

**State of Education Schemes in Mumbai**

***Analysis of Mid Day Meal Scheme and School Health Clinics***

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## **Introduction**

This paper seeks to critically analyze the mid day meals scheme and the school health clinic program being implemented in Mumbai by the Municipal Council of Greater Mumbai. It looks into the details of the aims of the scheme, its target group, details of implementation. We try to estimate the per capita expenditure through the scheme on every student for the mid day meal scheme. The paper also tried analyze the success of the scheme in meeting the objectives it set out to achieve. Through the paper we seek to suggest short-term reforms which can help treat the policy in its present form and improve the implementation mechanism so as to achieve the objectives set forth and also examine whether long term changes in the policy's design are necessary.

## **Mid-day Meal Scheme**

### **Research Methodology**

The findings of the paper are based on a detailed analysis of the data on beneficiaries obtained by the Education Department, (a part of the Municipal Council of Greater Mumbai). Details of expenditure and the beneficiaries are available for the years 2005-2006. Annual accounts reports provide details of expenditure from 2002-03 till 2005-06. An internal report on the scheme was also obtained from the *Shalay Aahar Vibhag* of the Education department. The document explaining guidelines laid down by the state government were also obtained and analysed. The procedure for appointing organizations distributing mid day meals and details of the organizations was also obtained via the requisite documents from the Education department.

The paper discussed the design, objectives and implementation of the scheme and gives an overview of the policy's performance in light of certain parameters. The analysis has been done based on the opinions and experiences of the beneficiaries and people involved in implementation of the policy after which policy conclusions have been made.

### **Overview**

The National Programme of Nutritional Support to Primary Education commonly known as Mid Day Meals Scheme was launched in August, 1995 with the aim of *giving a boost*

*to universalisation of Primary Education by increasing enrolment, retention and attendance and simultaneously impacting upon nutritional status of students in primary classes.* The scheme intended to cover all students of primary classes (I-V) in the Government, local body and Government-aided schools in all States and Union territories (except Lakshdweep). From October 2002, the programme has been extended to children studying in Education Guarantee Scheme and Alternative & Innovative Education (EGS&AIE) Centers. Private Un-aided schools are not covered under the programme.

Till 2001, under the scheme most of the states were providing "dry rations" of food grains to the students. Only a few states actually provided cooked meals. Following a petition filed in the Supreme court by the People's Union for Civil Liberties, Rajasthan (Petition # 196/2001), the court issued an order on November 21, 2001 which read, "*We direct the State Governments/ Union Territories to implement the Mid-Day Meal Scheme by providing every child in every Government and Government assisted Primary Schools with a prepared mid-day meal with a minimum content of 300 calories and 8-12 grams of protein each day of school for a minimum of 200 days*". This compares abysmally with what organizations like the Food and Agriculture Organisation consider as adequate food. Different guidelines quote numbers between 1400-2800 calories per day as adequate food and proteins of the order of more than 70 gms per day. In a follow-up order dated 20 April 2004, the Supreme Court directed all States/ UTs to comply with the order of 28 November 2001 by 1 September 2004 at the latest. This order also states that "*... the Central Government shall make provisions for construction of kitchen sheds and shall also allocate funds to meet with the conversion costs of food-grains into cooked mid-day meals.*"

The responsibility of implementing the scheme in the cities was assigned to the respective municipal councils. The Central government provides the following assistance:

- 100 gram food-grains (wheat or rice) per child per school day where cooked meals are served; 3 kgs. foodgrains per student per month where foodgrains are

distributed.

- Transport subsidy up to a maximum Rs.50 per Quintal for movement of foodgrains from the nearest Food Corporation of India depot to schools. (This was subsequently increased to Rs. 75 per quintal).
- Food-grain (wheat or rice), supplied through Food Corporation of India, the cost of which is reimbursed at Below Poverty Line (BPL) rate.

### **Implementation of the Scheme in Mumbai**

The Mid Day meals scheme has been operational in the state of Maharashtra since 1995-96. The Municipal council of Greater Mumbai (MCGM) was entrusted with implementing the scheme in the metropolitan area of Mumbai in 1999-2000. Till November, 2002 the corporation distributed 3 kg of dry rice per student per month to the students of classes I to V who have an attendance of more than 80 %. The distribution of meals in Government schools was to be monitored by the Corporation while that in the Government-aided schools was to be overseen by the trustee or the director of the school. The Corporation would only be concerned with providing the foodgrains to the aided schools. After the Supreme court order MCGM started distribution of cooked meals in municipal schools.

According to the MCGM document *Yojana Swaroop*, it has given permits to 244 *Mahila sansthan* (Women's organizations) and one Self-help group (ISKCON) to supply mid day meals across municipal primary schools and in class V of the Municipal secondary schools. It specifies the following about the scheme in the next year (2005-06):

- The quantity of food to be provided per student per day will now be 150 grams
- On one specified day on the week, the student would be given an option of either an egg, a banana or 4 biscuits from any ISI approved biscuit company.
- A special attempt would be made to use soyabean and other protein enriched foods.
- The conversion cost (recurrent costs like: cost of ingredients, fees to the cooks etc.) was fixed at Rs.1.25 per student per day.

The menu for the scheme across the 6 working days was expected to be:

- Monday/Friday – Usal-rice (with any one of: peas, green peas)
- Tuesday/Thursday – Khichdi (using any one of moong, masur dal with rice)
- Wednesday/Saturday-Curry (with green leafy vegetables, methi, palak, aloo any one)
- Every Wednesday as mentioned earlier the option of choosing between egg, banana or biscuits.

The 'Challan' provided by the organizations to the principals of the schools is supposed to contain the menu that is being served. The Principal is supposed to make sure that the meals are being served according to the menu and then sign on the challan so that it can be submitted to the Corporation.

The Central Government provides foodgrains free of cost to the States for the scheme. To procure the same, the organization has to obtain a permit from the designated officer in the Education Department after giving an estimate of the number of students in classes I to V based on the present number on specified dates (15,16,17) of every month. The permit can then be used to procure foodgrains from the assigned FCI godown. The transportation expenses have to be paid at that point by the organization but are refunded at the rate of Rs 120 per quintal by the State government.

For the purpose of testing whether the food being provided through the scheme is nutritious guidelines have been laid down for its testing. The five designated officers from the Department of Milk and Nutritious food (*Shalay aahar Vibhag*) are expected to visit and collect samples of cooked food from atleast one school where the scheme is operational every working day. During the year, 2005-06, 399 such samples have been collected. The food is expected to look edible at first viewing and should have no problems in its smell, taste or colour. If found lacking in any respects then the food is sent to the laboratories of the Health Department so that conclusive tests can be undertaken about its edibility and nutritional value. If found inedible or not nutritious fine upto Rs. 1500 can be imposed upon the organization providing the food. In addition, legal action is initiated against it and the permit to continue providing mid day meals might be cancelled.

## **Review of allotment of Contractors and related issues**

The allotment of the preparation of mid-day meals to contractors is an example of the “provide don’t produce” philosophy. It essentially mirrors the view of policy makers that the process of meal making should not interfere with the primary job of a teacher which is to provide education. Hence, the system of outsourcing of meal making to Mahila Sansthan and Non-governmental social service groups was started. The Mahila Mandals and voluntary groups were asked to deposit an amount in advance and after submitting various documents that they were given the charge of around 1300 – 1400 students. If there were more than a few contractors in the same area then at times the Mandal was forced to supply to far-flung areas, a move which makes little economic sense.

Most of the contracts were awarded to Mahila mandals. This decision was taken considering the fact that some of them were involved with the making and distribution of meals using own finances before the scheme began in 2002. Around 1300-1400 students were allotted per Mandal. They were asked to provide for a deposit upfront of Rs 25000 for the year 2006-07. In previous years this deposit was 15000 and 20000 respectively. In addition they are asked to provide a bank guarantee, no objection certificate from the Health clinic approved by the BMC, fire department clearance, and a set of other documents. These documents add un-necessary paperwork for the Mandals, for example the fire department clearance can only be provided for commercial establishments with kitchen for a big restaurant. Getting the same for a Mahila mandal is a hapless task. In addition most Mahila Mandals are unhappy with the upper limit of 1400 students. Many of them have opened mandals in different names to cater to a larger student base. In essence, all the cooking is done at one place with a big kitchen since the smaller ones of the same contractor are unfit for cooking. But the paperwork gets multiplied. Due to the constancy of the concurrent cost the contractors find it difficult to keep up with the cost of maintaining paperwork. The yearly review of the contract, submission of *challan*, bank deposit etc. have to be submitted in the form of multiple attested copies, a process which makes the cost of xeroxing and printing shoot up. Although this looks fairly small in comparison to other expenses but the cumulative cost becomes pretty high.

The contractors have to provide for transportation to and from the kitchen to the schools. This makes their situation difficult primarily due to the constant concurrent cost. The reimbursement of the deposit and obtaining the concurrent cost per student from the BMC is a very tedious task according to most contractors. Many of the contractors claimed to not have received the deposit back for 3-4 years. In addition, they say that getting the stipulated Rs 1.25 per student per day is difficult due to difficulty in obtaining the challan from the principal. At each step of the hierarchy they are asked to pay bribes to move things forward. The problem, as some contractors put it, was that once any one of them starts doing it others have to follow suit. Fed up with this, many of the contractors interviewed have lodged complaints with the Education department at both central and state levels but found little response.

There is also unhealthy competition between vendors especially with regard to the number of allotted students. Mahila mandals are angry at the entry of ISKCON which has been awarded the contract for 11000 students in comparison to a meagre 1300 for mahila mandals for the same deposit. What both mahila mandals and ISKCON agree with is that inflation needs to be accounted for in the concurrent cost and it should be accordingly increased. Everyone agrees to the fact that this would provide more nutritious food and help contractors pay all expenses from that amount so that the staff (cooks, clerk, transporter, distributor etc) specifically focus on providing mid-day meals and not on peripheral activity like making food for other commercial purposes.

The BMC should also make sure that the burden on the contractors is not further increased by making populist schemes like provision for biscuits on Wednesdays even though it might be a holiday. Hence, the contractor would have to buy it out of his own pocket and the BMC would not provide concurrent cost for that day. The more profitable the venture is made for the contractor the more lucrative and efficiently the people would be for it.

The allotment of contracts for the scheme in the govt-aided schools is completely left to the head of the school (the principal or the trustee). The BMC pays for the concurrent costs and provides the rice for the contractors. This leads to an excess of

power being vested in the head of the school, which at times has been found to collude with the contractors and ask for bribes from the same.

The idea behind giving cooked meals for the students was to make sure that the food ultimately reaches them and is not sold off by the parents. With the present system in place, and the concurrent costs being low to make up for costs some contractors openly admit selling excess rice for other stuff like soyabean. Clearly innovation in the menu can only come from a varied set of vegetables and cooking ingredients. The contractors have to generate the revenue for all ingredients other than rice by themselves. In addition, they need to pay for salaries of staff, rent by the meagre concurrent cost. Hence, if at the end of the day the students are being provided nutritious food with a varied menu, then it should not be a problem even if some amount of rice is being sold in return for other ingredients. The problem arises when the rice is sold and the benefits are not passed on to the students but pocketed by the middlemen.

#### **Analysis of the scheme based on data**

Table 1 gives the data regarding number of beneficiaries of the scheme in 2005-06 and he expected number in 2006-07.

**Table 1: Number of Beneficiaries (2005-06) & Projected Beneficiaries (2006-07)**

	<b>Total no of schools</b>	<b>Schools participating in scheme</b>	<b>No of students in school</b>	<b>No of beneficiaries</b>	<b>Projected beneficiaries in 2006-07</b>
<b>Municipal Primary/Secondary School</b>	1246	1246	4,14,762	3,85,000	3,90,500
<b>Govt. aided Primary/Secondary School</b>	401	167	1,94,437	66,000	1,94,437

Source: Budget Documents, Municipal Council of Greater Mumbai, 2005-06, 2006-07

The gap between the two is because of the fact that the govt-aided schools were earlier not happy with the food and the menu being provided and hence were reluctant to actively get involved in the scheme, however in recent times with the changes made to the menu more and more govt-aided schools are taking to the scheme.

Table 2 shows the budgetary estimate, actual expenditure and the grant from the State government across the years for the scheme in the Municipal primary schools (all figures are in Rs.). Here budgetary quota is the amount sanctioned by the BMC in its budget for the scheme. The state government provides funds for the scheme (as reimbursements and surplus funds are returned to it). Expenditure by MCGM indicates actual money being spent by the Corporation.

**Table 2: Expenditure by Municipal Council of Greater Mumbai (*In Rs*)**

	2002-03	2003-04	2004-05	2005-06	2006-07
<b>State govt funds</b>	-	-	87340000	89850000	-
<b>Expenditure by MCGM</b>	5531852	23859969	31536293	50555624	7226471
<b>Surplus amount</b>	-5531852	-23859969	55803707	39294376	-7226471
<b>Budgetary quota</b>	40000000	40010000	41040000	55400000	116738000

Source: Budget Documents of Municipal Council of Greater Mumbai. 2002-07

Hence we say a negative surplus for the year 2006-07 because the funds being spent by BMC will get reimbursed by the state government later. The funding of the scheme in the Govt-aided primary schools started only in the years 2004-05. The expenditure for the scheme in these schools is given in Table 3.

**Table 3: Expenditure by the Government aided Primary School**

	2004-05	2005-06	2006-07

<b>State govt funds</b>	8,73,40,000	8,98,50,000	-
<b>Expenditure by MCGM</b>	-	-	1762482
<b>Surplus amount</b>	-	-	-1762482
<b>Budgetary quota</b>	2,35,00,000	2,35,00,000	2,80,60,000

Source: Budget Documents of Education Department, Municipal Council of Greater Mumbai. 2004-05, 2005-06, 2006-07

Note: the figures for the state government funds are provided collectively for both Municipal and Govt. aided schools.

Considering the total budget outlay as a benchmark we can calculate the expenditure through the scheme on every student per year. For the Municipal schools this figure comes out to be Rs 143.89 per year for 2005-06, and it is interesting to note that if the budgetary outlay for the coming year 2006-07 is utilized and the scheme reaches the predicted number of 3, 90,500 students then the expenditure on every student per year via the scheme would have almost doubled to Rs. 298.944. On the other hand, the same analysis for the Government aided schools reveals an opposite story with the budgetary estimated expenditure per student coming down from Rs 356.06 per year to Rs 144.314.

Another point of contention is the fact that since the concurrent cost is Rs. 1.25, assuming that schools have 200 working days the expenditure per student from the concurrent costs alone should be Rs.225 per year. On top of this we have the expenditure on reimbursement of travel expenses during procurement of grains at Rs 120 per quintal. Clearly enough money is not being provided for the efficient running of the scheme. The point to note here is that the calculations made here using (Budgetary quota / number of beneficiaries) will be on the higher side since the amount being spent actually is much less than the allocated amount. And even then it seems to be smaller than what it should be for a concurrent cost of Rs 1.25 per child per day.

Also the central government funding through grains and construction of sheds has not been considered here. The data pertains to funds being spent by BMC and provided for by the state government and hence has been used to calculate concurrent cost and not the per-capita spending as part of the scheme. Data for the amount being spent by central govt. in terms of providing grains is available state wise and not by city.

The recommendations of the National Advisory council's meeting on the mid day meal scheme dated Nov 28, 2004 laid down the following essential quality norms:

- (1) **Nutritious hot cooked meal:** Nutritious, cooked meals should be provided throughout the year. The menu should offer variety to sustain the interest of children and to enhance the nutritional value of the meal.
- (2) **Micronutrient supplementation:** All mid-day meal programmes should include a "micronutrient supplementation" component (as well as mass deworming if needed), to address common micronutrient deficiencies among children.
- (3) **Adequate manpower:** Every school should have trained staff to provide mid-day meals with no interference to the normal school routine. Each school should have at least a cook and a helper. All cooks should undergo training on nutrition, hygiene, maintenance of accounts, and other essential skills.
- (4) **Adequate utensils:** Each school should have the necessary utensils including vessels for cooking, water, and plates.
- (5) **Drinking water:** Each school should have a reliable supply of clean drinking water within the premises.
- (6) **Kitchen and storage:** Each school should have adequate infrastructure for mid-day meals, including a kitchen and separate storage space.
- (7) **Logistics management:** Reliable arrangements for timely delivery of grain and other supplies should be in place everywhere.
- (8) **Supervision and monitoring:** Effective arrangements should be made for close supervision and monitoring of mid-day meal programmes, and prompt action in the event

of lapses such as food poisoning, disruption in food supply, social discrimination, etc.

**(9) Social equity:** All cooking staff should be women and preference should be given to

Dalits. There should be no discrimination in the mid-day meal process based on the social background of children or cooking staff.

**(10) School health programme:** The mid-day meal programme should be linked with an

active school health programme.

### **Policy Recommendations**

To begin with there is widespread acknowledgement of the fact that the scheme has led to an increase in student enrolment especially in rural areas. This might seem strange especially considering that enrolment in Municipal schools in Mumbai has been decreasing for the last few years but the reasons for that are different. The primary one being that since BMC does not provide for secondary education in the same scale as it does primary education. Parents find it difficult to shift to a private one at the secondary level and hence prefer to put their child in a school which provides for secondary education as well in the first place. Also in regions where we have municipal schools the scheme has made a difference atleast at the point of inception of the scheme. The problem is now of reaching the places with no municipal schools like slum areas under the Sarva shiksha abhyan.

The policy in its present form can work much better if the paper work involved is decreased to a minimum. Also the limit of around 1300-1400 on contractors is vague and uncalled for. At the end of the day if BMC officials agree to let the same people open four different Mahila sansthan, do the paper work 4 times and use the same infrastructure (kitchen, transport etc) then it makes much more sense to award the contractor the charge of providing meals for 5000 students.

Also the concurrent cost as has already been stated needs to be increased and to take into account inflation. Only then would the aim of providing good nutritious food with a menu varied enough to keep the child interested in food be fulfilled. Also the food

should be fine tuned in terms of the locality in which it is being served so that local tastes are catered to and the child does not feel confused between his home cooked food and mid day meal.

In the long-run providing the contractors with other ingredients like soyabean in addition to the rice being provided at present will need to be looked at. It might also be a good idea to provide money to the contractors through an increased concurrent cost as different from providing rice. This way the contractor would get the opportunity to distribute the costs according to his liking and not resort to measures like selling rice. The system has checks and balances to ensure that the money is being spent all in the form of challans which needs to be signed by Principal of school and random checking by the health inspectors.

### **School Health Programme**

This section of the paper attempts to analyze the School Health Programme (SHP) being run by the Municipal Council of Greater Mumbai to provide health care facilities to the students of primary Municipal schools in the city of Mumbai. It tries to understand the basic philosophy behind the scheme and the details of its implementation. It evaluates how successful the scheme has been in achieving the results expected by it. The report also tries to suggest short term changes in the implementation of the scheme which would help it achieve the goals better and long term changes in the basic philosophy itself.

School going children comprises of around one-fifth of the population of the city, hence it is important to promote health awareness amongst them and their families. Requisite health care provided at the primary school level can help avoid many diseases like TB, dental diseases. With view to this the School health program was started by the Municipal Council of Greater Mumbai with the following objectives:

- Promotion of positive health
- Prevention of diseases
- Early diagnosis, treatment, and follow-up of defects
- Awakening of health consciousness in children
- Provision of a healthy school environment

To achieve these objectives, the SHP provides a mix of health assessments, curative services, rehabilitation, follow-up, healthy child and school competitions, child to child/family/community programming, immunization, first aid and emergency care, statistics, training and other activities. These programs reach approximately 5 lac children per year through Std. 1, 3, 5, 7, 9. The school health program is run jointly under the health department (which is responsible for administration) and the education department (which is responsible for logistics). Each year, the SHP plays a critical role in helping children access health care. Through parent/teacher/community meetings, the idea of community health is re-enforced in these children to underscore the important role everyone plays in a healthy community. Additionally, due to the nature of follow-up in the SHP, children are able to get treatment without creating a stressful situation in their family.

The program works in 7 school clinics at the government hospitals namely, Nair, Nair Dental, K.E.M., Sion, Cooper, Rajawadi, and Bhagwati hospitals. During 2003-2004, the SHP program has admitted between 41,980 and 35,991 children into these specialty clinics, respectively. The total amount spend on the medical inspection of children in municipal schools and the running of school clinics including salaries is Rs. 3,56,92,495 during the year 2004-05. The SHP has also been beneficial for the screening of TB and Polio and picked up such rare conditions such as Rheumatic and Congenital Heart Disease and such illnesses.

### **How the scheme works**

To begin with the Medical officers (MO) for schools go around the city in a ward-wise manner every month. Every M.O. inspects about 10 people in a single day of inspections. The MO's spend upto a month in the schools doing the checkups for the children. They make cards for the children based on their health indicating the kind of medical problem prevalent in the child (if any). On specified dates the students are transported from the school to the special School Clinic at the 7 hospitals mentioned by the buses provided by MCGM. The Principal is informed in advance so that he can make arrangements for the same. On every weekday one group of 35-50 students come for diagnosis and treatment at all the seven clinic facility. The children spend about an hour in the clinic. At the clinic a dedicated staff of orthopaedic and other specialists,

nurses, lab technicians and other medical staff are available at their disposal. The best possible treatment is provided to the child and in case it is not possible to treat the same, the child is referred to a different medical facility and the complete medical expenses are re-imbursed. The child is also provided with medicine for 7 days so that if he does not recover by then, he can come again to the clinic. The major diseases encountered are: TB, fever, skin infection, dental-decay, tonsil and squint. It is interesting that among the children coming to clinic only about 1 in 10 seem to suffer from malnutrition a marked improvement from the earlier levels of malnutrition seen in municipal school going children. On an average about 600-700 children are diagnosed per month and their medical records are maintained at the Clinic. (This number drops to 250 in the summer months).

The scheme not only runs for the students but the teachers are also provided treatment as part of the scheme and by virtue of being a MCGM employee. For them also treatment is either provided at the clinic or expenses from treatment at a non-municipal health centre reimbursed.

### **Evaluation of the scheme**

The scheme has some positive points. To begin with a system of training, workshops and courses has been set in place to make the staff aware of modern techniques and to keep them stimulated. The staff can then apply the new strategies to the way they treat their patients. Also since the program is jointly run by the Health and the Education Departments it enjoys an independent decision making process and helps the management take innovative decisions.

Once a child is found to be suffering from an ailment he is immediately referred to the clinic without wasting valuable time, even if the clinic does not have the requisite facility to treat the child he is sent to the appropriate hospital and his expenses reimbursed. An efficient administration has been put in place for the scheme. Weekly reports are maintained and meetings, updates and follow-ups are asked for by the upper management. This has ensured accountability and a system of checks and balances have been built into the system.

However, despite some significant positive attributes, the scheme has some major shortcomings. To begin with the scheme does a commendable job of providing basic medical care to children who can at times ill-afford the same. The timely diagnosis of TB, skin infection etc. has helped save a lot of lives. Better medical condition for the children acts as an incentive for the child to remain in school and in turn helps him channel his energies towards education. But from preliminary field work it became evident that given an opportunity the parents of the children would like to avail of better medical facilities available at the private hospitals. Even the Registration Assistant at one of the School clinic we visited confessed not to have complete faith in the municipal clinic and hence used the medical insurance to send his kids to private medical facilities.

In addition, the staff at the clinics complains of stagnant pay packages which have not changed even though inflation has increased over the years. No conveyance or mess allowance is provided to them. The HRA provided to them is a paltry Rs 800 for a place like Mumbai. All this leads to disenchantment with the system and unwillingness to work with complete dedication and enthusiasm.

Some more evaluation would have been possible, if there would have been willingness on the part of the department officials to give out financial and administrative information regarding the scheme. Most of the information was collected through primary field work. The extreme lackadaisical and hesitant attitude of the officials in the education department of Mumbai made it very difficult to get information on the scheme, which would have helped us know the real cost incurred by the government in getting the scheme on the ground and compare it with the number of beneficiaries to know the real impact of the scheme.

## **Conclusion**

The Mid day meal scheme definitely adds an incentive to the student to go to school. It needs to be tweaked in the right places so as to fulfill the objective of providing nutrition to the children. Most parties involved agree that the measures suggested by the National Advisory Council will lead to better running of the scheme. However it needs introspection and deliberation on the part of the policy makers as well as

implementation agencies in making this scheme a success and incentivise it to motivate children to come to schools.

The preliminary field work done as part of the analysis of the School Health Programme scheme and feedback from all parties involved in the functioning of the scheme indicates that the scheme to an extent has been able to achieve the objective of providing basic health care to the children with access to none. A decentralized administration and continuing education for the medical staff has meant efficient running of the scheme. Concerns like those pertaining to the salaries of the staff need to be addressed. The basic facilities available at the clinics should be monitored at a periodic basis and improved to keep up with newer technologies. Only then will the clinics be able to provide treatment at par with the private clinics and hence completely fulfill their said objective.