



बिहार सरकार
समेकित बाल विकास सेवाएँ (ICDS) निदेशालय, बिहार
(समाज कल्याण विभाग)

ब्रिटीश लल, इंदिरा भवन, राम चरित्र रिंग पथ, पटना - 800001
फोन : +91-612-2547341, ईमेल : icds@dtpl.bih, website : www.icdsbih.gov.in



संचिका सं०:ICDS/80010/21-2024/.....1485

दिनांक: 22/02/25

प्रेषक,

निदेशक,
आई.सी.डी.एस. निदेशालय,
पटना, बिहार।

सेवा में,

जिला पदाधिकारी,
अररिया, अरवल, बेगूसराय, बक्सर, दरभंगा, पूर्व चंपारण, किशनगंज, मधेपुरा,
मधुबनी, मुजफ्फरपुर, नालंदा, पटना, रोहतास, समस्तीपुर, सारण, शेखपुरा,
सीवान, एवं वैशाली।

विषय:- सुपोषित ग्राम पंचायत हेतु सूचीबद्ध ग्राम पंचायत के अंतर्गत सभी आंगनवाड़ी केंद्रों की सेवाओं में अपेक्षित सुधार हेतु मुख्य संकेतकों के अनुश्रवण 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 सुपोषित ग्राम पंचायत अभियान के तहत पोषण ट्रैकर पर चिन्हित प्रमुख संकेतकों के आंकड़ों के आधार पर राज्य के 35 ग्राम पंचायतों को सुपोषित ग्राम पंचायत को मूल्यांकन हेतु सूचीबद्ध किया गया है। उक्त ग्राम पंचायत के अंतर्गत आंगनवाड़ी सेवाओं को बेहतर किए जाने एवं चिन्हित संकेतकों में गुणात्मक सुधार की दिशा में निम्न बिंदुओं पर साप्ताहिक समीक्षा करना चाहेंगे :-

- पंचायत के अंतर्गत संचालित सभी आंगनवाड़ी केंद्रों की आधारभूत संरचना (शौचालय, पेयजल, विधुत कनेक्शन, हैन्डवॉश स्टेशन, दीवाल रंग रोगन, IEC प्रदर्शनी, पोषण वाटिका इत्यादि) सुनिश्चित किया जाना।
- पोषण ट्रैकर के माध्यम से मुख्य संकेतकों यथा:- केंद्र का खुलना, वृद्धि निगरानी (SAM/MAM), नाटापन/अल्पवजन, पूरक पोषाहार (HCM/THR) गर्भावस्था के दौरान वजन में वृद्धि, आधारभूत संरचना (पेयजल/शौचालय/विधुत) के आंकड़ों की प्रविष्टि पर सतत अनुश्रवण एवं समीक्षा।
- पोषण ट्रैकर पर आंगनवाड़ी केंद्रों का Latitude/Latitude मैपिंग, THR लाभार्थी का शत-प्रतिशत FRS (Face Recognition System) एवं e-KYC प्रगति की समीक्षा।
- माह के प्रथम सप्ताह में पंजीकृत सभी बच्चों का वृद्धि निगरानी एवं चिन्हित SAM बच्चों के प्रबंधन हेतु NRC रेफरल की समीक्षा।
- सभी आंगनवाड़ी केंद्रों पर गुणवत्तापूर्ण ANC/VHSND/CBE गतिविधि का आयोजन।
- सुपोषित ग्राम पंचायत हेतु संबंधित विभागों का प्रभावी समन्वय एवं नियमित समीक्षा बैठक आयोजन।

✓

उक्त के आलोक में अनुरोध है कि जिला अंतर्गत सुपोषित ग्राम पंचायत के लिए सूचीबद्ध पंचायतों के सभी आंगनवाड़ी केंद्रों के आधारभूत संरचना एवं मुख्य संकेतकों में अपेक्षित प्रगति हेतु साप्ताहिक समीक्षा करते हुए संबंधित पदाधिकारी को आवश्यक कार्रवाई के लिए निदेशित करना चाहेंगे।

सुलभ प्रसंग हेतु सूचीबद्ध पंचायतों की सूची, विभागों की कार्य प्राथमिकता एवं मंत्रालय से प्राप्त दिशा निर्देश उपलब्ध कराई जा रही है।

अनुलग्नक-यथोक्त

विश्वासभाजन



निदेशक,

आई.सी.डी.एस.

ज्ञापांक:- ICDS/80010/21-2024/.....1485

दिनांक:- 22/02/25

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

प्रतिलिपि:-स्टेट लीड/राज्य प्रमुख-पिरामल फाउंडेशन/PCI/C3/ प्रथम एजुकेशन/ Doctor For You को आवश्यक सहयोग हेतु प्रेषित।

प्रतिलिपि:-संबंधित बाल विकास परियोजना पदाधिकारी को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

प्रतिलिपि:-सचिव, लोक स्वास्थ्य अभियंत्रण विभाग, बिहार के आप्त सचिव को सूचनार्थ प्रेषित।

प्रतिलिपि:-अपर मुख्य सचिव, समाज कल्याण विभाग, बिहार के आप्त सचिव को सूचनार्थ प्रेषित।

प्रतिलिपि:-संबंधित जिला प्रोग्राम पदाधिकारी को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

प्रतिलिपि:-कार्यपालक निदेशक, राज्य स्वास्थ्य समिति, बिहार, को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

प्रतिलिपि:-निदेशक, पंचायती राज, बिहार, को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।



निदेशक



सुपोषित ग्राम पंचायत हेतु संबंधित विभागों के द्वारा किए जाने वाले कार्यों की प्रथमिकता।

समाज कल्याण विभाग (ICDS)

- चयनित ग्राम पंचायत के अंतर्गत आंगनवाड़ी केंद्रों का माह फरवरी 2025 से सितंबर 2025 तक पोषण ट्रैकर के मुख्य संकेतकों यथा; गंभीर कुपोषण (SAM/MAM), नाटापन/अल्पवजन, पूरक पोषाहार (HCM/THR) गर्भावस्था के दौरान वजन में वृद्धि, पूरक पोषाहार में आहार विविधता, साफ-सफाई एवं आधारभूत संरचना (पेयजल/शौचालय/विधुत) के आंकड़ों पर सतत अनुश्रवण, प्रविष्टि एवं आवश्यकतानुसार गुणात्मक सुधार हेतु कार्रवाई की जानी है।
- पंचायत के अंतर्गत सभी योग्य लाभार्थियों को पोषण ट्रैकर पर आधार सत्यापित पंजीकरण सुनिश्चित किया जाना है।
- माह के प्रथम सप्ताह में 0-6 वर्ष के पंजीकृत सभी बच्चों का वृद्धि निगरानी किया जाना अनिवार्य है।
- आंगनवाड़ी सेविका के द्वारा बच्चों के वजन एवं ऊँचाई/लंबाई की सही माप हेतु मुख्य बिंदुओं पर (समतल जमीन/ सही से बच्चों का खड़ा होना/ माप अंकों का सही से अवलोकन एवं एंटी इन्ट्याइटि) पर विशेष ध्यान दिया जाना है।
- वृद्धि निगरानी के माध्यम से चिन्हित अति गंभीर कुपोषित बच्चों के प्रबंधन हेतु पोषण पुनर्वास केंद्र रेफर करना एवं समुदाय आधारित प्रबंधन हेतु आवश्यक कार्रवाई की जानी है।
- अति गंभीर कुपोषित (SAM) बच्चों को पोषण पुनर्वास केंद्र (NRC) रेफर किए जाने पर 102 एम्बुलेंस की मुफ्त सेवा को प्रचारित करने के लिए दीवाल लेखन कराया जाना है।
- समुदाय आधारित कार्यक्रम (गोदभराई/अन्नप्राशन दिवस) का गुणवत्तापूर्ण आयोजन एवं स्वास्थ्य, पोषण एवं स्वच्छता परामर्श सत्र का आयोजन पर विशेष बल देना है।
- बाल विकास परियोजना पदाधिकारी/प्रखण्ड समन्वयक/महिला पर्यवेक्षिका के द्वारा पोषण ट्रैकर के आंकड़ों की स्थिति को सतत साझा करते हुए एवं उसमें अपेक्षित सुधार हेतु तकनीकि सहयोग/प्रशिक्षण हेतु आवश्यक कार्रवाई की जानी है।
- पोषण ट्रैकर पर THR लाभार्थी का शत-प्रतिशत FRS (Face Recognition System) एवं e-KYC किया जाना है। साथ ही सभी आंगनवाड़ी केंद्रों का Latitude/Latitude का सत्यापन किया जाना है।
- पूरक पोषाहार के तहत (HCM/THR) मानक के अनुसार वितरण एवं साप्ताहिक गरम पका भोजन के साप्ताहिक मेनू में एक दिन मोटे अनाज युक्त खाद्य पदार्थ को शामिल किया जाना है।
- आंगनवाड़ी केंद्रों पर पेयजल/ शौचालय/ विधुत कनेक्शन की सुविधा एवं उपयोग हेतु कार्यरत स्थिति में रहना सुनिश्चित किया जाना है।

स्वास्थ्य विभाग

- पंचायत के अंतर्गत सभी गर्भवती महिला लाभार्थी का 4 प्रसव पूर्व जाँच एवं उनकी विवरणी MCP कार्ड एवं संबंधित एप व पोर्टल पर दर्ज सुनिश्चित किया जाना है।
- दिशा निर्देश के अनुसार टीकाकरण सहित VHSND (आरोग्य दिवस) का आयोजन किया जाना है।
- कुपोषित बच्चों के प्रबंधन प्रोटोकॉल के क्रियान्वयन में अपेक्षित सहयोग(SAM/MAM बच्चों का स्वास्थ्य जाँच/ NRC रेफर, आवश्यक दवाई की उपलब्धता इत्यादि) सुनिश्चित की जानी है।
- आंगनवाड़ी केंद्रों पर पंजीकृत बच्चों के अनुसार IFA सिरप की उपलब्धता सुनिश्चित किया जाना।
- VHSNC के Untied Fund को आंगनवाड़ी केंद्रों पर ANC/VHSND दिवस के आयोजन से संबंधित आवश्यकताओं (ANC टेबल/पर्दा/ वृद्धि निगरानी यंत्र/ फर्निचर/हैन्ड वॉश स्टेशन इत्यादि) पर व्यय किया जा सकता है।

पंचायती राज विभाग

- आंगनवाड़ी केंद्रों के माध्यम से दिए जा रहे स्वास्थ्य एवं पोषण सेवाओं हेतु योग्य लाभार्थियों का उत्प्रेरण एवं जागरूकता में सहयोग किया जाना।
- पंचायत अंतर्गत आंगनवाड़ी केंद्रों में शत-प्रतिशत पेयजल (नल का जल), शौचालय/पक्की गली/नाली, चहारदीवारी, आस पास की साफ सफाई, पोषण वाटिका के निर्माण/ विधुत कनेक्शन की सुविधा हेतु आवश्यक कार्रवाई किया जाना है।
- पंचायत के Untied Fund को आवश्यकतानुसार आंगनवाड़ी केंद्रों पर (आधारभूत संरचना) व्यय किया जा सकता है।
- पंचायत को सुपोषित ग्राम पंचायत का दर्जा प्राप्त करने के लिए स्वास्थ्य, पोषण एवं स्वच्छता का प्रचार प्रसार/ विशेष पोषण पंचायत का आयोजन एवं समुदाय का सहयोग सुनिश्चित करने में सहयोग करना।
- गंभीर कुपोषित बच्चों के NRC रेफर किए गए लाभार्थियों के माता-पिता को NRC जाकर चिकित्सीय प्रबंधन का लाभ लेने हेतु प्रेरित करने में सहयोग किया जाना है।

लोक स्वास्थ्य अभियंत्रण विभाग

- पंचायत अंतर्गत सभी आंगनवाड़ी केंद्रों पर पेयजल कनेक्शन/ शौचालय निर्माण व मरम्मती/हैन्डवाशिंग स्टेशन (WASH) के निर्माण में सहयोग किया जाना है।

144

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

3rd Floor, Jeevan Vihar Building
Sansad Marg, New Delhi – 110001
Dated: 24th 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 26th 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

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



Towards a new dawn



Contents:

1. Suposhit Gram Panchayat Abhiyaan	1
2. Implementation of the Abhiyaan	2
3. Ranking of Gram Panchayat	5
4. Selection Committee	6
5. Reporting and publishing of Results	6
6. Convergence with other Ministries	6
<i>Annexure-I</i>	7
<i>Annexure-II</i>	8
<i>Annexure-III</i>	9
<i>Annexure-IV</i>	10

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:** 26th December, 2024 – 31st January, 2025
- **Preliminary screening of nominations based on minimum eligibility criteria for participation and publication of final eligible GPs on Poshan Tracker dashboard:** By 15th February, 2025
- **Peer review by State teams and field visits by Central teams:** 15th February, 2025 – 31st 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
I.	Maternal and Child Healthcare	50	
1a.	Improvement in children under 5 years with Severe Acute Malnutrition (SAM)	10	<ul style="list-style-type: none"> • Average Percentage Change (APC)* 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	<ul style="list-style-type: none"> • Average Percentage Change (APC)* 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 <i>(*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)</i>	10	<ul style="list-style-type: none"> • Average Percentage Change (APC)* 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	<ul style="list-style-type: none"> • Average Percentage Change (APC) in children under 3 years with MAM, calculated from baseline over 6 months.

*A step-by-step scoring methodology is available in **Annexure IV**.

S. No.	Indicators	Marks	Marking Methodology	
1e.	Percentage of Pregnant women achieving optimum weight gain during pregnancy	10	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	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	95-100 %	15 Marks
			90-95 %	10 Marks
			85-90 %	5 Marks
			<85 %	NIL
2c.	Measurement accuracy* <i>*Details mentioned at Annexure IV.</i>	5	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	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">• Nodal officers from the Central and States/UTs to be sent for field visits to verify the data during the Peer review process.• Supporting Gram Panchayats to utilize their untied funds for Poshan related activities.• Identification of land for Poshan Vatika and support for its development.
2	Ministry of Jal Shakti (MoJS)	<ul style="list-style-type: none">• Nodal officers from the Central and States/UTs to be sent for field visits to verify the data during the Peer review process.• Supporting the establishment of drinking water and WASH facilities at AWCs.
3	Ministry of Health and Family Welfare (MoHFW)	<ul style="list-style-type: none">• Nodal officers from the Central and States/UTs to be sent for field visits to verify the data during the Peer review process.• Coordination by Health field functionaries including ASHA, ANM etc. with Anganwadi Workers for better management of health aspects of Anganwadi beneficiaries.• Support for implementation of CMAM protocol and referral of SAM children to NRCs/Health Facility• To ensure the VHSND organization as per the guidelines• Regular health check-ups of Anganwadi beneficiaries• 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.

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 February2025)

- 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

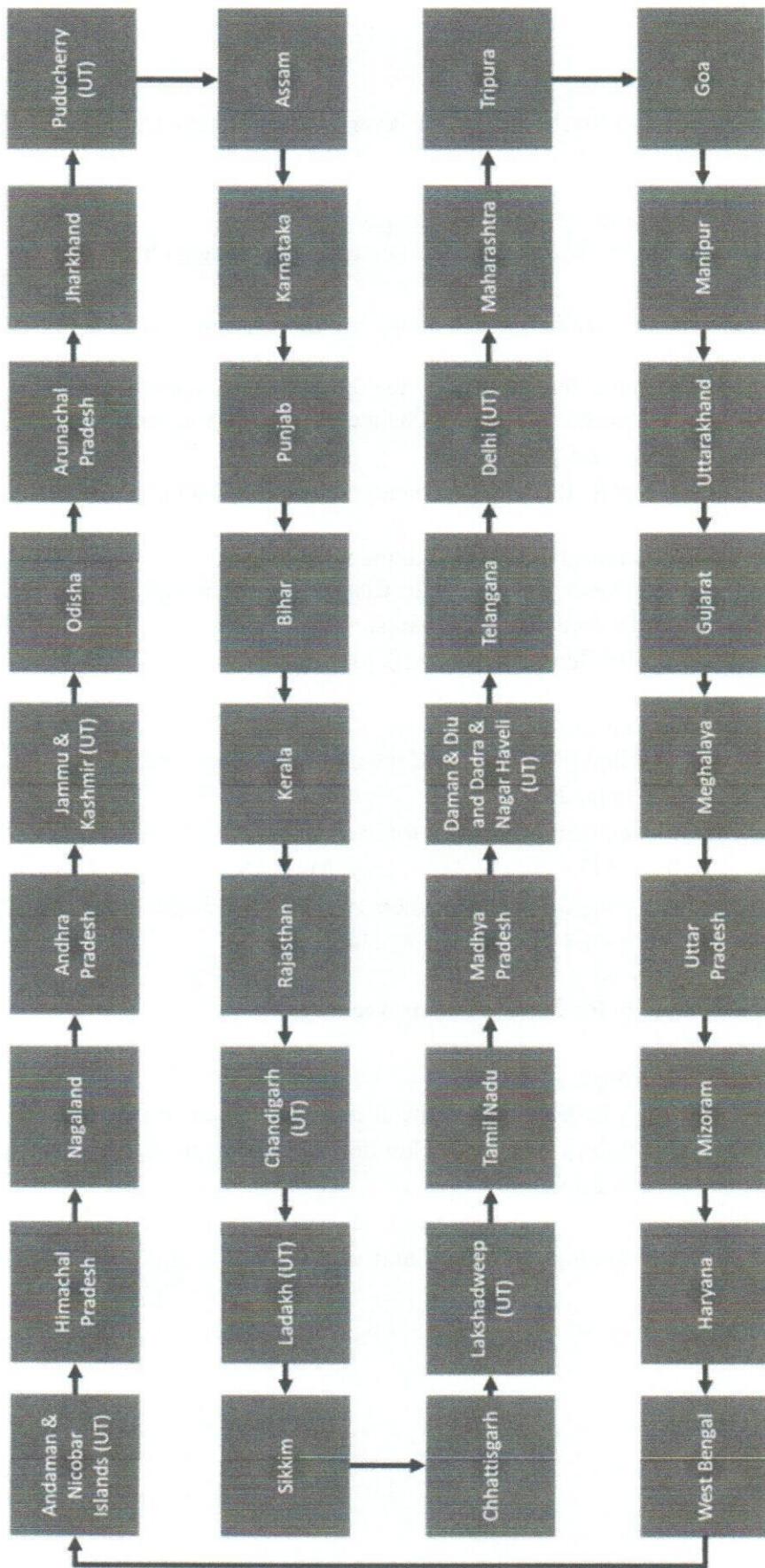
- Availability of Drinking Water: Yes/No
- Availability of Functional Toilet: Yes/No
- Availability of Running Electricity: Yes/No

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.

Final List of Selected Gram Panchayat for Peer Review

SN	State	District (LGD Code)	Block (LGD Code)	Gram Panchayat (LGD Code)	Nomination Date	AWCs	Beneficiaries	Underweight Avg. %
1	Bihar	Araia 188	JOKIHA 1627	BHANSIA 93724	1/31/2025	14	1657	15.34
2	Bihar	Arwal 611	ARWAL 6505	SAROUTI PANCHAYAT 238502	1/31/2025	15	1290	11.71
3	Bihar	Begusara 191	DANDARI 1664	TETARI 94405	1/31/2025	13	1355	17.13
4	Bihar	Buxar 194	BRALMPUR 1703	BHADWAR 94972	1/31/2025	12	1094	12.88
5	Bihar	Darbhanga 195	BAHERI 1716	HAWIDIH MIDDLE 95163	1/31/2025	16	1568	10.81
6	Bihar	East Champaran 213	BANKATWA 1972	BUBANI SOUTH 99158	1/31/2025	11	1047	9.75
7	Bihar	East Champaran 213	CHIRAIYA 1975	SARAIAGADH 99216	1/31/2025	11	1306	15.75
8	Bihar	East Champaran 213	ARERAJ 1970	MISRAUJA 99137	1/31/2025	8	742	10.39
9	Bihar	Kishanganj 203	KOCHADHAMAN 1824	KATHAMATHA 96828	1/31/2025	13	1913	15.14
10	Bihar	Kishanganj 203	POTHIA 1825	KASBA KALIAGANJ 96849	1/31/2025	14	1613	15.48
11	Bihar	Madhepura 205	MADHEPURA 1842	MAHESHUA 97073	1/31/2025	19	1839	15.97
12	Bihar	Madhepura 205	PURANI 1844	SAPARDAH 97107	1/31/2025	13	1401	7.85
13	Bihar	Madhepura 205	PURANI 1844	BANSHGOPAL 97100	1/31/2025	13	1361	8.89
14	Bihar	Madhepura 205	CHAUSA 1837	GHOSHAI 97009	1/31/2025	11	1075	11.17
15	Bihar	Madhubani 206	MADHWAPUR 1865	BASUKI BHARINORTH 97468	1/30/2025	12	1512	11.53
16	Bihar	Madhubani 206	HARLAKHI 1854	KARUNA 97285	1/31/2025	12	1222	6.81
17	Bihar	Madhubani 206	BASOPATTI 1850	SELIBELI 97197	1/31/2025	12	1285	15.3
18	Bihar	Muzaffarpur 208	BANDRA 1879	RAMPUR DAYAL 97680	1/31/2025	12	1147	14.69
19	Bihar	Muzaffarpur 208	SAHEBGANJ 1891	GULAB PATTI 97960	1/31/2025	8	706	14.86
20	Bihar	Nalanda 209	BEN 1895	NOHSA 98060	1/31/2025	8	819	9.27
21	Bihar	Patna 212	PALIGANJ 1963	LALGANJ SEHRA 99039	1/31/2025	13	1467	16.06
22	Bihar	Rohtas 215	RAJPUR 2022	RAJANDIH 99893	1/31/2025	11	1037	9.97
23	Bihar	SAMASTIPUR 217	MOHANPUR 2045	DHARNI PATTI EAST 100248	1/31/2025	7	808	16.32
24	Bihar	Saran 218	BANIAPUR 2060	KARAH 100526	1/31/2025	14	1361	15.62
25	Bihar	Saran 218	SONEPUR 2077	KASAMVAR 100801	1/31/2025	11	1333	14.54
26	Bihar	Saran 218	SONEPUR 2077	RAJULPUR 100806	1/31/2025	11	1201	12.43
27	Bihar	Sekhpura 219	CHEWARA 2081	LAHNA 100851	1/31/2025	12	1144	16.02
28	Bihar	Sekhpura 219	SHEKHOPUR SARAI 2083	BEJAW 100860	1/31/2025	14	1614	14.27
29	Bihar	Siwan 222	DARAUJI 2111	AMARPUR 101277	1/31/2025	13	1356	8.51
30	Bihar	Siwan 222	DARAUJI 2111	DARAUJI 101282	1/31/2025	15	1545	8.68
31	Bihar	Vaishali 224	JANDHAJA 2143	LOMA 101783	1/31/2025	15	1279	17.07
32	Bihar	Vaishali 224	HAJIPUR 2142	KASHIPUR CHAKBIBI 101762	1/31/2025	11	1067	17.01
33	Bihar	Vaishali 224	DESRI 2140	DHARAMPUR RAMRAJ 101725	1/31/2025	17	1599	14.64
34	Bihar	Vaishali 224	HAJIPUR 2142	MANUA 101764	1/31/2025	9	831	15.99
35	Bihar	Vaishali 224	BHAGWANPUR 2137	SAHATHA 101683	1/31/2025	14	1164	14.35
Total		18 District		35 Gram Panchayat		434	44769	