1. **Background**

The Government of India has initiated a number of social welfare flagship schemes to enable improving status of human development. These Government schemes have huge financial outlays. Hence, it is essential that regular and timely monitoring and assessment need to be done to understand the issues affecting successful implementation of the flagship schemes and address them.

One of the major centrally sponsored flagship schemes is “Mid Day Meal” (MDM), launched by the Government of India in 1995. This aims to give a boost to universalisation of primary education by increasing enrolment, retention, attendance and simultaneously improving the nutritional status of students in primary classes. Besides, the scheme also aims at reducing socio-economic barriers among students, thus encouraging social harmony, and economic empowerment of women. The Government of India has now extended the Mid Day Meal Scheme to the Upper Primary Stage of Education (classes VI to VIII) w.e.f 1st October 2007.

MDM Scheme in Odisha, formerly implemented by the Women and Child Development Department, was transferred to the Department of School & Mass Education (S&ME) in August, 2011. Quality MDM protocol has also been included in MDM guideline w.e.f July 2013 as the objective of MDM would be served if the students receive quality food in hygienic condition.

The following are the key objectives of the MDM:

1. To improve the nutritional and health standard of the growing children.
2. To reduce drop-out rate, to increase attendance and to attract children to come to the school.
3. To create supplementary employment opportunities at the village level.
4. To reduce social barriers like caste and gender, and thus promote social and national integration.
5. To supplement state efforts towards removal of poverty.
2. **Coverage**

Coverage of the MDM scheme in the state is being presented below.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Total no. of Schools under MDM</th>
<th>Total no. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary (A)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Govt. + Govt aided + LB school</td>
<td>37265</td>
<td></td>
</tr>
<tr>
<td>EGS/AIE</td>
<td>0</td>
<td>3600000</td>
</tr>
<tr>
<td>Mad/Maq</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>NCPL</td>
<td>623</td>
<td></td>
</tr>
<tr>
<td><strong>Total (A)</strong></td>
<td>37973</td>
<td>3600000</td>
</tr>
<tr>
<td><strong>Upper Primary (B)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Govt. + Govt aided +LB school</td>
<td>25530</td>
<td></td>
</tr>
<tr>
<td>EGS/AIE</td>
<td>0</td>
<td>1800000</td>
</tr>
<tr>
<td>Mad/Maq</td>
<td>1728</td>
<td></td>
</tr>
<tr>
<td>NCPL</td>
<td>Data not available</td>
<td>21728</td>
</tr>
<tr>
<td><strong>Total (B)</strong></td>
<td>27258</td>
<td>1821728</td>
</tr>
<tr>
<td><strong>Grand Total (A+B)</strong></td>
<td>65231</td>
<td>5421728</td>
</tr>
</tbody>
</table>

Source: [http://www.mdmodisha.nic.in/](http://www.mdmodisha.nic.in/)

It is evident that MDM has decentralisation approach which includes a lot of public participation at the planning, implementation, monitoring and evaluation at unit level i.e. village. Planning of project at village level in consultation with the villagers not only ensures a need based and useful planning but also ensures ownership of the same at this level. This leads to motivation of the villagers towards their own development and in return ensures smooth implementation of the scheme.

It is also essential to have a monitoring system in place to assess the quantity; quality and timeliness of project inputs and to identify operational constraints to project effectiveness, thus helping planners and managers improve implementation and determine whether a project is serving intended beneficiaries. To ensure this inbuilt monitoring mechanism is already in place under MDM. Ministry of Human Resource Development (HRD), Govt. of India has also appointed two independent consultancy agencies to undertake MDM monitoring on half yearly basis. By the time independent monitoring report is available to the concerned authority it is too late to take corrective measures and...
other development in the schemes takes place by that time. This delay reporting affects to take prompt action towards deficiencies in the system and scheme implementation. Hence, it is need of the hour to have regular and timely monitoring and assessment of the scheme so that corrective measures could be taken as soon as monitoring is completed in a particular school.

Recognizing the importance of the issues as discussed above, the Finance Department/ School & Mass Education department has proposed to commission independent concurrent monitoring to take stock of quality of MDM scheme & its implementation process. The concurrent monitoring would also provide a framework (ready reckon) to check discrepancies in each stage of implementation so as to facilitate corrective measures and mid course correction in MDM scheme in the state of Odisha.

The proposed concurrent monitoring of MDM scheme is concerned primarily with the ongoing collection and review of information on project implementation, coverage and use. By collecting information on a regular basis throughout the life of a project and entering those into a Management Information System (MIS) helps in assessing the quality of project inputs and services. It can identify what is working and what is not and helps make mid-course corrections in projects/ programmes for improved performance.

The overall focus of this concurrent monitoring is **Quality and Process monitoring of MDM scheme** in Odisha and develop regular monitoring framework in each stage of implementation. The concurrent monitoring will focus on areas like:

- Student enrolment, attendance and retention
- Safety and hygiene
- Nutritional value
- Fund flow mechanism
- Procurement of food grains
- Monitoring
- Management of MDM accounts at school and district levels
- Innovative practices
- Transparency
- Kitchen-cum-store room
- Kitchen devices

### 3. Specific objectives of the Assignment

- To check quality of MDM scheme being implemented in the state
- To identify to what extent MDM guideline/norms is being followed in scheme implementation process.
- To assess effectiveness of inbuilt process of monitoring and evaluation system in implementation of MDM in the state of Odisha.
• To recommend specific measures to improve the programme components

• To find out policy level issues (if any) in smooth and quality implementation of MDM.

• To understand the level of acceptance among students and parents of introduction of egg as a diet and how this has impacted the attendance of the students.

• To understand the complementing role that MDM plays along with school health programme like sanitation and drinking water availability in impacting student attendance and retention.

• To understand the acceptability and adaptability of hand-wash practice as part of hygiene promotion.

• To find out whether MDM has been able to bridge social discrimination among students on caste-tribe and gender dimension.

• To identify and document best practices.

4. **Detailed scope of work / assignment**

The monitoring assignment will be conducted with certain specific objectives, which aim at highlighting the effectiveness of MDM and quality of implementation process. The study also intends to provide a framework for regular check and mid-course correction in each stage of implementation. The consultancy agency will provide report on corrective measures to be taken just after monitoring is completed in a particular school. In this assignment both primary and secondary data will be used to bring forth the impact of the scheme. The consultancy agency will conduct workshops at three stages of the study (Inception, review and completion workshop) to take stock on the present status and to share study finding at regular interval. The suggestions will be used for improvement in quality of implementation of the programme. The study will help the government to reformulate their strategies and make necessary changes in the programme and plan accordingly.

5. **Methodology, Tools & Sampling**

5.1 **Methodology**

Methodology of the concurrent monitoring includes quality and process monitoring of MDM scheme at various level being implemented in the state. The concurrent monitoring will undertake in nine (9) sample districts out of total 30 districts in the state taking sample of 150 schools in first two months. From 3rd month onwards sample schools would be taken from previous sample so as to see the effectiveness of implementation on recommendations provided by the consultancy agency just after the monitoring of a particular school/district.

The schools will be selected randomly on GP (Gram Panchayat) basis and Field investigator will have district rotation (They will not be attached to particular GP/ district though out the monitoring period) to ensure fair monitoring.
5.2 Sampling

All the 30 districts of the state would be given weightage and categorised accordingly in different strata/cluster on the basis of enrolment, retention and dropout rate in the districts:

<table>
<thead>
<tr>
<th>Clustering/Stratification as per the districts status on enrolment, retention and drop out status</th>
<th>Random Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last 30% districts</td>
<td>Any 3 districts</td>
</tr>
<tr>
<td>30-60% districts</td>
<td>Any 3 districts</td>
</tr>
<tr>
<td>60-100% districts</td>
<td>Any 3 districts</td>
</tr>
</tbody>
</table>

Hence, total 30% districts are proposed to be covered under concurrent monitoring through this method (Stratified Random Sampling).

From the sample districts gram panchayats will be chosen randomly. It is proposed to cover most of the schools under the gram panchayat.

The following table gives the details of the number of schools to be covered in the concurrent monitoring which includes the repeat schools for monitoring the effectiveness and efficiency of the actions taken based on the monitoring feedback.

<table>
<thead>
<tr>
<th>Month</th>
<th>Total No. Of Schools</th>
<th>New</th>
<th>Old/ Previous</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>150</td>
<td>150</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>150</td>
<td>150</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>120</td>
<td>90</td>
<td>30</td>
</tr>
<tr>
<td>4.</td>
<td>120</td>
<td>90</td>
<td>30</td>
</tr>
<tr>
<td>5.</td>
<td>120</td>
<td>105</td>
<td>15</td>
</tr>
<tr>
<td>6.</td>
<td>120</td>
<td>105</td>
<td>15</td>
</tr>
<tr>
<td>7.</td>
<td>120</td>
<td>105</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>100</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>9.</td>
<td>100</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>10.</td>
<td>100</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1200</td>
<td>1065</td>
<td>135</td>
</tr>
</tbody>
</table>

5.3 Tools

Following tools will be applied for the concurrent monitoring:

- Desk review of secondary literature on MDM.
- Key informants interview- Interactions/consultations/meetings with key stakeholders and the communities including district education officer, block education officer, district collector, parents, children, SMC, AWW/Cook, etc. involved in MDM.
• Preparation of checklist for different stakeholders’ interaction.
• Field observation and FGDs (Focus group discussion in sample districts)
• Preparation of questionnaire, data collection, entry, analysis and report preparation.
• Trend analysis- Trends of improvement in educational and nutritional status of children

6. Deliverables

The concurrent monitoring will include following deliverables;
1. Recommendations for corrective measures to VEC/SMC before leaving the districts.- 1 page.
2. District wise report within a week of completion of monitoring- Max 3 pages
3. Stale Level Quarterly Report- Max 10 pages
4. Assessment report on gaps in inbuilt process monitoring and evaluation system in implementation of MDM scheme. -Max 3 pages
5. Final report
6. Three state level stakeholders workshops- Inception workshop, six month review workshop and completion workshop

6.1 Format of Report

• The proposed format of the report / contents of the assessment report will be presented by the consultant and to be reviewed by School & Mass Education dept./ Finance Dept./ PPOMU prior to the writing of the final report. The final report should be presented in Arial 11 font, single spacing.
• All abbreviations or acronyms used have to be expanded.

7. Role and Responsibilities

• SME/MDM Directorate
  ✓ SME/MDM Directorate will enter into agreement with consulting agency for contractual obligation, deliverables and also defining the deliverables.
  ✓ It will act as a link between PPOMU and consulting agency. More specifically providing secondary data, issuing letters to the sample districts to facilitate the monitoring, concurrence of the TOR.
  ✓ Once the concurrent monitoring begins facilitating and ensuring the timely implementation of measures suggested for the next stage of monitoring would be one of the major roles of MDM directorate.
  ✓ SME/MDM directorate will be responsible for timely release of funds to the agency on receipt of certification on the outputs from PPOMU, Finance Department.
• Finance Department
  ✓ Approval/ Concurrence of TOR
  ✓ Ensuring independence of the work
  ✓ Ensuring timely release of funds by SME/MDM

• Consulting institution
  ✓ To undertake the assignment and timely completion of different deliverables in accordance with agreed TOR.

• PPOMU
  ✓ Communication with Finance department and SME/ MDM Directorate
  ✓ Preparation of TOR
  ✓ Preparation of RFP
  ✓ Initiating bidding process
  ✓ Representation in selection process
  ✓ Technical oversight on outputs and deliverable
  ✓ Coordinate timely payment
  ✓ Close follow up, technical inputs and close coordination with consulting agency


• Institution may be the “Single Entity” or as a Consortium having registered under the competent authority to undertake such assignments.
• Premier academic institution (Govt./ Private) of national repute in the field of MDM monitoring, evaluation, impact assessment and nutrition studies will be given preference.
• The institution may be located in any part of the country but should have local presence in the state of Odisha.
• Institutions should have completed 10 years from the date of registration on last date of the submission of proposal.
• At least 5 years of past experience in the field of concurrent evaluation/monitoring/ impact assessment of programmes.
• Prior experience of successfully completion of any kind of studies in MDM or SSA would be added advantage.
• At least successfully completed three assignments of similar nature in the last five years among which one project should be of Rs. 50.00 Lakh. project capacity
• Institutions should have an annual financial turnover equivalent to Rs.1.00 Cr. in each of the last three consecutive financial years
The financial net worth of the organisation should be Rs. 25.00 Lakh during each of the last 2 years.

Institutions should not have been blacklisted by Central / State Govt. Institutions for any means of non-obligation.

The Institution must have a proposed full time team as per the requirement.

9. Team Composition and Qualification of Experts

Team Composition

9.1 Project Manager - 1

The project Manager would be over all in charge of the assignment and the key contact person from Govt. of Odisha side.

Role

i. Coordination with the Finance department and PPOMU

ii. Coordination with Consulting Agency represented by the Monitoring and Evaluation Specialist and the Nutrition Specialist

iii. All administrative roles for the assignments from the Government side.

iv. Certification of the final report

v. Physical presence in state level workshop

vi. Signing authority of the contract.
9.2 Monitoring and Evaluation specialist-1

Monitoring and Evaluation specialist will anchor the assignment at the state.

- **Qualification** - The Monitoring and Evaluation specialist must have at least 08-10 years hands on experience on monitoring/evaluation/research studies/impact assessment in the field of social sector. He/she should possess at least master degree in rural development/social work/public administration/Statistics. Higher qualification would be added advantage.

- **Role**
  1. Designing of the study tools and methodology
  2. Framing checklist and questionnaire
  3. Coordinating Workshops
  4. Finalization of reports as mentioned in deliverables.
  5. Coordination with Project manager, Nutrition specialist and field investigators.
  6. All administrative roles for the assignment at state level as directed by Project manager.

9.3 Nutrition specialist with documentation skills-1

Nutritional specialist will assist the monitoring and evaluation specialist with his subject matter expertise so as to assess nutritional status of children in MDM schools and ensure holistic monitoring in the state.

- **Qualification** - Nutritional specialist must have at least 8-10 years hands on experience of working in child health preferably in rural area. He/she should possess at least master degree in Health and Nutrition/public health/social work with specialization in health. Higher qualification would be added advantage. He/she should also possess good documentation skills.

- **Role**
  1. Incorporation of nutritional aspect in checklist and questionnaire
  2. Highlighting the impact on nutritional status of children through MDM scheme and related issues in the reports as mentioned in deliverables.
  3. Coordinating Workshops.
  4. Coordination with Project manager, Monitoring and evaluation specialist and field investigators.

9.4 Field - investigators - 10

- **Qualification** - Field - investigators should possess at least bachelor degree. He/she should have at least 3 years field experience of similar assignment in social development sector.
Role

i. Undertaking school visits for on spot checks
ii. Undertake key informant interviews
iii. Undertake FGDs with SMC/teachers/ MDM functionaries
iv. Prepare on site monitoring report and actions to be taken at different levels like SMC/School / district level
v. Reporting on measures taken on recommendations/mid course corrections suggested
vi. Assisting in organizing workshops
vii. Coordinating with Monitoring and evaluation specialist and nutrition specialist

10. Duration

The duration of the assignment is 10 months in a calendar year between 01st January 2014 and 31st December 2014.

11. Budget & Payment

- The budget should include consultancy/professional fee, local travel and logistic cost, contingency expenditure including that for preparation of the final report. Tax as applicable will be calculated extra.

- 20 % of professional fees will be released on signing of the contract and submission of the Action Plan for the assignment, rest of the fees will be released on quarterly basis, and reimbursable costs as on actual within the budget limits. Payment Schedule

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% of the Contract Price</td>
<td>Team Mobilisation and submission of Inception Report and acceptance</td>
</tr>
<tr>
<td>75% of the Contract Price</td>
<td>On quarterly basis as per the agreed time line and submission of appropriate reports</td>
</tr>
<tr>
<td>15% of the Contract Price</td>
<td>On submission of final report and its acceptance</td>
</tr>
</tbody>
</table>

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