



बिहार सरकार

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

द्वितीय तल, इंदिरा भवन, राम चरित्र सिंह पथ, पटना - 800001  
फ़ोन : +91-612-2547341, ईमेल : icds@dipl.biz, website : www.icdsbih.gov.in



संचिका सं०:-ICDS/80010/21-2024 /.....1250

दिनांक:-.....18/02/25

प्रेषक,

कौशल किशोर, भा.प्र.से.

निदेशक

आई.सी.डी.एस. निदेशालय

पटना, बिहार।

सेवा में,

प्रधान सचिव, लोक स्वास्थ्य अभियंत्रण विभाग, बिहार।

निदेशक, पंचायती राज विभाग, बिहार।

कार्यपालक निदेशक, राज्य स्वास्थ्य समिति, बिहार।

**विषय:-** सुपोषित ग्राम पंचायत अभियान में अपेक्षित सहयोग व समन्वय एवं Peer Review हेतु नोडल पदाधिकारी को नामित करने 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 का शुभारंभ किया गया है। पोषण ट्रैकर पर चिन्हित संकेतकों के आंकड़ों के आधार पर मंत्रालय के द्वारा राज्य के 35 ग्राम पंचायतों को सुपोषित ग्राम पंचायत हेतु योग्य पाया गया है। उक्त ग्राम पंचायत को सुपोषित ग्राम पंचायत के लिए निर्धारित संकेतकों पर महिला एवं बाल विकास मंत्रालय द्वारा नामित पीयर रिव्यू टीम के द्वारा अनुश्रवण किया जाना है। इस अभियान में समाज कल्याण विभाग (ICDS निदेशालय) के द्वारा क्रियान्वयन में पंचायती राज विभाग/ लोक स्वास्थ्य अभियंत्रण विभाग एवं स्वास्थ्य विभाग (राज्य स्वास्थ्य समिति) को निम्न अपेक्षित सहयोग किया जाना है।

| विभाग का नाम                  | अपेक्षित कार्य  |
|-------------------------------|---|
| पंचायती राज विभाग             | <ul style="list-style-type: none"> <li>आंकड़ों के सत्यापन/अनुश्रवण हेतु पीयर रिव्यू टीम में सहभागिता।</li> <li>चिन्हित सुपोषित ग्राम पंचायत में पोषण संबंधित गतिविधि में Untied Fund का उपयोग।</li> <li>आंगनवाड़ी के आधारभूत संरचना एवं पोषण वाटिका के निर्माण में सहयोग।</li> <li>सुपोषित ग्राम पंचायत हेतु स्वास्थ्य, पोषण एवं स्वच्छता के प्रति समुदाय के बीच जागरूकता व उत्प्रेरण में सहयोग।</li> </ul> |
| लोक स्वास्थ्य अभियंत्रण विभाग | <ul style="list-style-type: none"> <li>आंकड़ों के सत्यापन/अनुश्रवण हेतु पीयर रिव्यू टीम में सहभागिता।</li> <li>आंगनवाड़ी केंद्रों पर पेयजल/ शौचालय/हैन्डवाशिंग स्टेशन (WASH) की उपलब्धता में सहयोग।</li> </ul>  |

✓

स्वास्थ्य विभाग  
(राज्य स्वास्थ्य समिति)

- आंकड़ों के सत्यापन/अनुश्रवण हेतु पीयर रिव्यू टीम में सहभागिता।
- आंगनवाड़ी केंद्रों के द्वारा दी जा रही स्वास्थ्य संबंधी सेवाओं (प्रसव पूर्व जाँच/टीकाकरण/स्वास्थ्य जाँच/ रेफरल सेवा/ स्वास्थ्य एवं पोषण परामर्श) में ANM/ASHA का बेहतर समन्वय व सहयोग।
- CMAM प्रोटोकॉल के क्रियान्वयन एवं गंभीर कुपोषित बच्चों की पहचान/प्रबंधन एवं NRC/अस्पताल रेफरल में सहयोग।
- मार्गदर्शिका के अनुसार VHSND का आयोजन।
- 0-6 वर्ष के बच्चों/गर्भवती/धात्री माताओं एवं किशोरी लाभार्थियों के लिए निर्बाध रूप से IFA सिरप/टैबलेट की आपूर्ति।

अतः उक्त के आलोक में अनुरोध है कि सुपोषित ग्राम पंचायत अभियान में अपेक्षित सहयोग/समन्वय एवं Peer Review हेतु अपने विभाग/निदेशालय/समिति से एक नोडल पदाधिकारी को नामित करना चाहेंगे। साथ ही अपने स्तर से संबंधित जिला/प्रखंड स्तरीय पदाधिकारी को इस अभियान में ICDS के पदाधिकारी के साथ समन्वय स्थापित कर सहयोग हेतु निदेशित करना चाहेंगे।

**अनुलग्नक-यथोक्त**

विश्वासभाजन

18/2  
निदेशक

आई.सी.डी.एस.

ज्ञापांक:- ICDS/80010/21-2024/.....1250

दिनांक:-...18/02/25

प्रतिलिपि:-सचिव, पंचायती राज विभाग, बिहार के आप्त सचिव को सूचनार्थ प्रेषित।

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

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

18/2  
निदेशक



## 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 | Araria 188          | JOKIHAT 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 | Begusarai 191       | DANDARI 1664         | TETARI 94405              | 1/31/2025       | 13         | 1356          | 17.13              |
| 4            | Bihar | Buxar 194           | BRAHMPUR 1703        | BHADWAR 94972             | 1/31/2025       | 12         | 1094          | 12.88              |
| 5            | Bihar | Darbhangha 195      | BAHERI 1716          | HAWIDIH MIDDLE 95163      | 1/31/2025       | 16         | 1568          | 10.81              |
| 6            | Bihar | East Champaran 213  | BANKATWA 1972        | BIJBANI SOUTH 99158       | 1/31/2025       | 11         | 1047          | 9.75               |
| 7            | Bihar | East Champaran 213  | CHIRAIYA 1975        | SARAIGADH 99216           | 1/31/2025       | 11         | 1306          | 15.75              |
| 8            | Bihar | East Champaran 213  | ARERAJ 1970          | MISRAULIA 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 BIHARI NORTH 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         | KASAMAR 100801            | 1/31/2025       | 11         | 1333          | 14.54              |
| 26           | Bihar | Saran 218           | SONEPUR 2077         | RASULPUR 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 | BELAW 100860              | 1/31/2025       | 14         | 1614          | 14.27              |
| 29           | Bihar | Siwan 222           | DARAULI 2111         | AMARPUR 101277            | 1/31/2025       | 13         | 1366          | 8.51               |
| 30           | Bihar | Siwan 222           | DARAULI 2111         | DARAULI 101282            | 1/31/2025       | 15         | 1545          | 8.68               |
| 31           | Bihar | Vaishali 224        | JANDAHA 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 RAMRAI 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              |
| <b>Total</b> |       | <b>18 District</b>  | <b>Project-31</b>    | <b>35 Gram Panchayat</b>  |                 | <b>434</b> | <b>44769</b>  |                    |

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

\*\*\*\*\*

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



Towards a new dawn





## Contents:

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

---

## 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<br>(*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*<br><br>*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<br>T/ DW/ RE (Any 2)- 6 Marks<br>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

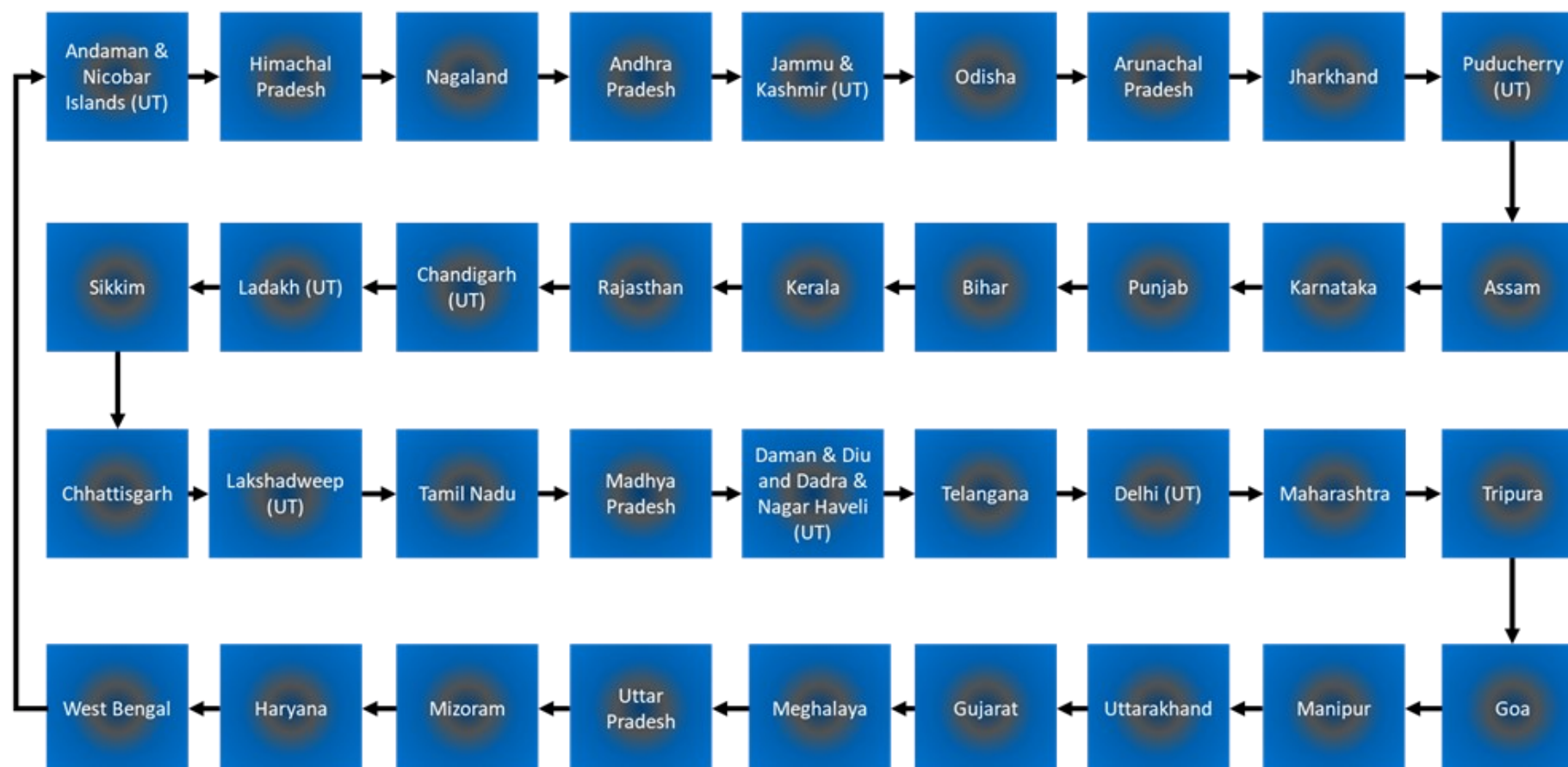
**Diet Diversity and Hygiene verification**

- 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.

\*\*\*\*\*