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Govt. of N.C.T. of Delhi
Nutrition Program
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Computer No. 272686; DFW-1068/1/2025/SPO-CH(DFW)/15735-59 **Dated: 27/02/2026**

Minutes of the Meeting

The first convergence meeting to strengthen the implementation of nutrition interventions under the National Health Mission (NHM), through inter-departmental coordination and time-bound, outcome-oriented action points, was held on **20th February 2026 at 12:00 PM**, under the chairmanship of the Director, Directorate of Family Welfare (DFW), Delhi, at Conference Hall No. 3, Level 2, Delhi Secretariat, I.P. Estate, Delhi–110002.

Agenda

a) Overview of nutrition status in Delhi.
b) Status of ongoing National Health Mission and allied nutrition-related programmes.
c) Programme targets and achievements, including coverage and quality indicators.
d) Identification of operational bottlenecks.
e) Finalization of department-wise and level-wise (State/District/Facility/Community) action points for programme strengthening.
f) Agreement on mechanisms for joint micro-planning, supportive supervision, capacity building, and regular convergence reviews for improved nutrition outcomes.

Proceedings

The meeting commenced with a welcome address and presentation of the agenda by the Programme Officer (Nutrition), followed by a review of nutrition-related action points across various programmes, highlighting current performance status, gaps in coverage, and implementation challenges.

It was noted that nutrition-related activities are being implemented by multiple departments. Therefore, a dedicated Nutrition Programme has been initiated under the Directorate of Family Welfare to strengthen convergence for improved planning, monitoring, reporting, and service delivery. Emphasis was placed on coordinated inter-departmental efforts to address existing gaps and strengthen nutrition services at both facility and community levels.

Key Nutrition Platforms

The key nutrition platforms include the National Health Mission (NHM), which delivers both facility-based and community-based nutrition interventions; Mission Saksham Anganwadi and POSHAN 2.0 (ICDS), which focuses on strengthening Anganwadi services and improving maternal and child nutrition; and PM-POSHAN, which provides school-based nutrition support to children to enhance their nutritional status and promote improved learning outcomes.

Priority Focus Areas

The priority focus areas include the first 1,000 days (covering pregnant women and children under two years of age), which are critical for optimal growth and development; anaemia reduction among vulnerable groups; improvement of adolescent nutrition; strengthening of school health services and PM-POSHAN coverage; and enhancement of ASHA & Anganwadi Worker (AWW) convergence to ensure coordinated and effective delivery of nutrition interventions at the community level.

Summary of Action Points

1. The reporting mechanism of all programmes was discussed, with emphasis on ensuring accurate, timely, and complete reporting of all programme components. All concerned departments were requested to ensure compliance and further improve reporting systems and documentation quality.

2. All programmes are required to undertake structured follow-up and develop appropriate tracking mechanisms.
3. During immunization sessions (in-house or outreach), UHND, PMSMA, ANC days, or any other Outreach / Inhouse activities or any specific program, health staff, ASHA workers, and Anganwadi Workers must ensure assessment of anaemia and nutrition status across all age groups and sensitize about the same.

Action Assigned: All Programme Officers and concerned departments

4. All Anganwadi Workers must register eligible beneficiaries on the Poshan Tracker of their tagged areas.
5. All Anganwadi Centres must maintain updated line listings of ANC cases and children up to six years, including immunization status, Vitamin A doses, and nutrition status.

Action Assigned: WCD/ICDS Department

6. A state-level nutrition coordination meeting with NGOs in Delhi may be organized.

Action Assigned: PO Nutrition

7. All ASHAs and Anganwadi Workers must sensitize communities regarding all available nutrition services under various programmes.
8. Strengthen ASHA–AWW coordination for effective service delivery.
9. Periodic trainings and review meetings shall be organized for health staff, ASHA workers, and Anganwadi Workers to strengthen capacity, with nutrition to be discussed and reinforced across all relevant platforms and programme activities.

Action Assigned: SPO ASHA & WCD/ICDS Department

10. The Kilkari scheme shall be percolated to all ANC mothers. ASHAs and Anganwadi Workers shall be sensitized to actively disseminate Kilkari messages and ensure coverage of all eligible beneficiaries, with emphasis on ensuring that beneficiaries listen to the complete message for maximum benefit.

Action Assigned: SPO MH, SPO ASHA & SPM KMA

11. NPO Nutrition (WHO) informed that WHO-supported nutrition research in 10 slums is currently underway, and the baseline report along with individual care plans for the concerned areas will be shared shortly.
12. Representatives from All India Institute of Ayurveda and the Directorate of AYUSH informed that work is underway on Ayush Aahar **(**Food Safety and Standards Authority of India**)**, which focuses on disease-based and health-based dietary interventions. This initiative requires close coordination from a public health perspective to ensure effective integration with existing nutrition and health programmes.
13. Digital IEC material may be developed due to space constraints to enhance awareness and strengthen programme implementation.

Programme-wise Status & Actionable Points

A. Anaemia Mukt Bharat

14. All was apprised that coverage of Iron and Folic Acid tablets among pregnant women has exceeded 100%. However, it was emphasized that proper tracking mechanisms must be ensured for timely interventions, including haemoglobin testing, dietary counselling, and provision of Iron and Folic Acid tablets and supplements as per individual requirements.
15. ASHA and Anganwadi Workers were directed to prepare line listings of all antenatal cases along with their haemoglobin status, and to report pregnant women with Hb below 11.0 g/dl to the linked health facility.

Action Assigned: SPO AMB, SPO MH, SPO ASHA, & WCD

16. All was apprised that Low coverage of Iron and Folic Acid syrup among children (6–59 months), primarily due to supply constraints and mobilisation gaps.

17. Low coverage of Iron and Folic Acid tablets (Pink tablets) among out-of-school children (5–9 years) at Anganwadi Centres, attributed to supply issues and inadequate mobilisation by Anganwadi Workers and ASHAs.
18. It was further informed that haemoglobin testing is currently being conducted using invasive haemoglobinometers. Procurement of non-invasive haemoglobinometers for study purposes is under process.
19. Information has been disseminated among all stakeholders that T3 camps (Test, Treat and Talk) are being organized in schools and community areas as per local requirements. However, there is a need to further strengthen T4 camps (Test, Treat, Talk and Track). Post-testing tracking of diagnosed cases is essential to ensure timely referral, treatment compliance, and regular follow-up. Strengthening tracking mechanisms will help ensure continuity of care and improved outcomes after diagnosis.
20. After Hb testing in specific camps, entries must be ensured on the U-WIN portal for smooth tracking and follow-up.

Action Assigned: SPO AMB, SPO ASHA, SPO-HSS (UNDP), CPA (Supply), and WCD Department

B. Adolescent Health

21. **Weekly Iron and Folic Acid Supplementation Programme (WIFS):** It was noted that coverage among in-school children (10–19 years) receiving weekly Iron and Folic Acid (Blue tablets) is affected by data compilation and coordination issues. Challenges related to the reporting portal were also highlighted.

    Coverage among out-of-school children (10–19 years) receiving weekly Iron and Folic Acid (Blue tablets) remains low, mainly due to inadequate mobilisation by Anganwadi Workers and ASHA workers

21. **National Deworming Day: C**hildren aged 1–19 years are administered Albendazole twice a year under National Deworming Day. However, due to supply constraints, the round scheduled from **26th August 2025 was extended till 4th September 2025,** and a **mop-up round was conducted on 11th November 2025.**

Action Assigned: SPO AH, SPO ASHA, CPA (Supply), School Health Scheme, Education Department, and WCD Department.

C. Child Health

22. **MAA Program** (Mother's Absolute Affection): Early initiation of breastfeeding requires strengthened facility- and community-based counselling, along with follow-up support by ASHA workers, Anganwadi Workers, and other health staff. Mothers and family members should also be counselled during vaccination visits regarding exclusive breastfeeding up to six months of age.

Action Assigned: SPO CH, SPO MH, SPO ASHA, and WCD/ICDS Department.

23. **LMUs** (Lactation Management Units): At present, five LMUs are functional at Baba Saheb Ambedkar Hospital, Swami Dayanand Hospital, Bhagwan Mahavir Hospital, Lok Nayak Hospital, and Chacha Nehru Bal Chikitsalaya. Four additional LMUs are proposed at Babu Jagjivan Ram Memorial Hospital, Sanjay Gandhi Memorial Hospital, Guru Teg Bahadur Hospital and Deen Dayal Upadhyay Hospital. Of these, two are likely to become functional within the current financial year, while space constraints is pending at Deen Dayal Upadhyay Hospital. HR-related issues for the proposed LMUs are under process, and the file is with SPO DSHM for recruitment of ANMs.

Action Assigned: SPO DSHM

24. **Nutrition Rehabilitation Centres (NRCs):** At present, five NRCs are functional at Hindu Rao Hospital, Kalawati Saran Hospital, Bhagwan Mahavir Hospital, Lok Nayak Hospital, and Chacha Nehru Bal Chikitsalaya. One additional NRC is proposed at Indira Gandhi Hospital, Dwarka, and is targeted to become operational by March 2026.

    However, operationalization of the NRC at Indira Gandhi Hospital is pending due to non-deputation of a Medical Officer by the CDMO/MD, South West District. It was noted that a Medical Officer has

already been allocated by the Delhi State Health Mission for this purpose, and the district was advised to expedite deployment at the earliest.

Anganwadi Workers may directly refer SAM children to NRCs in coordination with the District Child Health Officer and NRC In-charge. Before discharge, NRCs must ensure documentation of district name, Anganwadi Centre address, and contact details of the concerned worker in the discharge slip, and inform the concerned district and may also to the concern Agnawadi worker for smooth follow-up coordination. The discharge slip must also clearly mention provision of double diet for the child.

Action Assigned: CDMO/MD South West District, SPO DSHM, MD, IGH, and WCD department.

25. **STOP Diarrhoea Campaign / Intensified Diarrhoea Control Fortnight:** Although 100% coverage of under-five households with pre-positioned Oral Rehydration Solution (ORS) packets has been reported, continuous community sensitization remains essential.

    ASHA and Anganwadi Workers were advised to regularly disseminate information on the importance and correct use of ORS through one-to-one counselling, community meetings, immunization days, and other outreach activities.

    Action Assigned: State Programme Officer (ASHA), WCD/ICDS Department

26. **RBSK:** Under Rashtriya Bal Swasthya Karyakram (RBSK), early detection and management of the 4Ds - Defects at Birth, Diseases in children, Deficiency conditions, and Developmental Delays including Disabilities - are undertaken for children from birth to 18 years. At present, four DEIC centres are functional at Lok Nayak Hospital, Swami Dayanand Hospital, Guru Gobind Singh Government Hospital, and Chacha Nehru Bal Chikitsalaya. For community-level screening, 94 Mobile Health Teams (MHTs) have been proposed in the PIP to conduct screening in schools and at Anganwadi Centres and other community locations as required.

    Action Assigned: SPO CH, SPO ASHA, and WCD/ICDS Department.

27. **Vitamin A Supplementation:** Vitamin A is essential for all children from **9 months to 5 years of age,** and a total of **nine doses** are to be administered as per schedule. As per the U-WIN platform, Vitamin A coverage in Delhi is currently very low, with only **1.9% of doses administered**. Due to supply constraints of Vitamin A syrup, many eligible children have not received their scheduled doses.

    Vitamin A plays a critical role in **Measles–Rubella elimination** by reducing complications, lowering morbidity and mortality, strengthening immunity, and improving overall child survival.

    In view of the low coverage, achieving **100% Vitamin A dose coverage** is imperative. A focused **6-day drive during Poshan Pakhwada (twice a year)** should be conducted to cover left-out children. Additionally, **100% real-time updating on the U-WIN portal** by vaccinators must be ensured for effective monitoring. Prior to the drive, all ASHA and Anganwadi Workers shall prepare due lists of eligible children to facilitate targeted service delivery.

    Action Assigned: SPO Immunization, SPO ASHA, SPO CH, SPO HSS (UNDP), WCD Department.

D. Other programs

28. **NTEP (National TB Elimination Program)** Under NTEP, TB patients are provided nutritional support through **Nikshay Poshan Yojana** at Rs. 1,000 per month during the treatment period. Currently, **77% of patients are registered on the portal;** however, some beneficiaries have declined the benefit, while others are facing bank account–related issues affecting Direct Benefit Transfer (DBT). The provision of food baskets for beneficiaries was also discussed.

    Tuberculosis Health Visitors (TBHVs) assess patients' nutritional status during home visits and provide counselling to improve treatment adherence and uptake of nutrition support, while also disseminating information about Nikshay Poshan Yojana.

    Action Assigned: SPO NTEP / STO NTEP.

29. **NLEP (National Leprosy Eradication Programme):** Under NLEP, approximately **1,350 leprosy patients** are currently registered in Delhi, of whom about **50% are Delhi residents,** while the remaining patients belong to other states. A large proportion of these patients are socially vulnerable

and lack adequate nutritional and social support. This gap increases their risk of disability and long-term complications, underscoring the need for strengthened care, follow-up, and supportive services.

In view of this, it was suggested that **SPO NLEP** may explore extending nutritional support to leprosy patients on lines similar to **Nikshay Poshan Yojana** for tuberculosis patients during the treatment period. Further, a proposal for nutrition support to leprosy patients may be included in the upcoming PIP to ensure comprehensive patient care and improved treatment outcomes.

Action Assigned: SPO NLEP.

30. **ASHA program:** Strengthening ASHA workers is essential for the smooth implementation of nutrition interventions and for enhancing their knowledge and convergence across programmes. Nutrition-related components must be incorporated into the agenda of every ASHA monthly facility-based meeting and all ASHA-related trainings.

    HBNC (Home-Based Newborn Care) and HBYC (Home-Based Care for Young Child) are ASHA-led home visit initiatives covering critical early life stages. These visits play a crucial role in ensuring better health and nutrition outcomes for the next generation. All ASHAs must be periodically sensitized regarding the importance of these activities and their role in effective implementation.

    Action Assigned: SPO ASHA

31. **NP-NCD (National Programme for Prevention and Control of Non-Communicable Diseases):** Under NP-NCD, nutrition plays a major role in obesity prevention and lifestyle management. Currently, unhealthy dietary practices—especially among school-going children -are contributing to a rising trend of childhood obesity. Such children are being identified through screening, investigated as required, and counselled on healthy food habits and physical activity.

    Focused efforts are being undertaken for obesity prevention and lifestyle modification, including nutrition counselling, promotion of balanced diets, and awareness on healthy behaviours, with the aim of preventing future NCDs and improving long-term health outcomes among children and adolescents.

    Action Assigned: SPO NP-NCD, School Health Scheme, Education Department.

32. **District Level Nutrition Convergence Meeting:** For smooth implementation of nutrition interventions across all age groups, all districts shall conduct at least one convergence meeting every month for inter-sectoral coordination involving all District Programme Officers, DTOs, MIS, DQAC, Pediatricians and Nutritionists from hospitals, IAP members, and other stakeholders as per district requirements, including WHO, UNDP, AYUSH, WCD/ICDS, Education Department, NGOs, and other partners involved in nutrition activities.

    The Minutes of the Meeting (MoM), along with a brief report of the monthly district convergence meeting, shall be submitted to the State through email at **nutritiondfwdelhi@gmail.com** for review and monitoring.

    Action Assigned: CDMO/MD, DCHO

This convergence meeting aims to improve service coverage and quality, reduce anaemia and undernutrition, strengthen IYCF practices, enhance inter-departmental coordination, and achieve measurable improvement in nutrition indicators with greater community participation.

All stakeholders are requested to share suggestions to strengthen programme implementation. With strong coordination and collective commitment, we can improve nutrition outcomes for pregnant women, children, adolescents, adults, and the elderly.

This issues with the prior approval of the Competent Authority.

"Together for Nutrition, Together for Growth & Development."

Piyush Mishra

Dr. Piyush Mishra
PO-Nutrition, DFW

Copy to:

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2. PA to Director, DFW, 7th Floor, Vikas Bhawan-II, Civil Lines, Delhi–110054.
3. PA to Director – Education Department, Old Secretariat, Delhi-110054.
4. PA to Director - AYUSH, Ayurvedic & Unani Tibia College, Karol Bagh, Delhi–110005.
5. PA to Director, MCD, Civic Centre, NCT of Delhi.
6. PA to Director, All India Institute of Ayurveda, Mathura Road, Gautam Puri, Sarita Vihar, New Delhi – 110076.
7. Deputy Director (POSHAN), Department of Women & Child Development (DWCD), GNCTD.
8. Additional Director – School Health Scheme, F-17, Karkardooma, Delhi-110032.
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16. State Programme Officer – NTEP (National Tuberculosis Elimination Programme).
17. State Programme Officer – NP-NCD (National Programme for Prevention and Control of Non-Communicable), F-17, Karkardooma, Delhi-110032.
18. National Professional Officer (Nutrition), WHO Country Office India, 2nd Floor, R.K. Khanna Stadium, Delhi.
19. Surveillance Medical Officer – WHO, DFW, 7th Floor, Vikas Bhawan-II, Civil Lines, Delhi–110054.
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21. In-charges, Nutrition Rehabilitation Centres - HRH, KSCH, BMH, LNH, CNBC (through respective MD/MS).
22. State MIS Officer, DFW.

Copy for the information:

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3. Deputy Commissioner (Nutrition), Ministry of Health & Family Welfare, Kartavya Bhawan, New Delhi-110001.
4. Guard File.

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