

Centralised Nutri Kitchen

The Context

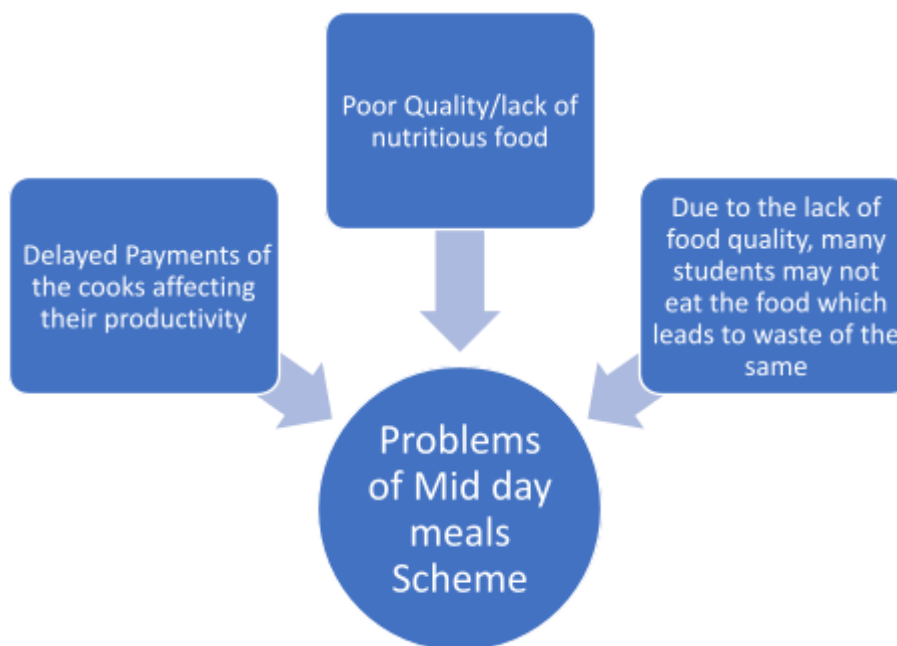
Inadequate dietary intake is a critical underlying determinant of child undernutrition. With high rates of undernutrition (stunting, wasting, and underweight), micronutrient deficiencies, overweight, and obesity, India today bears the triple burden of malnutrition. A persistent issue and ongoing challenge for India's public administration is child malnutrition. India was among the nations with the worst results for child health indicators in the first National Family Health Survey (NFHS), which was conducted in 1992–1993. Child malnutrition in India is a complicated issue that necessitates both community involvement and a systemic revamp of the public administration and service delivery systems. Improvements must be made immediately to the ICDS and Anganwadi centres' infrastructure and coverage.¹

The Problem Statement

According to the Comprehensive National Nutritional Survey (CNNS: 2016–2018), anaemia was discovered in 41% of pre-schoolers and 24% of school-aged children, while zinc deficiency was found in 19% of pre-schoolers and 17% of school-aged children. In addition, low serum retinol levels indicative of vitamin A deficiency were equally seen in 18% of preschoolers and 22% of school-age children.² Since August 15, 1995, the Mid Day Meal Scheme has been in place in India as a component of the National Program of Nutritional Support to Primary Education. It was implemented in India

with the intention of increasing enrollment, retention, and attendance while also raising children's nutritional status. In a study conducted with the teachers in a school, it was observed that problems such as problem of management of the mid-day meal, wastage of food by the students, insufficient and

delayed receipt of funds, increased workload of teachers, procuring dry ration from the retail shops,



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[https://www.downtoearth.org.in/blog/health/child-malnutrition-in-india-a-systemic-failure-76507#:~:text=The%20Global%20Hunger%20Index%20\(2020,of%20India's%20total%20disease%20burden.](https://www.downtoearth.org.in/blog/health/child-malnutrition-in-india-a-systemic-failure-76507#:~:text=The%20Global%20Hunger%20Index%20(2020,of%20India's%20total%20disease%20burden.)

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9152162/>

lack of infrastructure for storage, cooking and serving food, lack of safety provisions, unhygienic surroundings, etc. being faced by them in implementation of Mid Day Meal Scheme.³

In a recent report, the CAG has discovered a number of flaws in Gujarat's administration of the government supported mid-day meal programme, including inaccurate information about the kids who are beneficiaries and underuse of kitchen equipment. In Banaskantha, one of the test-checked district, the CAG observed that "the daily average number of students covered under the scheme decreased from 1.25 lakh to 91,489 students between 2016 and 2018." Moreover, a report by "Joint Review Mission which visited schools of Vadodara in March 2018 pointed out that the food served by the NGO did not meet the nutritional value prescribed under MDM", the CAG noted.⁴

On the other hand, in Maharashtra, from a news article in 2017, around 470 children in Maharashtra fell ill after consuming midday meals served under the national scheme in the last five years, which raised questions about the quality of food served. Overall 74 instances of food poisoning have been reported from across the country in five years, of which eight were from Maharashtra – the third highest in the country.⁵

Covid and its Effect on Mid-day meal and ICDS scheme

However, after the pandemic in March 2020, the federal government issued directives directing the states and union territories to give all eligible children hot cooked meals or matching allowances. The benefits of these actions have yet to be seen by a sizable portion of the beneficiaries, despite the fact that the central authorities have taken initiatives like budget enhancement and the adoption of rules. But other states have taken varied stances on the issue. By giving dry meals, including rice and eggs, to the beneficiaries through the grama sachivalayam workers and other volunteers, Andhra Pradesh was able to address the noon meal crisis. Other government assistance programmes, such the Integrated Child Development Services (ICDS) programme, have also been disrupted by the pandemic. There is no doubt that the Anganwadi centres' provision of early childhood care and education is failing children. Due of the pandemic, ICDS employees, particularly Anganwadi employees, are now working in Covid-19 response operations rather than providing their services for the ICDS programme. Therefore, they are no longer accessible to give special attention to the dietary and educational needs of youngsters.⁶

The Solution

Central Kitchen with local govt. school tie ups that provides one meal per day (Breakfast) to the school children. The kitchen will be led by local volunteers (preferably women as well as men) who will be trained on nutrition, and cost-effective nutritional meals for the children with curated localised recipes that are not familiar in the local context but are also nutritionally rich. This kitchen

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<https://www.journalijdr.com/problems-faced-teachers-implementation-mid-day-meal-scheme-primary-school-level-jammu-province#:~:text=Teachers%20pointed%20out%20a%20number,and%20serving%20food%2C%20ack%20of>

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<https://www.deccanherald.com/national/west/cag-finds-deficiencies-in-gujarat-mid-day-meal-implementation-892910.html>

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<https://timesofindia.indiatimes.com/city/mumbai/in-5-years-470-kids-fell-ill-after-eating-midday-meals-in-maharashtra/articleshow/60432565.cms>

⁶ <https://www.epw.in/journal/2021/36/letters/pandemic-and-missing-midday-meals.html>

will also ensure maximum hygiene. The Kitchen will cater to schools within the radius of 5 – 20 kms of distance. The Operations team will have a target of catering to atleast 100 meals per day.⁷

Key Objectives

- ✓ The objective of the project is to ensure the children are provided not just with meals but also nutrient rich meals on a regular basis
- ✓ To provide a diversified nutritious diet to the children
- ✓ To provide meals cooked in safe, hygiene environment
- ✓ To combat hunger among children and encourage them to go to school everyday

Project Approach

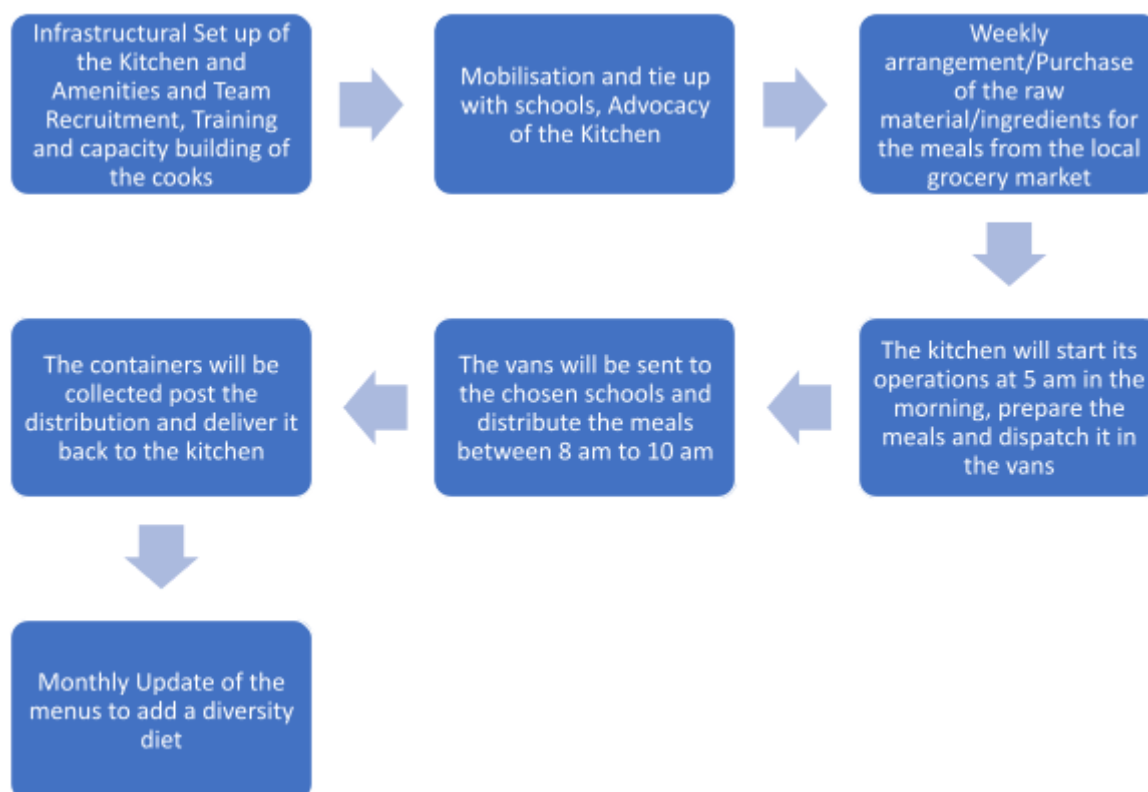
Kitchen's Infrastructural amenities

- A good cooking space with good water supply
- The Kitchen will also have solar panels for electricity supply
- Washing utensils space and drying racks/Trolleys
- Water tank with timely maintenance

Staff –

- The cooks will be trained by a Nutri expert on what foods should be given for children with live demos on recipes (Both vegetarian and non vegetarian)
- The cooks/head cook will also have a quarterly refresher training and upgrade their capacities
- Security to secure the premises
- Cleaners for dishwashing and kitchen cleaning
- Truck drivers for food distribution in the schools
- An operation manager

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9152162/>



Scale and Geography

Theory of Change

Activity	Outcome	Impact
Distribution of meals to the local schools	Access to better nutrition rich foods for the children	Decline in stunting, wasting and underweight
Employment of local people in the kitchen	Ownership in the community of the project	Better nutritional status of the children in the villages
		Regular attendance of children in the schools and decline in dropout rates
		Contribution to SDG 2 and 3, Zero Hunger and good health and well being

Key Deliverables

1. Progress reports on total outreach and next month's targets
2. GPS reporting on the trucks' daily deliveries in each school's location

Timeline/Duration

The project is tentatively planned for a period of 2 years with the following timeframe

Phases	Task/Activity	Timeframe
1st Phase	Kitchen building and infrastructural set up	4 months
2 nd Phase	Kitchen operating team (Cook, operations manager recruitment from the community itself), advocacy of the project and school outreach and tie ups	1 – 2 months
3 rd Phase	Post mobilisation, Kitchen's operations will begin	Post 6 th month

Monitoring

- ✓ This program will only have school enrolled children as beneficiaries (schools chosen within the given radius)
- ✓ GPS installation in the food trucks to know their daily visits
- ✓ Daily reporting of the operations manager on how many meals distributed to how many schools

Scale up Plan/Replicability



Impact Communication