



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

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

दिनांक:-.....18/12/2024

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 पियर रिट्यू 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 रिट्यू 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 रिट्यू टीम में सहभागिता।</li> <li>आंगनवाड़ी केंद्रों पर पेयजल/ शौचालय/हैन्डवाशिंग स्टेशन (WASH) की उपलब्धता में सहयोग।</li> </ul>

✓

<b>स्वास्थ्य विभाग (राज्य स्वास्थ्य समिति)</b>	<ul style="list-style-type: none"> <li>• आंकड़ों के सत्यापन/अनुश्रवण हेतु पीयर रिव्यू टीम में सहभागिता।</li> <li>• 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।</li> <li>• CMAM प्रोटोकॉल के क्रियान्वयन एवं गंभीर कुपोषित बच्चों की पहचान/प्रबंधन एवं NRC/अस्पताल रेफरल में सहयोग।</li> <li>• मार्गदर्शिका के अनुसार VHSND का आयोजन।</li> <li>• 0-6 वर्ष के बच्चों/गर्भवती/धात्री माताओं एवं किशोरी लाभार्थियों के लिए निर्बाध रूप से IFA सिरप/टैबलेट की आपूर्ति।</li> </ul>
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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/प्रखण्ड स्तरीय पदाधिकारी को इस अभियान में ICDS के पदाधिकारी के साथ समन्वय स्थापित कर सहयोग हेतु निदेशित करना चाहेंगे।

#### अनुलग्नक-यथोक्त

विश्वासभाजन

1/18/✓  
निदेशक

आई.सी.डी.एस.

जापांक:- 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।

1/18/✓  
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	Darbhanga 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

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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.	<b>Maternal and Child Healthcare</b>	<b>50</b>	
1a.	Improvement in children under 5 years with Severe Acute Malnutrition (SAM)	10	<ul style="list-style-type: none"><li>• <b>Average Percentage Change (APC)*</b> in children under 5 years with SAM, calculated from baseline over 6 months.</li></ul>
1b.	Improvement in children under 3 years who are Severely Underweight (SUW)	10	<ul style="list-style-type: none"><li>• <b>Average Percentage Change (APC)*</b> in children under 3 years who are SUW, calculated from baseline over 6 months.</li></ul>
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"><li>• <b>Average Percentage Change (APC)*</b> in children under 3 years who are Severely Stunted, calculated from baseline over 6 months.</li></ul>
1d.	Improvement in children under 3 years with Moderate Acute Malnutrition (MAM)	10	<ul style="list-style-type: none"><li>• <b>Average Percentage Change (APC)</b> in children under 3 years with MAM, calculated from baseline over 6 months.</li></ul>

*\*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	<table border="1"> <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.	<b>Indicators Related to Saturation of Services</b>	35									
2a.	Percentage of Pregnant women and Lactating mothers receiving Supplementary Nutrition regularly	15	<table border="1"> <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 border="1"> <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
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85-90 %	5 Marks										
<85 %	NIL										
2c.	Measurement accuracy*  <i>*Details mentioned at Annexure IV.</i>	5	<table border="1"> <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.	<b>Indicators Related to Infrastructure</b>	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.	<b>Indicators Related to Dietary Diversity</b>	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 border="1"> <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										
<b>Total Marks for Evaluation of 10 Indicators</b>		<b>100</b>									

## 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 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**

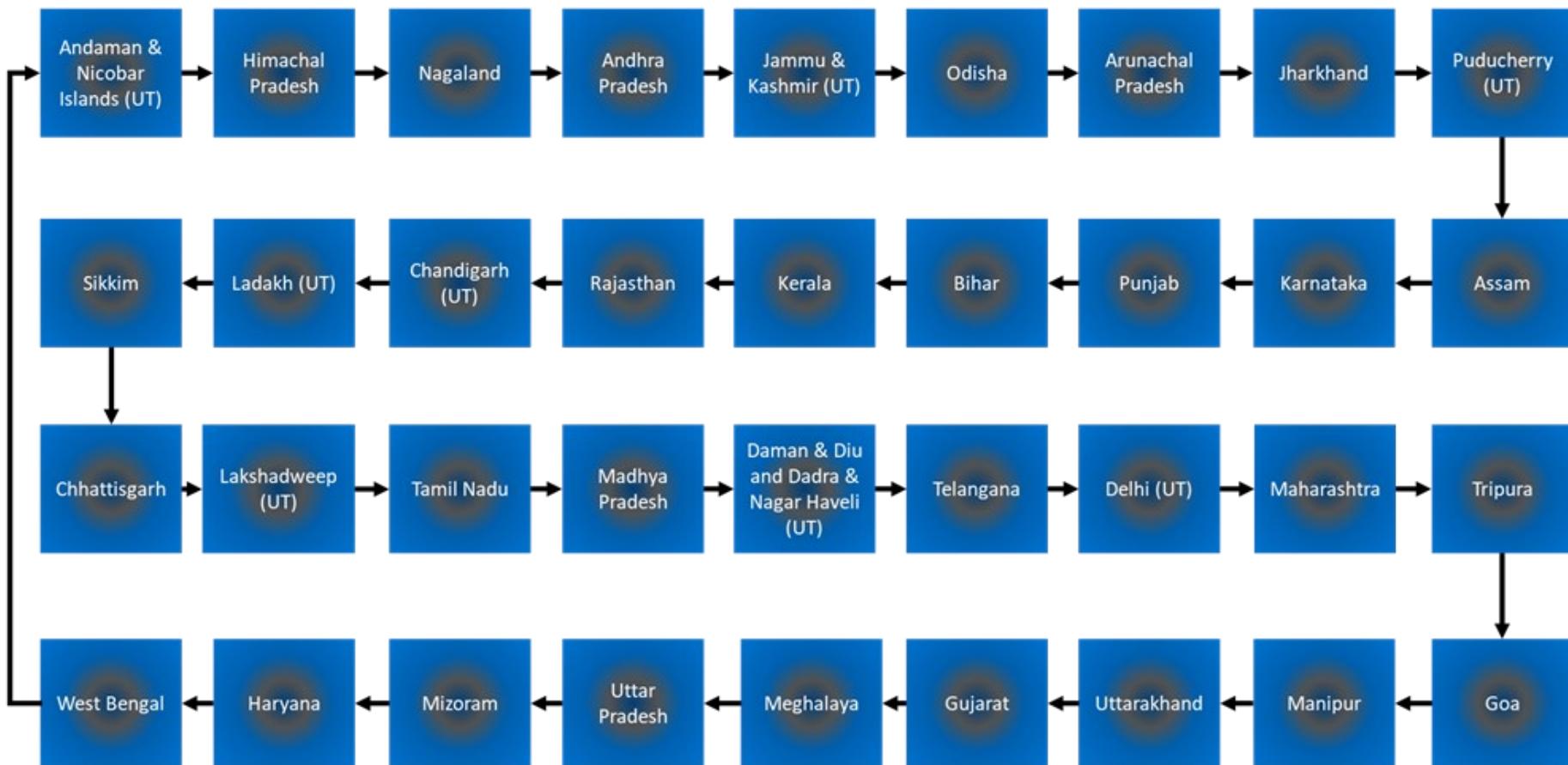
- Availability of Drinking Water: Yes/No
- Availability of Functional Toilet: Yes/No
- Availability of Running Electricity: Yes/No

**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 = (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.

\*\*\*\*\*