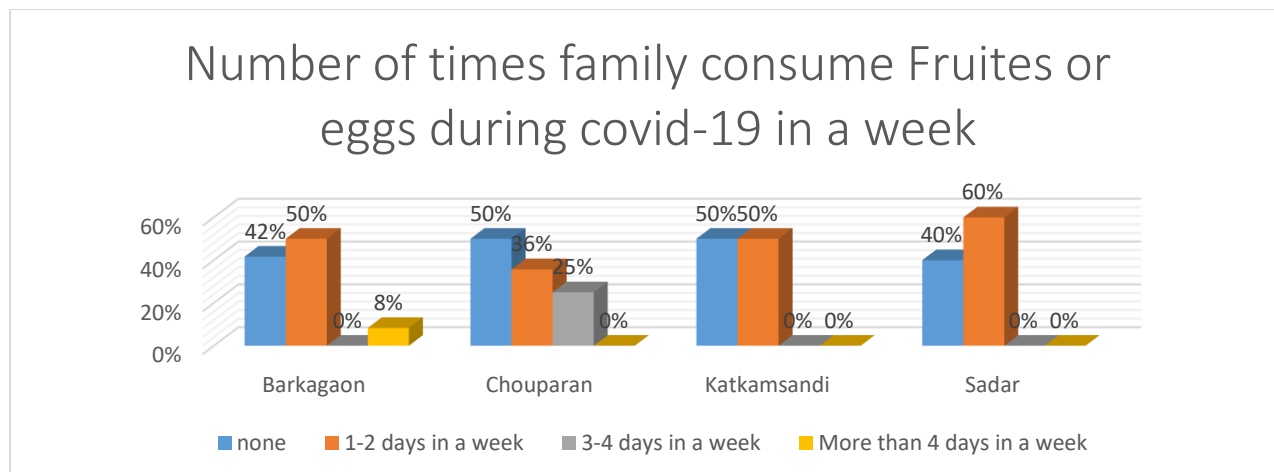


Fig 5.2.6 Number of times respondent family consume fruits or eggs during covid-19 in a week

From the above fig 5.2.6 it can be concluded that most of the respondent family consumes fruits or egg during covid-19 for once or twice a week which is good for children. But more than 40% of the respondents says that they don't consumes fruits or egg at all on weekly basis. Which indicates that those children who belong to those family may be not getting enough calories or nutrition as per required for a child.

5.3 Aspects related to Mid-day Meal Scheme

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Since when your child has started receiving MDM ration	March	0	4	0	0	4
	April	4	7	1	5	17
	June	3	0	1	3	7
	Dont remember	5	3	2	2	12
Does the child get MDM as per provision during covid-19?	Maybe	10	6	4	4	24
	No	1	3	0	0	4
	Yes	1	5	0	6	12
Type of food distributed to children through MDMS during Covid-19	Dry Ration	12	14	4	10	40
	Cooked Meal	0	0	0	0	0
At what place MDM is	At schools	10	13	4	8	35

received	Delivered at home	2	1	0	2	5
Do your child face any problem receiving the dry Ration during the covid-19?	Yes	7	10	3	6	26
	No	5	4	1	4	14
Do you receive any money through MDMS?	No	1	1	0	2	4
	sometimes	8	9	2	4	23
	Yes	3	4	2	4	13
MDM money is used for	child keeps it	3	2	0	3	8
	No money received	1	1	0	2	4
	Not using the money instead saving it	1	3	0	3	7
	To purchase household ration	4	4	0	1	9
	To purchase personal needs	3	4	4	1	12
In case of irregularity of MDM, do you refer to officials?	no	6	9	4	7	26
	sometime	0	2	0	1	3
	yes	6	3	0	2	11
Do you have any information regarding the steps to be taken if your child doesn't receive the benefits of MDMS?	No	8	11	4	5	28
	unclear	2	2	0	5	9
	Yes	2	1	0	0	3
Do you know how to file a complaint against a MDM violation?	Don't know	8	11	4	5	28
	Both online and offline mood	0	1	0	2	3
	Through offline mood	4	2	0	3	9
Do you trust the process of MDMS complaint?	No	7	8	2	6	23
	Yes	5	6	2	4	17
Do you know why MDMS is practiced?	no	7	6	1	3	17
	unclear	2	3	1	5	11
	yes	3	5	2	2	12
Do you ask your child what he eats in school under MDM?	no	6	7	3	2	18
	sometimes	3	3	1	5	12
	yes	3	4	0	3	10
Did your child ever talk	No	8	4	4	5	21

to you about the MDM scheme?	Yes	4	10	0	5	19
Do you feel that Covid-19 period has disrupted MDMS in any way?	No	4	5	1	2	12
	Yes	8	9	3	8	28
Are you in favour of the continuation of the implemented plan of MDMS during covid-19?	Yes, should continue	12	14	4	10	40
	No, it should not be continued	0	0	0	0	0

Aspects related to Mid-day Meal Scheme:

1. Since when the child has started receiving MDM ration
2. Does the child get MDM as per provision during covid-19?
3. Type of food distributed to children through MDMS during Covid-19
4. At what place MDM is received
5. Does the child face any problem receiving the dry Ration during the covid-19?
6. Does the child receive any money through MDMS?
7. MDM money is used for
8. In case of irregularity of MDM, do respondent refer to officials?
9. Does they have any information regarding the steps to be taken if their child doesn't receive the benefits of MDMS?
10. Does they trust the process of MDMS complaint?
11. Does they know why MDMS is practiced?
12. Does they ask the child what he eats in school under MDM?
13. Did the child ever talk to the respondent about the MDM scheme?
14. Does the respondent feel that Covid-19 period has disrupted MDMS in any way?
15. Are the respondent in favour of the continuation of the implemented plan of MDMS during covid-19?

1. Since when the child has started receiving MDM ration

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Since when your child	March	0	4	0	0	4

has started receiving MDM ration	April	4	7	1	5	17
	June	3	0	1	3	7
	Don't remember	5	3	2	2	12

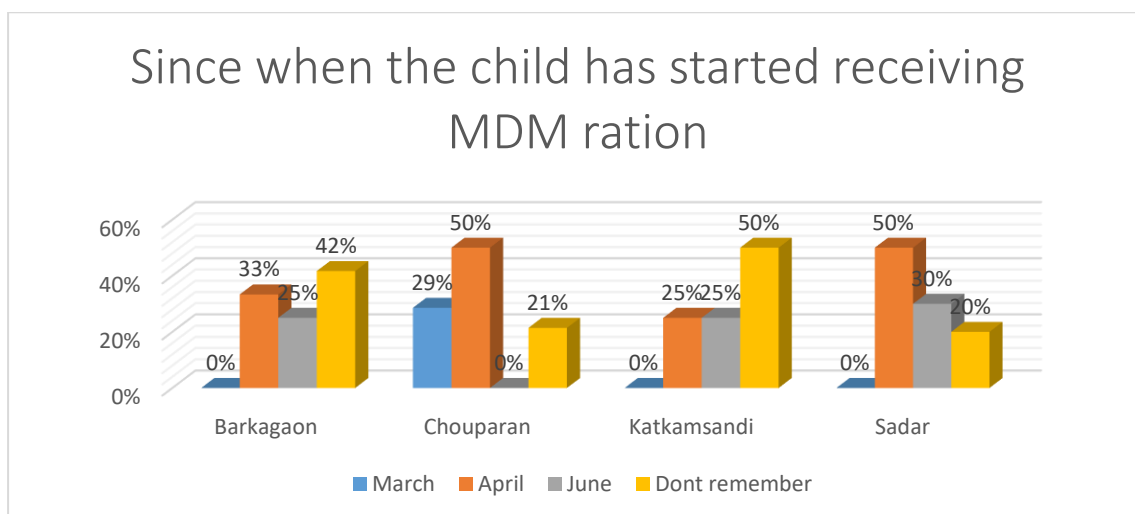
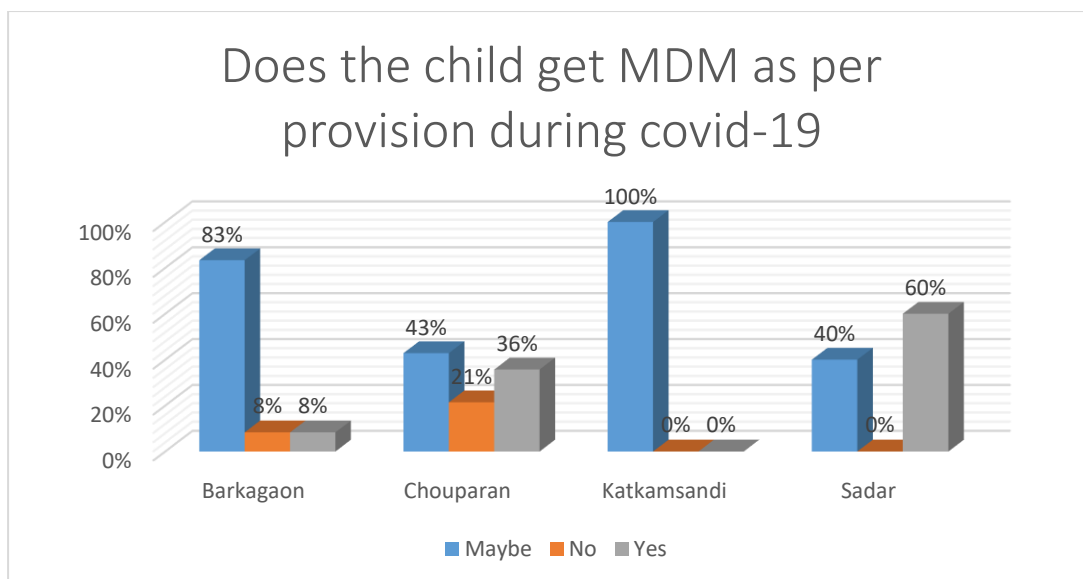


Fig 5.3.1 Since when the child has started receiving MDM ration

From the above fig 5.3.1 it can be concluded that most of the children started receiving MDM ration from the month of April. And around 30% of the respondent didn't remember it which could have happened because respondent were mostly male members.

2. Does the child get MDM as per provision during covid-19?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Does the child get MDM as per provision during covid-19?	Maybe	10	6	4	4	24
	No	1	3	0	0	4
	Yes	1	5	0	6	12



5.3.2 Does the child get MDM as per provision during covid-19?

From the above fig 5.3.2 it can be concluded that most of the respondent didn't know the provision at all as per which the child was provided MDM. This is because the respondent children are mostly in Government school which is nearby situated so the best option to know about the provision is from the teachers itself telling the student. Being in the outskirts area may reduce the other sources and chances to know about the provision.

3. Type of food distributed to children through MDMS during Covid-19

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Type of food distributed to children through MDMS during Covid-19	Dry Ration	12	14	4	10	40
	Cooked Meal	0	0	0	0	0

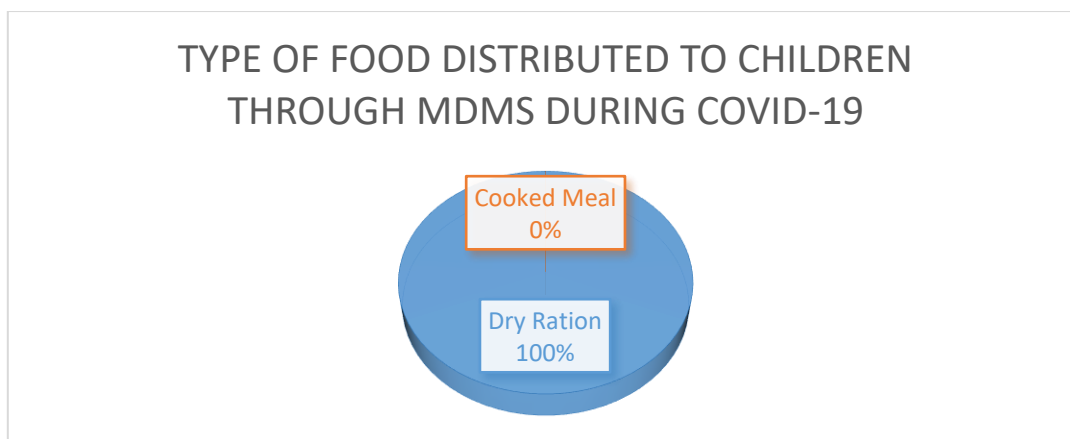


Fig 5.3.3 Type of food distributed to children through MDMS during Covid-19

From the above fig 5.3.3 it is concluded that all the in all the four blocks distribution of dry ration was the medium for MDMS during Covid-19. From the government it was announced that the MDMS will be practised through dry ration and as per the responses it made us sure that on field also it was practised the same.

4. At what place MDM is received

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
At what place MDM is received	At schools	10	13	4	8	35
	Delivered at home	2	1	0	2	5

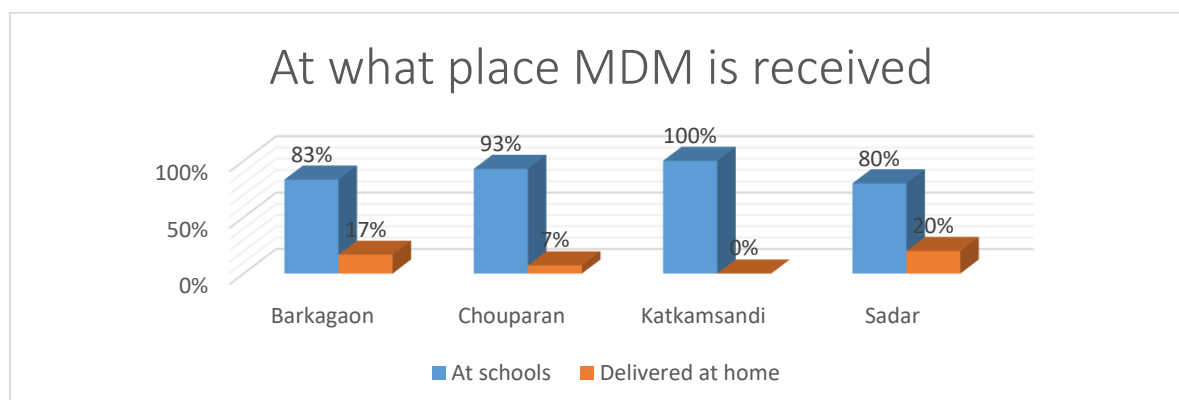


Fig 5.3.4. At what place MDM is received

The above fig 5.3.4 demonstrate that more than 80% of the children used to receive their MDM ration at school. As most of the schools were nearby the household, the MDM ration were also delivered at the door.

5. Does the child face any problem receiving the dry Ration during the covid-19?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Do your child face any problem receiving the dry Ration during the covid-19?	Yes	7	10	3	6	26
	No	5	4	1	4	14

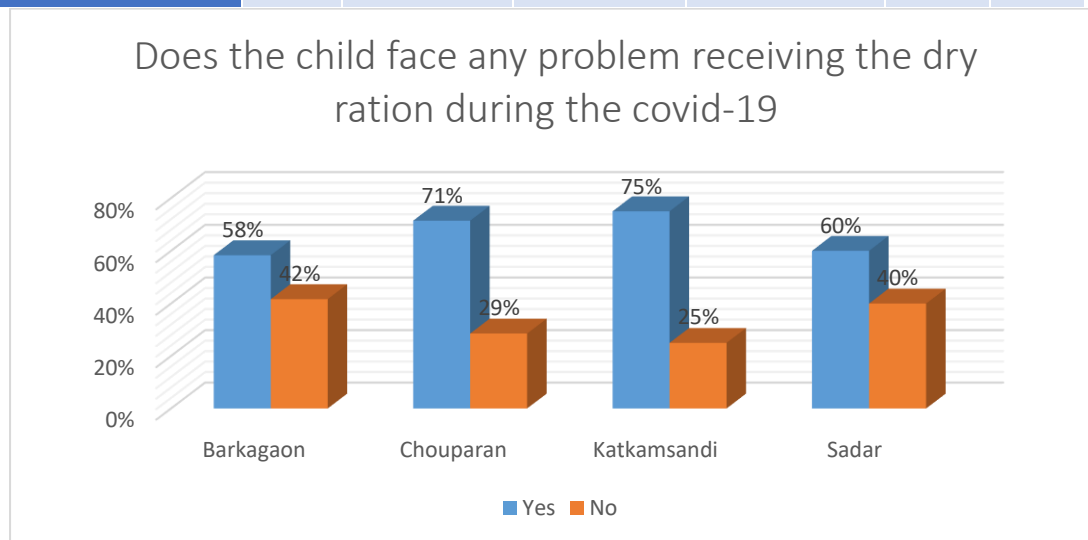


Fig 5.3.5 Does the child face any problem receiving the dry Ration during the covid-19

From the fig 5.3.5 it demonstrate that more than 50% in all the four blocks respondent feel that the child face problem while receiving the dry ration. The only and common problem faced as per the respondent was that the children used to receive ration sometime. This was the response because they didn't knew what quantity they have to receive and what the provision is.

6. Does the child receive any money through MDMS?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
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Does the child receive any money through MDMS?	No	1	1	0	2	4
	sometimes	8	9	2	4	23
	Yes	3	4	2	4	13

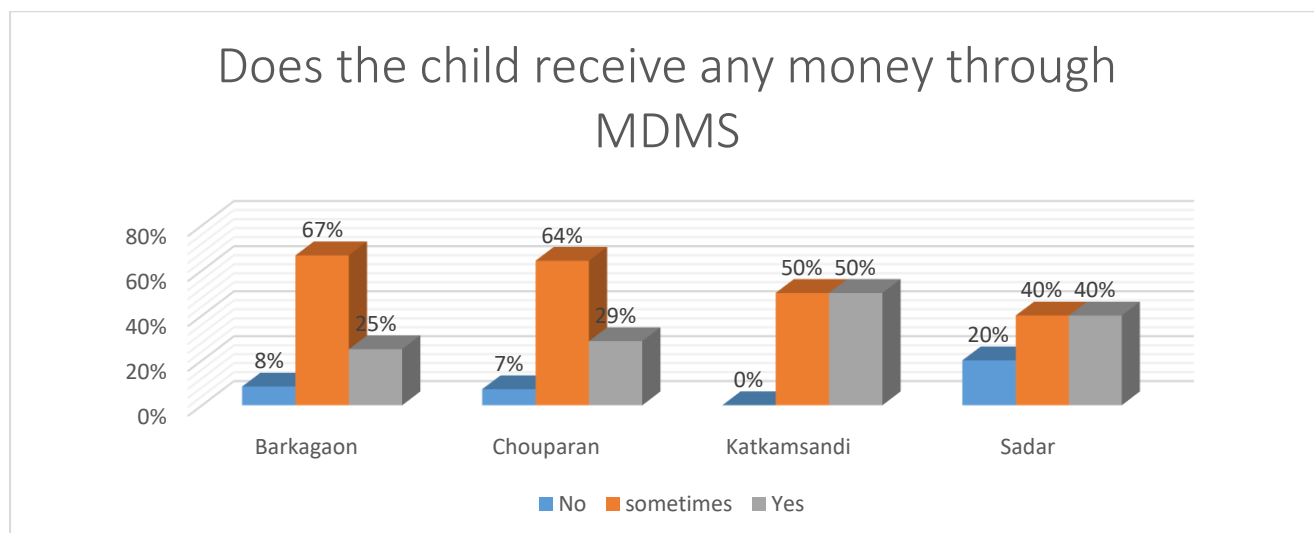


Fig 5.3. 6. Does the child receive any money through MDMS?

The above fig 5.3.6 demonstrates that most of the respondent told that their children sometimes receive MDM money. This would be because if the money is distributed after 2-3 months the beneficiary receives it all at once. And another reasons could be that even when the children receives the money they don't mention it to their parents.

7. Use of received MDM money

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Received MDM money is used for	child keeps it	3	2	0	3	8
	No money received	1	1	0	2	4
	Not using the money instead saving it	1	3	0	3	7
	To purchase household ration	4	4	0	1	9
	To purchase personal needs	3	4	4	1	12

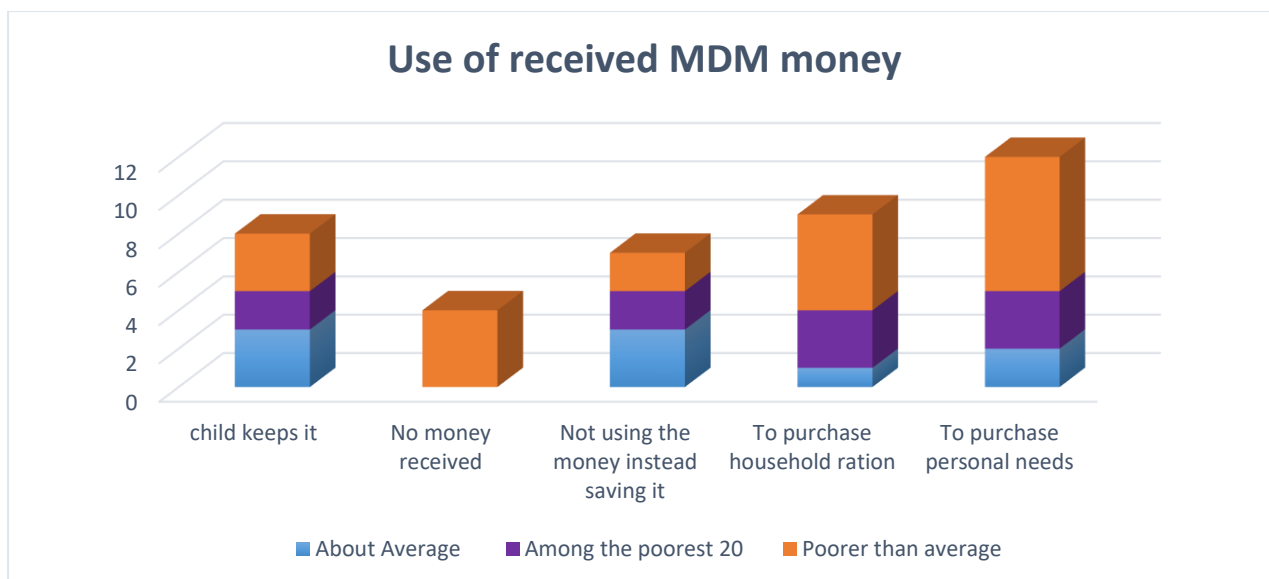


Fig 5.3.7 use of received MDM money

From the fig.5.3.7 it demonstrate that respondent are more likely to uses MDM money to purchase personal needs. And second most thing what they do with the money is to use to purchase household ration. A study shows that with income limitation, household choice for goods is such that children's food consumption can go down further, and that disadvantaged households can select even more other goods (Satish Y. Deodhar, 2007). And same happens here to where they mostly choose to maximise their utility from other goods rather than spending for ration.

8. In case of irregularity of MDM, do respondent refer to officials?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
In case of irregularity of MDM, do respondent refer to officials?	no	6	9	4	7	26
	sometime	0	2	0	1	3
	yes	6	3	0	2	11

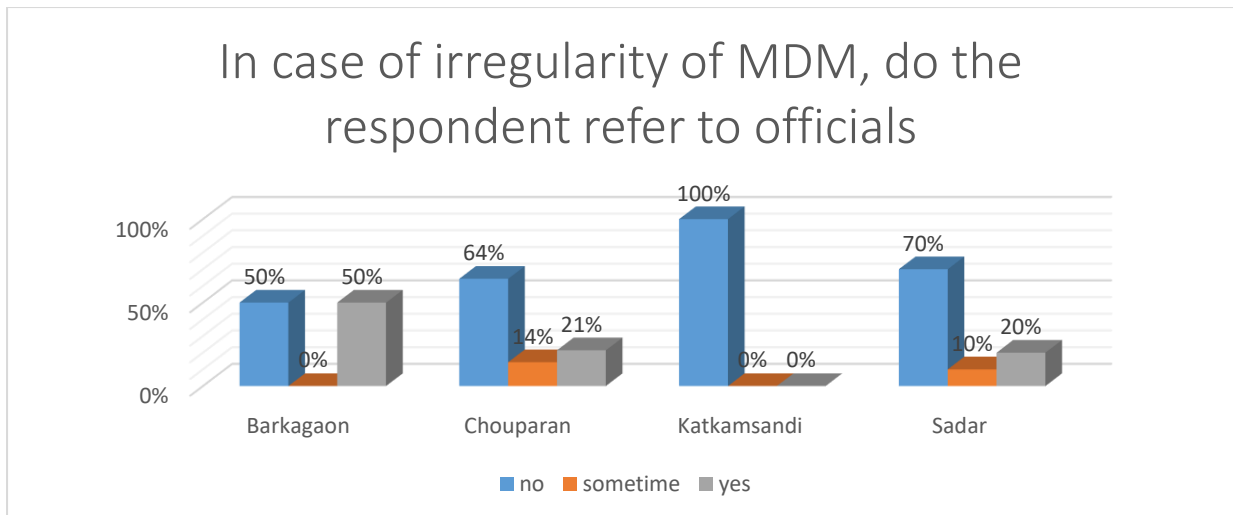


Fig 5.3. 8. In case of irregularity of MDM, do respondent refer to officials?

Fig 5.3.8 demonstrate that even at the time of irregularities of MDM more than 50% of the respondent don't prefer to refer the officials for any help. Most of the respondent presumes that they won't help and even if they did there will a very lengthy procedure to be carried on.

9. Does the respondent have any information regarding the steps to be taken if their child doesn't receive the benefits of MDMS?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Does they have any information regarding the steps to be taken if their child doesn't receive the benefits of MDMS?	No	8	11	4	5	28
	unclear	2	2	0	5	9
	Yes	2	1	0	0	3

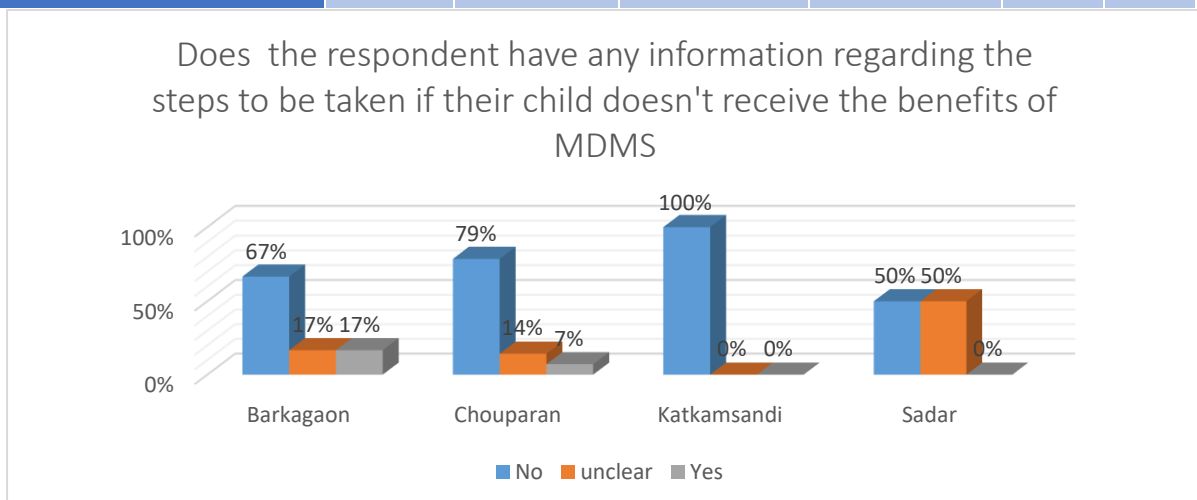


Fig 5.3.9. Does the respondent have any information regarding the steps to be taken if their child doesn't receive the benefits of MDMS?

The fig 5.3.9 represent that more than 50% of the respondent did not have any information or any idea regarding the steps which need to be taken if their child is violated from the benefits of the MDMS. This is because most of the respondent are from the outskirts area who are not that well educated and so ignore the facts which can leads to any consequences.

10. Does the respondent trust the process of MDMS complaint?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Does the respondent trust the process of MDMS complaint?	No	7	8	2	6	23
	Yes	5	6	2	4	17

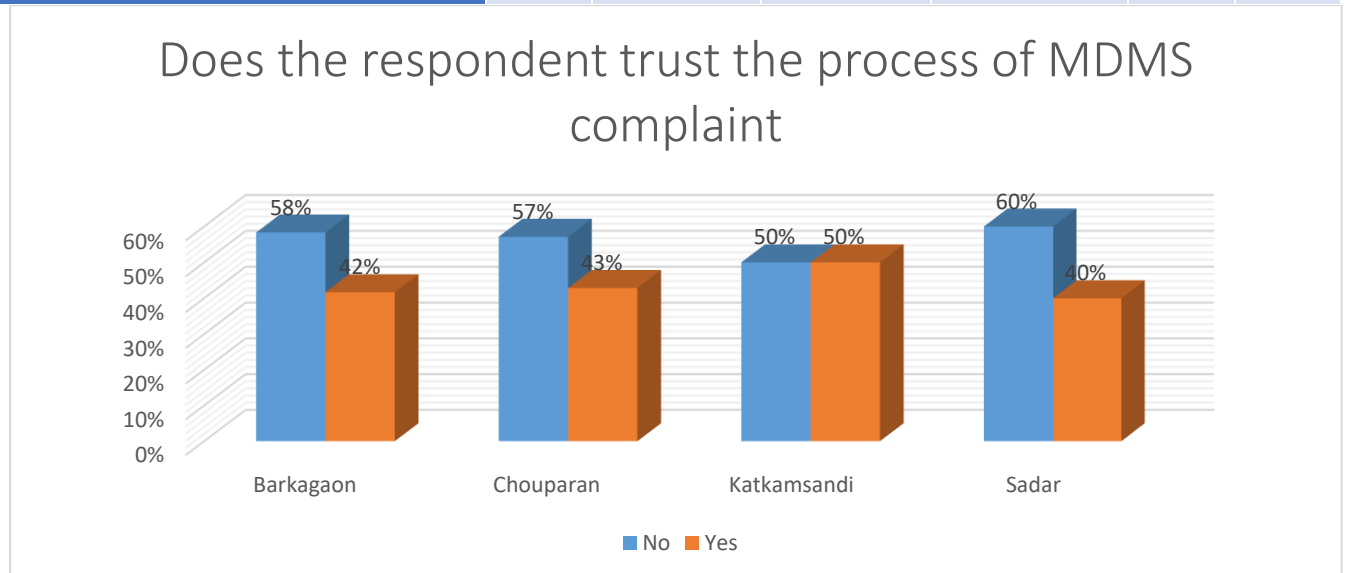


Fig 5.3.10. Does the respondent trust the process of MDMS complaint?

As per the fig 5.3.10 it demonstrate that overall more than 50% of the respondent does not at all trust the process of MDMS complaint even when they don't know the process for it. This is because they don't really know any successful cases in this relation which levitate the trust on whole process.

11. Does the respondent know why MDMS is practiced?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Does the respondent know why MDMS is practiced?	no	7	6	1	3	17
	unclear	2	3	1	5	11
	yes	3	5	2	2	12

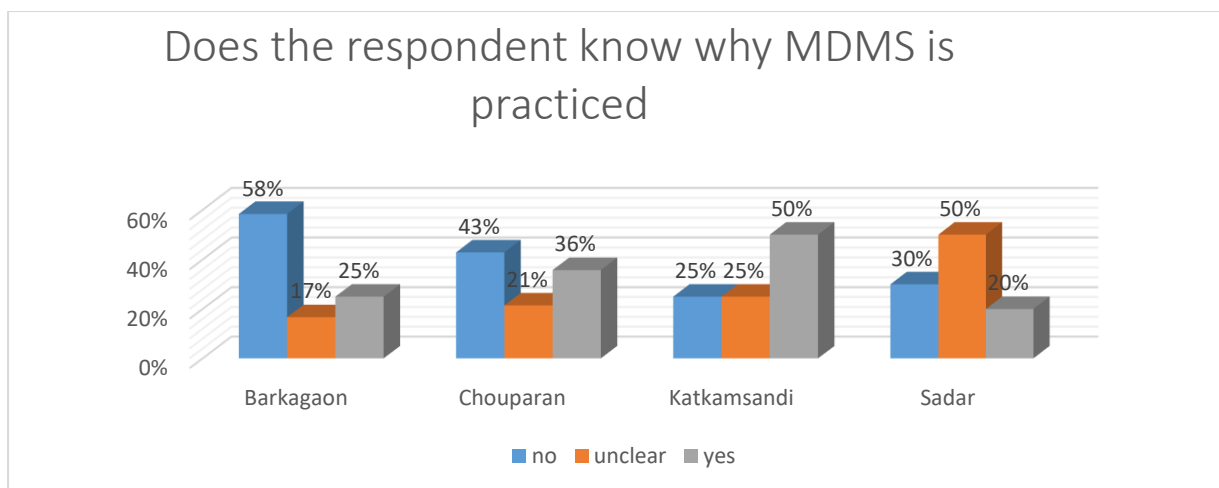


Fig 5.3. 11. Does the respondent know why MDMS is practiced?

From the above fig 5.3.11 it can be concluded that major portion of the respondent either did not know or are unclear about why MDM is practiced. This shows how economic and social factors affects the behaviour or attitude towards anything even if their own children are directly related to it.

12. Does the respondent ask the child what he eats in school under MDM?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Does the respondent ask the child what he eats in school under MDM?	no	6	7	3	2	18
	sometimes	3	3	1	5	12
	yes	3	4	0	3	10

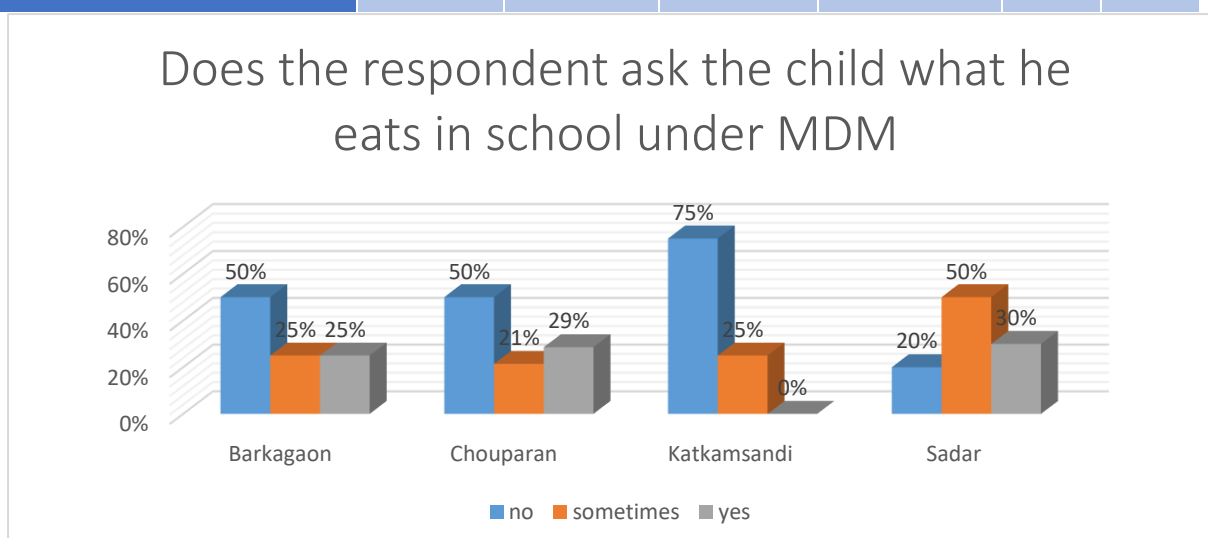


Fig 5.3.12 Does the respondent ask the child what he eats in school under MDM?

The fig 5.3.12 demonstrate that the respondent are not that engaged in conversation related to MDM with the children. This is because most of the respondent were male member among

whom mostly were father who used to work outside form their villages but due to covid-19 they were at home.

13. Did the child ever talk to the respondent about the MDM scheme?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Did the child ever talk to the respondent about the MDM scheme?	No	8	4	4	5	21
	Yes	4	10	0	5	19

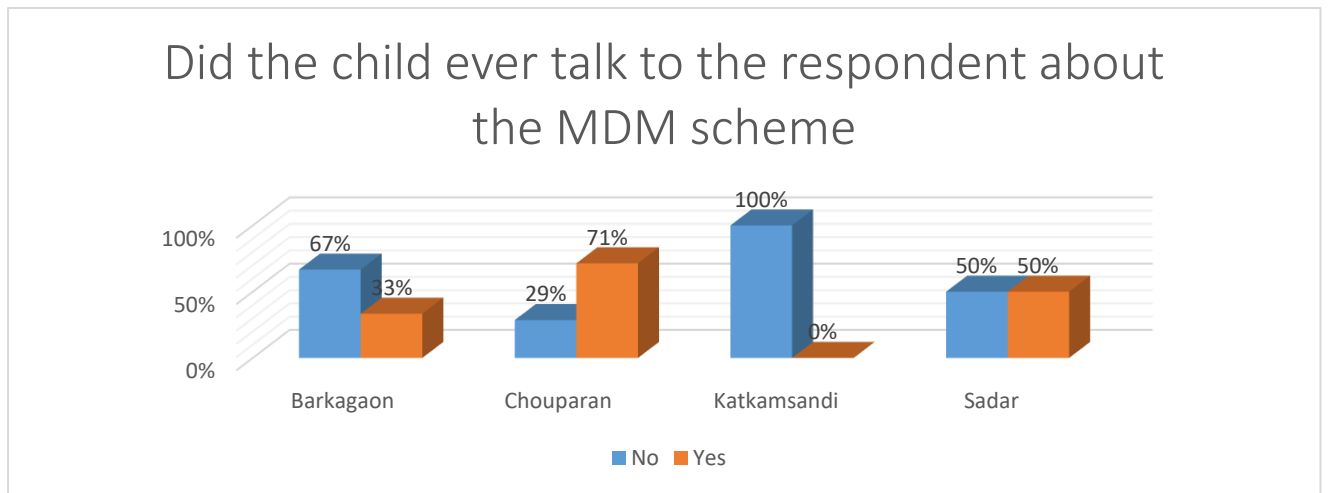


Fig 5.3.13 Did the child ever talk to the respondent about the MDM scheme?

From the above fig 5.3.13 it can be concluded that more than 50% of the children did not prefer talking to the respondent about MDM at all. It shows that even when most of the respondent are directly related they don't make much conversation.

14. Does the respondent feel that Covid-19 period has disrupted MDMS practices

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Does the respondent feel that Covid-19 period has disrupted MDMS in any way?	No	4	5	1	2	12
	Yes	8	9	3	8	28

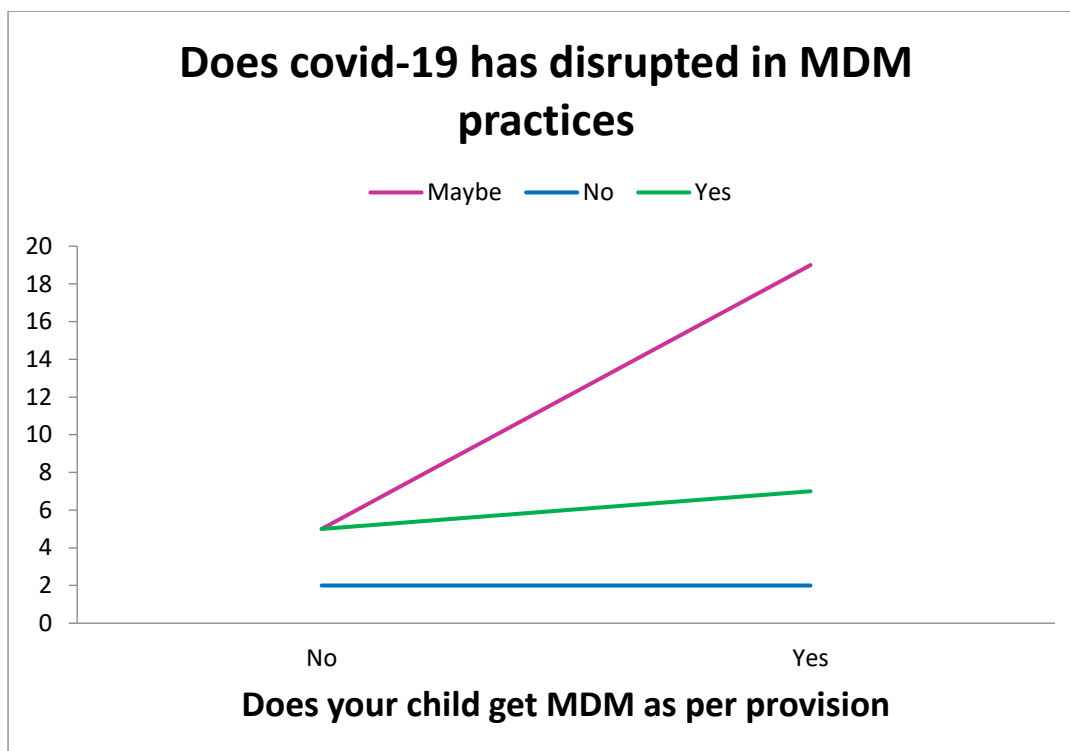


Fig 5.3.14. Does the respondent feel that Covid-19 period has disrupted MDMS practices?

The fig5.3.14 represent that overall in all the four block more than 60% respondent feel that covid-19 has disrupted the MDMS practices. This is because they get monthly ration but not on monthly basis like if they get ration after 2-3 months they will get ration on one go for 2-3 months and if next time they get ration for 1 month they get confused how much they must be getting as most of them don't know the provisions. The problem they have faced while implementation of Mid-Day Meal Scheme during Covid-19 which has disrupted the practice is that they didn't know the provision, as they are directly proportionate.

15. Is the respondent in favour of the continuation of the implemented plan of MDMS during covid-19?

Variables	Items	Barkagaon	Chouparan	Katkamsandi	Sadar	Total
Are the respondent in favour of the continuation of the implemented plan of MDMS during covid-19?	Yes, should continue	12	14	4	10	40
	No, it should not be continued	0	0	0	0	0

ARE THE RESPONDENT IN FAVOUR OF THE
CONTINUATION OF CURRENT MDMS PRACTICE
DURING COVID-19

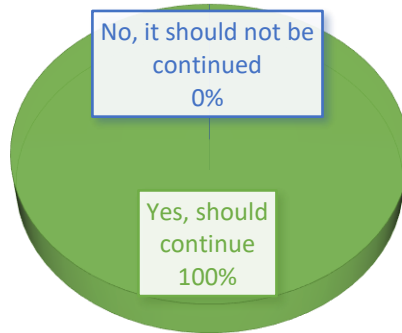


Fig 5.3. 15. Are the respondent in favour of the continuation of the implemented plan of MDMS during covid-19?

The fig 5.3.15 demonstrate that the respondent completely in support of the implemented plan of MDMS during covid-19. Some of the respondent didn't even received the ration for once but still every respondent was in favour for the continuation because they knew it will take time but they will get sooner or later.

CHAPTER 6

DISCUSSIONS AND SUGGESTIONS

6.1 DISCUSSIONS

From the study it has been found that availability of respondent in the entire four villages is mostly of male member because the male dominated power is over the access of mobile phones. As the respondent were mostly from the outskirts villages it was noticed that the old perception of the marriage was present where females were married off at young age. Among both the genders male had higher education than that of female respondent. As per the responses the economic condition of the household consist more of those who marked themselves as poorer than the average. But there was equal proportion of type of houses which consist of cemented and Kuccha house which was due to other governmental programs for houses. Higher percentage were indulged in farming activity as their source of income. Due to covid-19 the others who were engaged in other work for their living were facing a lot of problem.

Despite being not economically strong, respondent mostly had 3 children who go to their nearby government school regardless of any gender. More than half of the respondent confirmed that their children are well fed as they are provided with at least meals for three times a day. But there was problem of nutrition as we know that growing child needs good amount of nutrition and calories for proper growth, most of the family did not include fruits or eggs at all in a week. This perverse choice results because disadvantaged households do not have full information about nutritional aspects and the long term benefits of healthy upbringing.

People were not that enthusiastic as many didn't even remember from when their child was benefiting from MDMS during covid-19. As well as it was seen higher percentage of people neither knew the current covid-19 provision nor its importance. Because they were unknown to the current provisions they didn't had any idea that weather their children were violated or not. The common problem was that they had the perception that if they made any complaint official they will have to face a very lengthy procedure. Also they didn't want to face any other consequences as there is only one near government school. Overall as per the responses they had very little trust on the overall process. And the information regarding the complaining procedure were also very low among the respondents. There was lack of

conversation between the parents which means they might never talk about MDMS. With this type behaviour it can be said that even when the children would have received the MDM money there are chances that they would never mention it they received or will say received less than what they actually had. The 30% of the parents who received the MDM money during covid -19 use it for their personal uses. With proper information about the scheme it can be said that parents will be more participative for the time needed.

6.2 Suggestions

1. If small receipt is distributed while collecting the MDM ration and money in which it will be mention what quantity for which month than it can do good as it will be asked to strictly to give it to the parents which will allow the parents to be aware about the MDMS practices during covid-19.
2. Awareness campaign for the villagers should be made: Awareness campaigns and informing villagers about importance of education and also about MDMS. The long term solution to this problem is to have an extension activity to educate disadvantaged households about the importance of nutrition and healthy growth of children.
3. To gain trust in the complaint process there is a need to motivate by telling the successful completion of any such cases.
4. It would be better if pre-packets of dry ration is distributed rather loose. Ration should be fortified with eggs, milk, nutrient-rich vegetables, fruits, etc. to enhance diet quality.
5. Feedback form should also be filled and made compulsory which could open more rooms for improvement.

CHAPTER 7

CONCLUSION

The present study on the intervention implementation of MDM Scheme during covid-19 aims at finding how well the people have adopted it and if they face any problem do they know the necessary steps to be taken. Most of the rural population are dependent on agriculture involving old techniques which is not even helping them to achieve food sufficiency throughout the year. And during covid-19 it is difficult to come back to the normal life style even if wanted to. And in between this children who are told the most vulnerable population are in need for extra care not only. The most important factor which play an important role in growth is education and proper intake of food which affects the whole life cycle of the child. And India has the major portion who are not that economically sound who can't afford good food or education.

So to maintain the balance Government come up with the idea that MDM should be carried on even during closer of schools during covid-19. The intervention was done by distribution of MDM during Covid-19 in form of dry ration in the school to the children. It had made a huge contribution especially to those who are economically weak. But as per the money which is been given has no guarantee that it will contribute in the food consumption of the kids to go up. Problem that people mainly faced is the delay or say gap in distribution of dry ration and money. Respondent were also lacking information about the MDM and its current provision, which made them difficult to notice whether they were actually provided with the same. People of the villages are less likely to report files as they don't want to face any consequences which hinder the future of their children. As most of them send their children to the nearby government which is situated around there village. High income group have low probability of availing MDM in comparison with low income group. As most of the population are from outskirts villages and not economically strong, people are afraid to approach higher authorities because they feel that there will be extra cost incurred for mobility for further procedure.

So it can be stated that economic condition plays an important role in decision making. Disadvantage household will focus on maximize their utility from various variables which feel fit due to lack of information of importance of food consumption and its nutritional aspects. And will affect the nutrition of the child. And Lack of information about the program will lead to less trust and participation as they don't know the provision it will cause disruption in availing MDM.

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Questionnaire

Section a: Questionnaire for child parents	
Date:	
a. PERSONAL INFORMATION	
1.	Name of the respondent
2.	Relationship with the child
3.	Sex: [Male; female]
4.	Fathers'/Husband name
5.	Caste group: [SC; ST; OBC; General]
6.	Village
7.	Block
8.	How would you rate your economic condition as compared to other households in the village? a) Among the poorest 20% b) Poorer than average c) About Average d) Among the best 20
9.	Total member living in the family together
10.	Lives in Kuccha house/ cemented house
11.	Their Occupation A) Regular employment (Govt./Private) b) Self-employment (non-agriculture) c) Self-employment (cultivator/farmer) d) Other (specify)
12.	Education level a) uneducated b) Class 1-5 c) Class 5-10

	d) Class 11-12 e) Graduation or Higher
13.	Marital Status [Married; Unmarried; Divorced; Separated/abandoned; Widowed; Other(specify)]
b. QUESTIONS RELATED TO THEIR Children and Mid-day Meal Scheme	
14.	Number of school children availing MDM a) One b) Two c) Three d) More than three
15.	Since when your child has started receiving MDM from the school during Covid-19: a. march b. april c. may d. june e. don't remember
16.	Which class the child is in? a. 1-4 b. 4-6 c. 6-8
17.	Does your child get MDM as per provision during covid-19? 1. maybe 2. Yes 3. No
18.	What type of food is distributed to your children through MDMS during Covid-19? a) Cooked Meal b) Dry Ration c) Other (specify)
19.	How do you receive the MDM dry ration a) Delivered at Home b) At School
20.	During covid-19 does your child receive a monthly dry ration from MDMS on time a) Yes b) No c) maybe
21.	Do your child face any problem receiving the dry Ration during the covid-19? a) Yes b) No
22.	What safety measure are practiced during distribution of dry ration [social Distancing, use of mask and gloves, hand sanitizing]
23.	Do you receive any money through MDMS (yes/No)
24.	If yes to question no. 23: For what you use the money a) To purchase personal needs b) Not using the money instead saving it c) To purchase household ration d) child keeps it
25.	Do you receive the money through? a) Bank transfer b) Cash
26.	Do you feel that your child is getting an adequate amount of dry ration through MDM during covid-19?

	<ul style="list-style-type: none"> a) Yes b) No
27	<p>How many times does your child eats in a day</p> <ul style="list-style-type: none"> i. One ii. Two iii. More than 3
28	<p>Does your family consume fruits or egg during covid-19?</p> <ul style="list-style-type: none"> i. 1-2 days in a week ii. 3-4 days in a week iii. More than 4 days in a week iv. none
29	<p>What type of food your family prefers eating during covid-19?</p> <ul style="list-style-type: none"> a) Rice b) Roti/chapatti
30	<p>In case of irregularity of MDM, do you refer to officials?</p> <ul style="list-style-type: none"> a) Yes b) No
31	<p>Do you have any information regarding the steps to be taken if your child doesn't receive the benefits of MDMS</p> <ul style="list-style-type: none"> a) Yes b) No c) Unclear
32	<p>Do you know how to file a complaint against a violation?</p> <ul style="list-style-type: none"> a) Through online mood b) Through offline mood c) Both online and offline mood
33	Do you trust the process of complaint [yes/ no]
34	Do you know why MDMS is practiced(yes/No/unclear)
35	Do you feel that MDM should continue (yes/ no)
36	Did your child ever talk to you about the MDM scheme? (yes/no)
37	Do you feel that Covid-19 period has disrupted MDMS in any way? [Yes; No]
38	Do you feel that the amount of money provided is enough? [Yes; No; Unclear]
39	Since the beginning of this covid-19 period, has there been any inspection by any government officials? [Yes; No; Unclear]
40	Are you in favor of the continuation of the implemented plan of MDMS? [Yes, should continue; should be discontinued; Unclear]
41	Suggestion if any for further improvement