



**SOCIAL PROTECTION  
FOR NUTRITION**



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# **SOCIAL PROTECTION FOR NUTRITION IN INDIA**

**Policies and Programmes of Central and the State Governments**

*An Atlas (version 1.0)*

*March 2024*

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# TABLE OF CONTENTS

<b>List of Atlas Acronyms</b>	<b>2</b>
<b>Introduction to Atlas</b>	<b>4</b>
<b>— Schemes for Direct Nutritional Benefits</b>	
Integrated Child Development Services (ICDS) Scheme	10
Scheme for Adolescent Girls (SAG)	12
Poshan Abhiyan/National Nutrition Mission	14
Janani Shishu Suraksha Karyakaram (JSSK)	16
Weekly Iron and Folic Acid Supplementation (WIFS) Programme	18
Anemia Mukh Bharat	20
Nikshay Poshan Yojana	22
National Health Mission (NHM)	24
Targeted Public Distribution System (TPDS)	26
Pradhan Mantri Poshan Shakti Nirman (PM POSHAN)/ Mid-Day Meal Scheme (MDMS)	28
<b>— Schemes to Enhance Nutritional Outcomes</b>	
Pradhan Mantri Matru Vandana Yojana (PMMVY)	32
National Creche Scheme (formerly: Rajiv Gandhi National Creche Scheme)	34
Janani Suraksha Yojana (JSY)	36
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	38
Mothers' Absolute Affection (MAA) Programme	40
Rashtriya Bal Swasthya Karyakram (RBSK)	42
Rashtriya Kishore Swasthya Karyakram (RKSK)	44
Home-Based Care for Young Child Programme (HBYC)	46
Home Based New Born Care (HBNC) programme	48
Mission Indradhanush	50
Menstrual Hygiene Scheme	52
Surakshit Matritva Aashwasan (SUMAN) Programme	54
<b>— Schemes for Household, Food Security and Livelihood</b>	
Jal Jeevan Mission	58
Swachh Bharat Mission (SBM)	60
Mahatma Gandhi National Employment Guarantee Scheme (MGNREGS)	62
National Rural Livelihood Mission (NRLM)	64
Pradhan Mantri Kisan Samman Nidhi Yojana	66
Pradhan Mantri Matsya Sampada Yojana	68
National Food Security Mission	70
National Food Security Act	72



## LIST OF ATLAS ACRONYMS

<b>MoWCD</b>	Ministry of Women and Child Development
<b>ICDS</b>	Integrated Child Development Services
<b>NFHS</b>	National Family Health Survey
<b>P&amp;LM</b>	Pregnant & Lactating Mothers
<b>UTs</b>	Union Territories
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>CDPO</b>	Child Development Project Officer
<b>AWW</b>	Anganwadi workers
<b>ASHA</b>	Accredited Social Health Activist
<b>ANM</b>	Auxiliary Nurse and Midwife
<b>MO</b>	Medical Officer
<b>MPR</b>	Monthly Progress Report
<b>APR</b>	Annual Progress Report
<b>AWS</b>	Anganwadi Supervisor
<b>SNP</b>	Supplementary Nutrition Programme
<b>PMMVY</b>	Pradhan Mantri Matru Vandana Yojana
<b>PW&amp;LM</b>	Pregnant Women and Lactating Mothers
<b>INR</b>	Indian rupee
<b>DBT</b>	Direct Benefit Transfer
<b>AWC</b>	Anganwadi centres
<b>PSU</b>	Public Sector Undertakings
<b>ANC</b>	Antenatal care
<b>BCG</b>	Bacillus Calmette-Guerin
<b>OPV</b>	Oral Poliovirus Vaccine
<b>DPT vaccine</b>	Diphtheria-Pertussis-Tetanus vaccine
<b>PMMVY: CAS</b>	Pradhan Mantri Matru Vandana Yojana - Common Application Software
<b>SAG</b>	Scheme for Adolescent Girls
<b>RGSEAG</b>	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
<b>NPAG</b>	Nutrition Programme for Adolescent Girls
<b>KSY</b>	Kishori Shakti Yojana
<b>AGs</b>	Adolescent Girls
<b>PHC</b>	Public Health Centre
<b>CHC</b>	Community Health Centre
<b>THR</b>	Take-Home Ration
<b>HCM</b>	Hot Cooked Meals
<b>IFA</b>	Iron and Folic Acid
<b>NHE</b>	Nutrition & Health Education
<b>NPYAD</b>	National Programme for Youth & Adolescent Development
<b>VHSC</b>	Village Health and Sanitation Committee
<b>PRI</b>	Panchayati Raj Institution
<b>LBW</b>	Low Birth Weight
<b>POSHAN</b>	Prime Minister's Overarching Scheme for Holistic Nutrition
<b>SAM</b>	Severe Acute Malnutrition
<b>MoPR</b>	Ministry of Panchayati Raj
<b>MoRD</b>	Ministry of Rural Development
<b>MO AYUSH</b>	Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy

<b>MDB</b>	Multilateral Development Bank
<b>CAP</b>	Convergent Action Plans
<b>SDM</b>	Sub Divisional Magistrate
<b>DM</b>	District Magistrate
<b>DC</b>	Deputy Commissioner
<b>NER</b>	North Eastern Region
<b>SOP</b>	Standard Operating Procedure
<b>JSY</b>	Janani Suraksha Yojana
<b>NHM</b>	National Health Mission
<b>TT</b>	Tetanus Toxoid
<b>BPL</b>	Below Poverty Line
<b>SC</b>	Scheduled Caste
<b>ST</b>	Scheduled Tribe
<b>SIC</b>	State Implementation Committee
<b>SHM</b>	State Health Mission
<b>DIC</b>	District Implementation Committee
<b>DHM</b>	District Health Mission
<b>SOE</b>	Statement of Expenditure/Expenses
<b>UC</b>	Utilization Certificate
<b>AR</b>	Accounts Receivables or Annual Report
<b>JSSK</b>	Janani Shishu Suraksha Karyakaram
<b>NHSRC</b>	National Health Systems Resource Centre
<b>PMSMA</b>	Pradhan Mantri Surakshit Matritva Abhiyan
<b>OBGY</b>	Obstetrics & Gynaecology
<b>IEC</b>	Information, Education & Communication
<b>RMNCH+A.</b>	Reproductive, Maternal, Newborn Child plus Adolescent Health
<b>LBW</b>	Low birth weight
<b>WHO</b>	World Health Organization
<b>MCTS</b>	Mother and Child Tracking System
<b>WIFS</b>	Weekly Iron and Folic Acid Supplementation
<b>FY</b>	Financial Year
<b>PNC</b>	Postnatal care
<b>BCC</b>	Behaviour Change Communication
<b>HRD</b>	Human Resource Development
<b>AMB</b>	Anemia Mukht Bharat
<b>RBSK</b>	Rashtriya Bal Swasthya Karyakram
<b>NRHM</b>	National Rural Health Mission
<b>DEIC</b>	District Early Intervention Centre
<b>RKSK</b>	Rashtriya Kishore Swasthya Karyakram
<b>VHNSC</b>	Village Health, Nutrition and Sanitation Committees
<b>MD</b>	Mission Director
<b>PIP</b>	Programme Implementation Plan
<b>GoI</b>	Government of India
<b>SDG</b>	Sustainable Development Goals
<b>HBVC</b>	Home-Based Care for Young Child Programme
<b>MCP</b>	Mother and Child Protection



<b>RCH</b>	Reproductive Child Health
<b>HBNC</b>	Home Based New Born Care
<b>STFI</b>	State Task Force for Immunization
<b>DTFI</b>	District Task Force for Immunization
<b>WHO</b>	World Health Organization
<b>UNICEF</b>	United Nations Children's Fund
<b>GHS</b>	Global Hospitality Services
<b>UNDP</b>	United Nations Development Programme
<b>ITSU</b>	Immunization Technical Support Unit
<b>TB</b>	Tuberculosis
<b>NRHM</b>	National Rural Health Mission
<b>STFI</b>	State Task Force for Immunization
<b>CMHO</b>	Chief Medical & Health Officer
<b>DPM</b>	District Programme Manager
<b>NUHM</b>	National Urban Health Mission
<b>MMR</b>	Maternal Mortality Rate
<b>IMR</b>	Infant Mortality Rate
<b>TFR</b>	Total Fertility Rate
<b>MSG</b>	Mission Steering Group
<b>EPC</b>	Empowered Programme Committee
<b>NPMU</b>	National Programme Management Unit
<b>NHSRC</b>	National Health Systems Resource Centre
<b>SPMU</b>	State Programme Management Unit
<b>DHM</b>	District Health Mission
<b>CHM</b>	City Health Mission
<b>DHS</b>	District Health Society
<b>DPMU</b>	District Programme Management Unit
<b>DHKC</b>	District Health Knowledge
<b>DTC</b>	District Training Centre
<b>VHSNC</b>	Village Health Sanitation and Nutrition Committee
<b>SHSRC</b>	State Health System Resource Centres
<b>SIHFW</b>	State Institutes of Health and Family Welfare
<b>CBO</b>	Community-Based Organizations
<b>MPWs</b>	Multi-Purpose Workers
<b>SUMAN</b>	Surakshit Matritva Aashwasan
<b>TPDS</b>	Targeted Public Distribution System
<b>NFSA</b>	National Food Security Act
<b>AAy</b>	Antyodaya Anna Yojana
<b>PHH</b>	Priority households
<b>FCI</b>	Food Corporation of India
<b>FPS</b>	Fair Price Shops
<b>MSP</b>	Minimum Support Price
<b>MI</b>	Monitoring Institutions
<b>PM POSHAN</b>	Pradhan Mantri Poshan Shakti Nirman
<b>MDMS</b>	Mid-Day Meal Scheme
<b>MME</b>	Monitoring, Management and Evaluation
<b>VEC</b>	Village Education Committee

<b>SMDC</b>	School Management & Development Committee
<b>SMC</b>	School Management Committee
<b>PTA</b>	Parent-Teacher Association
<b>ULB</b>	Urban Local Bodies
<b>CS</b>	Chief Secretary
<b>AMS</b>	Automated Monitoring System
<b>FHTC</b>	Functional Household Tap Connect
<b>O&amp;M</b>	Operations and Management
<b>R&amp;D</b>	Research and Development
<b>NJJM</b>	National Jal Jeevan Mission
<b>DDWS</b>	Department of Drinking Water and Sanitation
<b>SWSM</b>	State Water & Sanitation Mission
<b>SLSSC</b>	State Level Scheme Sanctioning Committee
<b>DWSM</b>	District Water and Sanitation Mission
<b>VWSM</b>	Village Water and Sanitation Committee
<b>IMIS</b>	Integrated Management Information System
<b>SCADA</b>	Supervisory Control and Data Access
<b>PHED</b>	Public Health Engineering Department
<b>RWS</b>	Rural Water Supply
<b>SBM</b>	Swachh Bharat Mission
<b>WASH</b>	Water, Sanitation and Hygiene
<b>IHHLs</b>	Individual Household Latrines
<b>CSCs</b>	Community Sanitary Complexes
<b>ODF</b>	Open Defecation Free
<b>NARC</b>	National Advisory and Review Committee
<b>UD</b>	Urban Development
<b>NMD</b>	National Mission Director
<b>SHPC</b>	State High Powered Committee
<b>MOHUA</b>	Ministry of Housing and Urban Affairs
<b>QPR</b>	Quarterly Progress Reports
<b>DLMRC</b>	District Level Review and Monitoring Committee
<b>MGNREGS</b>	Mahatma Gandhi National Employment Guarantee Scheme
<b>PRI</b>	Panchayati Raj Institutions
<b>PO</b>	Programme Officer
<b>NRLM</b>	National Rural Livelihood Mission
<b>SHG</b>	Self-Help Groups
<b>CLF</b>	Cluster Level Federation
<b>CRP</b>	Community Resource Persons
<b>SVEP</b>	Start-up Village Entrepreneurship Programme
<b>SMMU</b>	State Mission Management Unit
<b>CEO</b>	Chief Executive Officer
<b>DMMU</b>	District Mission Management Unit
<b>CLCC</b>	Central Level Coordination Committee
<b>SLBC</b>	State Level Bankers Committee
<b>PMU</b>	Project Monitoring Unit
<b>DAC&amp;FW</b>	Department of Agriculture, Cooperation & Farmers Welfare



# INTRODUCTION

Undernutrition, especially the prevalence of stunting and deficiencies in linear growth, is a marker of deficient environments. The latest available data from the NFHS-5 (2019-21) for India show that 35.5 percent of children under the age of 5 years are stunted. Addressing stunting, as well as other forms of undernutrition, requires multiple interventions, including direct nutrition services addressing women and children as well as indirect programs that contribute to improving household livelihood and income conditions. As stated in the UNICEF's Global Social Protection Programme Framework "Direct interventions to address undernutrition, even when scaled up to 90 per cent coverage rates, have been estimated to address only 20 per cent of the stunting burden.

Tackling the underlying drivers of undernutrition, including through social protection, is key to addressing the remaining 80 percent. There are strong links between social protection and improved nutrition, with food consumption and diet diversification a major focus of expenditure when families living in poverty receive cash transfers."<sup>1</sup> In contexts of high unemployment and sustained livelihood opportunities, social protection for nutrition is an important aspect that needs attention. Social protection has been defined as "a set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups."<sup>2</sup> Social protection, therefore, aims at addressing social, economic and climate risks and vulnerabilities, especially for those at the bottom of the pyramid.

Social protection plays a crucial role in bridging the gaps faced by vulnerable groups who lack the means to earn a livelihood through labour market participation or access to sufficient resources. Beyond this, universal social protection encompasses fundamental social services the state provides, especially in areas where market mechanisms fall short. It is a comprehensive concept that impacts various facets of well-being. Notably, it directly or indirectly contributes to creating an environment conducive to child growth and development, thereby improving overall nutritional outcomes for children and women. However, for the purposes of social protection for nutrition, there is a need to narrow down on interventions that are relatively more directly related to determinants of undernutrition.

These would include direct food-related or nutrition-related schemes as well as programs involving cash transfers towards enhancing the purchasing capacity of women/the household. India has a long tradition of social protection programmes which contribute to household income and food security, as well as those that directly address food security and nutrition.

The Supreme Court in the Public Interest Litigation (PIL) on the right to food (PUCL vs Union of India, CWP196/2001) passed a number of directions on various social protection schemes that provide a framework for strengthening social protection systems in India. This included direct-feeding programmes

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1 UNICEF's Global Social Protection Programme Framework

2 Definition developed by SPIAC-B as part of Inter-Agency Social Protection Assessments (ISPA) tools development. PIAC-B is an interagency coordination mechanism composed of representatives of international organizations and bilateral institutions to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions.

such as school Mid-Day Meals (MDM) and Supplementary Nutrition Programmes (SNP), delivered through Anganwadis, subsidised rations through the Public Distribution System (PDS), employment schemes and cash-based social security pensions to aged, single women and disabled as well as maternity benefits. Many of these schemes are also now legal entitlements under the National Food Security Act (NFSA -2013) which includes PDS, MDM and SNP covering children under six and pregnant and lactating women as part of Integrated Child Development Services (ICDS) and a cash-based maternity benefit programmes for pregnant and lactating women.

Apart from these, there are several schemes and programmes directly addressing various nutrition and health concerns of women and children such as the schemes for pregnancy and newborn care, anaemia prevention and treatment, creches and many more. These initiatives contribute to a broad and diverse social protection ecosystem in India, demonstrating its potential to expedite the improvement of nutrition outcomes for millions of vulnerable women and children who often grapple with food and nutrition security issues.

This Atlas is an effort to bring together various social protection schemes and programmes, to impact the nutritional status of children and women significantly. The content in this Atlas has been carefully curated to provide an overview of India's social protection and nutrition programmes. The information presented here is drawn from government sources and incorporates the most recent public reports and data. While efforts have been made to include a broad range of programmes, it is important to note that the field of social protection for addressing nutrition security is dynamic and constantly evolving.

The Atlas includes schemes that impact household purchasing power such as the Kisan Samman Nidhi Yojana and the rural employment guarantee scheme, direct nutrition, and food transfer schemes such as Public Distribution System, Supplementary Nutrition Programmes (SNP), Mid-Day Meals, Anaemia Mukta Bharat, Pradhan Mantri Matru Vandana Yojana (PMMVY) and schemes that address other proximate determinants of nutrition such as health, and sanitation. Throughout the document, readers will find a wealth of information on key central government's programme that has with direct/indirect implications for nutrition outcomes. The Atlas provides a brief description of the scheme's objectives, target populations, coverage, key services, transfer modality, financial distribution, implementation, and monitoring strategies. It is expected that this Atlas will act as ready reckoner for policymakers, researchers, academicians, practitioners, and all those interested in advancing social protection programmes for nutrition, especially SP4Nutrition-CoP members. The Atlas is envisaged as a dynamic knowledge product of CoP and will be updated from time to time. The SP4Nutrition-CoP secretariat is committed to developing an electronic platform (Dashboard) for wider and more interactive access by the key stakeholders.



**SCHEMES FOR**

**DIRECT NUTRITIONAL BENEFITS**







## **SCHEME: (ICDS)**

### **Integrated Child Development Services**

- **Launch Year:**  
1975
- **Ministry/State:**  
Ministry of Women and Child Development (MoWCD),  
Government of India
- **Target Group:**  
Children (0–6 years), pregnant women and lactating mothers (15–45 years)
- **Geographical Coverage / Beneficiaries (as of March 2020) :**  
ICDS has 7075 fully operational projects across states and 13.84 lakhs Anganwadi Centres
- **Transfer Modality:**  
In-kind transfers  
(food grain or cooked meal)
- **Objective:**
  - Nutritional and health status of children in the age-group 0-6 years;
  - Foundation for proper psychological, physical and social development of the child;
  - Incidence of mortality, morbidity, malnutrition and school dropout;
  - Effective Departmental co-ordination of policy and implementation to promote child development;
  - Enhancing the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

## KEY SERVICES AND ITS COVERAGE AS PER NFHS-5 (2019-21)

Services	Target Group (Coverage)
Supplementary Nutrition	Children below 6 years (62.1%); Pregnant Women (66.4%); Lactating Mothers (63.5%)
Immunization	Children below 6 years (53.2%)
Health Check-up	Children below 6 years (56.5%); Pregnant Women (63.1%); Lactating Mothers (58.3%)
Referral Services	Children below 6 years; Pregnant Women & Lactating Mothers (PW & LM)
Pre-School Education	Children 3-6 years (51%)
Nutrition & Health Education	Pregnant Women (59.5%); Lactating Mothers (56.3%)

## FINANCE DISTRIBUTION

- Centrally Sponsored Scheme
- Release of funds to States/UTs on cost sharing ratio basis:
  - States/UTs with Legislature - ICDS (General, i.e., salary/honorarium/program components) - 60:40 and ICDS (Supplementary Nutrition Programme) - 50:50
  - North Eastern States/Himalayan States/UT of Jammu and Kashmir - 90:10
  - UT without Legislature - 100:0

## IMPLEMENTATION

Center	State	District	Block Level	Local
1. MoWCD is responsible for overall implementation of the program. 2. MoHFW is responsible for providing three key services i.e., Immunization, health check-up and referral services	State WCD/Social Welfare/ Director ICDS project/ Health systems	District Programme Officers	Child Development Project Officer (CDPO)	AWW/ASHA/ ANM/MO/ Anganwadi Supervisor (AWS)

## MONITORING

Center	State	District	Block Level	Local
Ministry of Women and Child Development (MoWCD), Government of India	<b>State Project Officer:</b> <b>Data analysis and Progress are monitored through:</b> <b>Monthly Progress Report (MPR) &amp; Annual Progress Report (APR) (prepared by the AWW and compiled by sector supervisors).</b>	District Magistrate / Collector and/or District Welfare Officer monitoring	CDPO	Cluster level monitoring is done through the Anganwadi Supervisor (AWS)

## SP4N (NUTRITION SPECIFIC)

Early childhood development initiatives directed towards children including the poor and low-income households' segment can boost human capital and lead to significantly high returns on investment in the long run. In this context, public investment on programmes like ICDS, particularly SNP, has an essential role in supporting nutritional intake among the vulnerable sections of the population.

## REFERENCE

- Annual Report 2020-21 (MoWCD), [https://wcd.nic.in/sites/default/files/WCD\\_AR\\_English%20final\\_.pdf](https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf)
- National Family Health Survey (NFHS - 5), 2019-21 <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>
- ICDS Manual for District level functionaries (2017), <https://darpg.gov.in/sites/default/files/ICDS.pdf>
- ICDS Mission the broad framework for Implementation, <https://wcd.nic.in/sites/default/files/IcdsMission%20-%20Broad%20Framework.pdf>





## **SCHEME: (SAG)\***

### **Scheme for Adolescent Girls**

— **Launch Year:**

2010

— **Ministry/State:**

Ministry of Women and Child Development (MoWCD),  
Government of India

— **Target Group:**

Out of school girls in the age  
group of  
11-14 years

— **Geographical Coverage /  
Beneficiaries**

All the districts  
of India

— **Transfer Modality:**

In-kind transfers  
(services)

— **Objective:**

- Enable the Adolescent Girls (AGs) for self-development and empowerment
- Improve nutrition and health status of AG
- Promote awareness about health, hygiene, nutrition among AGs
- Support out of school AGs to successfully transition back to formal schooling and upgrade their home-based/life skills
- Provide information/guidance about existing public services such as Primary Health Centres, Rural Hospitals/CHCs, Post Office, Bank, Police Station, etc.

\* Previously known as Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG or SABLA). The scheme replaced Nutrition Programme for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY).



## KEY SERVICES

Key Services	Ministries Responsible
Nutrition provision containing 600 calories, 18-20 grams of protein and micronutrients for 300 days in a year. Nutrition is given in the form of Take-Home Ration (THR) or Hot Cooked Meals (HCM) whichever is feasible.	MoWCD
Iron and Folic Acid (IFA) supplementation	MoHFW
Health check-up and Referral services	MoHFW
Nutrition & Health Education (NHE)	MoHFW
Mainstreaming out of school girls to join formal schooling	Department of School Education and Literacy under the Right to Free and Compulsory Education Act
Life Skill Education, Counseling etc.	National Programme for Youth & Adolescent Development (NPYAD), existing youth clubs of Ministry of Youth Affairs & Sports

## FINANCE DISTRIBUTION

- Centrally Sponsored Scheme
- Release of funds to States/UTs on cost sharing ratio basis:
  - States/UTs with Legislature for non-nutrition component - 60:40 and for nutrition component - 50:50
  - North Eastern States/Himalayan States/UT of Jammu and Kashmir - 90:10
  - UT without Legislature - 100:0
- The financial norms for nutrition component are INR 9.50 per beneficiary per day for 300 days in a year, including the cost of micronutrient fortification.
- Non-Nutrition Services are provided at INR 1.1 lakhs per project/annum by establishing convergence with concerned departments

## IMPLEMENTATION AND MONITORING

Center	State	District	Block	Local
National Monitoring and Supervision Committee under the chairpersonship of the Secretary, MoWCD	State Monitoring and Supervision Committee under the chairpersonship of the Chief Secretary	District Magistrate/ Deputy Commissioner / District Collector	Programme Officer	AWW/ASHA/ANM in AWCs, Sakhi and Youth members under the Village Health and Sanitation Committee (VHSC) and members of Panchayati Raj Institution (PRI)

## SP4N (NUTRITION SPECIFIC)

Adolescence is a critical period in a woman's life for her mental, emotional, and psychological well-being. The programme offers a life-cycle approach to holistic development for adolescent girls, addressing multidimensional requirements and empowering them to become self-sufficient and conscious citizens.

## REFERENCES

- Annual Report 2020-21 (MoWCD), [https://wcd.nic.in/sites/default/files/WCD\\_AR\\_English%20final\\_.pdf](https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf)
- Scheme for Adolescent girls Administrative Guidelines (2018), [https://wcd.nic.in/sites/default/files/letter%20and%20guideline\\_0.pdf](https://wcd.nic.in/sites/default/files/letter%20and%20guideline_0.pdf)



## SCHEME:

### Poshan Abhiyan/National Nutrition Mission

- **Launch Year:**  
2018
- **Ministry/State:**  
Ministry of Women and Child Development (MoWCD),  
Government of India
- **Target Group:**  
Children (0-6 years), Adolescent Girls, Pregnant Women and Lactating Mothers
- **Geographical Coverage / Beneficiaries (as on Feb 28, 2023)**  
36 States/UTs, 738 districts,  
Total 9,99,63,025 beneficiaries  
and 13,97,034 registered AWC.
- **Transfer Modality:**  
In-kind transfers  
(food grain or cooked meal)
- **Objective:**
  - Prevent and reduce Stunting in children (0-6 years)
  - Prevent and reduce undernutrition (underweight prevalence) in children (0-6 years)
  - Reduce the prevalence of anemia among young Children (6-59 months)
  - Reduce the prevalence of anemia among Women and Adolescent Girls (15-49 years)
  - Reduce Low Birth Weight (LBW)



## KEY SERVICES

Key Services	Ministries Responsible
Convergence with other ministries/departments for deriving nutritional outcomes	MoWCD
Development of Kitchen/ Nutri-gardens in Anganwadi premises and on Panchayat/ Community land	MoPR, MoRD and MoWCD
Early identification and management of SAM children	MoHFW, MoAYUSH, MoPR and MoWCD
Organization POSHAN Assembly, essay completions and e-Quiz in all schools, celebration of Poshan Maah in the month of September every year	Secretaries of School Education and Literacy and MoWCD
Ramping up behaviour change communication and community mobilization through Jan Andolan	—
Building the capacity of front-line ICDS functionaries through trainings/smart phones/incentives	—

## FINANCE DISTRIBUTION

- Funded by Government Budgetary Support (50%) and 50% by International Bank of Reconstruction and Development or other Multilateral Development Bank (MDB)
- Government Budgetary Support would be shared with States/UTs on cost sharing ratio basis:
  - States/UTs with Legislature - 60:40
  - North Eastern States and Himalayan States - 90:10
  - UTs - 100:0

## IMPLEMENTATION

Center	State	District	Block	Local
An executive committee (Apex body) under the Chairpersonship of Secretary, MoWCD	State Convergent Action Plans (CAP) chaired by Senior Principal Secretary, nominated by Chief Secretary.	District CAP chaired by DM/DC/Collector	Block CAP chaired by Sub Divisional Magistrate (SDM)	Village Health Sanitation and Nutrition Committee, ICDS and Health Departments, AWW, ASHAs and their supervisors

## MONITORING

Center	State	District	Block	Local
MoWCD	Bi-annual POSHAN Abhiyaan progress reports by the Women and Child Development (WCD) and Health Departments	District Programme Officer reviews the reports and submit to states	Block level supervisors discuss checklists with CDPO	Visits to AWCs every month by ICDS supervisors, Child Development Project Officers (CDPO) and other officials including District Programme Officer, State level officials for monitoring

## SP4N (NUTRITION SPECIFIC)

There are a number of schemes directly/indirectly affecting the nutritional status of children but the level of malnutrition and related problems in the country is still very high. Poshan Abhiyan through robust convergence mechanism and other components would strive to create the synergy and linking the schemes with each other to achieve common goal of reducing malnutrition in the country.

## REFERENCES

- Annual Report 2020-21 (MoWCD), [https://wcd.nic.in/sites/default/files/WCD\\_AR\\_English%20final\\_.pdf](https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf)
- Poshan Tracker accessed on 3rd October 2023 (5:25 pm), <https://www.poshantracker.in/statistics>
- Administrative Guidelines NNM 26/02/2018 implementation, [https://wcd.nic.in/sites/default/files/Administrative\\_Guidelines\\_NNM-26022018.pdf](https://wcd.nic.in/sites/default/files/Administrative_Guidelines_NNM-26022018.pdf)



**SCHEME: (JSSK)**  
**Janani Shishu Suraksha**  
**Karyakaram**

- **Launch Year:**  
2011
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
Pregnant women  
and sick infants till one year after birth
- **Geographical Coverage /  
Beneficiaries (FY 2020-21)**  
More than  
1.29 crore beneficiaries
- **Transfer Modality:**  
In-kind transfers  
(services)
- **Objective:**
  - Eliminate out of pocket expenses for both pregnant women and sick infants accessing public health institution for treatment.

## KEY SERVICES

- Free and zero expense treatment including delivery and caesarean section for pregnant women
- Free drugs, consumables, blood required and essential diagnostics (blood, urine tests and ultra sonography etc.)
- Free diet during stays in the health institutions (up to 3 days for normal delivery and 7 days for caesarean section)
- Free transport services to health institutions
- Exemption from all kinds of user charges

## IMPLEMENTATION AND MONITORING

Center	State	District	Local
1. MoHWF is responsible for implementation and monitoring of the scheme.	State Nodal Officer	District Nodal Officers	ASHA/ANM
2. The scheme at national level is monitored by National Health Systems Resource Centre (NHSRC) under the guidance from Maternal Health Division, MoHWF			

## SP4N (NUTRITION SPECIFIC)

Such initiatives can help reduce maternal and infant mortality rates by providing timely access to quality services, both essential and emergency, in public health facilities with no out-of-pocket costs. This is an important step toward making “Health for All” a reality.

## REFERENCES

1. JSSK Press Information Bureau, March 2020 <https://pib.gov.in/PressReleasePage.aspx?PRID=1606211>
2. Annual Report 2021-22, Department of Health and Family Welfare, MoHFW, <https://main.mohfw.gov.in/sites/default/files/FinalforNetEnglishMoHFW040222.pdf>
3. Guidelines for JSSK, [https://www.jknhm.com/guidelines\\_for\\_jssk.pdf](https://www.jknhm.com/guidelines_for_jssk.pdf)





## **SCHEME: (WIFS)**

### **Weekly Iron and Folic Acid Supplementation Programme**

– **Launch Year:**  
2012

– **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India

– **Target Group:**

- Adolescent girls and boys enrolled in government/government aided/municipal schools from 6th to 12th classes.
- Adolescent Girls who are not in school.

– **Geographical Coverage /  
Beneficiaries**

Rolled out in all States/UTs and covers 11.2 crore beneficiaries including 8.4 crore in-school and 2.8 crore out of school beneficiaries.

– **Transfer Modality:**  
In-kind transfers  
(iron supplements)

– **Objective:**

- To reduce the prevalence and severity of anaemia in adolescent population (10-19 years).

## KEY SERVICES

- Administration of supervised Weekly Iron-folic Acid Supplements of 100mg elemental iron and 500ug Folic acid using a fixed day approach.
- Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- Biannual de-worming (Albendazole 400mg), six months apart, for control of helminthic infestation.
- Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

## FINANCE DISTRIBUTION

Ministry of Health and Family Welfare, Department of Education and Ministry of Women and Child Development are responsible to allocate financial, human and organizational resources for the program.

## IMPLEMENTATION

Center	State	District	Block	Local
<b>through school-based programme</b>				
MoHFW	State HFW department	District Education Officer District Health Officer	Block Education Officer	2 Nodal teachers at each school
<b>through ICDS system</b>				
MoHFW	State Health and Family Welfare Department	District Chief Health / Medical Officers CMO District ICDS officer and DPO	Block Medical/ Health Officer	Anganwadi Centres (AWC)

## MONITORING

Center	State	District	Block	Local
<b>through school-based programme</b>				
MoHFW	The State Health Department prepares a monthly report and shares with MoHFW.	The District Education Officer consolidates and prepare district level reports to submit to the District Health Department with a copy to the State Education Department.	Block Education Officer reviews the monthly report from each school and submit it to the District Education Officer.	School WIFS committee headed by the Principal/ Head Master with participation of the Nodal teachers, student representatives and ANM
<b>through ICDS system</b>				
MoHFW	The State Health Department share the monthly report with MoHFW.	The District ICDS submits the report to District Reproductive and Child Health/Health Officer with a copy to the State Director ICDS, Department of Women and Child Development.	The Block Officials/ CDPO monitors and complies the monthly data at the block level and then submits to the District ICDS Officer.	The Anganwadi Worker (AWW) compiles the monthly data of IFA consumption.

## SP4N (NUTRITION SPECIFIC)

During adolescence, iron deficiency anaemia can result in impaired physical growth, poor cognitive development, reduced physical fitness and work performance and lower concentration on daily tasks. Such programmes are effective in lowering the prevalence of anaemia and meeting nutritional needs, particularly for iron, at this critical age.

## REFERENCES

1. Operational Framework Weekly Iron and Folic Supplementation Programme for Adolescents, [https://nhm.gov.in/images/pdf/programmes/wifs/operational-framework-wifs/operational\\_framework\\_wifs.pdf](https://nhm.gov.in/images/pdf/programmes/wifs/operational-framework-wifs/operational_framework_wifs.pdf)
2. Annual Report of MoFWH, 2021-22, <https://main.mohfw.gov.in/sites/default/files/FinalforNetEnglishMoHFW040222.pdf>



## SCHEME:

### Anemia Mukh Bharat

#### – *Launch Year:*

2018

#### – *Ministry/State:*

Ministry of  
Health and Family Welfare (MoHFW),  
Government of India

#### – *Target Group:*

Six beneficiaries:  
children 6-59 months, children  
5-10 years, adolescent boys and  
girls 10-19 years, pregnant women,  
lactating women, and women in  
reproductive age 15-49 years

#### – *Geographical Coverage / Beneficiaries (FY 2021-22)*

- 2 crore children of age group 6-59 months were provided 8-10 doses of Iron Folic Acid (IFA) Syrup every month.
- 1.9 crore children of age group 5-9 years were provided 4-5 IFA Pink tablets every month.
- 3 crore children of age group 10-19 years were provided 4-5 IFA Blue tablets every month.
- 1.3 crore pregnant women and 0.6 crore lactating women were provided 180 IFA Red tablets during ANC and PNC, respectively.

#### – *Transfer Modality:*

In-kind transfers  
(iron supplements)

#### – *Objective:*

- To reduce anaemia prevalence by 3 percentage per year in the country in life cycle approach.
- To strengthen the existing mechanisms and foster newer strategies of tackle anaemia in six target beneficiary groups, through six interventions and six institutional mechanisms and reduce anemia prevalence both due to nutritional and non-nutritional cause.

## KEY SERVICES

- Prophylactic iron and folic acid (IFA) supplementation
- Deworming
- Intensified year-round Behaviour Change Communication (BCC) campaign
- Testing and treatment of anaemia using digital methods and point of care treatment
- Mandatory provision of IFA fortified foods in government-funded public health programmes
- Intensifying awareness, screening and treatment of non-nutritional causes of anaemia in endemic pockets, with a special focus on malaria, haemoglobinopathies, and fluorosis.

## FINANCE DISTRIBUTION

- NHM approves the budget for the programme
- Centre shares the budget with States/UTs on cost sharing ratio basis:
  - States with Legislature - 60:40
  - Special States/UTs - 90:10

## IMPLEMENTATION

- MoHFW is implemented in coordination with two more ministries. Ministry of Women & Child Development (MoWCD) is responsible for distribution of IFA to out of school children (<6 years). Ministry of Education (HRD) is responsible for distribution of IFA in schools for 5-9 children and 10-19 adolescents.
- The six institutional mechanisms of the scheme include intra-ministerial coordination, National Anaemia Mukh Bharat Unit, National Centre of Excellence and Advanced Research on Anaemia Control, Convergence with other Ministries, Strengthening Supply Chain & Logistics, Anaemia Mukh Bharat Dashboard and Digital Portal. These mechanisms aim to ensure accountability and effective implementation of the AMB strategy at the National, State and district levels.

## MONITORING

Center	State	District	Block	Local
Anemia Mukh Bharat Dashboard provides both Quarterly and Monthly programme status of AMB Programme.	State Nodal Officer (Child, Adolescent and Maternal Health) reports monthly progress and quarterly trend on stock distribution and other coverage key performance indicators.	District Programme Team (District Programme Manager and Community Mobilizer)	Block Programme Team (Block Programme Manager, Block Community Mobilizer and Block Programme Assistants)	PHC Medical Officers for reporting

## SP4N (NUTRITION SPECIFIC)

Anaemia can cause a range of symptoms including fatigue, weakness, dizziness and drowsiness. Children and pregnant women are especially vulnerable, with an increased risk of maternal and child mortality. The Anemia Mukh Bharat- intensified Iron-plus Initiative aims to strengthen the existing mechanisms and foster newer strategies for tackling anemia.

## REFERENCES

1. <https://anemiamukhbharat.info/programme/6x6x6-strategy>
2. Annual Report of MoHFW, 2021-22, <https://main.mohfw.gov.in/sites/default/files/FinalforNetEnglishMoHFW040222.pdf>
3. AMB Operational Guidelines, <https://www.fitterfly.com/site/pdf/anemia-mukh-bharat.pdf>





## **SCHEME:** **Nikshay Poshan Yojana**

- **Launch Year:**  
2018
- **Ministry/State:**  
Central Tuberculosis Division,  
Ministry of Health and Family  
Welfare (MoHFW), Government of  
India
- **Target Group:**  
All TB patients notified under  
NIKSHAY portal on and after 1st  
April 2018
- **Geographical Coverage /  
Beneficiaries (FY 2020-21)**  
Across all States  
and UTs in India
- **Transfer Modality:**  
In-kind transfers and  
conditional cash transfers
- **Objective:**
  - To provide nutritional support including nutritional supplements to TB patients at the time of notification and subsequently during the course of treatment.
  - Provide additional investigations for the diagnosed TB patients.
  - Provision of vocational support.

## KEY SERVICES

- Financial incentive of INR 500 per month for each notified TB patient for duration for which the patient is on anti-TB treatment

## FINANCE DISTRIBUTION

- It is a centrally sponsored scheme under National Health Mission (NHM). Financial norms of NHM in terms of cost sharing is applicable to the scheme which is as follows:
  - States/UTs with Legislature - 60:40
  - North Eastern States including Sikkim, Jammu & Kashmir, Himachal Pradesh and Uttarakhand - 90:10
  - UTs without Legislature - 100:0

## IMPLEMENTATION AND MONITORING

Center	State	District	Block-level/Local
Mission directors provide guidance at state and district level to scale up the initiative	State TB Officers coordinate with other departments to scale up the initiative	District TB Officers provide additional support to scale up the initiative	Field Health Staff help in ensuring all eligible patients receive the additional care and finish the treatment.

## SP4N (NUTRITION SENSITIVE)

The scheme provides financial support to TB patients which helps in their nutritional support with a goal to achieve SDG End TB targets.

## REFERENCES

- Nikshay details, <https://tbcindia.gov.in/WriteReadData/l892s/6851513623Nutrition%20support%20DBT%20Scheme%20details.pdf>
- Nikshay Guidance Booklet, [https://communitysupport.nikshay.in/Guidance\\_Booklet\\_16\\_09\\_2022.pdf](https://communitysupport.nikshay.in/Guidance_Booklet_16_09_2022.pdf)





## **SCHEME:(NHM)** **National Health Mission**

- **Launch Year:**  
2005
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
NHM has two sub-missions: the  
National Rural Health Mission  
(NRHM) started in 2005 for rural  
people and the National Urban  
Health Mission (NUHM) launched  
in 2013 for urban poor and other  
vulnerable sections.
- **Geographical Coverage**  
NUHM covers all the State  
capitals, district headquarters  
and other cities/towns with a  
population of 50,000 and above  
(as per census 2011) in a phased  
manner. Cities and towns with  
population below 50,000 will  
continue to be covered under  
NRHM.
- **Transfer Modality:**  
In-kind transfers  
(food and services) and cash  
transfers
- **Objective:**
  - Reduction of MMR to 1/1000 live births, IMR to 25/1000 live births and TFR to 2.1.
  - Prevention and reduction of anaemia in women aged 15-49 years. Reduce Annual Malaria incidence to be <1/1000.
  - Reduce household out of pocket expenditure on total health care expenditure.
  - Reduce annual mortality from Tuberculosis by half. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts.
  - Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks.

## KEY SERVICES

- The main components are Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.
- There are various programmes and initiatives under NHM that provide nutritional counselling and supplements to pregnant women, immunization, health check-ups and financial assistance.

## FINANCE DISTRIBUTION

- NHM fund sharing pattern between centre and state is as follows:
  - States/UTs with Legislature (Delhi & Puducherry) - 60:40
  - North Eastern States including Sikkim, Jammu & Kashmir, Himachal Pradesh and Uttarakhand - 90:10
  - UT without Legislature - 100:0

## IMPLEMENTATION

### Center:

- The Mission is headed by a Mission Director, of the rank of Additional Secretary, supported by a team of Joint Secretaries.
- National Programme Management Unit (NPMU) is for programme management and activities for policy support.
- The National Health Systems Resource Centre (NHSRC) serves as the apex body for technical support to the Centre and states.
- The National Institute of Health and Family Welfare (NIHFW) is the country's apex body for training.

### State:

- The State Health Society (SHS) headed by the Chief Secretary carry the functions under the Mission.
- The State Program Management Unit (SPMU) for programme management and activities for policy support.
- State Health System Resource Centre (SHSRC) and State Institutes of Health and Family Welfare (SIHFW) for technical support and public health research.

### District:

- District Health Society (DHS), headed by the District Collector carry the functions at district level.
- The District Programme Management Unit (DPMU) is linked to a District Health Knowledge
- Centre (DHKC) and its partners for the requisite technical assistance. The District Training Centre (DTC) as the nodal agency for training requirements of the District Health Society (DHS).

### Block-level:

- At city level Urban
- Representatives of the Block Panchayat Samiti, Non-official representatives from the PHC health committees in the block, Representatives from NGOs/CBOs, Block Medical Officer, the Block Development Officer, selected Medical Officers from PHCs of the block are involved in the implementation of the Mission.

### Sector/Village/Local:

- At village level, there is PHC Medical Officer and ASHA facilitator supported by ANM, Anganwadi Sevika, SHG leader are involved in the implementation of the mission.
- Village Health Sanitation and Nutrition Committee (VHSNC) acts as a platform for convergence of all departments at village level.

## MONITORING

### Center:

There are four major approaches for monitoring and evaluation:

- Large scale population surveys
- Evaluation studies or research on implementation
- Health Management Information System (HMIS) data
- Field visits by officials a web-based Monitoring system.

### State:

- State Health Monitoring and Planning Committee discusses the programmatic and policy issue related to access to health care and suggest necessary changes.
- Review and contribute to the development of the State health plan.

### District:

- District Health Monitoring and Planning Committee discusses on the reports of the PHC health committees.
- Does financial reporting and solving blockages in flow of resources if any
- It contributes to development of the District Health Plan and ensuring proper functioning of the Hospital Management Committees

### Block-level:

- PHC Health Monitoring and Planning Committee coordinates with local CBOs and NGOs to improve the health services in the block.
- Review the functioning of Sub-centres and PHCs operating under jurisdiction of the CHC and taking appropriate decisions to improve their functioning.

### Sector/Village/Local:

- Multi Purpose Workers (MPWs) and ANMs will submit a bi-monthly village report to the committee along with the plan for next two months

## SP4N (NUTRITION SPECIFIC)

NHM's focus on improving access to healthcare services, promoting health and nutrition education, and providing nutritional support to vulnerable populations such as pregnant women and children, can contribute to better nutritional outcomes.

## REFERENCES

1. NHM Website, <https://nhm.gov.in/index4.php?lang=1&level=0&linkid=445&lid=38>
2. NHM funding pattern: <https://main.mohfw.gov.in/sites/default/files/02%20ChapterAN2018-19.pdf>
3. NHM implementation and monitoring 2012-2017
4. [https://nhm.gov.in/New\\_Updates\\_2018/NHM/NHM\\_Framework\\_for\\_Implementation\\_\\_08-01-2014\\_.pdf](https://nhm.gov.in/New_Updates_2018/NHM/NHM_Framework_for_Implementation__08-01-2014_.pdf)
5. NHM framework 2017, <https://darp.gov.in/sites/default/files/National%20Health%20Mission.pdf>
6. NHM framework 2005-2012, <https://nhm.gov.in/WriteReadData/l892s/nrhm-framework-latest.pdf>
7. NHM Press Information Bureau, December 2021, Funds Allocated and Key Achievements made under National Health Mission





## **SCHEME: (TPDS)** **Targeted Public Distribution System**

- **Launch Year:**  
1997
- **Ministry/State:**  
Ministry of Consumer Affairs,  
Food and Public Distribution,  
Government of India
- **Target Group:**  
NFSA, 2013 categorized the beneficiaries of TPDS under two categories based on inclusion-exclusion guidelines for states/UTs:
  - Households below poverty line covered under Antyodaya Anna Yojana (AAY) constituting poorest of the poor.
  - Priority households (PHH) to include other households that are not covered in AAY.
- **Geographical Coverage / Beneficiaries**  
Present across 36 stateS/UTs and covered 79.71 crore persons.
- **Transfer Modality:**  
In-kind transfers
- **Objective:**
  - Ensure food and nutritional security of the nation by stabilizing food and related non-food prices and making food available to the poor at affordable prices.
  - Help in the redistribution of food grains by supplying food from surplus regions of the country to deficient regions.
  - Some states also distribute additional items for mass consumption, such as pulses, edible oils, iodized salt, spices, etc.

## KEY SERVICES

- Distribute wheat, rice, sugar, and kerosene to the target group. The food grains were provided to AAY card holders at a highly subsidized rate of Rs. 2/- per kg. for wheat, Rs. 3/- per kg for rice and Rs. 1/- per kg for coarse grain.
- Some states also distribute additional items for mass consumption, such as pulses, edible oils, iodized salt, spices, etc. The monthly entitlement of foodgrains is 5 kg per person for eligible households under 'priority' category and 35 kg per family for AAY households.
- Women Empowerment: Ration card is given to female head of the house who is above 18 years else to the eldest male member.
- Modernization of TPD has taken place to address the challenges of leakages and diversion of foodgrains, inclusion/exclusion errors, existence of fake and bogus ration cards/ghost beneficiaries, lack of transparency, weak grievance redressal system etc.
- Modernization of TPDS included:
  - digitization of ration cards/beneficiaries' data in all States/UTs,
  - Aadhar seeding of ration cards,
  - online allocation of food grains up to Fair Price Shops (FPS) level,
  - computerization of supply chain management,
  - grievance redressal facilities and transparency portals, and
  - Automation of FPSs.

## IMPLEMENTATION (Centre/State/District/Block/Local)

- It is a joint responsibility of the Central and the State/UT governments to provide food grains to the identified beneficiaries.
- The Central Government, through Food Corporation of India (FCI), is responsible for procurement, storage, transportation, and bulk allocation of food grains to the State Governments.
- The operational responsibility, including identification of eligible families, issue of Ration Cards, allocation and door-step delivery of foodgrains to all Fair Price Shops (FPSs), licensing, monitoring and supervision of FPS operations, distribution of foodgrains to all beneficiaries, etc., rest with the State Governments.
- The Centre procures food grains from farmers at a minimum support price (MSP) and sells it to states at central issue prices. It is Centre's responsibility to transport grains to the warehouses in each state.
- States bear the responsibility of transporting food grains from these warehouses to each fair price shop (ration shop), where the beneficiary buys the food grains at prices lower than the central issue price.

## MONITORING (Centre/State/District/Block/Local)

- There is PDS-evaluation, monitoring, and research project that periodically evaluate the functioning of TPDS/NFSA through independent reputed agencies (Monitoring Institutions, MI).
- In two phases, the Department of Food and Public Distribution engaged several Monitoring Institutions (MIs) to conduct evaluation exercises in various States/UTs
- During Phase I, MIs shared quarterly reports for two years (2018-20) with the relevant states/UTs in order for them to take the necessary action.
- In phase II (2020-23), the concurrent evaluation is carried out on a half-yearly basis in 17 States/UTs and on an annual basis in the remaining 19 States/UTs to assess the program's performance.

## SP4N (NUTRITION SENSITIVE)

The scheme covers the poorest of poor and has an overall coverage of about two third of the national population. The TPDS ensures availability of foodgrains to vulnerable households at highly subsidized prices and thus aims to eliminate food insecurity and deprivation in accordance with the SDG 2 of zero hunger.

## REFERENCES

1. Ministry of Consumer Affairs, Food and Public Distribution, Government of India, Annual Report- 2021-22 [https://dfpd.gov.in/E-Book/examples/pdf/AnnualReport.html?PTH=/1sGbO2W68mUlnCgKmpnLF5WHm/pdf/FOOD\\_Annual%20Report\\_2021-2022%20Final\\_New.pdf#book/](https://dfpd.gov.in/E-Book/examples/pdf/AnnualReport.html?PTH=/1sGbO2W68mUlnCgKmpnLF5WHm/pdf/FOOD_Annual%20Report_2021-2022%20Final_New.pdf#book/)
2. Ministry of Consumer Affairs, Food and Public Distribution, <https://dfpd.gov.in/pd-Introduction.htm>





**SCHEME: (MDMS)**  
**Pradhan Mantri Poshan Shakti  
Nirman (PM POSHAN)/ Mid-  
Day Meal Scheme**

- **Launch Year:**  
2021 (MDMS was launched in 1995)
- **Ministry/State:**  
Ministry of Education, Government of India
- **Target Group:**  
All school children studying in classes I-VIII in government and government-aided schools
- **Geographical Coverage / Beneficiaries (FY 2021-22)**  
11.80 crore children studying in classes I-VIII in 11.20 lakh eligible schools across the country
- **Transfer Modality:**  
In-kind transfers (food supplements)
- **Objective:**
  - Improving nutritional status.
  - Encouraging poor children of disadvantaged sections to attend school more regularly.
  - Providing nutritional support to children of elementary stage in drought-affected areas during summer vacation.

## KEY SERVICES

- Calorific Value of mid-day meal:
  - For children of primary classes, a cooked mid-day meal per child consists of 100 grams of food grain (rice/wheat/nutri-rich cereals), 20 grams of pulses, 50 grams of vegetables and 5 grams of oil/fat to provide 450 calories of energy and 12 grams of protein.
  - For children of upper primary classes, it consists of 150 grams of food grain (wheat/ rice/ nutri-rich cereals), 30 grams of pulses, 75 grams of vegetables and 7.5 grams of oil/fat per child to provide 700 calories of energy and 20 grams of proteins.
- Enhance knowledge regarding nutritional aspects of vegetables and harmful effects of junk food through school nutrition gardens
- Providing supplementary nutrition items to children in aspirational districts and districts with high prevalence of anemia.

## FINANCE DISTRIBUTION

- Centrally Sponsored Scheme under the National Food Security Act (NFSA), 2013.
- The central government bears entire cost of food grains, transportation cost, monitoring, management and evaluation (MME) and procurement of kitchen devices.
- The cooking cost, cost of the kitchen-cum stores and honorarium to cook-cum-helpers is shared between the Centre and states on the basis of cost sharing ratio:
  - States/UTs with Legislature ICDS (General) [Salary/honorarium/program components] - 60:40
  - North Eastern States/Himalayan States/UT of Jammu and Kashmir - 90:10
  - UT without Legislature - 100:0

## IMPLEMENTATION

### Center:

Empowered committee with Minister, MoHRD as Chairman

### State:

State Nodal department and Food Corporation of India for North East Region

### District:

District Nodal Agencies/District Panchayats

### Block-level:

Executive Officer of Block Panchayat

### Sector/Village/Local:

Village Education Committee (VEC)/School Management & Development Committee (SMDC)/School Management Committee (SMC)/Parent-Teacher Association (PTA)/Mothers' Committees/local youth club linked with a Nehru Yuvak Kendra/ Gram Panchayats/Gram Sabhas/ Urban Local Bodies (ULB)

## MONITORING

### Center:

Steering-cum-Monitoring Committee with Secretary, Department of School Education and Literacy as Chairman and members from different ministries, experts online monitoring through web enabled MDM-MIS and real time monitoring through Automated Monitoring System (AMS)

### State:

Steering-cum-Monitoring Committee with Chief Secretary (CS)/Addl CS/Development Commissioner as Chairman and members from other departments, experts

### District:

Steering-cum-Monitoring Committee with Collector/CEO/ZP as Chairman and officers from other departments

### Block-level:

Steering-cum-Monitoring Committee with Sub-Divisional officer/Block Panchayat Officer as Chairman and officers from other departments

### Sector/Village/Local:

- School Management Committee: Within school there are representatives of Gram Panchayats/Gram Sabhas/ SMCs/ VECs/ PTAs/ SDMCs/ Mothers' Committees for local level monitoring.
- The officers from Departments of Revenue, Rural Development, Education, Women and Child Development, Food, Health, etc. also inspect schools and centres.

## SP4N (NUTRITION SPECIFIC)

By overcoming classroom hunger, a mid-day meal can serve as a regular source of supplementary nutrition for children, facilitating their healthy growth. The scheme also assists in educating children about the importance of clean water, good hygiene, and other factors that contribute to good health.

## REFERENCES

1. Annual Report 2018-19, Ministry of Human Resource Development, [https://www.education.gov.in/sites/upload\\_files/mhrd/files/document-reports/annual\\_rpt\\_eng\\_1819.pdf](https://www.education.gov.in/sites/upload_files/mhrd/files/document-reports/annual_rpt_eng_1819.pdf)
2. PM POSHAN coverage, <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1812421>
3. MDM manual, <https://darp.gov.in/sites/default/files/Mid%20Day%20Meal%20Scheme.pdf>



**SCHEMES FOR**

**ENHANCED NUTRITIONAL OUTCOMES**







**SCHEME:** (PMMVY)  
**Pradhan Mantri Matru  
Vandana Yojana**

- **Launch Year:**  
2017
- **Ministry/State:**  
Ministry of Women and Child  
Development (MoWCD),  
Government of India
- **Target Group:**  
pregnant women and lactating mothers  
(PW&LM) <sup>1</sup>
- **Geographical Coverage /  
Beneficiaries (as on Dec  
31, 2020)**  
1.8 crore beneficiaries
- **Transfer Modality:**  
Conditional cash transfers
- **Objective:**
  - Cash incentives to take adequate rest  
before and after delivery of the first  
living child;
  - Improve health seeking behaviour  
amongst PW & LM.

<sup>1</sup> Eligibility: PW after 01/01/2017, excluding PW&LM working with the Central Government or the State Governments or PSUs or those who are in receipt of similar benefits under any law for the time being in force.

## KEY SERVICES

- Provision of INR 5,000 in three instalments directly to the Bank/Post Office Account of PW&LM in Direct Benefit Transfer (DBT) Mode.
  - First Instalment: INR 1000 on early registration of pregnancy at AWCs/ approved health facilities
  - Second Instalment: INR 2000 after six months of pregnancy on receiving at least one ANC
  - Third Instalment: INR 2000 after child birth is registered and the child has received the first cycle of BCG, OPV, DPT and Hepatitis-B, or its equivalent/ substitutes.

## FINANCE DISTRIBUTION

- Centrally Sponsored Scheme
- Release of funds to States/UTs on cost sharing ratio basis:
  - States/UTs with Legislature ICDS (General) (Salary/honorarium/program components) - 60:40
  - North Eastern States/Himalayan States/UT of Jammu and Kashmir - 90:10
  - UT without Legislature - 100:0
- Fund flow: Centre (MoWCD through PFMS → State/ District (in Escrow Account) → Beneficiary account through PFMS in DBT mode.

## IMPLEMENTATION

Center	State	District	Local
MoWCD	WCD departments/ Social Welfare departments/ Health & Family Welfare department	CDPO/MO	AWW/ASHA/ANM

## MONITORING

Center	State	District	Local
Web Based MIS Software application known as Common Application Software (PMMVY-CAS) for identification, de-duplication for unique beneficiaries and remove the possibility of multiple payments to same beneficiaries	State Steering and Monitoring Committee	District and Program Steering and Monitoring Committee CDPO/MO keep record of MPR	Village Steering and Monitoring Committee MPR by AWW/ASHA submitted to Supervisor/ ANM

## SP4N (NUTRITION SPECIFIC)

In India, half of the women population (15-49 years) are anemic and one-third of them are malnourished. The nutritional deprivation among women is associated with high levels of child undernutrition and poor physical and cognitive development of newborn and children. Supporting the vulnerable population through financial incentives can encourage health and nutrition outcomes.

## REFERENCE

1. Annual Report 2020-21 (MoWCD), [https://wcd.nic.in/sites/default/files/WCD\\_AR\\_English%20final\\_.pdf](https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf)
2. PMMVY Scheme Implementation Guideline, [https://wcd.nic.in/sites/default/files/PMMVY%20Scheme%20Implemetation%20Guidelines%20\\_0\\_.pdf](https://wcd.nic.in/sites/default/files/PMMVY%20Scheme%20Implemetation%20Guidelines%20_0_.pdf)





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## **SCHEME:** **National Creche Scheme\***

- **Launch Year:**  
2017 (2006)
- **Ministry/State:**  
Ministry of Women and Child Development (MoWCD),  
Government of India
- **Target Group:**  
Children of 6 months to 6 years,  
of working women in rural and  
urban areas who are employed for  
a minimum period of 15 days in a  
month, or six months in a year.
- **Geographical Coverage /  
Beneficiaries (as of Mar,  
2020)**  
6453 creches are functional across  
the country under the National  
Creche Scheme
- **Transfer Modality:**  
In-kind transfers  
(services)
- **Objective:**
  - Provide day-care facilities for children (6 months to 6 years) of working mothers in the community.
  - Improve nutrition and health status of children.
  - Promote physical, cognitive, social and emotional development (Holistic Development) of children
  - Educate and empower parents / caregivers for better childcare.

\*I(formerly: Rajiv Gandhi National Creche Scheme)

## KEY SERVICES

- Daycare Facilities including Sleeping Facilities
- Early stimulation for children below 3 years and pre-school Education for 3 to 6 years old children
- Supplementary Nutrition (to be locally provided)
- Growth Monitoring
- Health Check-up and Immunization

## FINANCE DISTRIBUTION

- Centrally Sponsored Scheme
- The fund sharing pattern for the scheme is:
  - For States: 60:30:10 amongst Centre, States & organizations/institutions running the crèches
  - For NER and Himalayan States: 80:10:10 amongst Centre, States & organizations/institutions running the crèches
  - For UTs: 90:10 between Centre & organizations/institutions running the crèches
- User charges of INR 20 from BPL families, INR100 from families, whose income (both parents) is up to INR 12,000 per month and INR 200 from families, whose income (both parents) is above INR 12,000 per month

## IMPLEMENTATION

Center	State/District/Block/Local
MoWCD	<ol style="list-style-type: none"><li>1. Implementation is done through the respective State Governments as per the Standard Operating Procedure (SOP).</li><li>2. These State Governments in turn could implement the scheme through other suitable voluntary/ non-governmental organizations, if required.</li></ol>

## MONITORING

Center	State	District	Block	Local
MoWCD (with one project manager and two project officer) is responsible for overall monitoring.	<ol style="list-style-type: none"><li>1. Independent monitoring agencies selected by MoWCD inspect every unit once in a year and submit their report to the Ministry.</li><li>2. Further, State Governments will make provision for mobile/web based monitoring by which the activity at the individual crèche can be monitored in real time</li></ol>	The district monitoring committee headed by the Distt. Magistrate (assisted by District Child Protection Units set up under ICDS) including members of the parliament in the district and the members of the legislative assembly of that district will carry out monitoring of the crèches every six months which may be conducted jointly with the Anganwadi Centres under ICDS Scheme.	A local crèche committee including members from Block level (like Tehsildar/ Block Development Officer, local Child Development Project Officer under ICDS, a representative from the local Health Department and a Social Welfare Officer of the area) is responsible for close supervision and monitoring once in a month.	

## SP4N (NUTRITION SENSITIVE)

The early years of life are critical for a child's optimal development and are irreversible. The scheme is useful for making an influence on the Early Childhood Care Services for children up to the age of six, and it is a cost-effective investment for working women from all socioeconomic levels, both organized and unorganized. As a result, it addresses the developmental needs of children during their critical growth years.

## REFERENCES

1. National Creche Scheme, GoI, MoWCD [https://wcd.nic.in/sites/default/files/National%20Creche%20Scheme%20For%20The%20Children%20of%20Working%20Mothers\\_0.pdf](https://wcd.nic.in/sites/default/files/National%20Creche%20Scheme%20For%20The%20Children%20of%20Working%20Mothers_0.pdf)
2. Annual Report 2020-21 (MoWCD), [https://wcd.nic.in/sites/default/files/WCD\\_AR\\_English%20final\\_.pdf](https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf)
3. National Creche Scheme coverage, <https://pib.gov.in/PressReleaseframePage.aspx?PRID=1606292>





**SCHEME: (JSY)**  
**Janani Suraksha Yojana**

- **Launch Year:**  
2005
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
pregnant women
- **Geographical Coverage /  
Beneficiaries (FY 2020-21)**  
Present across 36 state/UTs  
and covered 99.92 lakhs of  
beneficiaries
- **Transfer Modality:**  
Conditional cash transfers
- **Objective:**
  - To reduce maternal and neonatal mortality by promoting institutional delivery (government /private accredited health facilities) among pregnant women.

## KEY SERVICES

- Cash assistance with institutional delivery (under National Health Mission (NHM))
- Assistance for subsidizing the cost of Caesarean section deliveries and home delivery
- Compensation payment for tubectomy/laparoscopy
- Collaboration with the private sector for achieving objectives
- Organizing delivery care services (ANC check-ups, TT injections, IFA tablets, immunization of the new born, and motivate about family planning services) by ASHA

## FINANCE DISTRIBUTION

- Centrally sponsored scheme
- Fund flow: Centre → State/district (in a separate account under the supervision of the Rogi Kalyan Samity) → Different institutions (after the verification from ANM) → beneficiary account.
- For institutional delivery in low performing states, in rural and urban areas the financial assistances are INR 1400 and INR 1000 respectively (Available to all women).
- For institutional delivery in high performing states, in rural and urban areas the financial assistances are INR 700 and INR 600 respectively (Available only to BPL/SC/ST women).
- For home delivery INR 500 (Available only to BPL women who prefer to deliver at home).
- For ASHA workers INR 600 and INR 400 in rural and urban areas respectively.

## IMPLEMENTATION

Center	State	District	Block/Local
Mission Steering Group chaired by the MoHFW	State Implementation Committee (SIC) under the guidance of State Health Mission (SHM), state nodal officer	District Implementation Committee (DIC) under the guidance of District Health Mission (DHM), district nodal office	ANM, AWW, Health workers, ASHA

## MONITORING

Center	State	District	Block	Local
MoHFW	SIC shall mandatorily send six-monthly district-wise composite reports along with SOE/UC/ARs	District nodal officer consolidate the reports and bring it to the notice of the CMO/ DHM/ DIC and then forward it to SHM/ SIC	Block medical officer submits report to the district nodal officer	ANM/Health Worker submit accounts to the Medical Officer of the CHC/PHC

## SP4N (NUTRITION SPECIFIC)

This safe motherhood intervention is critical for preventing infections and diseases among women and the newborns. Besides, the financial incentive can also be utilized to meet the health and nutritional requirements of women during pregnancy and during early lactation period.

## REFERENCES

1. Janani Suraksha Yojana, Guidelines for Implementation, Ministry of Health & Family Welfare (MoHFW), Government of India. <https://nhm.gov.in/WriteReadData/l892s/97827133331523438951.pdf>
2. Annual Report 2021-22, Department of Health and Family Welfare, MoHFW, <https://main.mohfw.gov.in/sites/default/files/FinalforNetEnglishMoHFW040222.pdf>
3. <https://www.ilo.org/dyn/travail/docs/683/JananiSurakshaYojanaGuidelines/MinistryofHealthandFamilyWelfare.pdf>





## **SCHEME: (PMSMA)** **Pradhan Mantri Surakshit** **Matritva Abhiyan**

- **Launch Year:**  
2016
- **Ministry/State:**  
Maternal Health Division, Ministry of Health and Family Welfare (MoHFW), Government of India.
- **Target Group:**  
pregnant women
- **Geographical Coverage / Beneficiaries**  
3,63,29,276 beneficiaries
- **Transfer Modality:**  
In-kind transfers (services)
- **Objective:**
  - Ensure antenatal checkup by an Obstetrics & Gynaecology (OBGY) specialist/physician.
  - Providing all diagnostic services and giving appropriate counselling.
  - Identification and line-listing of high-risk pregnancies.
  - Appropriate birth planning and complication readiness.
  - Special emphasis on early diagnosis, adequate and appropriate management of women with malnutrition.

## KEY SERVICES

- Antenatal care services (including investigations and drugs) would be provided at (PHCs/ CHCs, DHs/ urban health facilities etc.
- Minimum package of investigations and medicines such as IFA supplements, calcium supplements, etc.
- Voluntary services from OBGY specialists/ Radiologist/physicians from private sector would be provided at public health facilities.
- Development of National Portal and a Mobile application for PMSMA.
- 'IPledgeFor9' Achievers Awards for acknowledgement and voluntary contributions for PMSMA.
- MCP cards with indication of risk factor and safe motherhood booklets to pregnant women.

## FINANCE DISTRIBUTION

- Budget sanctioned under NHM (since budget for carrying safe motherhood activities have already been sanctioned under JSSK).
- If needed, funds could be mobilized from Rogi Kalyan Samities and untied funds for any add on activity or for ensuring availability of drugs, consumables etc.
- States may use funds from IEC budget sanctioned under NHM for IEC campaigns.

## IMPLEMENTATION AND MONITORING

Center	State	District
Program Managers from the Maternal Health Division, MoHFW, Gol for implementation. The committee will be headed by Joint Secretary, RMNCH+A.	Program Managers/ State RCH Officers from NHM, Department of Health & Family Welfare for execution.	CMO/CS/DHO/CMHO nominates, district nodal officer, district IEC/BCC nodal person to ensure that all the logistics required are in place and available at the facilities in adequate quantity.

## SP4N (NUTRITION SENSITIVE)

Reduction in the number of maternal and neonatal deaths in our country, Many of these deaths are preventable and many lives can be saved if quality care is provided to pregnant women during their antenatal period and high risk factors such as severe anemia, pregnancy-induced hypertension etc are detected on time and managed well.

## REFERENCES

1. <https://pmsma.nhp.gov.in/about-scheme/#about>
2. <https://pmsma.nhp.gov.in/>
3. [https://pmsma.nhp.gov.in/wp-content/uploads/2016/09/PMSMA\\_Operational\\_Framework.pdf](https://pmsma.nhp.gov.in/wp-content/uploads/2016/09/PMSMA_Operational_Framework.pdf)
4. <http://www.nrhmhp.gov.in/sites/default/files/files/PMSMA-Guidelines.pdf>





**SCHEME: (MAA)**  
**Mothers' Absolute Affection**  
**Programme**

- **Launch Year:**  
2016
- **Ministry/State:**  
Ministry of Health and Family Welfare (MoHFW), Government of India
- **Target Group:**  
pregnant women and lactating mothers (PW and LM)
- **Geographical Coverage / Beneficiaries (as of March 2020)**  
All States & Union Territories (UTs), around 3.9 crore pregnant & lactating mothers, 8.8 lakh ASHAs, 1.5 lakhs Sub-centres, 17,000 birthing facilities/delivery points
- **Transfer Modality:**  
In-kind transfers (services)
- **Objective:**
  - Promote optimal breastfeeding practice
  - Reinforce lactation support services
  - Incentivize and recognize health facilities that show high rates of breastfeeding along with processes in place for lactation management

## KEY SERVICES

- Breast examination and counselling on importance of colostrum feeding, role of early initiation of breastfeeding, exclusive breastfeeding, correct breastfeeding practices and Infant Young Child Feeding (IYCF) practices along with nutrition counselling during pregnancy and lactation.
- Specific counselling and management if mother is HIV positive
- Counsel on the 9th of every month where ANC clinics are being held under Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA)
- Direct observation by the health service provider for technique and attachment while breastfeeding the infant for the first time and on a subsequent occasion
- Recording birth weight, identification of LBW babies and appropriate management
- Growth monitoring of children and use of WHO Growth Charts for identification of wasting and stunting and appropriate management

## FINANCE DISTRIBUTION

### IMPLEMENTATION

Center	State	District/Block/Local
MoHFW through Prasar Bharti (DD and AIR) and my.gov. in. for wider publicity on breastfeeding. Mother and Child Tracking System (MCTS) and Kilikari are used for bulk SMS and voice messages.	State government uses newspaper advertisements, TV commercials, radio jingles, song and drama division activities, folk performances, street theatre, puppet shows, video vans etc.	AWW/ASHA/ANM

### MONITORING

Center	State	District	Block	Local
MoHFW	District and States submit monthly reports on progress of trainings, monitoring and visits to MoHFW	Block reports are compiled submitted to District Official	ANM submits the compiled report to the Block Medical Officer	ASHA provides the filled monthly monitoring forms to the ANM

### SP4N (NUTRITION SENSITIVE)

Breastfeeding is an important child survival intervention. The programme intensifies efforts to promote optimal infant and young child feeding practices, with a focus on breastfeeding which would reduce the newborn deaths due to pneumonia and diarrhoea.

## REFERENCES

1. [https://nhm.gov.in/MAA/Operational\\_Guidelines.pdf](https://nhm.gov.in/MAA/Operational_Guidelines.pdf)
2. [https://www.nhp.gov.in/maa-\(mothers%E2%80%99-absolute-affection\)-programme-for-infant-and-young-child-feeding\\_pg](https://www.nhp.gov.in/maa-(mothers%E2%80%99-absolute-affection)-programme-for-infant-and-young-child-feeding_pg)





**SCHEME: (RBSK)**  
**Rashtriya Bal Swasthya**  
**Karyakram**

- **Launch Year:**  
2013
- **Ministry/State:**  
Ministry of Women and Child  
Development (MoWCD),  
Government of India
- **Target Group:**  
All children (0-6 years) in rural  
areas and urban slums, older  
children upto 18 years of age  
enrolled in classes 1st to 12th in  
Government and Government  
aided schools.
- **Transfer Modality:**  
In-kind transfers  
(services)
- **Objective:**
  - RBSK, the 'Child Health Screening and Early Intervention Services' Programme under National Rural Health Mission aims at early detection and management of the 4Ds prevalent in children. These are defects at birth, diseases in children, deficiency conditions and developmental delays including disabilities.

## KEY SERVICES

- To cover 30 identified health conditions for early detection, free treatment and management.
- Some states based on the high prevalence of diseases provide availability of testing and specialized support facilities.

## FINANCE DISTRIBUTION

The funds will be provided under NRHM for management at the tertiary level at the rates fixed by the State Governments in consultation with the Ministry of Health and Family Welfare.

## IMPLEMENTATION

Center	State	District	Block	Local
MoHFW	State nodal persons for the Child Health Screening and Early Intervention Services disseminate operational guidelines to all districts	District Early Intervention Center (DEIC) and district nodal persons	Mobile Health Teams recruited by district nodal persons and ANM/MO/Gynaecologists at public health facilities	

## MONITORING

Center	State	District	Block	Local
MoWCD	The same monthly format is to be used for data compilation by Block Health Manager, District Nodal Officer and State Nodal Officer.			'Health Camp Register' is maintained by the Mobile Block Health Teams for monthly reporting.

## SP4N (NUTRITION SENSITIVE)

Early detection of various health conditions under RBSK, assured linkage to care, support, and early treatment introduces an equitable approach to child health care that will, over time, lower out-of-pocket costs, lessen the burden of disease, increase awareness, and foster children's health and development.

## REFERENCES

1. Ministry of women and child development <http://icds-wcd.nic.in/icds.aspx>
2. National Family Health Survey (NFHS - 5), 2019–21 <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>
3. <https://wcd.nic.in/sites/default/files/IcdsMission%20-%20Broad%20Framework.pdf>
4. ICDS Manual for District level functionaries (2017), <https://darpg.gov.in/sites/default/files/ICDS.pdf>
5. Annual Report 2020-21 (MWCD), [https://wcd.nic.in/sites/default/files/WCD\\_AR\\_English%20final\\_.pdf](https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf)





**SCHEME: (RKSK)**  
**Rashtriya Kishore Swasthya**  
**Karyakram**

- **Launch Year:**  
2014
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
Adolescents  
(10-19 years)
- **Geographical Coverage /  
Beneficiaries (as of March  
2020)**  
All India (and expected to cover  
243 million adolescents)
- **Transfer Modality:**  
In-kind transfers  
(services)
- **Objective:**
  - Increase the availability and access to the information about adolescent health
  - Increase accessibility and utilization of quality adolescents counselling and health services
  - Forge multi-sectoral and intra departments partnerships to create safe and supportive environment for adolescent
  - Institute special strategies to target adolescents residing in geographic pockets which make them vulnerable to health and nutrition risks, such as tribal, conflict, migrant and out of school adolescent

## KEY SERVICES

- Improve Nutrition: Reduce prevalence of malnutrition and iron deficiency anemia.
- Improve Sexual and Reproductive Health: knowledge on menstrual hygiene, reduce teenage pregnancies, improve birth preparedness, provide early parenting support for adolescent parents,
- Enhance Mental Health
- Prevent Injuries and violence
- Prevent substance misuse

## FINANCE DISTRIBUTION

Adolescent health budget is a part of NHM budget and it includes adolescent health services, human resources, trainings, programme management, ASHA incentives, community orientation workshops, IEC/BCC activities, procurement and new school initiative.

## IMPLEMENTATION

Center	State	District	Block	Local
Adolescent Health division of MoHFW  National steering committee for Adolescent Health and Development	State steering committee	District steering committee	Village Health, Nutrition and Sanitation Committees (VHNSC)/ ASHA	

## MONITORING

Center	State	District	Block	Local
MoHFW	State NHM Mission Director (MD) monitors progress of Adolescent Health based on the commitments in the Program Implementation Plan (PIP)  Adolescent Health Programme Managers/ nodal officers at state and district levels consolidate monthly adolescent health report and submit the Adolescent Health progress report to MD (NHM) and further to Gol.  State and district programme managers oversee preparation of the program, do regular monitoring and provide supportive supervision.		Village Health, Nutrition and Sanitation Committees (VHNSC) play an important role in ensuring the accountability of frontline workers including ASHAs.	

## SP4N (NUTRITION SENSITIVE)

Adolescent health and well-being is a crucial driver of many SDGs, including health, nutrition, education, gender equality, and food security. The health problems during adolescence have substantial long-term social, economic, and health consequences for individuals as well as society if they are not prevented and supported appropriately. Thus the scheme is seen as an investment in adolescents for successful social functioning and economic development.

## REFERENCES

1. <https://nhm.gov.in/index4.php?lang=1&level=0&linkid=152&lid=173>
2. [https://nhm.gov.in/New\\_Updates\\_2018/NHM\\_Components/RMNCHA/AH/guidelines/Implementation\\_Guidelines\\_Rashtriya\\_Kishor\\_Swasthya\\_Karyakram\(RKSK\)\\_2018.pdf](https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/AH/guidelines/Implementation_Guidelines_Rashtriya_Kishor_Swasthya_Karyakram(RKSK)_2018.pdf)
3. [https://nhm.gov.in/images/pdf/programmes/RKSK/RKSK\\_Operational\\_Framework.pdf](https://nhm.gov.in/images/pdf/programmes/RKSK/RKSK_Operational_Framework.pdf)





**SCHEME: (HBYC)**  
**Home-Based Care for Young  
Child Programme**

- **Launch Year:**  
2018
- **Ministry/State:**  
Ministry of  
Health and Family Welfare  
(MoHFW), Government of India
- **Target Group:**  
Young Children  
(3-15 months)
- **Geographical Coverage /  
Beneficiaries (FY 2021-22)**  
More than 1.33 Crore newborns  
young children have been visited  
by ASHAs.  
It is present in 604 districts across  
all states/UTs except Goa.
- **Transfer Modality:**  
In-kind transfers  
(services)
- **Objective:**
  - Reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young children through structured, focused and effective home visits by ASHAs

## KEY SERVICES

- ASHA provides incentivized five home visits on 3rd, 6th, 9th, 12th and 15th months
- Counseling for exclusive breast feeding till 6 months and continued breast feeding with adequate complementary feeding afterward
- Counseling of mothers and caregivers and support to identify and manage problems related to nutrition and health in their child
- Facilitate for early identification of delay in growth and development of children by using the MCP card
- Support in prevention and management of common childhood illnesses
- Assist in prompt referral of sick children to health facilities for management of complications and follow ups

## IMPLEMENTATION

Center	State	District	Local
MoHFW is responsible for developing and dissemination of the Home Based Care for Young Child guidelines, training packages, job aids and communication materials Under POSHAN Abhiyaan a National Council on India's Nutritional Challenges will review the progress of HBYC.	Coordinated planning between NHM and Anganwadi services for activities such as training, printing (training packages, job aides, formats, checklists and reporting formats), additional incentives and commodities and prepare budget proposal	The district ASHA cell in coordination with Anganwadi Services for convergent activities of the village health team. District Resource Centre to gear up for training and HBYC related activities	Capacity building of front line workers and regular hands-on-support will be provided by NHSRC through leveraging existing ASHA system

## MONITORING

- A HBYC card is filled by ASHA for each young child provided home visit and the data is monitored by ASHA supervisor on monthly basis. The data is linked with RCH portal, Gol.
- The compiled data of each ASHA supervisors is collected by Block Data Entry Operator on monthly basis and is further compiled at district/state and national level on monthly basis.
- The team based incentive system of MoHFW is used as an evaluation mechanism for the performance of frontline workers including ASHA

## SP4N (NUTRITION SENSITIVE)

This is an early life intervention scheme to prevent the growth failure that primarily happens during the first two years of life including the promotion of appropriate infant feeding practices.

## REFERENCES

1. Home-Based Care for Young Child Programme (HBYC) :: National Health Mission
2. Annual Report 2021-22, Department of Health and Family Welfare, MoHFW, <https://main.mohfw.gov.in/sites/default/files/FinalforNetEnglishMoHFW040222.pdf>
3. <https://www.aspirationaldistricts.in/wp-content/uploads/2019/02/Home-Based-Care-for-Young-Child-Guidelines.pdf>





**SCHEME: (HBNC)**  
**Home Based New Born Care programme**

- **Launch Year:**  
2011
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
New born  
(Till 2 months)
- **Geographical Coverage / Beneficiaries (FY 2020-21)**  
More than 1.33 Crore newborns were visited by ASHAs, 22.39 lakh newborns have received all scheduled HBNC visits by ASHAs
- **Transfer Modality:**  
In-kind transfers (services)
- **Objective:**  
The major objective of HBNC is to decrease neonatal mortality and morbidity through:
  - The provision of essential newborn care to all newborns and the prevention of complications
  - Early detection and special care of preterm and low birth weight newborns
  - Early identification of illness in the newborn and provision of appropriate care and referral
  - Support the family for adoption of healthy practices and build confidence and skills of the mother to safeguard her health and that of the newborn.

## KEY SERVICES

- Care for every newborn through a series of home visits by a ASHA in the first six weeks of life
- An examination of every newborn for prematurity and low birth weight
- Extra home visits for preterm and low birth weight babies by the ASHA or ANM, and referred for appropriate care
- Early identification of illness in the newborn and provision of appropriate care at home or referral as defined in the protocols
- Follow up for sick newborns after they are discharged from facilities
- Counselling :
  - Information and skills to the mother and family of every newborn to ensure better health outcomes
  - Counselling the mother on postpartum care, recognition of postpartum complications and enabling referral
  - Counselling the mother for adoption of an appropriate family planning method

## FINANCE DISTRIBUTION

Payment to ASHAs by Primary Health Centers' staff after the approval from the medical officer who reviews the implementation and monitoring

## IMPLEMENTATION

Center	State	District/Block	Local
MoHFW is responsible for the implementation of the program under NHM.	State Nodal Officer is nominated to ensure funds to districts/blocks for HBNC, training support for ASHAs, availability of drugs and consumables for ASHA kit and other implementation requirements.	District Nodal Officer is nominated to ensure that the support system for ASHAs is in place.	AWW/ASHA/ANM/Medical Officers are responsible for home visits and ensuring benefits of HBNC to newborns

## MONITORING

Center	State	District/Block	Local
Monitoring is done by the Child Health division, MoHFW on quarterly basis.	State Mission Director reviews the progress in each district with district CMOs.	Chief Medical Officers review the progress at district level.	ANM review the performance of all ASHA with respect to home visits on monthly basis.

## SP4N (NUTRITION SENSITIVE)

The scheme provides adequate nutrition, exclusive breastfeeding, timely vaccination, age appropriate play and communication, growth monitoring, and good health, all of which are necessary for children to reach their full potential.

## REFERENCES

1. <https://nhsrcindia.org/sites/default/files/2021-03/Revised%20HBNC%20Operational%20Guidelines%202014%20English.pdf>
2. <https://main.mohfw.gov.in/sites/default/files/FinalforNetEnglishMoHFW040222.pdf>





## **SCHEME:**

### **Mission Indradhanush**

- **Launch Year:**  
2014
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
Children (under age 2) and pregnant  
women
- **Geographical Coverage /  
Beneficiaries (FY 2020-21)**  
416 districts across 33 States/UTs
- **Transfer Modality:**  
In-kind transfers  
(services)
- **Objective:**
  - Ensure high coverage of children and pregnant women with all available vaccines throughout the country
  - Generating a high demand for immunization services by addressing communication challenges
  - Enhancing political, administrative and financial commitment through advocacy with key stakeholders
  - Ensuring that the unvaccinated and partially vaccinated children are fully immunized as per the national immunization schedule



## KEY SERVICES

- Conduction of four rounds of immunization activity over 7 working days excluding the Sundays and holidays
- Enhanced immunization session with flexible timing, and mobilization by other departments including inter-ministerial and inter-departmental coordination
- Enhanced focus on left outs, dropouts, and resistant families and hard to reach areas
- Focus on urban, underserved population and tribal areas
- Enhance political, administrative and financial commitment, through advocacy
- Intensified Mission Indradhanush 3.0 will be conducted for children and pregnant women who have missed their vaccine doses during the COVID-19 pandemic

## FINANCE DISTRIBUTION

Funds are allocated through NHM for the Indradhanush Mission

## IMPLEMENTATION

Center	State	District	Block-level/Local
MoHFW	State Task Force for Immunisation (STFI) including nodal officers and state-level health officials take care of roll out of mission at state level.	District Task Force for Immunisation (DTFI) including district nodal officers, district magistrates, district-level health officials are responsible for implementing immunization weeks	At block level, ASHAs, AWWs and link workers are responsible for roll out of mission.

## MONITORING

Center	State	District	Block-level/Local
Officials from MoHFW and partner agencies including WHO, UNICEF, UNDP, ITSU, JSI, GHS, CORE etc. for national level monitoring. Secretary/Additional Secretary & Mission Director (NHM)/Joint Secretary/Immunization division reviews the progress at the national level.	Senior state health officials deployed to the Mission Indradhanush districts by State Task Force for Immunization (STFI) for state level monitoring Chief Secretary/Principal Secretary/Mission Director (NHM) reviews the progress at the state level	Senior district health officials deployed to high priority blocks by District Task Force for Immunization for district level monitoring. District Magistrate/Chief Medical Officer reviews the progress at district level.	Block ASHA coordinator and child development project officer will support MOs and other representatives in implementing and monitoring of trainings.

## SP4N (NUTRITION SENSITIVE)

The scheme helps in reducing the morbidity and mortality in children from vaccine preventable diseases.

## REFERENCES

1. <https://main.mohfw.gov.in/sites/default/files/216846291201489665182.pdf>
2. [https://www.nhp.gov.in/mission-indradhanush1\\_pg](https://www.nhp.gov.in/mission-indradhanush1_pg)





**SCHEME:**  
**Menstrual Hygiene  
Scheme**

- **Launch Year:**  
2011
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
Adolescent girls  
(10-19 years) in rural areas
- **Transfer Modality:**  
In-kind transfers
- **Objective:**
  - To increase awareness among adolescent girls on Menstrual Hygiene
  - To increase access to and use of high quality sanitary napkins to adolescent girls in rural areas
  - To ensure safe disposal of Sanitary Napkins in an environmentally friendly manner

## KEY SERVICES

- Provision of sanitary napkins to adolescent girls at INR 6 for a pack of 6 napkins in village by ASHAs
- Conducting monthly meetings on health issues with adolescent girls

## FINANCE DISTRIBUTION

Budget for the scheme is presented in State Programme Implementation Plan (PIP) and funded through NHM

## IMPLEMENTATION AND MONITORING

Center	State	District	Block-level	Sector/Village/Local
At national level, the Secretary, HFW ensures the operationalization of the scheme.	Mission Director, NRHM is responsible for smooth logistics for supply of napkins.	CMHO/CS/DPM/ collector serves as district nodal for safe storage of napkins and monitor the program.	MO/block accounts officer ensures ASHA trainings, maintain inventory and do spot checks on regular field visits.	ANMs/ASHAs/SHGs are responsible for conducting meetings and distributing napkins in rural areas. They also submit progress report and estimate requirement for next month.

## SP4N (NUTRITION SENSITIVE)

The scheme helps in creating awareness and increasing access to the requisite sanitary infrastructure related to menstrual hygiene which contributes to healthy surrounding for reproductive health.

## REFERENCES

1. <https://nhm.gov.in/WriteReadData/l892s/61090433691481276612.pdf>
2. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1021&lid=391>
3. <https://nhm.gov.in/images/pdf/programmes/arsh/guidelines/MHS-operational-guidelines.pdf>





**SCHEME: (SUMAN)**  
**Surakshit Matritva Aashwasan**  
**Programme**

- **Launch Year:**  
2019
- **Ministry/State:**  
Ministry of  
Health and Family Welfare (MoHFW),  
Government of India
- **Target Group:**  
All pregnant women, mothers upto  
6 months post delivery and sick  
infants
- **Transfer Modality:**  
In-kind transfers
- **Objective:**
  - Assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths and morbidities and provide a positive birthing experience.

## KEY SERVICES

- Free anti-natal delivery and post-natal care
- Free management of sick infants and neonates
- Assured delivery plan for high risk pregnant women
- Ensuring quality standard at all levels of delivery points

## IMPLEMENTATION

Center	State	District	Block-level/Local
National Level committee will be responsible for implementation of the directions of the government and provide overall guidance, and ensure sufficient funding for implementation of the SUMAN. They will monitor and review the performance of the states.	The State level Committee will be responsible for implementation of the initiative in the State. It will handhold the districts in development of their plans as well as review their implementation.	The district level committee will be responsible for real time implementation of the initiatives and review the progress of SUMAN. It will meet monthly.	Block Level Committee consists of a. Medical Officer In Charge (MO-IC) b. A proactive CHO (Community Health Officer) or Mid Level provider c. Block Community Mobilizer d. A senior nurse or a pharmacist or lab technician e. Block Programme Manager

## MONITORING

Monitoring and supportive supervision of the SUMAN Initiative is primarily the responsibility of the National, State and District SUMAN Committees. The national and state program divisions also need to monitor the implementation and bottlenecks in the program and facilitate closure of gaps through financial support in annual programme implementation plans.

## SP4N (NUTRITION SENSITIVE)

SUMAN is not a comprehensive nutrition-sensitive programme, but it provides services (iron folic acid supplements) to pregnant women and infants from marginalized communities. So, by conducting regular nutrition assessments, promoting healthy eating habits, encouraging breastfeeding and strengthening linkages with other nutrition programmes, SUMAN can be more nutrition-sensitive and improve the health outcomes of pregnant women and infants in India.

## REFERENCES

1. [https://nhm.gov.in/New\\_Updates\\_2018/NHM\\_Components/RMNCHA/MH/Guidelines/SUMAN%20Guideline%202020%20Web%20Version.pdf](https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/SUMAN%20Guideline%202020%20Web%20Version.pdf)



**SCHEMES FOR**

**HOUSEHOLD FOOD SECURITY AND  
LIVELIHOOD**









## **SCHEME:** **Jal Jeevan Mission**

– **Launch Year:**  
2019

– **Ministry/State:**  
Ministry of Jalshakti, Department of Drinking Water and Sanitation, Government of India

– **Target Group:**  
All rural households across India

– **Geographical Coverage / Beneficiaries (as of Aug, 2022)**

- Present in all states across India
- 10.10 crore (52.76%) households have Functional Household Tap Connection (FHTC). 35.86% of total households are provided with tap water connection (since the launch of the mission).
- Seven states and Union Territories (Goa, Telangana, Andaman and Nicobar Islands, Dadra and Nagar Haveli, Daman and Diu, Puducherry and Haryana): 100 % FHTP
- Punjab, Gujarat, Himachal Pradesh and Bihar: 90% FHTP
- Uttar Pradesh, Chhattisgarh, Rajasthan and Jharkhand: less than 25 % FHTP

– **Transfer Modality:**  
In-kind transfers (services)

- **Objective:**
- Provide FHTC to every rural household, schools, anganwadi centres, GP buildings, health centres, wellness centres and community buildings and prioritize FHTC for affected areas, villages in drought prone and desert areas
  - Assist in ensuring sustainability of water supply system, i.e. water source, water supply infrastructure, and funds for regular operations and managements (O&M)
  - Empower and develop human resource (for demands of construction, plumbing, electrical, water quality management, water treatment, catchment protection, O&M, etc.)
  - Involvement of stakeholders to bring awareness for safe drinking water



## KEY SERVICES

- Development of in-village piped water supply infrastructure and reliable drinking water sources to provide FHTC to every rural household
- Bulk water transfer, treatment plants and distribution network to cater to every rural household whenever required
- Greywater management
- Support activities, i.e., IEC, HRD, training, development of utilities, water quality laboratories, water quality testing & surveillance, R&D, knowledge centre, capacity building of communities, etc.

## FINANCE DISTRIBUTION

- Centrally Sponsored Scheme under the National Food Security Act (NFSA), 2013.
- The central government bears entire cost of food grains, transportation cost, monitoring, management and evaluation (MME) and procurement of kitchen devices.
- The cooking cost, cost of the kitchen-cum stores and honorarium to cook-cum-helpers is shared between the centre and states on the basis of cost sharing ratio:
  - States/UTs with Legislature ICDS (General) [Salary/honorarium/program components] - 60:40
  - North Eastern States/Himalayan States/UT of Jammu and Kashmir - 90:10
  - UT without Legislature - 100:0

## IMPLEMENTATION

Center	State	District	Block-level/Local
National Jal Jeevan Mission (NJJM), Department of Drinking Water and Sanitation (DDWS), Ministry of Jal Shakti	State Water & Sanitation Mission (SWSM) has two committees Apex Committee and Executive Committee  Every State has 'State Level Scheme Sanctioning Committee' (SLSSC) which essentially works as State level technical committee headed by Chief Secretary/ Principal Secretary/ Secretary incharge of PHED/ RWS Department.	District Water and Sanitation Mission (DWSM) headed by Deputy Commissioner/ District Collector (DC)	Gram Panchayat and/ or its subcommittee, i.e. Village Water and Sanitation Committee (VWSC)/ Paani Samiti/ User Group, etc.

## MONITORING

Center	State	District/Block-level/Local
JJM Integrated Management Information System (IMIS)	Supervisory Control and Data Access (SCADA) system	Multi Village Scheme network system

## SP4N (NUTRITION SENSITIVE)

The scheme provides safe drinking water supply in every rural household thus leading to improvement in living standards of rural communities.

## REFERENCES

1. A mission for fulfilling Aspirations, Transforming Villages, Department of Drinking Water & Sanitation Ministry of Jal Shak Government of India [https://jaljeevanmission.gov.in/sites/default/files/publication\\_and\\_reports/JJM\\_booklet\\_en.pdf](https://jaljeevanmission.gov.in/sites/default/files/publication_and_reports/JJM_booklet_en.pdf)
2. Jal Jeevan Mission Website, [https://jaljeevanmission.gov.in/about\\_jjm#vision](https://jaljeevanmission.gov.in/about_jjm#vision)
3. Jal Jeevan Samvad, <https://jalshakti-ddws.gov.in/samvad/JalJeevanSamvad-August-2022-en.pdf>
4. Public notification by Ministry of Jal Sakti, (March 22) <https://pib.gov.in/PressReleasePage.aspx?PRID=1812013#:~:text=The%20budget%20under%20Jal%20Jeevan,Har%20Ghar%20Jal'%20programme>
5. <https://jaljeevanmission.gov.in/media/seven-states-uts-achieve-100-piped-water-connection-goal#:~:text=Seven%20states%20and%20Union%20Territories,centrally%20sponsored%20Jal%20Jeevan%20Mission>





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## **SCHEME:(SBM)\*** **Swachh Bharat Mission**

– **Launch Year:**  
2014

– **Ministry/State:**

The mission has two sub missions implemented in 2 phases (Phase I: 2014 to 2019; Phase II: 2020 to 2025) Swachh Bharat Mission (Gramin) under the Ministry of Jal Sakti (Department of Drinking Water and Sanitation) and the Swachh Bharat Mission (Urban) under the Ministry of Housing and Urban Affairs

– **Target Group:**

SBM (G) focuses on rural areas and all statutory towns are covered under the SBM (U).  
(Definition of statutory town is in reference)

– **Geographical Coverage / Beneficiaries (2022)**

Under SBM(G): 10.93 crore Individual Household Latrines (IHHLs) and 1.95 lakh Community Sanitary Complexes (CSCs) have been constructed so far in the country. All the villages, gram panchayats, and districts in the country have already declared themselves Open Defecation Free (ODF). 53,948 villages have been covered with Solid Waste Management and 28,603 villages have been covered with Liquid Waste Management.

Under SBM(U): 62.65 lakh IHHLs 6.21 lakh Community & Public Toilets seats have also been constructed. For the Municipal Solid Waste Management, 100% door to door collection is being done in 87,095 wards out of total 89,650 wards and waste processing achieved is 72% of total waste generated.

– **Transfer Modality:**

In-kind transfers

## KEY SERVICES

- The key services include provision of the following:
  - Household toilets, including conversion of insanitary latrines into pour-flush latrines
  - Community toilets, Public toilets and urinals
  - Solid waste management
  - IEC & Public Awareness
  - Capacity building and Administrative & Office Expenses (A&OE)

## FINANCE DISTRIBUTION

### SBM (G):

The fund sharing between centre and state is as follows:

- IEC, Start Up Activity and Capacity Building: 75:25
- IHHL: 75:25 (States), 90:10 (in case of NE States, J&K and Special category States)
- Community Sanitary Complexes: 60:30 (10% is shared by beneficiary household/community)
- Administrative charges: 75:25
- Solid/Liquid Waste Management (Capital Cost): 75:25

### SBM (U):

The fund sharing between centre and state is as follows:

- Cities with million plus population: 25:75
- Cities with population between 1-10 lakhs: 33:67
- Cities with less than one lakh population: 50:50
- Union territories without legislature: 100:0
- Union territories with legislature: 80:20

## IMPLEMENTATION (Centre/State/District/Block/Local)

SBM (G) is a five-tier implementation mechanism set up at the National/State/District/Block/Village level as given below.

- National Swachh Bharat Mission (G) set up at the Ministry of Drinking Water and Sanitation. Secretary DWS will be the Mission Director, to be assisted by Additional Secretaries, Joint Secretaries, Directors, Deputy Secretaries and Technical Advisors.
- State Swachh Bharat Mission - State Water and Sanitation Mission is set up to achieve coordination and convergence among State Departments
- District Swachh Bharat Mission headed by Chairman of
- Zilla Parishad, plan and advise on implementation of the SBM (G) in the district with appropriate IEC strategies and convergence mechanisms with all line departments.
- Gram Panchayat/ Village Water and Sanitation Committee (VWSCs) function as a standing committee on Water and Sanitation of the Gram Panchayat and is an integral part of the Village Panchayat.

SBM (U) is a three-tier mission management structure:

- A National Advisory and Review Committee (NARC) headed by the Secretary, M/o Urban Development (UD), and comprising representatives of relevant line ministries will be notified by the M/o UD.
- A State High Powered Committee (SHPC) under the chairpersonship of the State's Chief Secretary, and with members drawn from concerned departments (including a MoHUA representative) are responsible for the management of SBM (Urban) at the State / UT level.
- The SBM is envisaged as a People's movement (Jana Andolan) for ensuring hygiene, waste management and sanitation across the country. It is therefore essential that in its implementation the Urban Local Bodies (ULBs) elicit the active participation of the Ward Committees, Area Sabhas, Resident Welfare Associations, NGOs and Civil Society Groups.

## MONITORING (Centre/State/District/Block/Local)

Monitoring framework uses two types: Annual monitoring survey through independent agencies to monitor the sanitation status in rural areas. Other is the concurrent monitoring of the implementation of the programme using community level participation

- States / UTs will be required to send in Monthly Progress Reports (MPRs) / Quarterly Progress Reports (QPRs) to Mission Directorate.
- A District Level Review and Monitoring Committee (DLRMC) will be constituted with a view to fulfill the objective of ensuring satisfactory monitoring of projects under the Chairpersonship of a Member of Parliament.

## SP4N (NUTRITION SENSITIVE)

Lack of sanitation leads to physical and cognitive stunting in children (under nutrition) that leads to a far less productive future workforce. Thus, Swachh Bharat Mission improved WASH (Drinking Water, Sanitation and Hygiene) facilities which may help India to achieve the SDG 6 (critical and sustainable for the survival).

## REFERENCES

1. SBM (G) guidelines: <https://swachhbharatmission.gov.in/sbmcms/writereaddata/images/pdf/Guidelines/Complete-set-guidelines.pdf>
2. SBM (U) guidelines: [http://swachhbharaturban.gov.in/writereaddata/SBM\\_GUIDELINE.pdf](http://swachhbharaturban.gov.in/writereaddata/SBM_GUIDELINE.pdf)
3. Statutory towns are urban areas defined by administrative units that have been defined by 'statute' as urban such as municipal corporations, municipalities, cantonment boards, notified town area committees, town panchayats, or nagar palikas;
4. SBM coverage: <https://pib.gov.in/PressReleasePage.aspx?PRID=1809220>
5. SBM (U) funding pattern: <https://pib.gov.in/PressReleasePage.aspx?PRID=1763354>
6. SBM (G) funding pattern: <https://swachhbharatmission.gov.in/sbmcms/writereaddata/images/pdf/Guidelines/Complete-set-guidelines.pdf>





**SCHEME: (MGNREG)**  
**Mahatma Gandhi National**  
**Employment Guarantee**  
**Scheme**

**- Launch Year:**

2005

**- Ministry/State:**

Ministry of Rural Development  
(MoRD), Government of India

**- Target Group:**

A total of 289.24 crore person-days employment has been generated by 2021

**- Geographical Coverage / Beneficiaries (as of March 2020)**

Present in all states across India. Under the Scheme, 5.13 crore households and 15.5 crore individuals are benefitted.

**- Transfer Modality:**

Public work

**- Objective:**

- Livelihood security for the poor and vulnerable people by providing employment opportunities and through creation of durable assets, improved water security, soil conservation and higher land productivity
- Drought-proofing and flood management in rural India
- Empowerment of the socially disadvantaged, especially women, Scheduled Castes (SCs) and Scheduled Tribes (STs), through the processes of a rights-based legislation
- Strengthening decentralized, participatory planning through convergence of various anti-poverty and livelihoods initiatives
- Deepening democracy at the grass-roots by strengthening Panchayati Raj Institutions

## KEY SERVICES

- Provide at least 100 days of guaranteed wage employment in a financial year to every rural household whose adult member (completed 18 year of age) volunteer to do unskilled manual work, resulting in creation of productive assets of prescribed quality and durability
- Strengthening the livelihood resource base of the poor and proactively ensuring social inclusion.
- Strengthening Panchayati Raj (PRIs) Institutions.

## FINANCE DISTRIBUTION

- The Central Government provides up to 6 per cent of the total expenditure on MGNREGA in a FY as administrative expenses.
- The 6 per cent cap on administrative expenses operates at the State level and at least one third of this 6 per cent should be utilized at the Gram Panchayat level to employ and pay the Gram Rozgar Sahayak, other technical personnel as per the work done and for other administrative expenses.
- For accounting convenience, the administrative expenses portion may be kept in a separate bank account at State, district or block levels.

## IMPLEMENTATION (Centre/State/District/Block/Local)

- MGNREGA is demand driven wage employment Programme and resource transfer from Centre to States is based on the demand for employment in each State.
- The DPC (District Programme coordinator) is responsible for the implementation of the scheme in the district, and assist the selection of blocks, utilization of funds, Review, monitor and supervise the performance of the POs and all implementing agencies in relation to MGNREGA works.
- The Programme Officer (PO) acts as a coordinator for Mahatma Gandhi NREGS (MGNREGS) at the Block level. The PO and Gram Panchayat Officials are responsible to ensure that anyone who applies for work gets employment within 15 days.
- Gram Sabha is the primary forum for conduct of social audits. It provides a platform to all residents to seek and obtain all relevant information from all the Implementing Agencies including GP in relation to MGNREGA works implemented in the GP area.

## MONITORING (Centre/State/District/Block/Local)

- Monitoring and supervising implementation of works taken up by GPs and other implementing agencies at the Block level.

## SP4N (NUTRITION SENSITIVE)

The scheme directly provides minimum wage employment and indirectly the food sustenance through livelihoods in rural areas.

## REFERENCES

1. <https://pib.gov.in/PressReleasePage.aspx?PRID=1887438>
2. [https://nrega.nic.in/Circular\\_Archive/archive/nrega\\_doc\\_FAQs.pdf](https://nrega.nic.in/Circular_Archive/archive/nrega_doc_FAQs.pdf)
3. [https://nrega.nic.in/Circular\\_Archive/archive/Operational\\_guidelines\\_4thEdition\\_eng\\_2013.pdf](https://nrega.nic.in/Circular_Archive/archive/Operational_guidelines_4thEdition_eng_2013.pdf)





## **SCHEME: (NRLM)** **National Rural Livelihood Mission**

- **Launch Year:**  
2011

- **Ministry/State:**  
Ministry of Rural Development (MoRD), Government of India

- **Target Group:**  
Rural poorR

### **Geographical Coverage / Beneficiaries**

Mission has its footprints in 6769 blocks of 706 districts in 30 states and 6 UTs. It has mobilized a total of 8.01 Crore women from poor and vulnerable communities into 73.19 lakhs SHGs and formed 4,24,189 Village organization and 32,406 CLFs. In the 2021, 248 blocks have been covered with the mobilization of 41.02 lakh households into 3.81 lakh SHGs.

### **Transfer Modality:**

Public work (Instead of providing direct financial support, the scheme envisages that the poor are organized into institutions, acquire sufficient capacity building and handholding support, access institutional credit and pursue livelihoods based on their resources, skills and preferences)

### **Objective:**

To promote sustainable livelihoods for the poor such that they come out of poverty. The institutions of the poor are intended to facilitate

- Access to formal credit
- Support for diversification and strengthening of livelihoods
- Access to entitlements and public services

## KEY SERVICES

- Dedicated support organizations with reach up to community level, to nurture and support community institutions in a process intensive manners.
- Mobilized about 9-10 crore rural poor households into Self Help Groups (SHGs) in a phased manner. Nearly 8.64 crore women members have been mobilized into 80 lakh SHGs.
- There are more than 4.63 lakh Village Organizations formed under the program.
- Creation of a pool of Social Capital in the form of Community Resource Persons (CRPs) and identification of internal CRPs and active women. The community institutions have accessed, cumulatively, more than Rs. 19750 Crores of Capitalization Support Fund and more than Rs. 5.83 Lakh Crore has been provided as bank credit to the SHGs.
- Convergence with other poverty reduction programs, social security schemes and safety nets. More than 1.96 crore Mahila Kisan being supported under the Farm Livelihood intervention of the program and more than 2.18 lakh women entrepreneurs supported under the sub-scheme Start-up Village Entrepreneurship Programme (SVEP).

## FINANCE DISTRIBUTION

- NRLM is a centrally sponsored scheme and financing of the programme is shared between the centre and the state, currently at the ratio of 75:25.
- The funds flow to the States through NRLM to SRLM. The SRLM has to open a bank account and notify it to NRLM.

## IMPLEMENTATION

Center	State	District	Block-level	Sector/Village/Local
An Advisory Committee of NRLM under the Chairmanship of Minister for Rural Development sets the overall vision and direction of mission.	State Rural Livelihood Mission (SRLM) oversee the implementation and other related activities at the State level and constitutes a State Mission Management Unit (SMMU) headed by Chief Executive Officer (CEO).	District Mission Management Unit (DMMU) setup by SMMU and is responsible for implementing the programme at district level as per the guidelines.	Block Mission Management Unit mobilizes poor households into SHG-fold, strengthen them and build their capacities. The unit also takes the responsibility of federating the SHGs and ensures that the SHG groups and their federations are strengthened in course of time.	Undertake random survey of livelihood patterns in the village. Ensure training to the target groups in the relevant areas by relevant trainer.

## MONITORING

Center	State	District	Block-level
The Central Level Coordination Committee (CLCC) at National Level reviews the programme, ensures effective implementation, linkage mechanism, progress in terms of physical and financial terms and makes recommendations for improvement.	At the State level, there is State Level Bankers Committee (SLBC) to review financial inclusion and credit linkages under the programme.	At the District level, the District level Coordination Committee under the chairmanship of the District Collector reviews the scheme implementation.	SHGs/federations/other institutions of poor ensures effective implementation of the programme. Ensure updation of information at Block level and review the information received from village level. Provide support in conduct of social audit by SHGs and the federations as part of self-monitoring.

## SP4N (NUTRITION SENSITIVE)

NRLM can be helpful in improving nutritional outcomes by promoting livelihoods diversification, women's empowerment, health and nutrition education, and convergence with other programs such as National Health Mission, Mid-Day meal scheme.

## REFERENCES

1. <https://aajeevika.gov.in/>
2. <https://darpg.gov.in/sites/default/files/National%20Rural%20Livelihood%20Mission.pdf>
3. <https://pib.gov.in/PressReleasePage.aspx?PRID=1786672>





## **SCHEME:**

### **Pradhan Mantri Kisan Samman Nidhi Yojana**

#### **– *Launch Year:***

2019

#### **– *Ministry/State:***

Ministry of Agriculture and Farmers Welfare, Government of India

#### **– *Target Group:***

All landholding farmer families (small and marginal), which have cultivable landholding in their names. It excludes farmers belonging to higher economic status as per scheme exclusion section.

#### **– *Geographical Coverage / Beneficiaries (as of Feb 2022)***

An amount of around Rs. 1.82 lakh crores has been disbursed and around 11.78 crore beneficiaries have been given the financial benefit under the scheme.

#### **– *Transfer Modality:***

Unconditional cash transfers subject to certain exclusions

#### **– *Objective:***

- To supplement the financial needs of all landholding farmers' families in procuring various inputs to ensure proper crop health and appropriate yields.
- An amount of INR 6000 per year is given to the eligible farmers under Direct Benefit Transfer mode.

## KEY SERVICES

Payment of INR 6000 per year to the eligible farmers in three equal installments of INR 2000 each, every four monthly.

## FINANCE DISTRIBUTION

- It is a central sector scheme with 100% funding from Gol.
- State Government and UT administration identify the farmer families which are eligible for support as per scheme guidelines as higher economic status are not eligible for benefit.
- The fund will be directly transferred to the bank accounts of the beneficiaries

## IMPLEMENTATION (Centre/State/District/Block/Local)

- A Project Monitoring Unit (PMU) at Central level in the Department of Agriculture, Cooperation & Farmers Welfare (DAC&FW) is responsible for overall monitoring of the scheme and is headed by Chief Executive Officer (CEO).
- Each State/UT Government is supposed to designate a Nodal Department for implementation of the scheme and coordinating with Central Government with regard to implementation of Income Support Scheme.
- The Scheme is being implemented through an Aadhaar linked electronic data base containing details of all members of the families of the farmers whose names appear in the land records.

## MONITORING (Centre/State/District/Block/Local)

- At the National level, the Review Committee will be headed by Cabinet Secretary.
- The States shall notify the State and District Level Review / Monitoring Committee. The States shall also notify State and District Level Grievance Redressal Monitoring Committees for looking into all the grievances related to implementation of the scheme.

## SP4N (NUTRITION SENSITIVE)

This financial assistance programme helps in providing stable source of income to marginal farmers which empower local farmers and promote small-scale agriculture. It will help in improving the nutrition outcomes by improving access to nutritious food, diversifying crops, enhancing livelihood and strengthening local food systems.

## REFERENCES

1. [https://pmkisan.gov.in/Documents/RevisedPM-KISANOperationalGuidelines\(English\).pdf](https://pmkisan.gov.in/Documents/RevisedPM-KISANOperationalGuidelines(English).pdf)
2. <https://agricoop.nic.in/Documents/annual-report-2021-22.pdf>
3. <https://static.pib.gov.in/WriteReadData/specificdocs/documents/2022/mar/doc202231124301.pdf>





## **SCHEME:**

### **Pradhan Mantri Matsya Sampada Yojana**

#### **– *Launch Year:***

2020

#### **– *Ministry/State:***

Department of Fisheries,  
Ministry of Fisheries, Animal  
Husbandry  
and Dairying, Government of India

#### **– *Target Group:***

Fisheries Sector Including the  
Welfare of Fishers

#### **– *Geographical Coverage / Beneficiaries (as on Mar 2023)***

All the States and Union Territories  
for a period of 5 years from FY  
2020-21 to FY 2024-25. Estimated  
Beneficiaries Impacted (Direct &  
Indirect): 1,600,000 (approx.)

#### **– *Transfer Modality:***

Cash Transfer

#### **– *Objective:***

- A scheme to initiate Blue Revolution through sustainable and responsible development of the fisheries (at an estimated investment of Rs. 20050 crores) including the welfare of fishers.
- Harness the potential of the fisheries sector in a sustainable, responsible, inclusive, and equitable manner by (i) enhancing aquaculture productivity to 5 tons per hectare, (ii) augmenting domestic fish consumption to 12 kg per capita, (iii) increasing contribution of the fisheries sector to the agriculture GVA to about 9% by 2024-25, (iv) doubling export earnings to Rs.1,00,000 crores by 2024-25, (v) reduction of post-harvest losses to about 10%, (vi) generating 55 lakh direct and indirect employment opportunities along the value chain, (vii) doubling the incomes of fishers and fish farmers.

## KEY SERVICES

Facilitating private investment and growth of entrepreneurship in the fisheries sector.

## FINANCE DISTRIBUTION

- General States: (50:50 Centre and General States) Centre share Rs. 1500 + State share Rs. 1500 + Beneficiary share Rs. 1500 = Rs. 4500/-year.
- North East and Himalayan States: (80:20 Centre and NE & Himalayan States) Centre share Rs. 2400 + State share Rs. 600 + Beneficiary share Rs. 1500 = Rs. 4500/-year.
- Union Territories (100% as Centre share for UTs: Centre share Rs. 3000 + Beneficiary share Rs.1500 = Rs. 4500/-year.

## IMPLEMENTATION

Center	State/District
By Central Government and its entities including National Fisheries Development Board.	State/UT Governments and their entities, State Fisheries Development Boards, Any other Implementing Agencies as decided by Department of Fisheries

## MONITORING

Center/State	District
The project proposals taken up under the PMMSY is monitored through a Project Monitoring Unit (PMU)-headed by the Chief Executive, NFDB, Project Monitoring and Evaluation Unit (PMEU) headed by Joint Secretary, Department of Fisheries, a State Level Approval and Monitoring Committee (SLAMC) headed by the State Secretary in-charge of Fisheries.	PMMSY inter-alia envisages constitution of a District Level Committee (DLC) normally headed by the district Collector/Deputy Commissioner of District for implementation of the PMMSY at the District Level including its supervision and monitoring.

## SP4N (NUTRITION SENSITIVE)

Fishes remain an important source of protein food and nutrition especially for the rural populations. So, fish being an affordable and rich source of animal protein, is one of the healthiest options to mitigate hunger and nutrient deficiency.

## REFERENCES

1. Dedicated Portal: <https://pmmsy.dof.gov.in/>
2. Policy Document: <https://pmmsy.dof.gov.in/new-download>





**SCHEME:**  
**National Food Security Mission**

– **Launch Year:**

2007

– **Ministry/State:**

Department of Agriculture,  
Cooperation and Farmers Welfare,  
Ministry of Agriculture and  
Farmers Welfare, Government of  
India.

– **Target Group:**

- At least 33% allocation of the fund is to be made for small and marginal farmers, and
- At least 30% allocation of the fund is to be made for women farmers.

– **Geographical Coverage / Beneficiaries (as of March 2020)**

All India comprising 27 states;  
however, the selection is based on  
the district.

– **Transfer Modality:**

Cash Transfer  
(Direct Benefit Transfer)

– **Objective:**

- Increasing production of rice, wheat, and pulses through area expansion and productivity enhancement in the identified districts of the country.



## KEY SERVICES

Need based inputs (seed, nutrients, soil ameliorants, bio-fertilizers, plant protection, farm machines and 15 types of training to farmers)

## FINANCE DISTRIBUTION

Funds for implementing the mission's programme is released to the State Governments with the approval of the NFSM-EC. The State Governments release the funds to the State Level Agency through PFMS/Treasury. The State Level Agency would make funds available to the District Level Agency in accordance with approved programme of the district. District level agency would release the fund to the Implementing Agency/ beneficiary.

## IMPLEMENTATION

Center	State	District
The Department of Agriculture, Cooperation and Farmers Welfare Government of India communicate Component-wise tentative annual outlay to each State for developing Annual Action Plan.	The agency (DFSM-EC) at the district level prepares the Annual Action Plan keeping in view their priority and potential and submit the plan to the State Mission Director. The State Mission Director prepare a State Action Plan based on the District Action Plans. The State Mission Director get the State Action Plan vetted by the State Food Security Mission Executive Committee (SFSM-EC) and furnish the same in prescribed format to Department of Agriculture, Cooperation and Farmers Welfare, Ministry of Agriculture and Farmers Welfare for consideration by the National Food Security Mission Executive Committee (NFSM-EC).	State food security mission Executive Committee (SFSM-EC) is empowered to make interventional changes in budgetary allocation based on the local needs to the extent of 20% of the total allocation; provided the proportion of funds approved for various components does not change as per guidelines.

## MONITORING

Center	State	District
At the national level, the activities of the mission is monitored by a committee constituted under the Chairmanship of the Mission Director with members from DAC&FW, ICAR, SAUs, CDDs, Research Institutions concerned and officials of State Departments concerned.	The State Department of Economics and Statistics is involved in adopting the prescribed format for data collection pertaining to different parameters of the Mission to suit the local requirements. At the State level, the activities of the Mission is monitored by a Committee to be constituted under the Chairmanship of the State Mission Director with members from the line departments, SAUs, Lead Bank, NABARD, KVKs/ ICAR institutes and Crop Development Directorate of DAC&FW.	At the district level, monitoring is undertaken by DFSM-EC supported by the Project Management Team.

## SP4N (NUTRITION SENSITIVE)

Increasing production of rice, wheat, pulses, coarse cereals (maize and barley) and Nutri-Cereals through area expansion and productivity enhancement in a sustainable manner (in the identified districts of the country) can be the first step towards Nutritional Security.

## REFERENCES

1. Dedicated Portal: <https://nfsm.gov.in/Default.aspx>
2. Policy Document: [https://nfsm.gov.in/Guidelines/Guideline\\_nfsmandoilseed201819to201920.pdf](https://nfsm.gov.in/Guidelines/Guideline_nfsmandoilseed201819to201920.pdf)





**SCHEME:**  
**National Food Security Act  
2013**

- *Launch Year:*  
2013
- *Ministry/State:*  
Central Government
- *Target Group:*  
About 81.31 crore Indians
- *Geographical Coverage /  
Beneficiaries (as on Dec  
31, 2020)*  
All India
- *Transfer Modality:*  
Food Grain
- *Objective:*
  - An Act to provide food and nutritional security in human life cycle approach by ensuring adequate quantity and quality of food at affordable prices.

## KEY SERVICES

- Five kilograms of foodgrains per person per month at subsidised prices.
- 35 kilograms of foodgrains per household per month.

## FINANCE DISTRIBUTION

Transfers in Terms of Food Grain (Distribution in food grains from central government stocks to state governments).

## IMPLEMENTATION

Center	State	Local
The Centre is responsible for allocation of required foodgrains to States/UTs under the Targeted Public Distribution System. Transportation of foodgrains up to designated depots in each State/UT and providing central assistance to States/UTs for delivery of foodgrains from designated FCI godowns to the doorstep of the FPSs.	The States/UTs are responsible for effective implementation of the Act, which inter-alia includes identification of eligible households, issuing ration cards, distribution of foodgrain entitlements to eligible households through fair price shops, issuance of licenses to Fair Price Shop dealers and their monitoring, setting up effective grievance redressal mechanism and necessary strengthening of Targeted Public Distribution System (TPDS). The State Government shall be responsible for implementation and monitoring of the schemes of various Ministries and Departments of the Central Government in accordance with guidelines issued by the Central Government for each scheme, and their own schemes, for ensuring food security to the targeted beneficiaries in their State.	The local authorities shall be responsible for the proper implementation of this Act in their respective areas. "Social audit" means the process in which people collectively monitor and evaluate the planning and implementation of a programme or scheme;

## MONITORING

Center	State	Local
The Central Government may, if it considers necessary, conduct or cause to be conducted social audit through independent agencies having experience in conduct of such audits	Every State Government shall, by notification, constitute a State Food Commission for the purpose of monitoring and review of implementation of this Act.	Block ASHA coordinator and child development project officer will support MOs and other representatives in implementing and monitoring of trainings.

## SP4N (NUTRITION SENSITIVE)

Food security- especially for Scheduled Castes, the Scheduled Tribes, women and destitute persons or persons with disability. All women and lactating mothers can be the first step towards nutritional security. So, National Food Security Act becomes the largest and most effective food security programme.

## REFERENCES

1. Portal: <https://nfsa.gov.in/portal/nfsa-act>



## SP4N COMMUNITY OF PRACTICE IN INDIA

BILL & MELINDA  
GATES foundation

CIF  
CHILDREN'S  
INVESTMENT FUND  
FOUNDATION

American Heart Association  
CPR & First Aid  
Emergency Cardiovascular Care

Economic  
Policy  
Research  
Institute

EQUAL  
EXPERTS

FLAME  
UNIVERSITY

IDinsight  
DATA. DECISIONS. DEVELOPMENT.



INTERNATIONAL  
FOOD POLICY  
RESEARCH  
INSTITUTE  
IFPRI

International  
Labour  
Organization

IPE GLOBAL  
Expanding Horizons. Enriching Lives.

J-PAL  
ABDUL LATIF JAMEEL POVERTY ACTION LAB

Jindal Global Law School  
India's First Global Law School

भारतीय प्रतिष्ठान  
NATIONAL FOUNDATION FOR INDIA

NUTRITION  
INTERNATIONAL  
Nourish Life

ROSHNI  
Center of Women Collectives  
Led Social Action

Save the Children

THE WORLD BANK

unicef  
for every child

WFP  
World Food Programme

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**unicef**   
for every child