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बिहार सरकार  
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( समाज कल्याण विभाग )

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संचिका सं०:-ICDS/80010/21-2024/.....1190

दिनांक:-...13/02/25

प्रेषक,

निदेशक

आई.सी.डी.एस. निदेशालय

पटना, बिहार।

सेवा में,

निदेशक

पंचायती राज विभाग

पटना, बिहार।

**विषय:-** दिनांक 14.02.2024 को सुपोषित ग्राम पंचायत संबंधित कार्य योजना पर आयोजित विमर्श बैठक में भाग लेने के संबंध में।

**प्रसंग:-** महिला एवं बाल विकास मंत्रालय, भारत सरकार के पत्रांक D.No.PA/404/2023-CPMU PA/404/2023-CPMU (e-110824), दिनांक 24.12.2024.

महाशय,

उपर्युक्त विषय के संबंध में कहना है कि महिला एवं बाल विकास मंत्रालय, भारत सरकार के द्वारा मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के तहत कुपोषण के चुनौतियों को जनभागीदारी से समाधान हेतु सुपोषित ग्राम पंचायत हेतु मार्गदर्शिका प्राप्त हुई है। ग्राम पंचायत का चयन पोषण ट्रैकर पर चिन्हित संकेतकों के आधार पर किया गया है, पोषण ट्रैकर के आंकड़ों के आधार पर राज्य के 148 ग्राम पंचायतों का सुपोषित ग्राम पंचायत हेतु राज्य के द्वारा नामांकन किया गया है। इस क्रम में दिनांक 14.02.2024 को 10.30 बजे पूर्वाह्न में यूनिसेफ कार्यालय (पाटलीपुत्र गोलंबर) में सुपोषित ग्राम पंचायत के क्रियान्वयन एवं कार्य योजना पर संबंधित संस्थानों/ पार्टनर के साथ विमर्श हेतु बैठक आयोजित की गई है

अतः उक्त के आलोक में अनुरोध है कि दिनांक 14.02.2024 को 10.30 बजे पूर्वाह्न में यूनिसेफ कार्यालय (पाटलीपुत्र गोलंबर) में आयोजित सुपोषित ग्राम पंचायत पर विमर्श बैठक में संबंधित पदाधिकारी को भाग लेने हेतु निदेशित करना चाहेंगे।

13/✓

निदेशक

आई.सी.डी.एस.

जापांक:- ICDS/80010/21-2024/.....1190

दिनांक:-...13/02/25

प्रतिलिपि:-, पोषण विशेषज्ञ, यूनिसेफ, पटना को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

13/✓

निदेशक

F. No. PA/404/2023-CPMU (e-110824)

भारत सरकार / Government of India

महिला एवं बाल विकास मंत्रालय / Ministry of Women & Child Development

पोषण अभियान / Poshan Abhiyaan

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3<sup>rd</sup> Floor, Jeevan Vihar Building  
Sansad Marg, New Delhi – 110001

Dated: 24<sup>th</sup> December, 2024

To,

The Principal Secretaries/ Secretaries of the Department of Social Welfare/ Women and Child Development of all States/UTs.

**Subject: Guidelines for Suposhit Gram Panchayat Abhiyaan – regarding.**

Sir/Madam,

Mission Saksham Anganwadi and Poshan 2.0 focuses on the significance of the role of Jan Bhagidari for addressing the challenge of malnutrition in India. The **Suposhit Gram Panchayat Abhiyaan** by the Government of India is aimed at improving the nutritional outcomes and well-being of targeted population across the country.

2. Under this initiative the top performing 1000 Suposhit Gram Panchayats will be selected in September/October 2025 and an incentive of ₹1 lakh each will be awarded to them. Further, the top performing 3 Districts with maximum Suposhit Gram Panchayats under them will also be recognised. The detailed guidelines for Suposhit Gram Panchayat Abhiyaan are **enclosed** herewith.

3. The nominations of Gram Panchayats will begin from 26<sup>th</sup> December, 2024.

This issues with the approval of Competent Authority.

**Encl: as above.**

Yours sincerely,



(Arkaja Das)

Director to the Government of India

Email: [arkaja.das@gov.in](mailto:arkaja.das@gov.in)

**Copy to:**

Directors / Nodal officers dealing with Poshan Abhiyaan of all States/UTs

**Copy for information to:**

1. Sr. PPS to Secretary, M/o WCD, Government of India
2. PPS to Additional Secretary (AWS), M/o WCD, Government of India
3. PS to Joint Secretary (Poshan), M/o WCD, Government of India



Government of India  
Ministry of Women and Child Development

# Suposhit Gram Panchayat Abhiyaan Guidelines

Mission Saksham Anganwadi & Poshan 2.0



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## Glossary

S. No.	Abbreviation	Full Form
1.	MoWCD	Ministry of Women and Child Development
2.	NFSA	National Food Security Act
3.	SDG	Sustainable Development Goals
4.	PW	Pregnant Women
5.	LM	Lactating Mothers
6.	PRI	Panchayati Raj Institution
7.	ICDS	Integrated Child Development Services
8.	SAM	Severe Acute Malnutrition
9.	MAM	Moderate Acute Malnutrition
10.	AWC	Anganwadi Centers
11.	GP	Gram Panchayat
12.	SHG	Self Help Group
13.	SUW	Severely Underweight
14.	DNC	District Nutrition Committee
15.	DPO	District Programme Officer
16.	UC	Utilization Certificate
17.	LGD	Local Government Directory

# **1. Suposhit Gram Panchayat Abhiyaan**

- 1.1** Nutrition is acknowledged as one of the most important aspects for human development, poverty reduction and economic development, with high economic returns. For addressing the challenge of malnutrition in India, Mission Saksham Anganwadi and Poshan 2.0 guidelines focuses on the significance of the role of Jan Bhagidari for addressing the problem of malnutrition.
- 1.2** The Suposhit Gram Panchayat Abhiyaan by the Government of India is aimed at improving the nutritional outcomes and well-being of targeted population across the country. This initiative focuses on improving nutrition by strengthening implementation of nutrition related services, in convergence with multiple stakeholders at the local level, and ensuring active community participation. The significance of the Suposhit Gram Panchayat Abhiyaan extends far beyond the mere recognition of achievements. It serves as a powerful catalyst for change, inspiring communities to embrace sustainable practices and innovative approaches in their fight against malnutrition through positive competition.
- 1.3** The objective of this initiative is to incentivize Anganwadis in Gram Panchayats to achieve a benchmark level of infrastructure, service delivery status and nutritional outcomes of beneficiaries. It aims to mobilize and motivate Gram Panchayats and Anganwadi functionaries to take proactive measures towards eradicating malnutrition in the catchment area.
- 1.4** This initiative supports the achievement of Sustainable Development Goals 2 & 3 (SDG2- end hunger, achieve food security and improved nutrition and SDG 3- ensure healthy lives and promote well-being for all ages) at local level. Suposhit Gram Panchayat Abhiyaan focuses on improving nutritional outcomes through practices such as use of millets in HCM & THR, development of Poshan Vatikas/nutri-gardens in AWCs, using its produce for preparation of HCM for the beneficiaries, diet diversity and use of local food etc.



## 2. Implementation of the Abhiyaan

**2.1 Budget:** Rs.10 Crore per annum. It is the part of Poshan Abhiyaan, a centrally sponsored scheme where the incentive will be released on cost sharing between Center and State as per scheme guidelines.

- 1 lakh per *Gram Panchayat*.

### 2.2 Incentive Structure

The *Suposhit Gram Panchayat* Incentive will grant 1 lakh rupees per GP to the top 1000 qualified Gram Panchayats

It is proposed to utilize the incentive money for the following:

- a. 25% to Anganwadi Workers & Helpers
- b. 25% to *Gram Panchayat* for community mobilization & increasing beneficiary enrollment in AWCs.
- c. 50% for nutrition related activities at the AWCs including development of Poshan Vatikas, value addition to SNP, etc.

### 2.3 Timeline

- **Nominations of GPs by States/UTs:** 26<sup>th</sup> December, 2024 – 31<sup>st</sup> January, 2025
- **Preliminary screening of nominations based on minimum eligibility criteria for participation and publication of final eligible GPs on Poshan Tracker dashboard:**  
By 15<sup>th</sup> February, 2025
- **Peer review by State teams and field visits by Central teams:** 15<sup>th</sup> February, 2025 – 31<sup>st</sup> July, 2025
- **Third Party validation:** August - September 2025
- **Declaration of the result:** September/October 2025

*A dedicated portal of Suposhit Gram Panchayat Abhiyaan will be made available on Poshan Tracker dashboard*

### 2.4 Identification, Nomination and preliminary Screening of GPs

#### Step 1: Identification of GPs:

State/ UT wise list of eligible GPs will be displayed on the Poshan Tracker dashboard based on eligibility criteria provided by the Ministry at **Annexure-I**.

#### Step 2: Nomination of GPs:

States/UTs will submit the details of final *Gram Panchayat* nominations to the Ministry for monitoring and evaluation as Suposhit Panchayat through a suposhit gram panchayat dashboard developed for this purpose. *(The nomination will be maximum 10% of the total number of Gram Panchayats in that State/UTs.)*

### Step 3 Publishing the List of eligible Gram Panchayats:

After Preliminary screening of nominations based on minimum eligibility criteria, Ministry will publish the final list of eligible and competing *Gram Panchayats* on the dashboard for continuous monitoring.

## 2.5 Assessment Framework

All the nominated *Gram Panchayats* after preliminary screening will be monitored and assessed against the following indicators:

S. No.	Indicators	Marks	Marking Methodology
1.	Maternal and Child Healthcare	50	
1a.	Improvement in children under 5 years with Severe Acute Malnutrition (SAM)	10	● <b>Average Percentage Change (APC)*</b> in children under 5 years with SAM, calculated from baseline over 6 months.
1b.	Improvement in children under 3 years who are Severely Underweight (SUW)	10	● <b>Average Percentage Change (APC)*</b> in children under 3 years who are SUW, calculated from baseline over 6 months.
1c.	Improvement in children under 3 years who are Severely Stunted (*Defined as the Percentage of Average Percentage Point change in children under 5 years who are Severely Stunted. The expanded formula for this calculation is given in the marking methodology)	10	● <b>Average Percentage Change (APC)*</b> in children under 3 years who are Severely Stunted, calculated from baseline over 6 months.
1d.	Improvement in children under 3 years with Moderate Acute Malnutrition (MAM)	10	● <b>Average Percentage Change (APC)</b> in children under 3 years with MAM, calculated from baseline over 6 months.
*A step-by-step scoring methodology is available in <i>Annexure IV</i> .			



S. No.	Indicators	Marks	Marking Methodology								
1e.	Percentage of Pregnant women achieving optimum weight gain during pregnancy	10	<table><tr><td>95-100 %</td><td>10 Marks</td></tr><tr><td>90-95 %</td><td>6 Marks</td></tr><tr><td>85-90 %</td><td>4 Marks</td></tr><tr><td>&lt;85 %</td><td>NIL</td></tr></table>	95-100 %	10 Marks	90-95 %	6 Marks	85-90 %	4 Marks	<85 %	NIL
95-100 %	10 Marks										
90-95 %	6 Marks										
85-90 %	4 Marks										
<85 %	NIL										
2.	Indicators Related to Saturation of Services	35									
2a.	Percentage of Pregnant women and Lactating mothers receiving Supplementary Nutrition regularly	15	<table><tr><td>95-100 %</td><td>15 Marks</td></tr><tr><td>90-95 %</td><td>10 Marks</td></tr><tr><td>85-90 %</td><td>5 Marks</td></tr><tr><td>&lt;85 %</td><td>NIL</td></tr></table>	95-100 %	15 Marks	90-95 %	10 Marks	85-90 %	5 Marks	<85 %	NIL
95-100 %	15 Marks										
90-95 %	10 Marks										
85-90 %	5 Marks										
<85 %	NIL										
2b.	Percentage of children from 6 months to 6 years receiving Supplementary Nutrition regularly	15	<table><tr><td>95-100 %</td><td>15 Marks</td></tr><tr><td>90-95 %</td><td>10 Marks</td></tr><tr><td>85-90 %</td><td>5 Marks</td></tr><tr><td>&lt;85 %</td><td>NIL</td></tr></table>	95-100 %	15 Marks	90-95 %	10 Marks	85-90 %	5 Marks	<85 %	NIL
95-100 %	15 Marks										
90-95 %	10 Marks										
85-90 %	5 Marks										
<85 %	NIL										
2c.	Measurement accuracy*  *Details mentioned at Annexure IV.	5	<table><tr><td>90 %</td><td>5 Marks</td></tr><tr><td>80-90 %</td><td>3 Marks</td></tr><tr><td>70-80 %</td><td>2 Marks</td></tr><tr><td>&lt;70 %</td><td>NIL</td></tr></table>	90 %	5 Marks	80-90 %	3 Marks	70-80 %	2 Marks	<70 %	NIL
90 %	5 Marks										
80-90 %	3 Marks										
70-80 %	2 Marks										
<70 %	NIL										
3.	Indicators Related to Infrastructure	10									
3a.	Anganwadi Centers with functional toilets facility (T), drinking water (DW) facility and running electricity (RE)	10	T + DW + RE (All 3)-10 Marks T/ DW/ RE (Any 2)- 6 Marks T/ DW/ RE (Any 1)- 4 Marks.								
4.	Indicators Related to Dietary Diversity	5									
4a.	Diet diversity in THR & HCM (diverse menu, local food, use of millets once a week, hygiene, quality of food, richness of nutrition, etc.) for more than 21 days in a month	5	<table><tr><td>All components covered</td><td>5 Marks</td></tr><tr><td>None</td><td>NIL</td></tr></table>	All components covered	5 Marks	None	NIL				
All components covered	5 Marks										
None	NIL										
Total Marks for Evaluation of 10 Indicators		100									

## 2.6 Data Verification

### Step 1: Verification through Field Visits

#### i. Verification by Peer States/UTs

The States/UTs to nominate members from Department of WCD, Panchayati Raj, Health and Jal Shakti.

- The peer review team to visit minimum 20% of eligible GPs of the peer State/UT.
- Teams to visit 2 AWCs in each GP and submit report in the prescribed format on the portal.
- The list of peer States/UTs and the checklist for peer review are at **Annexure - II & III** respectively.

#### ii. Sample Check by Central Team

Nodal Officer nominated from MoWCD and other partner ministries i.e., Panchayati Raj, Health & Family Welfare and Jal Shakti will visit the eligible GPs for verification.

*Teams will submit field visit report in the prescribed format on the Suposhit GP portal.*

### Step 2: Third Party Evaluation

Third Party Evaluation of top selected GPs will be done.

### Step 3: Beneficiary Feedback

Feedback on quality of services being delivered by AWCs will be taken from Beneficiaries through the Beneficiary Module of Poshan Tracker.

Any mismatch in the data reported in Poshan Tracker and field visit report submitted by the Central/State verification teams and Beneficiary Feedback will be evaluated.

## 3. Ranking of Gram Panchayat

Eligible *Gram Panchayats* will be ranked on the performance against assessment parameters.

- In case of a tie the *Gram Panchayat* with the highest marks in child health indicators will be given preference.
- If a tie still persists, those with the most improvement in indicators related to the saturation of services will be given preference.

## 4. Selection Committee

The committee at the National level under the chairpersonship of the Joint Secretary, Poshan Abhiyaan with other members of the committee like Director, Deputy Secretary, Under Secretary etc. from Ministry of Women and Child Development, Government of India and Partner Ministries will screen the third party report of top selected GPs and recommend top 1000 GPs eligible for incentive.

## 5. Reporting and publishing of Results

The result of top 1000 *Gram Panchayats* will be declared by Government of India in September/October 2025, and it will be posted on the website of the Ministry of Women and Child Development.

**Top three districts having maximum number of Suposhit Gram Panchayats will also be recognized.**

## 6. Convergence with other Ministries

For the implementation of this initiative, convergence with the following Ministries is required at various stages:

Sr. No.	Ministry	Convergence required for
1	Ministry of Panchayati Raj (MoPR)	<ul style="list-style-type: none"><li>Nodal officers from the Central and States/UTs to be sent for field visits to verify the data during the Peer review process.</li><li>Supporting Gram Panchayats to utilize their untied funds for Poshan related activities.</li><li>Identification of land for Poshan Vatika and support for its development.</li></ul>
2	Ministry of Jal Shakti (MoJS)	<ul style="list-style-type: none"><li>Nodal officers from the Central and States/UTs to be sent for field visits to verify the data during the Peer review process.</li><li>Supporting the establishment of drinking water and WASH facilities at AWCs.</li></ul>
3	Ministry of Health and Family Welfare (MoHFW)	<ul style="list-style-type: none"><li>Nodal officers from the Central and States/UTs to be sent for field visits to verify the data during the Peer review process.</li><li>Coordination by Health field functionaries including ASHA, ANM etc. with Anganwadi Workers for better management of health aspects of Anganwadi beneficiaries.</li><li>Support for implementation of CMAM protocol and referral of SAM children to NRCs/Health Facility</li><li>To ensure the VHSND organization as per the guidelines</li><li>Regular health check-ups of Anganwadi beneficiaries</li><li>Ensure the supply of interventions for prevention and management of anemia to the beneficiaries registered in AWCs including PW, LM, Children 0-6 years age and Adolescent girls.</li></ul>

## Annexure-I

### Baseline Criteria for Gram Panchayats by States/UTs

- 1) Gram Panchayats with Anganwadi Centres (AWCs) open for at least an average of 21 days, having minimum 50 beneficiaries registered and having 90% measurement efficiency in last 3 months September to November 2024.
- 2) Of the total AWCs within a Gram Panchayat, at least 80% AWCs should have drinking water facility and 70 % AWCs should have functional toilets as on 20th December, 2024.
- 3) States/UTs can nominate maximum of 10% GPs within their States/UTs.

### Screening Criteria for final list of GPs at Central level (to be done in February 2025)

- 1) *Gram Panchayats* not fulfilling the Baseline Criteria as per Poshan Tracker data will be disqualified.
- 2) *Gram Panchayats* having Underweight (severe and moderate) above (worse than) National average will be disqualified

### Evaluation during/after the Peer Review Process

*Any mismatch in the data reported in Poshan Tracker and field visit report submitted by the Central/State verification teams and Beneficiary Feedback will be evaluated.*

***\*\*The nomination should not exceed 10% of the total number of Gram Panchayats in that State/UT.\*\****

**Checklist for peer review**

- 20% of nominated *Gram Panchayats* to be visited in 2 rounds.
- At least 2 AWCs in the *Gram Panchayat* to be visited.

**Name of Gram Panchayat:****AWC 1:****Growth Measurement Verification- Height and Weight of 3 beneficiaries**

Sr no	Name of the beneficiary	DoB (Date of Birth)	DoM (Date of Measurement)	Height	Weight
1					
2					
3					
4					
5					

**Community Interaction (with beneficiaries of Anganwadi Services)** for service delivery verification (with at least 2 beneficiary households where Home Visit has already been made by an AWW in the previous/same month)

- Date of last THR delivery and for how many days:
- Do beneficiaries receive SNP regularly every month? Yes/No
- Enquiry about the regular Home visits by AWW: Yes/No

**Infrastructure verification**

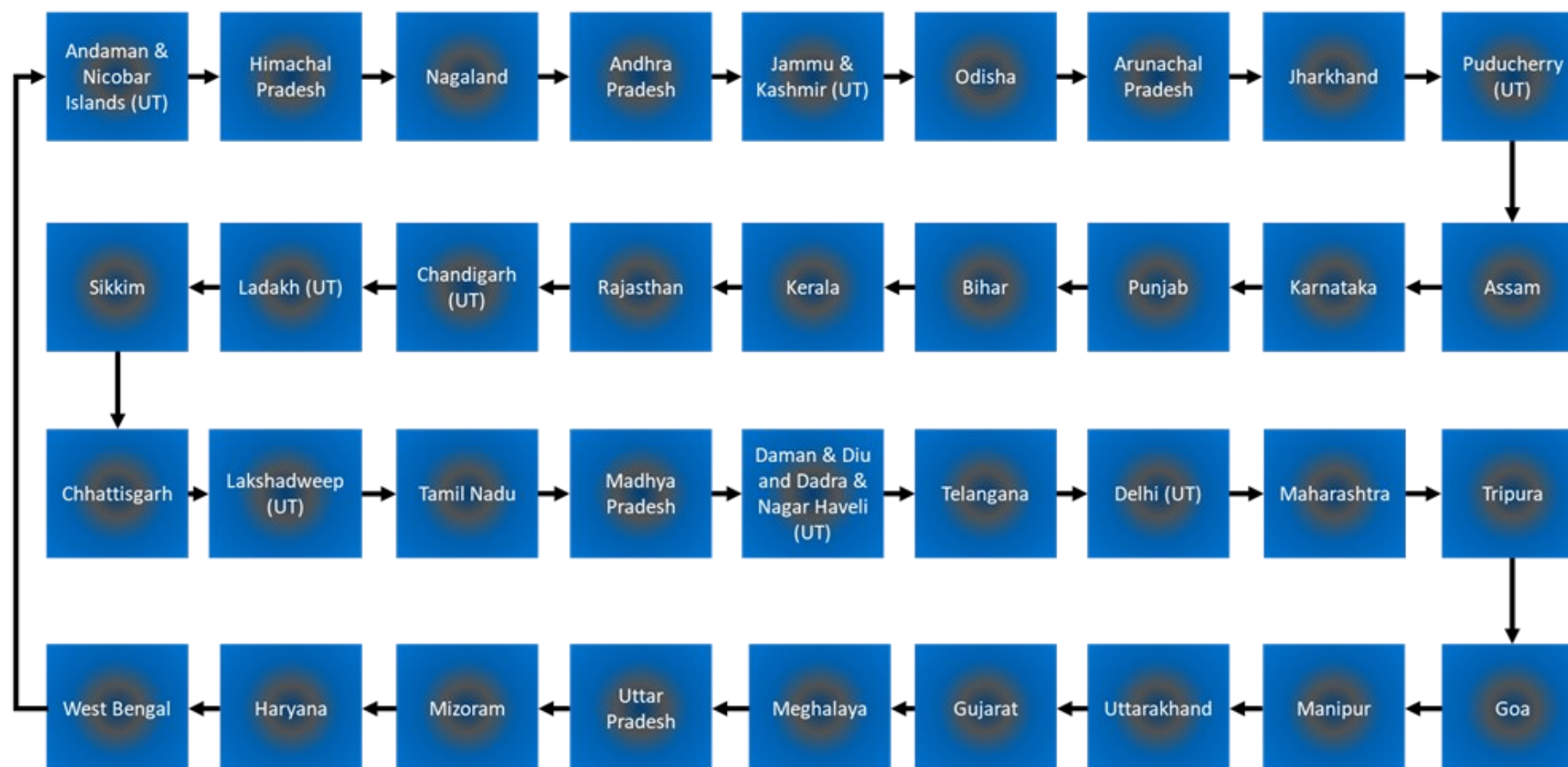
- Availability of Drinking Water: Yes/No
- Availability of Functional Toilet: Yes/No
- Availability of Running Electricity: Yes/No

**Diet Diversity and Hygiene verification**

- Menu of Hot Cooked Meal (HCM) and confirmation of its delivery to the children
- Enquiry about Millets in SNP
- Availability of Poshan Vatika

**Geo Tagged photos of visiting team at AWCs.****AWC 2:** Same as above

## Peer State Review Cycle



**Step-by-Step Scoring Methodology for Average Percentage Change (APC)-Based Indicators**

**1. Calculate the Monthly Percentage Changes:**

- For each month (M1 to M6), calculate the percentage change relative to the baseline (BL).

Formula: Percentage Change for each month =  $[(BL - \text{Current Month Value}) / BL] \times 100$

**2. Calculate the Average Percentage Change for the period of 6 months:**

- Add up the monthly percentage changes from all six months and divide by 6 to obtain the average percentage change.
- Formula: Average Percentage Change =  $(\text{Sum of Percentage Changes for M1 to M6}) / 6$

**3. Convert Average Percentage Change to the Scaled Score:**

- Multiply the Average Percentage Change by the weightage (10) to convert it to a score out of the total available marks.
- Formula: Scaled Score =  $(APC) \times 10 / 100$

**4. Illustrative Example:**

- Suppose Baseline (BL) is 12, and the monthly values over six months (M1 to M6) are 10, 11, 9, 5, 3, and 2.
- Calculate the percentage change for each month:
- M1 = 16.66%, M2 = 8.33%, M3 = 25%, M4 = 58.33%, M5 = 75%, M6 = 83.33%
- Average Percentage Change =  $(16.66 + 8.33 + 25 + 58.33 + 75 + 83.33) / 6 = 44.44\%$
- Scaled Score =  $44.44 \times (10 / 100) = 4.44$

**Scoring Methodology for Measurement Accuracy**

**Measurement accuracy:**

Normally any child's height and weight changes in sequence i.e. SAM to MAM, MAM to Normal; Severe Stunting to Moderate Stunting and Moderate Stunting to Normal height and vice versa for each condition.

If there is one level skip in nutritional status of beneficiary in 2 consecutive months. E.g., SAM to Normal, Severe Stunting to Normal and vice versa it will be considered as measurement inaccuracy.

Based on the percentage of inaccuracy scoring will be done.

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