No. 11/4/2021-CD-I (e-95706)
Government of India
Ministry of Women & Child Development

Shastri Bhawan, New Delhi-1,
Dated: 1st August, 2022

To: The Principal Secretaries/ Secretaries in-charge of WCD (dealing with Anganwadi Services) in all States/UTs

Subject: "Saksham Anganwadi and Poshan 2.0"- A Strategic Intervention to address Malnutrition Concerns – Guidelines regarding.

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Sir/Madam,

I am directed to state that the Government of India has approved "Saksham Anganwadi and Poshan 2.0"during the 15th Finance Commission period 2021-22 to 2025-26.

2. The "Saksham Anganwadi and Poshan 2.0" is a strategic shift in mission mode to develop practices that nurture health, wellness and immunity from malnutrition. The Anganwadi Services, Scheme for Adolescent Girls and Poshan Abhiyaan have been re-aligned under POSHAN 2.0 for maximizing nutritional outcomes. Components under "Saksham Anganwadi and Poshan 2.0" have been reorganized in 3 primary verticals:

i) Nutrition Support for POSHAN and for Adolescent Girls;
ii) Early Childhood Care and Education [3-6 years];
iii) Anganwadi Infrastructure including modern, upgraded SakshamAnganwadis

3. The Operational Guidelines regarding implementation of "Saksham Anganwadi and Poshan 2.0" is placed at **Annexure**.

Yours faithfully,

01 Aug 2022

(Captain Prabhanshu Srivastava, IAS)
Deputy Secretary

Copy to:

1. The Directors/Directors in-charge dealing with Anganwadi Services in all States/UTs
2. All Bureau Heads, MoWCD.
3. Sr. Technical Director, NIC for uploading same on MWCD website
5. The Under Secretary (CD-II & III) /Under Secretary (ME/SAG) and US (Poshan).

सत्यमेव जयते

Mission Saksham Anganwadi and Poshan 2.0

Scheme Guidelines

Towards a new dawn

Ministry of Women and Child Development

Government of India

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ABBREVIATIONS

1.	AFHC	-	Adolescent Friendly Health Clinics
2.	ANM	-	Anganwadi Nurse Midwife
3.	ASHA	-	Accredited Social Health Activist
4.	AWWs	-	Anganwadi Workers
5.	AWHs	-	Anganwadi Helpers
6.	AYUSH	-	Ayurveda Unani Siddha Homeopathy
7.	BDO	-	Block Development Officer
8.	CBE	-	Community Based Events
9.	CDPO	-	Child Development Project Officer
10.	CGWB	-	Central Ground Water Board
11.	CPMU	-	Central Project Management Unit
12.	DD	-	Dietary Diversity
13.	DM	-	District Magistrate
14.	DPO	-	District Programme Officer
15.	FSSAI	-	Food Safety and Standards Authority of India
16.	GEM	-	Government e Marketplace
17.	GMDs	-	Growth Monitoring Devices
18.	HCM	-	Hot Cooked Meals
19.	IFA	-	Iron and Folic Acid
20.	KSY	-	Kishori Shakti Yojana
21.	MAM	-	Moderately Acute Malnourished

22.	MO	-	Medical Officers
23.	MSDP	-	Multi-sectoral Development Programme
24.	NeGD	-	National e-Governance Division
25.	NFHS	-	National Family Health Survey
26.	NFSA	-	National Food Security Act
27.	NHE	-	Nutrition & Health Education
28.	NHM	-	National Health Mission
29.	NREGA	-	National Rural Employment Guarantee
30.	POL	-	Petrol, Oil and Lubricant
31.	PPI	-	Pulse Polio Immunization
32.	PRI	-	Panchayati Raj Institution
33.	PW&LM	-	Pregnant Women and Lactating mothers
34.	RCH	-	Reproductive and Child Health
35.	RDA	-	Recommended Dietary Allowance
36.	SAM	-	Severely Acute Malnourished
37.	SDM	-	Sub Divisional Magistrate
38.	SHG	-	Self Help Group
39.	SPMU	-	State project Management Unit4
40.	SSDMs	-	State Skill Development Missions
41.	THR	-	Take Home Ration
42.	VHSNC	-	Village Health Sanitation and Nutrition Committee

1. INTRODUCTION

Saksham Anganwadi and Poshan 2.0 (hereinafter referred to as Poshan 2.0) is an Integrated Nutrition Support Programme. It seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by creation of a convergent eco-system to develop and promote practices that nurture health, wellness and immunity.

Poshan 2.0 shall focus on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment of MAM/SAM and Wellness through AYUSH. It will rest on the pillars of Convergence, Governance, and Capacity-building. Poshan Abhiyan will be the pillar for Outreach and will cover innovations related to nutritional support, ICT interventions, Media Advocacy and Research, Community Outreach and Jan Andolan.

Adequate health care, nutrition, security, safety, responsive care giving and opportunities for early learning are essential for children to achieve their full human potential. Therefore, Early Childhood Care and Education is an integral component of the programme. Recognizing that early childhood care constitutes the foundation of human development, the Scheme is designed to promote holistic development of children under six years of age through improved ECCE content and delivery of cognitive, emotional, social and intellectual development of the child to make all pre-schooler's school ready and for seamless integration of children in the age group of 5-6 in Grade I under the National Education Policy, 2020. The programme is specifically designed to reach disadvantaged and low-income groups, for effective disparity reduction.

The current Anganwadi Services Scheme is one of the largest and unique programmes of the Govt. of India for early childhood care and development. It is a firm testament of the country's commitment to its children and nursing mothers to respond to the challenge of providing pre-school non-formal education on one hand and break the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under this scheme are children in the age group of 0-6 years, pregnant women and lactating mothers and adolescent girls in the age group 14-18 years.

The rationale for Mission Poshan 2.0 arises from the challenges plaguing the extant supplementary nutrition programme. Nutrition policies have remained consistent over the years and have been slow to transition towards a more integrated approach to nutrition security. Past interventions in terms of both nutrition quality and delivery have been inadequate. The Anganwadi Services under ICDS have focused on ensuring calorie sufficiency, neglecting quality and diversity of diets and behavioural change towards

better nutrition. Focus of the current program has largely been driven by calorie intake rather than on balanced diets with absence of micro-nutrients in Take-Home Ration (THR) and Hot Cooked Meals (HCM). Traditional wisdom in nutritional practices have not been leveraged. Scheme execution and implementation have been affected by absence of effective participation of beneficiaries and local stakeholders pointing to weak community ownership or stake in local Anganwadi activities. A critical challenge faced is poor implementation with absence of last-mile tracking.

Poshan 2.0 is designed to address the above challenges through transparency, accountability, balanced diets, diet diversity and quality, greater grassroots involvement and last-mile delivery of services supported by key strategies, viz., corrective strategies to address nutrition related deficiencies, nutrition awareness strategies to develop good eating habits for sustainable health and well-being, strategies for communication and development of green eco-systems such as *Poshan Vatikas*.

1.1 Vision

Poshan 2.0 seeks to address the challenging situation of malnutrition among children up to the age of 6 years, adolescent girls (14-18 years) and pregnant and lactating women.

Poshan 2.0 is crucial for India's development as women and children comprise over two-thirds of India's population. The achievement of the Sustainable Development Goals lies at the fore-front of this programme design. Poshan 2.0 shall contribute to the SDGs, specifically, SDG 2 on Zero Hunger and SDG 4 on Quality Education.

The Mission will focus on the fundamental importance of nutrition and early childhood care and education for the well-being, growth and development of children into healthy and productive adults.

1.2 Objectives

To prepare a comprehensive strategy to address the challenge of malnutrition, the Supplementary Nutrition Programme under Anganwadi Services, Scheme for Adolescent Girls and Poshan Abhiyaan have been aligned under Poshan 2.0 as an Integrated Nutrition Support Programme. The objectives of Poshan 2.0 are as follows:

- To contribute to human capital development of the country;
- Address challenges of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing; and
- Address nutrition related deficiencies through key strategies.

Poshan 2.0 shall focus on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment Protocols for SAM/MAM and Wellness through AYUSH practices to reduce wasting and under-weight prevalence besides stunting and anemia, supported by the 'Poshan Tracker', a new, robust ICT centralised data system which is being linked with the RCH Portal (Anmol) of MoHFW.

Poshan 2.0 shall seek to optimize the quality and delivery of nutrition under the Supplementary Nutrition Program.

1.3 Important components of Saksham Anganwadi and Poshan 2.0

With a view to address various gaps and shortcomings in the on-going nutrition programme and to improve implementation as well as to accelerate improvement in nutrition and child development outcomes, the existing scheme components have been re-organized under Poshan 2.0 into the primary verticals given below:

- Nutrition Support for POSHAN through Supplementary Nutrition Programme (SNP) for children of the age group of 06 months to 6 years, pregnant women and lactating mothers (PWLM); and for Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts and North Eastern Region (NER);
- Early Childhood Care and Education [3-6 years]and early stimulation for (0-3 years);
- Anganwadi Infrastructure including modern, upgraded Saksham Anganwadi; and
- Poshan Abhiyaan

These guidelines are being issued under the provisions of Sections 4(a), 5(1) (a), 6 & 7 of National Food Security Act, 2013 and shall come into force with immediate effect.

The Streamlined Guidelines issued on 13.01.2021 (hereinafter called 'Streamlined Guidelines') which are annexed as Annexure V shall be an integral part of these guidelines.

These scheme guidelines have been developed to support stakeholders who shall be involved in implementing the Scheme, as well as State, district and grassroots level functionaries. It is intended to serve as a reference manual for officials at the National, State/Union Territory (UT and District/grass root levels) for policy guidance and monitoring. These guidelines list out the services to be provided under the Scheme and processes for implementation and highlight the roles and responsibilities of various line departments as part of convergence.

These guidelines may be modified based on the feedback received from States/UTs from time to time, as per requirements, to ensure proper implementation and outcomes envisaged under the programme.

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2. INSTITUTIONAL FRAMEWORK FOR IMPLEMENTATION

2.1 Framework at Central Level

Central Empowered Programme Committee under Anganwadi Services: The Government of India has introduced development of Annual Programme Implementation Plans (APIPs) in Anganwadi Services since 2011-12 in a prescribed format. The APIP mode of programme implementation in the Anganwadi Services Scheme is one of the key aspects of the strengthened and restructured Anganwadi Services Scheme whose administrative approval was issued to the States on 22nd October, 2012.

The States/UTs were also informed that from 2013-14, submission of the APIP by the States/UTs in the prescribed format will be mandatory and the second as well as any subsequent instalments of funds from GOI will be released to the States/UTs only after approval of the APIP.

The Empowered Programme Committee (EPC) is the highest technical body for planning, supervising and monitoring the effective implementation of Anganwadi Services Scheme. The Composition of the EPC is as under:

(1)	Secretary, Ministry of WCD	- Chairperson
(2)	Senior Advisor, NITI Aayog	- Member
(3)	Joint Secretary, Department of Expenditure Ministry of Finance	- Member
(4)	AS& FA, Ministry of WCD	- Member
(5)	Representative of M/o Rural Development	- Member
(6)	Representative* of Ministry of Drinking Water Supply and Sanitation	- Member
(7)	Representative* of M/o H&FW	- Member

(8)	Representative* of M/o Panchayati Raj	- Member
(9)	Rep* of Dept. of School Education & Literacy	- Member
(10)	Rep*. Of Ministry of Agriculture	- Member
(11)	Rep*. Of Ministry of Social Justice &Empowerment	- Member
(12)	Rep*. Of Food & Public Distribution	- Member
(13)	Director, NIPCCD	- Member
(14)	AS/Joint Secretary (in-charge), MWCD	- Member
(15)	Technical Advisor, Food & Nutrition Board	- Member
(16)	Secretary of States from five regions by rotation	- Member
(17)	Director, NIN	- Member
(18)	Mission Director /DS	- Convener

(Not below the rank of Joint Secretary)*

2.2 Roles and responsibilities of State Administration

Nutrition requires convergence of various services that contribute to improved nutritional status. This requires strong and effective multi-department convergent efforts and actions to address malnutrition. Therefore, Chief Secretary of the States/UTs shall coordinate the activities of various departments through a State Level Steering Committee to ensure effective convergence between various schemes/programs having bearing on nutrition and review the progress made regarding Nutritional Indicators on regular basis.

Secretaries of different departments may assess how their schemes/programs can positively impact nutrition levels and also how POSHAN Abhiyaan can be supported to build awareness and create *Jan Andolan* around nutrition.

2.3 Roles and responsibilities of District Administration

The District Magistrate shall be the Nodal Point in the district for monitoring nutritional status and quality standards. The DM/Collector shall chair, supervise and monitor the activities of the District Nutrition Committee. The Members of the District Committee

have to be mandatorily certified nutrition experts. The Child Development Project Officer (CDPO) who is responsible for administration and implementation of nutrition and ICDS projects, shall carry out major responsibilities as follows under the supervision of the DM/Collector:

- coordinate and evaluate deliveries in the district as a Key Performance Indicator of the DM/Collector for nutritional improvement of beneficiaries, especially SAM/MAM children;
- undertake overall administration and coordination of the nutrition project and ensure smooth and effective delivery of all intended services in the project jurisdiction;
- conduct periodic monitoring, including surprise spot-checks, collection of samples for quality testing of supplementary nutrition (THR and HCM) provided, ensuring adequate measures for food safety and hygiene are followed throughout the supply chain, assessing the quality of pre-school delivery etc., to ensure quality and undertake necessary course correction;
- monitor distribution of necessary stocks for delivery of key services;
- participate in the VHSND meetings, community-based events, *Jan Andolan* activities etc. to motivate beneficiaries and field functionaries;
- facilitate preparation of Block Convergence Action Plan and its implementation;
- conduct Joint Field Visits with Medical Officer (MO) and Joint Review Meetings on monthly basis, especially with regards to SAM children;
- ensure collation of monthly progress reports for the District and share with the State;
- While visiting AWCs, CDPO must conduct home-visits for pregnant women, new-born and infants crossing 6-months and undertake age-appropriate nutrition counselling to train and demonstrate the importance of home-visits and counsel AWWs and motivate them to undertake regular home visits as part of their activity calendar.

2.4 Roles and Responsibilities of Anganwadi Workers

a. To elicit community support and participation in running the Poshan 2.0 programme.
b. To learn to use and become proficient in the operations of the smartphone provided to the AWC where she undertakes the voluntary work.
c. To feed relevant beneficiary data in Poshan Tracker app on regular basis as instructed from time to time and generate/submit reports/ returns as specified.
d. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-

centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.

e. To carry out a quick survey of all the families, especially mothers and children in those families at least once in a year.
f. To organize non-formal pre-school activities in the Anganwadi for children in the age group 3-6 years and to help in designing and making of toys and play equipment of indigenous origin for use in the Anganwadi Centre.
g. To organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available ingredients and recipes.
h. To provide health and nutrition education and counselling on breastfeeding and infant & young child feeding practices to mothers. Anganwadi workers being close to the local community shall motivate married women to adopt family planning/birth control measures.
i. To help pregnant and lactating mothers visiting the Anganwadi centre to get the birth of their child registered and share the information with the village level functionary who notifies the Registrar of Births.
j. To undertake home visits for educating parents and to enable mothers to plan effectively for the child's growth and development with special emphasis on the new born child.
k. To maintain files and records as prescribed.
l. To assist the PHC staff in the implementation of the health component of the programme, viz. immunization and health check-up, ante-natal and post-natal check etc.
m. To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the Centre without maintaining stock register as it would add to her administrative work and affect her main functions under the Scheme.
n. To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.
o. To bring to the notice of the Supervisors/CDPO any development in the village which requires their attention and intervention particularly with regard to the work of the coordinating arrangements with different departments.
p. To coordinate with other local institutions and involve lady school teachers and girls of the primary/middle schools in the village which have relevance to her functions.
q. To guide Accredited Social Health Activist (ASHA) engaged under National Heath Mission in the delivery of health care services and maintenance of records under Poshan 2.0 (Anganwadi) Scheme.
r. To assist in implementation of SAG and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/campaigns etc.

s. AWW shall assist in implementation of Nutrition Programme for Adolescent Girls as per the guidelines of the Scheme and maintain such records as prescribed.
t. Anganwadi Worker shall function as depot holder for RCH Kit/contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the Counter) drugs shall be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.
u. AWW shall help to identify the children with special needs during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
v. AWW shall support in organizing Pulse Polio Immunization (PPI) drives and in identifying cases of juvenile diabetes.
w. Maintain Covid-19 protocols.
x. Inform the ANM in case of emergency cases like diarrhoea, cholera etc.
y. To perform any bona fide task related to Saksham Anganwadi & Poshan 2.0 as directed by Govt. of India depending on the circumstances.

2.5 Roles and Responsibilities of Anganwadi Helpers

a. Cook and serve food to beneficiaries.
b. Clean the Anganwadi premises daily and fetch water.
c. Ensure cleanliness in young children.
d. Bring children from the village community to the Anganwadi centre.
e. Help AWW in smooth discharge of her duties.
f. In absence of AWW, the Anganwadi Helper shall carry out her functions and discharge her responsibilities.

2.6 Poshan Tracker

IT systems are being leveraged to strengthen and bring about transparency in nutrition delivery support systems. The 'Poshan Tracker' application was rolled out by MoWCD on 1st March 2021 through National e-Governance Division (NeGD), MyGov as an important governance tool. Technology under the Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children and last mile tracking of nutrition service delivery.

The POSHAN Tracker will enable real-time monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Beneficiaries will be Aadhaar seeded to ensure last mile tracking and delivery of services. Poshan Tracker will help Mission Poshan 2.0 in generating data, providing feedback to Program Managers and documenting the impact of scheme on nutrition indicators. The Ministry/ States/ Districts will be able to make effective and timely interventions based on the data from the Poshan Tracker, thereby facilitating continuous evaluation and the progress of different components.

2.7 Fund Flow

Poshan 2.0 is an ongoing Centrally-sponsored programme being implemented through the State Governments/ UT administrations based on a cost sharing ratio between the Central Government and the State Government. Centre – State cost sharing pattern of all components are given below.

2.8 Funding Pattern

Category	General	Salary	Supplementary Nutrition
States/UTs with Legislature	60:40	25:75*	50:50
NE/Himalayan States (including J&K)	90:10	90:10	90:10
UT Without Legislature	100:0	100:0	100:0

*Salary under Anganwadi Services Scheme is allowed only for selected staff of Anganwadi Services

2.9 Social Audit

Social Audit shall be undertaken by stakeholders, such as the Poshan Panchayats, Mothers' Groups and VHSNCs. Direct feedback shall also be obtained from those who have availed

the services under the Scheme through appropriate evidence gathering methods to be decided in consultation with State Governments.

2.10 Evaluation

The evaluation of the Scheme shall be conducted by a third party of repute to be nominated by the Ministry of Women and Child Development.

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3. ANGANWADI SERVICES SCHEME

3.1 Package of Services

The Anganwadi Services Scheme provides the following package of services in an integrated manner to eligible beneficiaries:

i. supplementary nutrition
ii. pre-school non-formal education
iii. nutrition & health education
iv. immunization
v. health check-up and
vi. referral services

Three of the six services, viz., immunization, health check-up and referral services, are related to health and are provided by through NHM & Public Health Infrastructure.

3.1 Salient Features

The Anganwadi Services Scheme under Poshan 2.0 has been approved for implementation during the 15th Finance Commission period i.e. from 2021-22 to 2025-26. The salient features of the scheme are as follows:

i. Beneficiaries covered under the Scheme are ‘Children upto the age of 6 years; Pregnant Women and Lactating Mothers (PW&LM) and Adolescent Girls (14-18 years) in Aspirational Districts and North Eastern States.
ii. This Scheme is open to all eligible beneficiaries on demand, irrespective of caste, religion and income criteria. The only pre-condition is that the beneficiary has to be registered at the nearest Anganwadi Centre with Aadhaar identification. A child's Aadhaar card shall not be mandatory for availing the benefits under the Scheme. The benefits under the scheme can be accessed using the mother's Aadhaar card.
iii. Funds for Aadhaar enrolment kits have been placed with the States/UTs and effort shall be made by States/UTs to enroll beneficiaries at the AWC itself.
iv. It shall be the duty and responsibility of AWW, Supervisor, Child Development Project Officer (CDPO) and District Programme Officer (DPO) concerned, to ensure that Supplementary Nutrition is provided to beneficiaries without any disruption. Assistance

shall be extended by them to a beneficiary in obtaining Aadhaar Card, in case the beneficiary does not possess Aadhaar identification.

v. Health check-up and referral services under Anganwadi Services shall continue to be provided through NHM and Public Health Infrastructure by ASHA and ANM. Besides, ASHA and ANM shall undertake regular screening of beneficiaries for assessment of anemia and diabetes. ASHA and ANM shall additionally screen children with special needs who require assistance for disabilities that may be medical or psychological.

vi. Specifically, the following services shall be provided by MoHFW at the AWC platform:

Health Services:

- Iron syrup for 6 months to 5-year-old child: 1 ml twice in a week
- IFA tablets during pregnancy and post-pregnancy
- 12 months to 5-year-old child: De-worming tablet once in 6 months
- Pregnant Women: 1 de-worming tablet during second trimester
- Vitamin A supplementation for 9 months to 5-year-old child bi-annually
- Diarrhoea management: ORS, Zinc Supplementation

Referral Services:

- Severely Malnourished (SAM) to be referred to hospital or Nutrition Rehabilitation Centre
- Care of Sick children

Immunization:

- For pregnant women two Tetanus Toxoid shots and all vaccines for children under Health schedule

vii. Growth measurement i.e., length/height & weight is essential for all children to obtain their status as Normal, Underweight, Stunted, SAM or MAM. Efforts shall be made for 100% measurement of the children. Any child who could not be measured in a particular month has to be compulsorily measured in the following month as per the following schedule:

Children 6 months to 6 years	**Frequency**
Height	Every Month
Weight	Every Month

States/UTs shall consider paying compensation as appropriate for parents of severely acutely malnourished children who are undergoing treatment at NRC to compensate for wage loss for the duration of stay.

3.2 Anganwadi Workers and Helpers: Qualification and Benefits under the Scheme

i. The benefits of the Scheme will be provided to all the eligible beneficiaries through the platform of Anganwadi Centres by Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) under the Scheme which considers the Anganwadi Workers and Anganwadi Helpers as “honorary workers” from the local community who come forward to render their services on part-time basis in the area of child care and development. AWWs and AWHs are the grass root functionaries who shall implement the Scheme.
ii. AWWs and AWHs being honorary workers shall be paid monthly honoraria as decided by Government from time to time.
iii. Minimum prescribed qualification for AWW/AWH shall be 12th Standard and age limit shall be 18-35 years for engagement of AWWs and AWHs. Educational qualifications will apply to newly engaged AWW/AWH. The retirement age of Anganwadi Workers/Helpers shall be decided by the concerned State Government/UT Administration. In any case, AWW/AWH must not be engaged beyond the age of 65 years.
iv. 50% posts of Anganwadi Worker shall be filled by promotion of Anganwadi Helpers with 5 years of experience subject to availability of vacancies and fulfilment of educational qualifications, track record of service, additional qualification and age criteria.
v. 50% posts of Supervisors shall be filled by promotion of Anganwadi Workers with 5 years of experience subject to availability of vacancies having the prescribed educational qualifications as per the recruitment rules for the post of Supervisor failing which the vacancies shall be filled by direct recruitment.
vi. Extant reservation orders on the subject issued by the Government in respect of Scheduled Castes, Scheduled Tribes, Other Backward Classes, etc. shall be kept in view by the State Governments/UT Administrations while promoting the AWW/AWH.

The remainder of the Section discusses the various services provided at the AWC to improve nutrition outcomes.

3.3 Supplementary Nutrition

Supplementary Nutrition, one of the six components under Anganwadi Services, is provided to the beneficiaries of Anganwadi Services through the network of 14 lakh Anganwadi Centres located across the country. It is primarily designed to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI).

The National Food Security Act (NFSA), 2013 mandates provision of Supplementary Nutrition to every pregnant women and lactating mother up to 6 months after child birth, and every child in the age group of 6 months to 6 years (including those suffering from malnutrition).

Place of serving/distribution: Supplementary Nutrition shall be provided at AWC during working hours. It shall be provided to registered beneficiaries who visit their respective AWCs. Pregnant women, lactating mothers and children up to the age of 6 years residing even temporarily in the coverage area of the AWC shall be registered and provided supplementary nutrition and other services. In case the beneficiary is registered at another AWC, she/he shall be migrated to the new AWC during the period of stay through the migration facility in the Poshan Tracker.

Number of Days Supplementary Food to be Served: Supplementary Nutrition under the Scheme shall be served for a minimum of 300 days in a calendar year, i.e., on an average 25 days in a month with respect to Morning Snacks, Hot Cooked Meals (HCM) and Take-Home Ration.

Only those beneficiaries who are registered at the AWC are entitled to receive Supplementary Nutrition. At the time of registration, the beneficiary should be informed about their entitlement of Supplementary Nutrition, periodicity of distribution of Take-Home Ration (THR) and time of provision of Hot Cooked Meal (HCM) at the AWC.

All pregnant women and lactating mothers (PW&LM), children in the age group of 6-36 months, SAM children and adolescent girls in the age group of 14-18 years (wherever applicable) are entitled to receive THR and Children in the age group of 3-6 years are entitled to receive HCM and Morning Snacks under the Anganwadi Services from the AWC where they are registered.

3.2.1 Nutritional Norms

Nutritional standards for the beneficiaries under the scheme are given in the table below.

S. No.	Categories	Nutritional norms (per beneficiary per day)	
		Calories (K Cal)	Protein (g)
1.	Children (6-72 months)	500	12-15
2.	Severely malnourished children (6-72 months)	800	20-25
3.	Pregnant women and Nursing mothers	600	18-20
4.	Adolescent Girls (14-18 years)	600	18-20

#Note: The Nutritional Norms are under revision and will be notified shortly.

3.2.2 Cost Norms:

S. No.	Categories	Rates (per day per beneficiary) (in Rupees)
1.	Children (6-72 months)	8.00
2.	Severely malnourished children (6-72 months)	12.00
3.	Pregnant women and Nursing mothers	9.50
4.	Adolescent Girls (14-18 years)	9.50

The recipes for supplementary nutrition must conform to the nutrition norms as prescribed. Locally available ingredients must be used in the recipes, taking into account local taste preferences.

3.4 Diet Diversity including Integration of Fortified Rice and Millets

Nutrition should aim at providing quality protein and essential micronutrients. Local dietary inputs and fresh produce (green vegetables, fruits, medicinal plants and herbs), fortified rice and millets shall be actively encouraged in prescription of meals to be served to different categories of beneficiaries under the Scheme to promote health, wellness and immunity and

to manage anemia. Nuts and oilseeds like groundnut and sesame seeds provide energy, protein as well as fats. In addition, they are also a good source of nutrients like calcium, phosphorous, magnesium and some B-Complex Vitamins like Folic Acid, etc. Only jaggery should be used for sweetening; white sugar should not be used.

The food items for Take Home Ration (not raw ration) and Hot Cooked Meals (HCM) are specific to the States and shall include locally grown/available wholesome fruits and vegetables. Food ingredients used in Supplementary Nutrition shall comprise cereals, pulses, millets (coarse grains), nuts and some fat to increase the energy content. Millets should be mandatorily supplied at least once a week and suitably integrated in THR and HCM in a palatable form.

3.5 Hot Cooked Meals

In order to encourage local dietary diversity and intake of fresh meals, prime focus of nutrition support shall be Hot Cooked Meals. The supplementary nutrition shall be provided in two servings, i.e., Morning Snacks and Hot Cooked Meal for beneficiaries.

3.6 Take Home Ration (not raw ration)

Take Home Ration must ensure dietary diversity and last mile delivery to the beneficiary. Take Home Ration (THR) shall be prepared using locally available and culturally appropriate food ingredients. THR shall not be given in the form of raw ration (Wheat, Rice, Dal etc.). States can provide Hot Cooked Meals (HCM) also to the beneficiaries in lieu of THR. However, in case of SAM Children, additional nutrition has to be given in the form of THR.

States/UTs need to clearly delineate the THR products that are being delivered to target beneficiaries based on their nutritional requirements such as children who are SAM, adolescent girls in the age group of 14-18 years, pregnant women and lactating mothers, besides children aged 6 months to 3 years.

All States/UTs shall revamp their respective websites in accordance with Mission Poshan 2.0 and update with detailed information (including calorie, protein, micro-nutrients, energy etc.) on THR product, formats, production models and nutritional profiling across beneficiary groups.

3.7 Periodicity of distribution of THR

THR shall be distributed regularly to registered beneficiaries. The beneficiaries in the categories of PW&LM, Children 6 months - 3 years are not expected to visit the AWCs daily. The distribution of THR to beneficiaries shall be made twice a month, preferably on 1st and 15th of each calendar month uniformly. If either of these days happens to be a holiday, THR should be given on the next working day.

THR shall be properly tracked to last mile beneficiary and nutritional standards monitored to ensure both adequate quantity and quality standards of the meal. Tracking shall be done in accordance with the Streamlined Guidelines dated 13th January 2021 issued by MoWCD.

3.8 Development of Community Food Habits

State Govts. /UT Administrations must ensure the following to develop community food habits:

- That nutrient rich food is accessible and affordable and people have the knowledge to utilize it;
- Promote diet diversity, agro-climatic regional meal plan guidelines to meet energy, fat and macro-micro nutrient requirements for all age groups;
- Use locally available & culturally appropriate ingredients;
- Create recipes to meet local tastes and diet diversity in accordance with nutritional guidelines from ICMR-National Institute of Nutrition (NIN) [which shall be examined and circulated by MWCD] and agro-climatic conditions for Hot Cooked Meals (HCM) and Take-Home Rations (THR);
- Mixes of *khichd*i, *atta*, *dalia*, etc., to be prepared in accordance with nutritional guidelines;
- Use of jaggery, fortification with indigenous plants like morenga (*sahjan*/drumstick) and ingredients that provide higher energy intake in smaller volume of food to be promoted.

3.9 Procurement of Supplementary Nutrition

State/UT must introduce transparent processes for procurement of Supplementary Nutrition as per GFR and vigilance guidelines and ensure that THR procured conforms to technical and nutritional standards set by MoWCD. Reference in this regard is invited to Streamlined Guidelines dated 13th January 2021.

Proper receipts and registers shall be maintained by the AWW for food grains supplied (Wheat, Fortified Rice, Millets, Coarse Grains, Dal and other edibles etc.) to the AWC. Oversight services and audits shall be conducted by Village Health Sanitation and Nutrition Committee (VHSNC), Lady Supervisor and CDPO on monthly basis. The details of food grains allocation and utilization shall be monitored under the Poshan Tracker as and when the module for the same is developed by NeGD.

3.10 Quality Testing

States/UTs shall ensure the quality of Supplementary Nutrition – THR and HCM- are being provided with reference to the norms of food safety as well as nutrient composition. Supplementary Nutrition must conform to prescribed standards laid down under the Food Safety and Standards Act, 2006 and regulations made there under to ensure consistent quality and nutritive value per serving.

Quality testing shall be done through Food Safety and Standards Authority of India (FSSAI) owned or authorized laboratories. State Governments and the Union Territory Administrations shall carry out periodic checks and get Supplementary Nutrition tested through the FSSAI owned/registered/empanelled/accredited laboratories for adhering to food quality standards and testing in consultation with FSSAI in accordance with Streamlined Guidelines issued by Central Government to ensure that the meal meets with the quality and nutritional standards specified.

State Govts. /UT Administrations shall develop a protocol for testing in convergence with FSSAI which shall include the following:

- Sensitize food handlers on appropriate food safety protocols;
- Build a strong regulatory mechanism in convergence with FSSAI to ensure quality of food distributed;
- List and notify labs in the system of checking for facilitating ease of doing business.

Random testing shall be conducted by Anganwadi Services functionaries after receipt of stock at the AWC or at the Block level. Anganwadi Services functionaries i.e. CDPO or Supervisor shall draw the samples, as per the prescribed procedure and send the sample for testing to a FSSAI owned/registered/empanelled/NABL accredited laboratory. The District Nutrition Committee under the DM shall ensure periodic testing of THR in randomly selected AWCs. In case of Hot Cooked Meal, it should be ensured that it is prepared in proper kitchen sheds having adequate sanitation and safe drinking water so as to maintain hygienic conditions. LPG cylinder and gas stove should be used for cooking.

3.11 Role of Panchayats

Panchayats shall play the continuing role in creation and management of Anganwadi Infrastructure. State Govts/MoPRI shall ensure active participation of Village Health Sanitation & Nutrition Committees (VHSNC), Mothers Groups etc., for regular monitoring and social audit and local community ownership of the programme under Poshan 2.0.

The role of Panchayati Raj Institutions is very important for the success of nutritional interventions. The Panchayati Raj Department through Poshan Panchayats shall play a very active rote for malnutrition free India through *Jan Andolans*. Awareness generation on the effects of malnutrition at the Poshan Panchayat platform can be the first step. At the grassroots level, Panchayats can serve as a useful convergence platform for Mothers Groups and VHSNC to discuss issues of nutrition and wellness and sensitize people about the importance of nutrition for beneficiaries. Functionaries of Anganwadis (AWW, AWH, ASHA and ANM) shall participate in such meetings.

The Panchayat shall also have the mandate of oversight services with regard to receipt of Supplementary Nutrition, quality thereof and distribution to all beneficiaries.

POSHAN Panchayats and VHSNCs shall discuss the situation of malnutrition in the Gram Panchayat, including status of children affected by malnutrition, the probable causes of malnutrition and implementation gaps that need to be addressed.

Poshan Panchayats, Mothers' Groups and VHSNCs must be strengthened to empower beneficiaries through oversight services and for transparency and accountability.

3.11.1 Outline of activities centered on Poshan Panchayats

<u>Poshan Panchayats for mothers, husbands, members of the family</u>:

- Poshan Panchayats shall promote the uptake of nutrition seeking behaviors and practices like early initiation of breastfeeding (EIBF) and Exclusive Breastfeeding for 6 months, complementary feeding (CF) for children after 6 months, promotion of dietary diversity (DD) and consumption of fresh and local food produce, and the need for IFA supplementation and consumption of iron/B12 rich foods for holistic Anemia Prevention.
- Increase awareness about access to basic health and nutrition services that are available at their local Anganwadi Center and improve engagement with service

delivery around Supplementary Nutrition, vitamin supplementation, and anemia prevention.

- Generate awareness about the importance of social determinants of nutrition, including access to health services, clean drinking water, immunization, family planning, prevention of diarrhea amongst children and gender equity in access to education, food and nutrition security
- Facilitators: Anganwadi Worker and ASHA workers in the local community

Poshan Panchayats under Panchayati Raj Institutions:

Women Led Gram Sabha Committee shall institutionalize "Poshan Panchayats" to nominate/elect 10-15 women members to institutionalize a "Poshan Panchayat" which acts as a sub-committee of the Gram Panchayat. The "Poshan Panchayat Committee" will be led by women, who are also direct beneficiaries of the Anganwadi services and can act as "agents of change," thus representing a model for direct democracy to improve awareness and accountability of nutrition services at the last mile. Such women led Poshan Panchayats with mandatory representation of vulnerable communities can act as facilitators for "Peoples Audit" to improve bottom-up accountability of service delivery at Anganwadi Centres.

Poshan Panchayat and VHSNC shall meet once a month at least to discuss specific reasons for malnutrition specific to their jurisdiction and facilitate necessary community/social support mechanism.

The stated objective can be fulfilled by the Poshan Panchayat committee which can transform the current model of Jan Andolan into Jan Bhagidari for a *Kuposhan Mukt Bharat* through the following mechanisms:

(i) Citizen's Charter for Poshan Services: Distribute a short pamphlet which can also be shared on WhatsApp with target beneficiaries that systematically provides information on availability of health and nutrition related services, available across the life cycle including newborns, children, adolescents, and mothers.

(ii) Nutrition Communication: Promote a community dialogue on the importance of antenatal care, exclusive breastfeeding, complimentary feeding and anemia prevention through socio-cultural platforms like *Godhbharai* and *Annaprashan Diwas*.

(iii) Poshan Helpline: Generate awareness about how to seek grievance redressal especially for delivery of THR (not raw ration) and HCM to women, children and adolescent girls.

(iv) Spot checks: Conduct Concurrent Audit through periodic visits at Anganwadi Centers to check the availability of an Anganwadi Worker and provision of THR and other nutrition services at the Anganwadi Center. By encouraging engagement with evaluation of service delivery at the last mile, Poshan Panchayats can lead to efficient social audits and improved transparency of service delivery. District Nutrition Committee to conduct spot checking on random basis.

(v) Rating of AWCs by citizens: Beneficiaries shall rate/score the access and quality of health and nutrition related services being provided at their local Anganwadi Center. These can translate into awards for best performing Panchayats.

(vi) Participatory budgeting: Stakeholders shall participate in PRI oversight services as regards spending of the public budget to improve utilization of Poshan funds.

(vii) Facilitators: Sarpanchs and women members of Gram Panchayat, in convergence with the Ministry of Panchayati Raj

*Detailed guidelines for Poshan Panchayats will be issued separately.

3.12 Poshan Vatikas

POSHAN Vatikas can meet the important dietary diversity gap that has been repeatedly revealed in different surveys by providing different green vegetables, fruits, nuts, herbs/medicinal herbs and vegetables round the year. What is more important is that these can be easily retrofitted with backyard poultry and fishery units. It is pertinent to note that dietary diversity can be as important as dietary adequacy and in case of certain micronutrient deficiencies, even more crucial than dietary adequacy, particularly in the younger ages. Poshan Vatika can also help in introducing healthy eating practices and diet diversity to address malnutrition. This will promote ‘Aatma Nirbhar Bharat’ and ‘Vocal for Local’.

For leveraging convergence for food and nutrition, POSHAN Vatikas (kitchen gardens and nutri-gardens) shall be set up at or near Anganwadi Centres, wherever possible and in Government led schools and Gram Panchayat lands where benefits can easily be provided to women and children. Guidelines for management and distribution shall be devised at the State/UT level. To initiate this program, the space in Anganwadi Centres, panchayat areas, vacant lands of village any other government premises such as school campus or any other patch of community/government land available in the locality, etc. can be utilized. Adolescent girls and BPL women shall be engaged to manage the *Vatikas*. Importance of collective ownership, collective responsibility and community co-operation can be inculcated through this unique scheme.

The garden shall act as a demonstration activity site for children to enhance their knowledge on plants and their growth process. It can also be used to demonstrate agricultural technique to the community members and for delivering nutrition messages to pregnant women, lactating mothers and the wider community.

Anganwadi Workers shall counsel the beneficiaries to sensitize them on the importance of a Nutrition Garden, nutritional value of fruits and vegetables, their importance in healthy and balanced diets and consequences of their deficiencies.

States/UTs shall develop IEC material on Nutrition Gardens and provide to field functionaries to generate awareness.

District Nutrition Committee headed by District Collector shall oversee the development of Poshan Vatikas in convergence with Department of Forest, Agriculture, Horticulture, PRIs, Rural Development and AYUSH. For this unique project Krishi Vigyan Kendra, NYK volunteers, seed producers, agricultural equipment manufacturer companies, fertilizer companies and agricultural universities along with their extension teams can be roped in for inputs and sample farming showcasing their excellence in the field.

3.13 Leveraging Traditional Knowledge

Time-tested traditional wisdom in community nutritional practices is sought to be leveraged under Poshan 2.0. This is equally true of AYUSH formulations that can bolster immunity or treat underlying disorders that inhibit nutrient absorption from food consumed. AYUSH systems shall be integrated under Poshan 2.0 for wellness and nourishment. The Science of AYUSH is a system that builds and promotes health and wellness and can address the requirements of nutrition by tapping into the country's indigenous traditional practices. Traditional knowledge will be leveraged to focus on prevention of diseases and promotion of wellness through Yoga, cultivation of medicinal herbs in Poshan Vatikas, and preparation of AYUSH formulations to address conditions like anemia.

AYUSH shall propagate the campaigns of 'Yoga at Home, Yoga with Family' and AWCs and households to encourage beneficiaries to practice yoga and stay healthy.

Under the Supplementary Nutrition Programme, the Ministry of AYUSH shall:

- Extend technical support for scheme implementation
- Recommend simple Ayurveda interventions to improve digestive capacity

- Populate Poshan Vatikas with medicinal plant and saplings, technical assistance, etc. as appropriate in convergence with MoEFCC, MoPRI.
- Recommend local recipes integrating locally grown vegetables & food substances, red rice, various millets etc. Ghee or locally produced oils in THR recipes and Cow's milk
- Recommend various AYUSH practices/products that have been successfully used for reducing wasting, anemia, and low birth weight and bolster immunity.
- 7 lakh AYUSH registered practitioners shall converge with States/UTs to derive maximum benefits from Poshan Vatikas through formulation of Regional Meals Plans etc.

3.14 Governance

Streamlined Guidelines on Quality Assurance, Roles and Responsibilities of Duty Holders, etc., for transparency, efficiency and accountability in delivery of Supplementary Nutrition, dated 13.01.2021, were issued to States/UTs.

Under the said Guidelines, District Magistrate shall be the Nodal Point in the district for monitoring nutritional and quantity standards. Details are given at Para 2.3 of these guidelines. For ease of administration and to reduce workload on Collector, SDM/Tehsildars/BDOs shall be nominated as co-nodal officers responsible for their respective Tehsil/Sub-Division/Block.

Chief Secretary of the State/UT shall coordinate the activities of various departments through a State Level Steering Committee to ensure effective convergence between various schemes/programs having bearing on nutrition and review the progress made regarding nutritional indicators on regular basis.

To facilitate proper monitoring and evaluation as well as proper implementation of the scheme an Empowered Committee headed by Secretary, MoWCD shall be constituted. The Committee shall, inter alia, supervise the usage of the budget, lay down detailed cost-norms and recommend such changes in the guidelines of the scheme as deemed fit.

3.15 Early Childhood Care and Education (ECCE)

Early Childhood Care and Education will cover provision for pre-school learning material for cognitive, emotional, social and intellectual development of the child; development of muscular coordination and basic motor skills; aesthetic appreciation, independence and creativity; good healthy habits; Training and Skilling needs to make all pre-schoolers school ready and for seamless integration of children in the age group of 5-6 years in Grade-I.

It is proposed to roll-out ECCE in all the AWCs beginning FY 2022-23. States shall make concerted efforts to enrol children aged 3-6 years at AWCs for the benefit of the ECCE programme. Training and skilling as considered appropriate for AWWs for ECCE shall be organized in convergence with Department of School Education & Literacy. The Task Force set up by MoWCD shall examine and give recommendations on content and delivery besides ECCE material. Once finalized, the report shall be shared with States/ UTs.

3.16 Construction of AWCs

States/UTs shall continue to tap funds for construction of AWC buildings from various schemes such as MPLADs, MLALADS, BRGF (Backward Regions Grant Fund), RIDF (Rural Infrastructure Development Fund), Finance Commission Grants to Panchayati Raj Institutions, National Rural Employment Guarantee Act (NREGA), Multi-Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc. States at their level in their own discretion shall involve Individuals, Companies, Business Houses and Institution of repute, CSR funds for construction of AWCs purely on pro bono basis without any obligation. Similarly, the DMs shall encourage/mobilize resources for this purely on pro bono basis and without any obligation. States/UTs shall similarly permit funding of Anganwadi Infrastructure e.g., Toilets, RWHSs, DWS etc., or any aspect of Anganwadi activity such as ECCE material, furniture, cooking utensils, kitchen infrastructure, storage facility, etc.

States/UTs shall co-locate those Anganwadi Centres which are running on rent and without sufficient infrastructure to nearby Government Primary Schools.

States shall consider running mobile AWCs for beneficiaries in urban slum areas as an alternative to a brick-and-mortar AWC due to non-availability of permanent buildings and ceiling on number of AWCs.

Mini-Anganwadi which fulfil the criteria of population norms of Main AWC shall be upgraded to full-fledged Anganwadi. In case of tribal areas or difficult areas (like LWE districts, high altitude areas, etc.) the mini Anganwadi can be upgraded based on justification given by States.

MWCD shall consider non-operational AWCs as surrendered from the States/UTs which have failed to operationalize these AWCs and re-allocate these centres to States/UTs which require additional AWCs.

3.17 Saksham Anganwadi

Under Saksham Anganwadi, 2 lakh AWCs @ 40,000 AWCs per year shall be strengthened, upgraded and rejuvenated across the country for improving nutrition delivery including Poshan Vatikas for stimulating the creative, social, emotional, cognitive and intellectual development of children under 6 years of age in convergence with education development programmes, providing/adding more services with better infrastructure including internet/wifi connectivity, LED screens, water purifier/installation of RO machine and Early Childhood Care and Education with smart learning aids, audio-visual aids, child-friendly learning equipment and art work (educational painting, practice board for children, information board), etc.

States/UTs shall decide on engaging BharatNet/other Internet Services Providers for provision of broadband Wi-Fi connectivity at Saksham Anganwadi.

One of the important features in Saksham Anganwadi is installation of Rain Water Harvesting System. Keeping in view the increasing pressure on natural water resources, limited availability of potable water, contamination of fresh water eco-system from developmental activities and to make the "Jal Shakti Abhiyaan: Catch The Rain" campaign successful, it has been approved to install Rain Water Harvesting Structures in 2 lakh AWC buildings as Saksham Anganwadi across the country in 5 years. RWHS shall be constructed as per local need/expertise as advised by local Central Ground Water Board (CGWB) Office.

3.18 Roadmap for 5 years

The expectations from States and the Roadmap for the next 5 years is at **Annexure-I.**

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4. POSHAN ABHIYAAN

4.1 Community Mobilization and Behavioural Change

The Abhiyaan is focusing on converting the agenda of improving nutrition into a Jan Andolan through involvement of Panchayati Raj Institutions/Villages Organizations/SHGs/volunteers etc. and ensuring wide public participation. States/UTs are carrying out IEC activities on regular basis.

Poshan Panchayats, as brought out in earlier paragraphs, shall meet and discuss reasons for malnutrition specific to their jurisdiction and facilitate necessary community/social support mechanism, every month. The core functions of the Poshan Panchayats shall comprise but not be limited to the following activities:

- Maintain a list of beneficiaries at each AWC and the total number of PWLM, Children up to the age of 6 years and Adolescent Girls in the age group of 14-18 years (in Aspirational Districts and NER) and monitor their nutritional status on a month-to-month basis;
- Monitor the content and delivery of supplementary nutrition to beneficiaries at Anganwadi Centers;
- Monitor the quality of THR and HCM;
- Monitor the number and status of SAM/MAM children every fortnight and track progress of SAM children at NRCs;
- Monitor the number of anemic women, children and adolescent girls in the community and the progress in their health status;
- Motivate the community to actively participate in Poshan Jan Andolan for behavioral change
- Monitor the number of activities carried out and level of participation in Poshan Pakhwada and Poshan Maah;
- Monitor the number of CBEs conducted.

The meetings of the Poshan Panchayat shall be attended by local stakeholders, including Mothers Groups', SHGs, AWWs, AWHs, Lady Supervisor and the DPO and CDPO.

The quarterly reports of the Poshan Panchayats shall be made available to the CDPO and DPO. If required, the Poshan Panchayats shall present these reports in the meetings of the District Nutrition Committee chaired by the DM/Collector.

The outcome of nutritional activities and its impact on the status of the village shall determine the eligibility of the Poshan Panchayat for the *Kuposhan Mukt* Village National Annual Award.

The District Magistrate has been made the nodal authority in the district for implementation of Saksham Anganwadi and Poshan 2.0 and shall convene the meetings of the District Nutrition Committees with participation of members and experts as per Streamlined Guidelines dated 13th January 2021. All DPOs shall:

- set up regular review mechanisms and reporting on Poshan Panchayats to the District Magistrate;
- Institutionalize awards for best performing PRIs/ULBs to be distributed by the DM, based on the scoring/rating conducted by the Gram Sabha sub-committee on women led Poshan Panchayats.

  *Detailed guidelines on Poshan Panchayat will be issued separately.

4.2 Community Based Events (CBEs)

In order to strengthen processes for community engagement, empowerment of beneficiaries and behavioural change towards better nutrition, the POSHAN Abhiyaan will provide for the organization of Community Based Events (CBEs) twice per month by each Anganwadi Centre and supported with an amount of ₹250/- each.

Under Community Based Events, *Annaprashan Diwas*, *Suposan Diwas* (specifically focused on orienting husbands), celebrating coming of age- getting ready for pre-school at AWC, messages related to public health for improvement of nutrition and to reduce illness, importance of hand-wash and sanitation, prevention of anemia, importance of nutritious food, diet diversity etc. will be covered.

4.3 Jan Andolan

Poshan Maah and Poshan Pakhwada: Since the launch of POSHAN Abhiyaan in March 2018, these events have helped in reaching out to communities through the nation's biggest nutrition-centric annual Jan Andolans. The month of September is celebrated as Rashtriya

Poshan Maah across the country. Similarly, in/around March every year, Poshan Pakhwada is celebrated.

The Poshan Maah and Poshan Pakhwada celebrated so far have witnessed wide participation and enthusiasm from convergent Ministries, States/UTs and field functionaries. Frontline workers, community groups, PRIs, staff at Block and District level, State departments and Ministries had exemplified diligent work towards triggering a Jan Andolan for POSHAN Abhiyaan.

4.4 Incentives and Awards

4.4.1 Incentives:

- There is a provision of incentives for the field functionaries against expected regular tasks as specified in guidelines issued to States/UTs by MoWCD. This remains continued @ ₹500/- and @ ₹250/- per month for AWW and AWH respectively. States/UTs shall refer to the guidelines issued by MWCD for eligibility criteria for the same. The Guidelines are placed at **Annexure-II.**
- Under Saksham Anganwadi, there has also been provisioned an incentive for '*Kuposhan Mukt* Villages' @ ₹10 crore per annum which will be distributed to qualified villages/panchayats @ ₹1 lakh each. Separate guidelines will be issued to States/UTs on the same by MoWCD.

4.4.2 Awards:

Ministry of Women and Child Development (WCD) recognizes significant contributions of various stakeholders especially the Field Functionaries. There has been provision for 100 awards for AWWs @ ₹50,000/- and 50 awards for AWHs @ ₹40,000/-.

4.5 Technology – Procurement of remaining Smartphones and GMDs

The Abhiyaan empowers the frontline functionaries i.e. Anganwadi workers and Lady Supervisors by providing them with smartphones. The digital platform, viz., "Poshan Tracker", will provide services and inter linkages and promote real time data with analytics.

The details of the Poshan Tracker are given at Para 2.6 of these guidelines.

Data protection: All the Scheme related documents and information shall be stored on a server placed within the territory of India only and it shall be ensured that necessary firewalls are in

place. Adherence to the guidelines issued by NIC or any other Government Agency shall be mandatory at all levels.

To equip the functionaries with required devices, there has been a provision of providing them with smartphones since the launch of POSHAN Abhiyaan. Similarly, each AWC has been provisioned to be equipped with Growth Monitoring Devices (GMDs) comprising Stadiometer, Infantometer, Weighing Scale for Infant and Mother & Child. Both the smartphones and set of 4 GMDs shall continue to be provided to remaining field functionaries and AWCs @ ₹8000/- each under Saksham Anganwadi and Poshan 2.0.

Part of Innovation Fund shall be used by each district to replace smartphones and GMDs that are at end of life or they have become dysfunctional. The DPO shall certify the requirement for replacement. Detailed guidelines in this regard would be issued separately.

Further, there are only 2 stipulations for procurement of Smartphones from MoWCD (i) the Central share for the funds will be limited as per the cost sharing ratio and restricted to the amount sanctioned for procurement as per the guidelines (₹8000/-+ GST), and (ii) the procurement shall be made through GEM platform only, as per GFR and administrative guidelines. States are free to procure smart phones of higher specifications at their level by topping up funds from their end.

Cost components of Poshan Abhiyaan are given at **Annexure-II**.

4.6 Best Practices

Best Practices/Innovations in Poshan were shared with all States/UTs during the National Conference on 30-31st August 2021. Best Practices which have won the PM's Award for Excellence for promotion of Jan Bhagidari in Poshan Abhiyaan on 21st April 2022 are as follows:

- ***Mission Sampurna Poshan in Asifabad, Telangana***: Under the program, in the First Phase, 33 Food Festivals, 10 Millet recipe trainings were conducted covering 225 Anganwadi, Millet recipes, cooking videos were made in local language and circulated through WhatsApp, YouTube. Anganwadi workers made door-to-door visits daily to monitor healthy food intake. To promote millets, subsidized seeds were distributed to 2500 households on a pilot basis. 80% of beneficiaries are now consuming millets.
- ***Mera Bachccha Abhiyaan Model in Datia, Madhya Pradesh***: Mera Bacchcha Abhiyan model saved many children. Identification of malnourished children, weight of children 0-5 years were taken by AWW at all 990 AWCs by conducting intensive

weighing campaign. The process was repeated every 3 months. The highlight of the Abhiyan was the Adopter who took the responsibility of nurturing the SAM child through regular interventions with the family of the child. Datia district has also compiled a list of such Adopters who have been recruited for the purpose.

- ***Project Sampoorna in Bongaigaon, Assam***: During *Poshan Maah* in September 2020, over 2400 children were identified as malnourished. To address this challenge, the concept of 'Buddy Mothers' was introduced wherein two mothers form a pair, one with a healthy child, the other with a malnourished child. They exchanged best practices and worked on diet charts to monitor the daily food intake of their children. The local Government arranged for milk and egg on alternate days for all identified children for the first 3 months.
- Other examples of best practices include "Suposhan Panchayat" and Model Organic Terrace Gardens in AWCs in Bihar; Integrated Management of Acute Malnutrition in Madhya Pradesh; Nutri-Gardens at AWCs and in backyards of households in Gujarat; Mobile Nutri-Gardens in Urban areas and distribution of mahualaddoos to PWLM in tribal areas in Telangana, mobile NRCs and Poshan Mulyankan Cards for MAM/SAM children in Chandigarh etc.

States/UTs shall replicate the best practices in their districts and monitor the outcomes.

4.7 Convergence with Ministries/Departments/Organizations

A detailed Convergence Matrix indicating roles and responsibilities of key Ministries/Departments/ Organizations including Food Safety and Standards Authority of India (FSSAI) and NeGD, MeiTY (for development of ICT systems) has been worked out to ensure that all services on health care, water, sanitation, hygiene, early education of children, mothers' education, food fortification, leveraging traditional systems of knowledge, etc., converge on a household, for reducing under nutrition. The Convergence Matrix is placed at Annexure III.

MoWCD shall engage with Ministries/Depts. through MoUs, for specific activities highlighted in the Convergence Matrix.

5. SCHEME FOR ADOLESCENT GIRLS

Under Poshan 2.0, the Scheme for Adolescent Girls has been revised and the targeted beneficiaries have been revised to Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States including Assam and North Eastern States instead of out of school girls in the age group of 11-14 years, as in the earlier Scheme.

5.1 Objective of the Scheme

The revised Scheme will address the inter-generational problem of malnutrition by focusing on adolescent girls keeping in view the life cycle approach. The revised scheme aims at providing nutritional support to adolescent girls in the age group of 14 to 18 years in the identified areas of the country for improving their health and nutritional status under the nutrition component and providing them IFA supplementation, Health check-up and Referral Service, Nutrition & Health Education and Skilling etc. under non-nutrition component of the Scheme.

5.2 Coverage of the Scheme

Adolescent girls in the age group (14-18 years) in Aspirational Districts of States including Assam and North-Eastern States shall be covered under SAG.

5.3 Eligibility

The beneficiaries for the Scheme will be Adolescent Girls in the age group of 14-18 years who will be identified by the States concerned. All beneficiaries will require Aadhaar number to avail benefits under the scheme.

Data for identified AGs will be collated and submitted to the Ministry in the following format:

Name of the State:					
Name of the District:					
Name of the Project/Block:					
S. No.	Age Group (in years)	Number of AGs			
		SC	ST	Others	Total

i.	14-15				
ii.	15-16				
iii.	16-17				
iv.	17-18				
Total					

5.4 Nutritional Benefits under the Scheme

Supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients will be provided to adolescent girl in the age group of 14 to 18 years in the form of Take-Home Ration (THR) for 300 days in a year. THR will be prepared duly fortified with micro-nutrients as per nutritional standards (as specified in Para 3.2.1 above). To address the issue of THR being used by other family members, age-specific processed mixture of various food ingredients shall be labelled in a way that will ensure consumption by targeted beneficiaries. Last-mile tracking mechanism shall be undertaken through Poshan Tracker.

5.5 Convergence under Non-Nutrition Component

With regard to providing services under the non-nutrition component, convergence with the line Ministries will be the key for achieving holistic and overall development of the adolescent girls under the non-nutrition component. The activities carried out by each of the converging Ministries shall have to be reflected on Poshan Tracker. A table indicating name of Ministries and possible areas of convergence is as under:

Activities Proposed under Convergence	Service Provider	Platform for Convergence Activity	Outcomes
Ministry of Health and Family Welfare			

Continuing activities under Non-Nutrition component related to health: i. Iron and Folic Acid (IFA) supplementation ii. Health check-up and Referral service iii. Nutrition & Health Education (NHE) Additionally: i. Ensure Promotion of Menstrual Hygiene among Adolescent Girls ii. Ensure active participation of AGs to deal with issues and needs of adolescents and the services available through Peer Educator Programme	Public Health Infrastructure by ASHA and ANM	AWCs/Adolescent Friendly Health Clinics (AFHCs)	Focused approach towards addressing not only the nutritional needs of the AGs but also on the holistic development of the AGs. AGs shall be included as Kishori Volunteers to work with AWWs to mobilize the local AGs for meeting their nutritional and health needs and for generating awareness on family planning and anemia.
Ministry of Skill Development and Entrepreneurship			
Providing Skill Training to AGs	NSDC and State Skill Development Missions (SSDMs) of the States	AWCs/Training Centres formed under Pradhan Mantri Kaushal Vikas Yojana	Generation of livelihood opportunities for AGs trained under the Scheme. AGs shall be included as *Kishori Volunteers* to work with AWWs to mobilize the local AGs for meeting their nutritional and health needs and for generating awareness on family planning and anemia.

Ministry of Education			
Providing Skill Training to AGs	Vocational Trainers in Schools	Government Schools	Generation of livelihood opportunities for AGs based on district needs/requirements and in the service sector. AGs to enrol in open schooling
Ministry of Youth Affairs and Sports			
Provide the following: i. Youth Leadership and Personality Development Training ii. Development and Empowerment of Adolescents (Life Skills Education, Counselling, Career Guidance, etc.)	Organizations involved under the scheme of National Programme for Youth and Adolescent Development (NPYAD) wherein financial assistance is provided to Government/non-Government organizations for taking up activities for youth and adolescent development.	AWCs/Platform utilized by organizations finalized by MoYAS in each Financial Year	Providing opportunity for holistic development of adolescents for realization of their fullest potential and developing leadership qualities and personality development.

Detailed list of proposed activities with key Departments/Ministries is at **Annexure-III.**

The revised scope, structure and cost-sharing ratio for Saksham Anganwadi & Poshan 2.0 is given at **Appendix** for information and guidance.

6. TRAINING OF ANGANWADI FUNCTIONARIES

To strengthen Anganwadi Services and to achieve their intended outcomes, it is vital to build the capacity and confidence through trainings of frontline functionaries. The detailed guidelines for training of frontline workers have been indicated at **Annexure-IV.**

These guidelines are in continuation of Streamlined Guidelines issued on 13.01.2021.

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APPENDIX: Cost Components

	Names of the components	Provision under Saksham Anganwadi and Poshan 2.0
Poshan 2.0		
1.	SNP (subject to issue of notification by the respective States/UTs)	(i) Children (6 months to 72 months) Rs.8.00 per child per day
		(ii)Severely Malnourished Children (6 months – 72 months) Rs.12.00 per child per day
		(iii) Pregnant women and Lactating mothers Rs.9.50 per beneficiary per day
2.	Nutrition For Adolescent Girls [(14-18 years of age]*	New initiative Adolescent Girls in the age group of 14-18 years: Rs.9.50 per beneficiary per day for 300 days in a year in Aspirational Districts and NE States as Take-Home Ration.
Anganwadi General		
3.	Honorarium	AWW - Rs.4,500/- p.m. AWW (Mini-AWC) - Rs.3,500/- p.m. AWH - Rs.2,250/- p.m. Payment of honorarium to AWWs/AWHs is at the following cost sharing ratio between Centre and States/UTs: States & UTs (with legislature) — 60:40 8 NE &3 Himalayan States and UT of J&K — 90:10 UTs (without Legislature) — 100:00
4.	Salary	Payment of salaries only to DPOs & 1 Statistical Assistant each at District Level, CDPOs & 1 Statistical Assistant each at Project

	Names of the components	Provision under Saksham Anganwadi and Poshan 2.0
		Level and Supervisors (1 each for 25 main AWCs) at the following cost sharing ratio between Centre and States/UTs: States & UTs (with legislature) — 25:75 8 NE &3 Himalayan States and UT of J&K — 90:10 UTs (without Legislature) — 100:00 No post has been curtailed under the programme. Only the Central support to States for posts has been reduced. The existing posts under ICDS/Anganwadi Services would continue at Project/District/State level but would be funded from the State budget.
5.	Insurance	PMJJBY @Rs.330/- per annum per beneficiary. PMSBY @Rs.12/- per annum per beneficiary. Modified AKBY for life cover with premium @ Rs.200/- per annum per beneficiary. As per prescribed cost sharing ratio between States/ UTs
6.	Pre-School Kit /ECCE (including Training/Skilling of AWW)	Rs.3,000/- per AWC once in 5 year and Rs. 1,000/- per AWC per annum for 4 years. (2 lakh AWCs would be covered under Saksham Anganwadi @ 40000 AWCs per year. Therefore, fund for ECCE for these AWCs would not be released under ECCE component).
Anganwadi Infrastructure		
7. a	Construction of AWC Buildings under Convergence with MGNREGA	@ Rs.12.00 lakh per AWC out of which Rs.8.00 lakh would be provided under MGNREGS, Rs.2.00 lakh under 15th FC funds (any other untied funds) and Rs.2.00 lakh by MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio
7 b	Construction of AWC in hilly and difficult terrain with cold climate and sparse population	In remote, hilly and difficult terrain where there are fewer Anganwadi children due to sparse population, States shall consider reducing the covered area and to make pre-engineered structure of 450 sq feet with pre-fabricated puff and steel frames structures

	Names of the components	Provision under Saksham Anganwadi and Poshan 2.0
		for earth quake resistance. The AWCs in hilly regions with cold climate shall be insulated with PUF panels. These AWCs shall have bio digester toilets.
8.	Medicine Kit	AWC - Rs.1,500/- p.a. Mini-AWC - Rs.750/- p.a.
9.	Uniform for AWW & AWH	Two sets of saree/local dress @ Rs.500/-each per year
10.	Administrative Expenses (to be utilized at AWCs)	AWC - Rs.2,000/- p.a Mini-AWC - Rs.1,000/- p.a.
11.	Rent	AWC/Mini AWC: Rural/Tribal - Rs.2,000/- p.m. Urban - Rs.6,000/- p.m. Metropolitan - Rs.8,000/- p.m.
12.	Petrol, Oil and Lubricant (POL) /Hiring of Vehicle	District Cell : POL - Rs.1,90,000/- p.a. Hiring - Rs.2,50,000/- p.a. Project Cell : POL - Rs.1,90,000/- p.a. Hiring - Rs.2,50,000/- p.a.
13.	Equipment/ Furniture (once in 5 years)	AWC - Rs.10,000/- p.a Mini-AWC - Rs.7,000/- p.a [utensils, mat/ carpet and other necessary equipment]
14.	Maintenance of AWC building	AWC/ Mini-AWC: Rs.3,000/- p.a. (for Govt. owned AWC Buildings) This is the norm for fund allocation to States. The States/UTs can spend more funds per AWC based on specific requirements.
15.	Training	At Annexure-IV

	Names of the components	Provision under Saksham Anganwadi and Poshan 2.0
16.	Construction of toilets in existing AWCs in Government owned buildings	Construction of toilets shall be taken up under Swachh Bharat Mission
17.	Drinking Water Facilities	This shall be taken up under Swachh Bharat Mission
18.	Upgradation of AWCS as Saksham Anganwadi	New Initiative: @ Rs.1.00 lakh per Govt. owned AWCs out of which: - • Rs.75,000/- per AWCs for 30,000 AWCs every year. • Rs.1.00 lakh per AWC for 10,000 AWCs, which would be provided LED Screen. Components are:

Poshan Vatika**	@ Rs.10,000 per Poshan Vatika
Rain Water Harvesting#	@Rs.16,000/- per unit
LED Screen	@ Rs.25,000/- per Screen for selected 10000 AWCs per annum
Water Purifier/RO Machine	@ Rs.10000/- per unit
Wifi/pen drives, maintenance of RO machines, accessories etc.	
ECCE and related activities (learning and playing material)	

**Poshan Vatika structure: this is only illustrative and States shall take a decision on size based on land availability>

Plot size:1000sqft
Total Beds: 8 beds of 10x10 sqft

Plants/herbs/trees that may be cultivated:

i) Green vegetables (8 beds)- Spinach (*palak*), Methi, Amaranthus Spr. (*Choulai*), Asparagus (*Shatawari*), Bacopamonnieri (*Brahmi*), Boerhavia (*punarnava*), Chenopodium (*Bathua*), Dioscorea (*Ratalu*)
ii) Medicinal Plants/ Fruit Trees (5-6 tress): Moringa (*Sahajan*), Papita, Karhipatta, Lemon (*Nimbu*), Amla, Punica (*Anar*) etc
iii) Boundary crops- Shatawari, Lemon grass, Giloyete

Cost:

Sapling/seed:	Rs.3,000/-
Transportation cost:	Rs.1000/-
Bed preparation:	Rs.1000/-

Maintenance cost (cultivation, intercultural practices, irrigation etc.): Rs.5000/-

States shall assign the responsibility of maintenance to local village functionaries as appropriate. The feasibility of engaging BPL women and adolescent girls shall be explored.

States/UTs to decide on appropriate model of RWHS at AWCs based on consultation and technical support of District Jal Shakti Kendra. States shall also seek additional funding (if required) under MNREGS for this activity.

ANNEXURE I: ROADMAP FOR 5 YEARS

Short-term (6 – 12 months)	Medium-term (1 to 3 years)	Long-term (3 to 5 years)
• Aadhaar seeding of all beneficiaries • Infrastructure readiness (including water conservation and rainwater harvesting structures) • Resource readiness (GMDs, Smart phones,etc.) • Create database of adolescent girls aged 14-18 years in aspirational districts and NER • Input data into Poshan Tracker • Focus on growth monitoring • Promote existing diet charts for pregnant women • Set up District Nutrition Committees • Activate Poshan Panchayats and Mothers' Groups • Introduce AYUSH formulations • Promote consumption of millets for SNP	• Capacity building • Convergence • Build Diet diversity with regional meal plans • Increase use of millets in SNP and in day-to-day diets • Renewed BCC campaigns (led by volunteers and opinion leaders) • Poshan Vatikas	• Upgradation of 2 lakh Govt. owned AWCs as Saksham Anganwadi • Have *pucca* AWCs in lieu of semi-*pucca* and rented AWCs • Build proactive community ownership of the anganwadi programme

ANNEXURE II:

COMPONENTS OF POSHAN ABHIYAAN

	Key Components	Details	Budget
1.	CBE	The Abhiyaan is focusing on converting the agenda of improving nutrition into a Jan Andolan through involvement of Panchayati Raj Institutions/Villages / Organizations/SHGs/volunteers etc. and ensuring wide public participation. States/UTs are carrying out IEC activities on regular basis. Organization of Community Based Events (CBEs): In order to strengthen processes for community engagement, empowerment of beneficiaries and increased social accountability of ICDS, the POSHAN Abhiyaan provides for the organization of Community Based Events (CBEs) twice every month by each Anganwadi Centre. Each CBE shall be supported with an amount of ₹250/-. Under Community Based Events, *Annaprasan Diwas*, *Suposan Diwas* (specifically focused on orienting husbands), Celebrating coming of age-getting ready for pre-school at AWC,	@ ₹250/- per CBE to be conducted twice per month

	Key Components	Details	Budget
		Messages related to public health for improvement of nutrition and to reduce illness are covered.	
2.	IEC	IEC strategy aims to create awareness and disseminate information regarding the benefits available under the various nutrition and health related government schemes and to guide the citizens on how to access them. The objective is also to encourage build-up of health seeking behaviour in communities in keeping with the focus on promotive and preventive healthcare. The IEC strategy will cater to different needs of the rural and urban masses through various tools used for communication. The IEC activities mostly will be done through the following methods. i) Print Media. ii) Television. iii) All India Radio iv) Social Media Campaigns.	@ ₹5 Lakh per district per year
3.	Poshan Maah and Poshan Pakhwada	**Poshan Maah and Poshan Pakhwada:** So far, since the launch of POSHAN Abhiyaan in March 2018, these events helped reaching out to communities through the nation's biggest nutrition-centric annual Jan Andolans. The month of September is celebrated as Rashtriya *Poshan Maah* across the country. Similarly,	@ ₹5.00 Lakh per district per annum

	Key Components	Details	Budget
		in/around March, *Poshan Pakhwada* is celebrated. The Poshan Maah and Poshan Pakhwada celebrated so far have witnessed wide participation and enthusiasm from convergent Ministries, States/UTs and field functionaries. Frontline workers, community groups, PRIs, staff at Block and District level, State departments and Ministries had exemplified diligent work towards triggering a Jan Andolan for POSHAN Abhiyaan.	
4.	Incentives	There is a provision of Incentives for the field functionaries against expected regular tasks as specified in guidelines issued to States/UTs by MoWCD. (States/UTs shall refer to the guidelines issued by MoWCD for eligibility criteria for the same).	#AWWs @ ₹250/- per month AWH @ ₹250/- per month *In addition to Rs.250/- to AWWs as approved by EFC, Ministry has also approved Rs.250/- monthly performance linked incentive to AWW as per guidelines dated 01.11.2021.
5.	Policy planning, Project Management, PMU, Innovation etc.	To ensure timely and smooth implementation, as well as, effective monitoring of the Mission, it is essential to create institutional mechanisms at central, state, district and block level. The Central Project Management Unit, State Project	Details of SPMU Staff as given later in this Annexure Innovation-

	Key Components	Details	Budget
		Management Unit and Coordinators will ensure these aspects at all levels. a) Central Project Management Unit (CPMU): The CPMU will be supervised and guided by Additional Secretary/Joint Secretary as the Mission Director (Ex-Officio, MWCD). Two Executive Directors on deputation will manage the day to day operations of the CPMU. CPMU will have Project Managers, Technical Consultants and other Consultants etc. b) State Project Management Unit (SPMU): Akin to the CPMU at Government of India, the SPMU at state level will function as the State Nutrition Resource Centre. In addition, there will be staff placed at district and block level to provide effective point of presence at all levels. This will provide a synergized setup for implementation of measures and schemes being adopted to overcome malnourishment in its area of responsibility. The manpower details and organization at state (SPMU), district (DPMU) and block (BPMU) levels are given later in this Annexure. The hiring will be done as per the prescribed qualification. c) Innovations:	@₹ 4,00,000.00 per district annually to be provided only to those districts that introduce best-practices/ innovation that contribute to addressing the challenge of malnutrition and are capable of being replicated.

	Key Components	Details	Budget
		Funds have been earmarked for the development and implementation of innovations and pilots particularly showing the convergent nutrition action to achieve one or more desirable nutritional results. The successful pilots shall be taken up later-on for scaling up in similar contextual specificities on a broader platform. Any innovative but implementable idea that can be conceptually shown, to be likely to transform or enhance the ability to achieve any of its stated outcomes shall be developed into a pilot and implemented at an appropriate scale. It should have an unambiguous focus on nutrition outcomes and should generate evidence of desired nutritional effect and feasibility of implementation, so that the innovation-pilot shall be considered for either further development or wider implementation. The remaining funds may be used for the replacement of smartphones and growth monitoring devices. Anyone or more of the following outcomes shall be targeted for the proposed pilot implementation: i) Convergence of Services for achieving goals under POSHAN 2.0. ii) IYCF practices particularly pertaining to breast feeding and complementary feeding at the household level.	

	Key Components	Details	Budget
		iii) Reduction of wasting and underweight in children. iv) Improved access to good quality nutrients for complementary feeding in poor families. v) Mechanism for timely identification of SAM children and their care. vi) Use of AYUSH supplements for better nutrition vii) Improved management of child feeding during and after illness. States/UTs will consequently choose pilots and innovations that they would like to implement from the above list, following a systematic process starting with designing the pilot, building in an operations research and evaluation component and seeking technical guidance and clearance from the MWCD before initiating implementation.	
6.	Procurement of Smart Phone-IT	The Abhiyaan empowers the frontline functionaries i.e. Anganwadi workers and Lady Supervisors by providing them with smartphones. The Ministry of WCD has conceptualized a digital platform, viz., "**Poshan Tracker**", which will be an overarching system, providing facilities, services and inter linkages, and thereby also promote real time data with analytics. POSHAN Tracker management application will provide a 360-degree view of the activities	Smartphone @ ₹8000/- plus GST per unit for remaining AWWs (one time) only. Part of Innovation Fund shall be used by each district to replace smartphones that are becoming obsolete or have

	Key Components	Details	Budget
		of the Anganwadi Centre (AWC), service deliveries of Anganwadi Workers (AWWs) and complete beneficiary management for pregnant women, lactating mothers and children. The system will enable real-time monitoring and tracking of all AWCs, AWWs and beneficiaries on the defined indicators. To equip the functionaries with required devices with which they are able to capture real time data, there has been a provision of providing them with smartphones since the launch of POSHAN Abhiyaan. Similarly, each AWC is provisioned to be equipped with Growth Monitoring Devices (GMDs) comprising of Stadiometer, Infantometer and Weighing Scale for Infant and Mother & Child. Under Poshan 2.0, procurement of both the smartphones and set of 4 GMDs remains continued for the functionaries (who haven't had the smartphones yet) and for AWCs (which are not equipped with GMDs yet) respectively.	become dysfunctional. The DPO shall certify the requirement for replacement. Further, there are only 2 stipulations for procurement of Smartphones from MoWCD (i) the Central share for the funds will be limited as per the cost sharing ratio and restricted to the amount sanctioned for procurement as per the guidelines (INR8000/-+ GST), and (ii) The procurement shall be made through GEM platform only, as per GFR and administrative guidelines. States are free to procure smart phones of higher specifications at

	Key Components	Details	Budget
			their level by topping up funds from their end.
7.	GMD		Set of 4 GMDs @₹8000/- per set for remaining AWCs (one time) only. The DPO shall certify the requirement for replacement.
8.	Data package charges	To capture the real time data in POSHAN Tracker application, all AWWs are provided with smart phones. Internet connectivity charges for AWWs are provided @₹2000/- per annum per AWW.	@ ₹2000/- per AWC per annum payable to AWW
9.	Awards	Ministry of Women and Child Development (WCD) recognizes significant contributions of various stakeholders esp. the Field Functionaries. Under Saksham Anganwadi and Poshan 2.0, 100 awards have been provisioned annually for AWWs @ ₹50,000/- each and 50 awards annually for AWHs @ ₹40,000/- each. The awards will be given annually on the recommendations of the States/UTs and **finalized by a committee to be constituted**. Separate guidelines will be issued to States/UTs on the same by MoWCD.	• 100 awards to AWWs at national level @ ₹50,000/- per Awardee and • 50 Awards to AWHs @₹40,000/- per awardee

	Key Components	Details	Budget
10.	Incentive for *Kuposhan Mukt* villages	In Saksham Anganwadi and Poshan 2.0, there has been a provision of incentive for '**Kuposhan Mukt Villages**' which will be distributed away to qualified villages/panchayats. The incentives will be given annually on the recommendations of the States/UTs **and finalized by a committee to be constituted**. Separate guidelines will be issued to States/UTs on the same by MoWCD.	@ ₹1 lakh each for village panchayat functionaries)
11.	New initiative	Launch of Poshan Tracker and Online Trainings As new initiatives under Saksham Anganwadi and Poshan 2.0, that aims at strengthen the e-platform for both monitoring and trainings, Poshan Tracker and Online Trainings would be encouraged. Guidelines related to both have been issued to States/UTs from time to time, which will be followed by amended guidelines, if required.	

The manpower details and organization at State (SPMU), District (DPMU) and Block (BPMU) levels

Position	Qualifications
SPMU	
1 State Project Director	
1 JPC per 10 districts	
SPMU CONSULTANTS 3 nos.	**Consultant (Planning, Monitoring & Evaluation)** PG degree/diploma in Management/ Computer Applications/Computer Science or B. Tech/BE in IT/Computer Engineering or PG in Science with formal training on IT/computer with at least 55% marks. ● At least 3 years' experience in IT/ICT Systems implementation and analysis. ● Project management experience. ● Extensive experience in development and implementation of web-based applications and mobile applications and demonstrated knowledge and proficiency in M&E methodologies ● Excellent oral and written communication skills in English and conversant in local language. ● Good computer skills. **2. Consultant (Health & Nutrition)** ● PG degree in Nutrition/ Public Health/ Social Sciences/ Rural Development Community Medicine with at least 55% marks ● At least 3 years' experience in planning, implementation and monitoring of child and women nutrition programmes. ● For applicants with PhD (in nutrition related subjects), 3 years of doctoral time would be counted as 3 years of experience. ● Expertise in MS Office including Word, Excel and PowerPoint. ● Good understanding of decentralized planning and supportive supervision. ● Excellent oral and written communication skills in English and ability to converse in local language. **3. Consultant (Capacity Building & BCC)** ● PG degree in Social Sciences/ Health Communication/ Mass Communication/ Rural Development that

Position	Qualifications
	includes courses on training/capacity building management in nutrition/public health with at least 55% marks ● At least 3 years' experience in planning and implementing behaviour change communication and capacity building interventions in public health/ nutrition programmes. ● Expertise in MS Office including Word, Excel and PowerPoint. ● Professional experience in planning, implementation and monitoring of training programs and state and district levels. ● Excellent oral and written communication skills in English and ability to converse in local language.
PROJECT ASSOCIATE 1 per 20 district	Graduate in Computer Science or IT ● At least 2 years work experience in the relevant field. ● Formal training in IT/mobile applications. ● Experience in working with technology and software application support. ● Previous experience in working with front line workers of Government Department and training on IT/Mobiles/Compute₹ ● Good oral and written communication skills in local language. ● Computer literacy must.
ACCOUNTANT 1 per 30 district	● PG degree in Commerce/ Accounting/ CWA-Inter/CA- Inter with at least 50% marks. ● At least 3 years' experience in accounting with exposure in budgeting & audit out of which 1 year should be in Government/ PSU. ● Expertise in MS Office including Word, Excel and PowerPoint. **Or** ● Government employees retired as Accountant with at least five year' experience/Accounts Officer/Audit Officer with at least 3 year' experience.
SECRETARIAL ASSISTANT 2	As per State norms
OFFICE MESSENGER 2	As per State norms
District level	

Position	Qualifications
DC 1 per district	Graduate or Certification/ Diploma in Computer Science or IT ● At least 2 years' experience in application maintenance & support. ● Good oral and written communication skills in local language. ● Computer literacy must. ● Willingness to travel a must. ● Mandatorily local candidates should be engaged.
PA 1 per district	Graduate Degree/Post Graduate Diploma in Management/ Social Sciences/ Nutrition, ● Minimum 2 years work experience of capacity building, with supervisory skills ● Good oral and written communication skills in local language and fair skills in English ● Good computer skills/knowledge of internet/email ● Ability to work in a team and willingness to travel extensively. ● Mandatorily local candidates should be engaged.
Block level	
BC 1 @ per block	Graduate. ● At least 2 years' experience of working with technology and software application support. ● Good oral and written communication in local language. ● Mandatorily local candidates should be engaged.

Remuneration to Manpower Hired on Contractual Basis at State/UT Level

Details of Contractual Posts at State Level – SPMU

	Position	No.in each State	Remuneration per month in ₹*
1.	Consultants	3	60,000/-
2.	Project Associate	1 per 20 District (minimum 1 per State/UT)	25,000/-
3.	Accountant	1 per 30 District (minimum 1 per State/UT)	30,000/-
4.	Secretarial Assistant	2	15,000/
5.	Office Messenger	2	8,000/- or as per respective State's Extant Wage Act

** This will apply for newly engaged personnel. Earlier engaged personnel would be paid as per their existing remuneration.*

Details of Contractual Posts at District Level Help Desk

	Position	No. in each district	Remuneration per month in ₹*
1.	District Coordinator	1 per district	30,000/-
2.	Project Assistant at District level	1 per district	18,000/-

** This will apply for newly engaged personnel. Earlier engaged personnel would be paid as per their existing remuneration.*

Details of Contractual Posts at Block Level Help Desk

	Position	No. in each Block	Remuneration per month in ₹*
1.	Block Coordinator	1 BC per block	20,000/-

** This will apply for newly engaged personnel. Earlier engaged personnel would be paid as per their existing remuneration.*

Costing Norms for SPMU Office

Recurring		
1.	Travel #	1.00 Lakh per month per State/UT
2.	Office Administration (Electricity, Telephone, Internet, Water, Stationery, Hiring of vehicles etc.)	3.00 Lakh per month per State/UT

ANNEXURE III: CONVERGENCE

INTERVENTION-DRIVEN CONVERGENCE WITH OTHER MINISTRIES/DEPARTMENTS

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
1.	MeiTY - NeGD, MyGOV	Develop sub-modules in time-bound manner within 3 months of Cabinet approval for effective implementation on the following: i. Dashboard for KPIs and Inter-Ministerial Convergence ii. Aadhaar Seeding of Beneficiaries to ensure last-mile tracking of Take-Home Ration iii. Aadhaar-based migration of Pregnant Women and Lactating Mothers iv. SAM/MAM Tracker Module v. Poshan Vatikas Module vi. Any other to be decided by MoWCD	MeiTY, MyGoV shall closely monitor development of Poshan Tracker by NeGD as a robust governance tool for Mission Poshan 2.0 so that the mandate of the Scheme is realized through digital interventions and data analytics. MoWCD is extending financial support of Rs 54 crore over 5 years. Joint committee with representation from MoWCD, MoHFW, any other, to expedite integration with RCH Portal.
2.	Health & Family Welfare	Health & Wellness Immunization, Health Check-up, and Referral Services under package of 6 services under Anganwadi service s scheme) related to health shall co ntinue to be provided through NHM & Public Health Infrastructure by AS HA and ANM	- Integrate Poshan Tracker data on nutritional status of PWLM, adolescent girls of 14-18 years of age and infant and young ch ildren with RCH Portal. - Assign Digital ID to each benef iciary - ANC – PNC Services - IFA – Vitamin D - De-worming - Immunization services

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
			- Monitor SAM/MAM children se nt to Referral Centres
3.	School Education	To provide training to AWWs for pre-primary education of Children in the age-group 3-6 years. NCERT shall prepare the curriculum in for ECCE in keeping with requirements/pedagogical structure under NEP. Co-locate AWCs running without DWS facilities in nearby primary schools	Training/Skilling for AWW/AWHs to be provided as appropriate by DoSEL so that child of the age group of 5-6 years can be made ready for formal schooling. .
4.	Rural Development	Construction of AWC buildings under MGNREGS Proposal is to construct 50000 AWCs during 2021-22 to 2025-26, to target those AWCs which are running in rented premises or in open spaces.	50,000 AWC buildings to be constructed during five year period under Poshan 2.0. Panchayati Raj Institutions/State Government to actively monitor the construction activities through Gram Panchayats. Retrofit the Poshan Vatikas with backyard poultry and fishery units wherever applicable/acceptable. Actively monitor the construction of RWHS in convergence with Jal Shakti Mission
5.	M/o Panchayati Raj	Convergence with grassroots stakeho lders (1) Infant & Young Child Feeding Norms: Applied Practice around feeding, wellness, hygiene, safe water, sanitation etc	Panchayats to be the Lever for Convergence at the Household Level. • ***Poshan Panchayats*** to play active role for malnutrition-free India through ***Jan Bhagidari*** • Mechanisms such as home visits, CBEs, VHNDs and AWC visits and coordination with ASHA and AWW to improve

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
			both coverage and quality of services. • Focus will be on applied practices around feeding, wellness, hygiene, water conservation & usage, sanitation etc. In this direction, following activities are envisaged: • Counselling of Mothers' Groups and other grassroots functionaries and stakeholders at ***Poshan Panchayats*** on key nutrition and health information including on: - Importance of colostrum - Need for continuous breastfeeding - Introduction of complimentary foods - Knowledge of diarrhoea prevention - Treatment using ORS - Importance of child immunization • CDPO/DPO to organize fortnightly counselling sessions; AWWs and ASHA in the Panchayat area and VHSNC to participate • ***Poshan Panchayats*** and Anganwadi Centers to serve as platforms for ***Mothers' Groups*** to pool-in knowledge on traditional recipes and food formulations • Make efforts to popularize recipes in households and host community events • VHSNC to organize monthly VHNDs and carry out survey on nutritional status/deficiencies in the village among women and children. • Facilitate early detection of malnourished children; tie-up

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
			referral with nearest Nutritional Rehabilitation Centre (NRC) • CDPO to Organize Workshops by Village Panchayats, Mothers Groups, POSHAN Panchayats, VHSNC, highlighting goals and activities **Activities/functions/objectives of Poshan Panchayats are given in the guidelines**
		(2) Establish Poshan Vatikas as via ble units (jointly with MoEFCC, AYUSH and M/o Agriculture)	Identify vacant land near AWCs/ gram panchayat lands. Set up local groups e.g., Mothers Groups, BPL women/any other to maintain and monitor the Poshan Vatikas. Gram/Poshan Panchayats to monitor the construction of AWCs under MNREGS and RWHs in convergence with Jal Shakti Mission.
6.	Environment & Forest	Extend schemes of Social Forestry and CAMPA for cultivating fruit trees in *Poshan Vatikas* and household backyards in Gram Panchayat areas.	Identify fruit trees suitable for particular agro-climatic zones. Plant fruit trees in Poshan Vatikas and household backyards in convergence with MoPRI, MoRD, concerned State Govts.
7.	Aayush	Integrate AYUSH nutritional practices by: - setting up nutri-gardens, - creating nutritious local foods - using AYUSH solutions for treating anemia and improving dig estion with the help of ayurvedic f ormulations that are also “bioavail	_ Extend technical support for sc heme implementation _ Recommend simple Ayurveda interventions to improve digestive capacity _ Populate Poshan Vatikas with medicinal plant and saplings, technical assistance, etc. as

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
		ability enhancers" such as *trikatuc hurna, dadimashtakchurna, hingw ashtakchurna;* - Integrating AYUSH foods within e xisting guidelines, considering loc al, seasonal availability, health be nefits, food tolerance and cultural acceptance; - Using products like *Ashwagandha and Chyavanprashavaleha* etc., e ffectively used in management of malnutrition and poor immunity in THR. -	appropriate in convergence with MoEFCC, MoPRI. - Recommend local recipes integrating locally grown vegetables & food substances, red rice, various millets etc. Ghee or locally produced oils in THR recipes and Cow's milk Recommend various AYUSH Practices/ products that have been successfully used for reducing stunting, wasting, anemia, low birth weight and bolster immunity. - 7 lakh AYUSH registered practitioners to converge with MoWCD to derive maximum benefits from Poshan Vatikas through formulation of Regional Meals Plans etc. - Anganwadi workers to be encouraged to undergo the short training programs developed by MoAYUSH in collaboration with Skill council for "Ayurveda Poshan Sahayak' to strengthen integration of AYUSH component. **District AYUSH-in-Charge to foc us on:** i. Prevention of diseases ii. Promotion of wellness thro ugh Yoga: Campaigns of ' Yoga at Home, Yoga with F amily' at AWCs and house holds iii. Identify medicinal plants an d herbs, fruit trees for cultiv ation in *Poshan Vatikas* iv. Scale-up successful projec ts to manage anemia, e.g., pilot on '***Drakshaavaleh'***

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
			- AYUSH diet having health promo ting effects may be utilized under Poshan 2.0 in co-ordination with Anganwadi Centres and Schools
8.	M/o Agriculture	Assist in creating structured *Poshan Vatikas* through provision of seeds for green vegetables.	Plant seeds in Poshan Vatikas in convergence with MoPRI, MoRD, concerned State Govts. Retrofit the Poshan Vatikas with backyard poultry and fishery units wherever applicable/acceptable.
9.	Food Safety and Standards Authority of India (FSSAI)	• State Governments/UTs shall carry out periodic checks and get the meal tested through the FSSAI owned or FSSAI notified NABL laboratories for adhering to food quality standards and to ensure that the meal meets with the specified nutritional standards and quality. • For monitoring quality of THR, FSSAI shall engage to build capacity of AWWs on maintaining and monitoring quality and hygiene of Supplementary Nutrition/THR. This has also been recommended by NITI Aayog in its evaluation of the Anganwadi Services Scheme.	- Fix norms of quality standards for Poshan 2. Sensitize food handlers on appropriate food safety protocols - FSSAI to build a strong regulatory mechanism in convergence with Ministries and State Governments, to ensure quality of food distributed - List and notify labs in the system of checking for facilitating ease of doing business - Test Take-Home Ration (not raw ration), in FSSAI owned/registered/empanell ed/accredited laboratory. - Random testing to be conducted by Anganwadi Services functionaries after receipt of stock at AWC or at Block level. CDPO or Supervisor shall draw the samples, as per prescribed procedure and send the sample for testing to a FSSAI owned/registered/empanell ed /accredited laboratory.

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
10.	All States Govts/UT Administrations	State Steering Committee/Programme Planning Department to manage regional meal plans to bridge dietary gaps: • Ensure nutrient rich food is accessible and affordable and people have the knowledge to utilise it • Promote diet diversity, agro-climatic regional meal plans and adoption of AYUSH practices • Timely treatment (curative practices where preventive actions through improved diets have not worked)	- Meal plan guidelines to meet energy, fat and macro-micro nutrient requirements for all age groups, - Use locally available and culturally appropriate ingredients - **Objective: Develop community food habits:** - Create recipes to meet local tastes and diet diversity in accordance with nutritional guidelines and agro-climatic conditions of regions for Hot Cooked Meals (HCM) and Take-Home Rations (THR). - Mixes of *khichdi*, *atta*, *dahlia*, etc., to be prepared in accordance with nutritional guidelines - Popularise use of millets - Use of jaggery, fortification with indigenous plants like morenga and ingredients that provide higher energy intake in smaller volume of food to be promoted. - Poshan ATLAS: Database of agro-climatic foods to encourage regional meal plans
11.	Jal Shakti Mission	Improve Drinking Water and Sanitation facilities at Anganwadi Centres through provision of piped water and in harvesting rainwater. Promote rain water harvesting systems and generate awareness about importance of water preservation, which will be integrated with outreach programme of MoWCD.	Budgetary provision proposed by MoWCD for RWHs in Saksham Anganwadis. Jal Shakti Mission to assist with technical support to States, rainwater harvesting models which can be supported by AWCs in rural areas.

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
12.	Food & Public Distribution	Food Fortification, sustainable and affordable way to address micronutrient deficiencies: DoFPD is undertaking a programme for fortification of rice to meet micro-nutrient requirements. MoWCD will participate in the programme for supply of fortified rice under Poshan 2.0 to beneficiaries. Advisory issued to all States/UTs to incorporate millets in recipes to enhance nutritional quality of meals under Supplementary Nutrition programme	- Besides food grains (rice & wheat) millets shall also be popularized and targeted for distribution through PDS - MSP to be introduced; - Regional meal plans of States/UTs to integrate millets in various recipes under Morning Snacks, Take Home Ration as well as in Hot Cooked Meals. - Promote use of millets under *'Jan Jagran/Bhagidari'* - Fortified rice to be distributed under PDS - Improve variety in the menus for children and women by using nutrient dense local foods such as vegetables and fruits to improve the diet quality - Expert Committee under DoFPD to bolster THR with macro/micro-nutrients, vitamins, energy, fats etc. -
13.	MNRE	Assist with setting up solar panels as and when decided	Leverage their schemes and technical support for any pilot project to be taken up at Saksham Anganwadis for clean energy. Monitor performance of installations and carry out maintenance services.
14.	DoNER	Work in close convergence with MoWCD, concerned State Govts in NER and with field functionaries, viz., AWWs, CDPOs for effective implementation of Poshan 2.0 and monitoring of SNP for Adolescent Girls in age group 14-18 years in NER.	• To review the progress of scheme in NER States. • Fund the construction of Anganwadi Centres in NER • Identify Adolescent Girls in various districts at or near AWCs in age group 14-18 years in NER.
15.	Niti Aayog	Assist in leveraging schemes under Aspirational Districts	Especially for SNP for Adolescent Girls in age group 14-18 years in aspirational districts.

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
16.	Ministry of Disability Affairs	Converge activities under special schemes for benefit of children beneficiaries under various age groups at AWCs	Identify Children with special needs for convergence of activities to address their requirements at AWCs. Assist in developing sub-module under Poshan Tracker.
17.	MoI&B	Converge activities with MoWCD for developing effective communication strategies targeting women and children for promoting practices that nurture heath, wellness and immunity from malnutrition	Assist in developing effective outreach through social media platforms, shorts and documentaries • **Communication to communities** (women, men, adolescents) on EAT Right campaign, healthy plate (including AYUSH practices), IYCF practices, growth monitoring, treatment for SAM/MAM, importance of ANC and PNC, govt. schemes and means of access, nutri-garden options • **Campaigns:** ➢ Link messages with FIT India campaign ➢ Campaigns to be in regional languages, targeted to local cultural beliefs ➢ Communication to be targeted to varied audiences (e.g., undernourished rural population at large vs over-nourished higher income urban population) • Television campaign • **Partnerships with village level committees**, NGOs, volunteer groups for: ➢ Community-based events ➢ Door-to-door campaigns / home visits

Sl. No.	Ministry/ Department	Activities proposed	Support from Ministries/Depts.
			➢ Mobile phone messaging / calls on good nutrition practices ➢ Social media for selected audience (e.g., urban educated)
18.	Ministry of Corporate Affairs	Encourage corporates to raise awareness on importance of nutrition and wellbeing and promote healthy eating habits Encourage social change through socially and environmentally conscious investments	Encourage companies to: - Drive initiatives that raise awareness for non-infectious diseases as well as providing healthcare for women and children; - Sensitize Mother Groups and Poshan Panchayats on healthy eating habits; begin with districts with higher numbers of malnourished children. - Use profits to provide medical treatments, 'safe' drinking water and build businesses to create jobs for local women and adolescent girls; encourage volunteering in the community through local groups.

ANNEXURE IV: TRAINING

To strengthen Anganwadi Services and to achieve their intended outcomes, it is vital to build the capacity and confidence of frontline functionaries. Mission Poshan 2.0 has capacity building of frontline functionaries as one its key pillars for effective delivery and outcome achievement.

The frontline workers in the Anganwadi ecosystem comprise of 3 tiers viz. Lady Supervisors, Anganwadi workers, and Anganwadi Helpers, all of whose capacities will have to be strengthened.

CADRE	EDU. QUALIFICATION	AGE LIMIT
Lady Supervisor	12th Pass/ Graduate	21-45 years
Anganwadi Worker	12th Pass	18-35 years
Anganwadi Helper	12th Pass	18-35 years

Planning for effective capacity building: The planning for trainings should be based on the following:

- At the beginning of each financial year, assessment of existing capacity for each of the 3 tiers of frontline workers shall be carried out at state level to identify the themes and topics for the training;
- The trainings should be localised to incorporate specific local challenges that prevent healthy behaviours, cultural practices, breaking myths, local food availability, dietary practices etc.;
- Incorporate both technical knowledge as well as soft skills;
- In addition, 'tools' such as cheat sheets or guidance-lists for raising awareness and driving behaviour change should be prepared and frontline workers trained on using these.

Areas of capacity building:

1. Training on technical knowledge:
    - *Ante-natal and post-natal care practices*
    - *Infant and Young Child Care and Feeding Practices* – Early and exclusive breastfeeding, complementary feeding (including recipes), hygiene practices, taking care of sick children etc. In case of all of these practices, frontline workers should be trained not only in 'what' is important, but also 'why' it is important, which would enable them to drive the right behaviours.
    - *Growth monitoring* – Use of growth monitoring devices to accurately record height and weight of children, identification of SAM/MAM children, treatment protocols for malnourished children in the community level, conditions under which to refer children for medical help or to Nutritional Rehabilitation Centres, active monitoring of SAM children.
    - *Supplementary Nutrition* – Hygienic storage of Take-Home Rations and ingredients for Hot Cooked Meals, Hygienic preparation of nutritious Hot Cooked Meals.
    - *Basics of Nutrition and Regional Meal Plans* – Balanced diets based on locally available low-cost and nutritious foods, the benefits of consuming millets (changing perception of their inferiority), AYUSH practices, recipes to be shared with mothers' groups.
    - *Poshan Vatikas*– Incorporating produce from Poshan Vatikas into meals.
    - *Poshan Tracker* – Importance and methodology for regular and accurate data entry into the Poshan Tracker.
    - *Pre-School Education* – Domains of child development, learning outcomes, pedagogies, making toys using local low-cost materials, teaching through local songs and stories.
    - *Convergence* – Mechanisms for working partnership with ASHAs and functionaries from other departments.

2. Training on soft skill-based knowledge:
    - *Organising effective home visits, community-based events and Jan Andolans*: For individual and group counselling of mothers, families etc. Engaging wider families beyond women.
    - *Techniques for effective Behaviour Change Communication*
    - *Planning and time management*: For regular tracking and support to beneficiaries.

    Lady Supervisors shall require additional training in the following areas:
    - Observation of Anganwadi activities followed by supportive supervision of Anganwadi Workers and Helpers
    - Processes for quality testing of THR

Training process:

State should identify State level and District level institutes for training of field functionaries. The training process should **involve games and exercises along with theory sessions**. Training modules should include **participatory methodology** which elicits greater engagement and retention of learning by the trainees.

After the training sessions, **hand holding, and support** should be provided to practice in day-to-day work, with immediate feedback given by Lady Supervisors and CDPOs based on their observations.

Capacity building of Anganwadi helpers, Anganwadi workers and Lady Supervisor should be on a **quarterly (or other regular) basis** in order to improve their confidence, motivation and performance levels. Trainees should be encouraged to ask questions and discuss challenges faced in the field.

Further, **residential and off-site trainings** should be conducted for Child Development Project Officers (CDPOs) and Supervisors.

Continuous capacity building messaging on good practices shall be carried out through brief **videos and/or infographics delivered over smartphones.**

Institutions for Imparting Training Saksham Anganwadi Functionaries:

(i) Training to Anganwadi functionaries would be imparted at Government run Anganwadi Training Centres (AWTCs)/Middle Level Training Centres (MLTCs) or National Institute of Public Cooperation & Child Development (NIPCCD) only;

(ii) Induction Training (one week's duration) would be imparted to newly recruited/promoted Child Development Project Officers (CDPOs)/ Supervisors/Anganwadi Workers (AWWs)/Anganwadi Helpers (AWHs);

(iii) Job Training (five weeks' duration) would be imparted to newly recruited/promoted CDPOs/Supervisors/AWWs with in a period of one year of their recruitment/promotion;

(iv) Training to Instructors (not more than one week's duration), wherever necessary, would be done at NIPCCD or Government run Training Institutes;

(v) Those States/UTs which do not have AWTCs/MLTCs for training of Saksham Anganwadi functionaries, would open AWTCs/MLTCs under their control with

the prior approval of the Ministry of Women & Child Development (MWCD); and

(vi) E-Learning portal (*www.nipccd-elearning.wcd.nic.in*): The e-Learning portal is an interactive, user friendly and a self-study platform created to provide opportunity and access to technical concepts and knowledge and to communicate and build capacity with a much wider audience at a faster pace for all Anganwadi functionaries, like Child Development project officers (CDPOs), Supervisors, Anganwadi Workers (AWWs), etc.

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ANNEXURE V: STREAMLINED GUIDELINES

Please refer to Ministry of WCD website (https://wcd.nic.in) for Streamlined Guidelines dated 13th January 2021.