No. PA/185/2024-CPMU (e-115799)

भारत सरकार

Government of India

महिला एवं बाल विकास मंत्रालय

Ministry of Women & Child Development

*****

Shastri Bhawan, New Delhi -110 001

Dated: 09.09.2025

To

The Principal Secretaries/ Secretaries of Department of Social Welfare/ Women and Child Development of all States/UTs

Subject: Nutrition norms of Supplementary Nutrition for Promotion of Healthy Lifestyle and dietary practices to combat obesity and non-communicable diseases – reg.

Sir/Madam,

This issues in supersession of the earlier communication No. PA/185/2024-CPMU, dated 17th April, 2025 and further communication No. PA/154/2025-CPMU, dated 11th July, 2025.

2. As we are aware, nutrition is a basic human need and a prerequisite for a healthy life. Health and nutrition are the most important contributory factors for human resource development in the country. On the one hand India is facing a challenge of malnutrition among children and women and on the other hand, it is experiencing a growing burden of non-communicable diseases (NCDs) such as obesity, diabetes, hypertension, and cardiovascular diseases. Data from the latest round of National Family Health Survey (NFHS-5) shows 32.1% children under 5 years of age as underweight, 19.3% wasted and 35.5% stunted. Further, 6.4% women and 4% men aged 15-49 years are obese. Also, there has been an increase in the percentage of children under 5 years who are overweight (weight-for-height) from 2.1% in NFHS-4 (2015-16) to 3.4% in NFHS-5 (2019-21) at all-India level, with some States/UTs showing a steep increase in the prevalence. In parallel, the Poshan Tracker data (July, 2025) reveals that 6% children under 5 years of age in the Anganwadi Centers fall into the overweight/obese category. These trends are largely driven by faulty dietary and lifestyle choices.

3. **Supplementary Nutrition Programme**

Saksham Anganwadi and Mission Poshan 2.0 is an Integrated Nutrition Support Programme to address malnutrition among children, adolescent girls and women in the country. Nutritional support through Supplementary Nutrition Programme (SNP) is one of the integral components of Mission Poshan 2.0, under which supplementary nutrition is provided to children (6 months to 6 years), pregnant women and lactating mothers and Adolescent Girls (14 to 18 years) primarily to bridge the gap in the intake of nutrients.

3.1 **Nutrition Norms**

Nutrition norms for Supplementary Nutrition are contained in Schedule-II of the National Food Security Act. These norms were revised and notified vide Gazette No. S.O. 403 (E), dated 25th January, 2023 (**Annexure-I**). The revised norms are more comprehensive in terms of both quantity and quality, based on principles of diet diversity that has the potential

to provide quality protein and essential micronutrients, thereby fulfilling the mandate of the National Food Security Act, 2013. The norms now include recommendations for seven essential micronutrients (calcium, iron, zinc, vitamin A, dietary folate, Vitamin B6 and Vitamin B12) along with inclusion of good quality protein (PDCAAS Score of 0.8 to 1.0).

3.2 Food Baskets

3.2.1 Food baskets consisting of diverse food groups have the potential to narrow the gaps in dietary inadequacies and fulfill the recommendations for essential nutrients in all age, gender and physiological groups enlisted in the revised Schedule-II of NFSA, 2013. Therefore, in order to translate the recommendations for nutrients in the revised nutrition norms into food that is to be provided to the beneficiaries, the ICMR - National Institute of Nutrition (NIN) under Department of Health Research, Ministry of Health & Family Welfare has recommended food baskets for all categories of the beneficiaries (**Annexure-II**).

3.2.2 These food baskets provide the recommended levels of energy, protein and micronutrients (Calcium, Iron, Zinc, Vitamin-A, Dietary Folate, Vitamin-B6 and Vitamin B-12) as recommended in Schedule-II of NFSA. By using these food baskets, micronutrients are not needed to be supplemented separately. However, if any fortified food is used for the preparation of supplementary nutrition, then the guidance on use of fortified foods in the food baskets may be used for calculation of the additional quantities of micronutrients provided by the fortified food so that the micronutrients provided through the supplementary nutrition do not exceed the recommended safe limits. The guidance (as contained in the NIN report) on calculation of micronutrients from fortified foods is enclosed at **Annexure-III**.

3.2.3 States/UTs may use these recommended food baskets along with the guidance on use of fortified foods under Supplementary Nutrition Program as a reference while formulating nutritious recipes for supplementary nutrition based on local tastes using locally available foods.

3.2.4 Locally available fruits and vegetables like Amla, Guava, Banana, Papaya and green leafy vegetables like spinach, fenugreek, amaranth, etc., are important sources of essential micronutrients like Vitamin-A, Vitamin-C, folic acid, iron, etc.; hence these may be included as part of supplementary nutrition.

3.3 Added sugars, Salt and Fat in Supplementary Nutrition

3.3.1 Free sugars contribute to the overall energy density of diets and their higher intakes threaten the nutrient quality of the diet by providing significant energy without specific nutrients, leading to unhealthy weight gain and increased risk of obesity and various non-communicable diseases (NCDs). The recommendations with respect to use of added sugar and salt for children and adults are summarised below:

i. While reviewing the nutrition norms for supplementary nutrition (Sch-II of NFSA), the ICMR-National Institute of Nutrition in their Technical Report have recommended that under supplementary nutrition (Take Home Ration, Morning Snacks and Hot Cooked Meals), inclusion of refined sugar/jaggery should be restricted to maximum of 5-10% of total energy intake to avoid excessive intake of discretionary calories. Similarly, addition of salt may also be restricted to the minimum required.
ii. WHO has recommended a reduced intake of added sugar throughout the course of one's life and further recommended as under (full report may be accessed at link: https://www.who.int/publications/i/item/9789241549028.
iii. The Dietary Guidelines for Indians, 2024 published by ICMR-National Institute of Nutrition recommend as under (full guidelines may be accessed at link: https://www.nin.res.in/dietaryguidelines/pdfjs/locale/DGI07052024P.pdf).

3.3.2 To reduce sugar and salt content in supplementary nutrition provided at Anganwadi centers, a multi-pronged approach is needed, focusing on using less sugar and salt in recipes, incorporating naturally sweet and savoury ingredients and promoting healthy eating habits through education.

A. **Take Home Ration (THR):** Recommendations for reducing added sugars and salt in the THR are as under:

- **Limit Added Sugar:** Refined sugar should not be used. Jaggery may be used for sweetening, only if needed. Eliminate or minimize the use of jaggery in recipes to less than 5% of the total energy.
- Added sugar should not be used for children under 2 years of age.
- **Restrict Discretionary Calories:** Avoid using sugary drinks, sweets, and other high-sugar foods as part of the supplementary nutrition.
- **Minimize Added Salt:** Reduce the amount of salt used in cooking to bare minimum. Instead, boost the natural flavour of food with herbs, spices, and other natural seasonings.
- Design THR recipes without adding salt and/or sugar so that the beneficiaries may use the same as per their taste preference, if needed.

B. **Hot Cooked Meals & Morning Snacks:** To reduce sugar content in Hot Cooked Meals & Morning Snacks at Anganwadi centers, focus on limiting added sugars. This can be achieved by reducing or eliminating sugar and/or salt in recipes, using fruits & vegetables as a natural sweetening agent.

- Added sugar should not be used for children under 2 years of age.
- **Review Recipes:** Examine the recipes to identify where sugar is added, such as in sweet dalia/rice, halwa, desserts, etc. Refined sugar should not be used. Jaggery may be used for sweetening, only if needed. Eliminate or minimize the use of jaggery in recipes to less than 5% of the total energy. If eliminating sugar/jaggery entirely is not feasible, try reducing the amount of sugar used in the recipe by a small percentage, gradually decreasing it over time as taste preferences adjust.
- **Replace with Natural Sweeteners:** Consider using fruits and vegetables with naturally sweet taste like dates, banana, mango, papaya, carrots, sweet potatoes, etc. These add sweetness while also providing fiber and other essential nutrients.
- Reduce the number of sweet recipes served under Morning Snacks and Hot Cooked Meals.
- **Minimize Added Salt:** Reduce the amount of salt used in cooking to bare minimum. Instead, boost the natural flavour of food with herbs, spices, and other natural seasonings.

3.4 **Use of foods high in fats, salt and sugar (HFSS)** and other ready-to-eat fast foods, bakery foods and processed foods which may contain *trans*-fats and saturated fats must be avoided (example: biscuits, chips, sugary drinks, etc.).

3.5 **Adherence to Food Safety and Standards Regulations:** It should be ensured that the ingredients used for production of supplementary nutrition are safe and comply with all the applicable provisions of Food Safety and Standards Regulations, 2011 and any further amendments to the regulations.

3.6 **Preservatives, colours, flavours and other synthetic ingredients:** The foods for infant nutrition (foods intended for children up to the age of 2 years) should also be free from preservatives, added colours, flavours and other synthetic ingredients and should comply with the provisions of Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020.

3.7 **Emulsifiers:** Only emulsifiers which are permitted under the Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020 and any further amendment to the regulation should be used.

3.8 **Artificial Sweeteners/sugar substitutes:** Do not use any artificial sweeteners or sugar substitutes under supplementary nutrition for pregnant and lactating women and children.

4. Reduce use of fats/oils in the diet

4.1 Intake of oils and fats should be in moderation. Cooking methods such as sautéing, steaming, grilling, boiling or baking should be used instead of frying.

4.2 The intake of cooking oil/visible fat should not be more than 27–30g /day (adults). The requirement of fat, however, depends on the level of energy (calorie) requirement, which is based on physical activity and physiological status. It is recommended that adult women or men with sedentary lifestyle limit daily fat intake to 20 g and 30 g of visible fat, respectively. Adult men with moderate and heavy physical activity may consume visible fat up to 40 g and 50 g respectively, while adult women with moderate and heavy physical activity may consume up to 30 g and 40 g respectively.

4.3 To enhance nutrition and flavour, oilseeds/nuts paste can be used in place of refined oils/fats.

4.4 High intake of saturated fats (SF) enhances calorie intake and increases the risk of heart diseases and stroke, hence must be limited to not more than 10% of total energy intake. Saturated fatty acids are found in fatty meat, dairy foods, and hard fats and oils such as butter, ghee, lard, palm/palmolein oil, coconut oil and any product made using these sources of fats.

4.5 Trans-fats are harmful and must be avoided. Trans-fats are produced during hydrogenation of vegetable cooking oils (example, vanaspati). Trans-fat consumption increases risk of heart disease, stroke, diabetes, breast cancer, colon cancer, preeclampsia, disorders of nervous system and vision in infants. Trans-fats are found in vanaspati, fried foods, margarine, ready-to-eat fast foods, bakery foods and processed foods. Use of vanaspati as a cooking medium should be avoided as it contains trans-fats and saturated fats.

4.6 Repeated heating of cooking oils generates harmful oxidative compounds which may increase the risk of cardiovascular diseases and cancer and hence must be avoided. At household level, edible oil once used for frying, should be filtered and may be used for curry preparation but using the same oil for frying again should be avoided. Also, such oils should be consumed in a day or two. Storing 'used' oils for a long time should be avoided, as the rate of deterioration is high in such oils.

4.7 Minimize consumption of ready-to-eat fast foods, bakery foods and processed foods which may contain *trans*-fats and saturated fats.

5. Healthy Lifestyle and dietary practices

5.1 Good nutrition is vital at each stage of the human lifecycle. Nutrients that we obtain through food have vital effects on physical growth and development, maintenance of normal body function, physical activity and health. The quantities of foods needed to meet the nutrient requirements vary with age, gender, physiological status and physical activity. Dietary intakes

lower or higher than the body's requirements can lead to undernutrition or overnutrition respectively. Eating too little food during certain significant periods of life such as infancy, childhood, adolescence, pregnancy and lactation and eating too much at any age can lead to harmful consequences. Appropriate dietary habits and physical activity through all the stages of one's life are essential for the maintenance of holistic health.

5.2 Therefore, efforts should be made to promote healthy lifestyle and dietary practices in line with the Dietary Guidelines for Indians, 2024, released by the ICMR-National Institute of Nutrition. The guidelines can be accessed at the link: https://www.nin.res.in/dietaryguidelines/pdfjs/locale/DGI07052024P.pdf. A summary of recommendations is at **Annexure-IV**.

6. **Nutrition Education:** In addition to the above-mentioned strategies to achieve healthy dietary and lifestyle patterns, it is important to conduct targeted awareness programmes/activities for officers, field functionaries and community at large.

- Educate Anganwadi workers to conduct regular awareness sessions for mothers and caregivers on the importance of adopting healthy diet and lifestyle, specifically reducing sugar, salt and oil intake, consumption of a wide variety of nutritious foods, including fruits, vegetables, and whole grains, to ensure a balanced diet.

- Engage the local community in promoting healthy eating habits and supporting Anganwadi centers in providing nutritious meals.

7. **Monitoring and Evaluation:**

- **Regular Quality Checks:** Implement regular monitoring and quality checks of the supplementary nutrition provided at Anganwadi centers to ensure compliance with the recommended guidelines.

- **Nutritional Assessment:** Conduct regular nutritional assessments of children and women to track their health and nutritional status.

8. States/ UTs are requested to adopt these guidelines as soon as possible.

9. This issues with approval of Competent Authority.

Yours sincerely,

(Dr. Monika Singh)
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Copy to:

1. All Directors, WCD/Social Welfare of all States and UTs
2. PS to Hon'ble Minister for Women and Child Development
3. PS to Hon'ble Minister of State for Women and Child Development
4. PSO to Secretary, Ministry of Women and Child Development
5. PS to Addl. Secretary, Saksham Anganwadi and Mission Poshan 2.0, Ministry of Women and Child Development

Annexure-I

रजिस्ट्री सं. डी.एल.- 33004/99 REGD. No. D. L.-33004/99

भारत का राजपत्र
The Gazette of India

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असाधारण
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii)
PART II—Section 3—Sub-section (ii)

प्राधिकार से प्रकाशित
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उपभोक्ता मामले, खाद्य और सार्वजनिक वितरण मंत्रालय

(खाद्य और सार्वजनिक वितरण विभाग)

अधिसूचना

नई दिल्ली, 25 जनवरी, 2023

का.आ. 403(अ).—केन्द्रीय सरकार,राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 (2013 का 20) की धारा 37 की उप-धारा (1) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, इस बात का समाधान हो जाने पर कि ऐसा करना आवश्यक और समीचीन है, उक्त अधिनियम की अनुसूची-2 में विनिर्दिष्ट पोषणाहार मानकों का संशोधन करती है। राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 में अनुसूची-2 के स्थान पर निम्नलिखित अनुसूची रखी जाएगी, अर्थात्-

अनुसूची-2

[धारा 4(क), 5(1) और 6 को देखें]

पोषणाहार मानक

नीचे दी गई सारणी में यथाविनिर्दिष्ट पोषणाहार मानक –

(i) एकीकृत बाल विकास सेवा स्कीम के अनुसार, उक्त सारणी के स्तंभ (1) के अधीन आयु वर्ग या शारीरिक वर्ग के व्यक्तियों को प्रदान किया जाएगा और इसे स्तंभ (2) में यथाविनिर्दिष्ट विभिन्न प्रकार के भोजन उपलब्ध कराकर पूरा किया जाएगा, और

(ii) पीएम पोषण स्कीम के अधीन, उक्त सारणी के स्तंभ (1) के अधीन निम्न और उच्च प्राथमिक कक्षाओं के बच्चों को प्रदान किया जाएगा और इसे स्तंभ (2) में विनिर्दिष्ट विभिन्न प्रकार के भोजन उपलब्ध कराकर पूरा किया जाएगा।

आयु/ शारीरिक वर्ग	भोजन का प्रकार	ऊर्जा (किलो केलोरी)	प्रोटीन (ग्राम)	प्रोटीन की गुणवत्ता (प्रोटीन डाइजेस्टिबिलिटी करेक्टेड अमीनो एसिड स्कोर)	कुल वसा (ग्राम)	कार्बोहाइड्रेट (ग्राम)	अनाज दलहन अनुपात	कैल्शियम (मि.ग्रा.)	जिंक (मि.ग्रा.)	आयरन (मि.ग्रा.)	आहार फोलेट (µग्राम)	विटामिन ए (µग्राम)	विटामिन बी6 (मिलीग्राम)	विटामिन बी12 (µग्राम)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
छह माह से अधिक और बारह माह तक	घर ले जाया जाने वाला राशन	200	8-10	0.8-1.0	10-12	20	2:1	100	0.7	0.7	24	57	0.17	0.33
एक वर्ष से अधिक और तीन वर्ष तक	घर ले जाया जाने वाला राशन	400	15-20	0.8-1.0	15-20	40	2:1	135	1.0	2.0	35	60	0.27	0.33
तीन वर्ष से अधिक और छह वर्ष तक	सुबह का नाश्ता तथा गर्म पका हुआ भोजन	400	15-20	0.8-1.0	15-20	55	2:1	150	1.5	3.0	40	80	0.33	0.67
छह माह से अधिक और बारह माह तक के कुपोषित बच्चे	घर ले जाया जाने वाला राशन	400	15-20	0.8-1.0	15-18	35	2:1	200	1.5	1.5	50	115	0.35	0.66
एक वर्ष से अधिक और तीन वर्ष तक के कुपोषित बच्चे	घर ले जाया जाने वाला राशन	700	25-30	0.8-1.0	25-30	70	2:1	270	2.0	4.0	70	120	0.55	0.66
तीन वर्ष से अधिक और छह वर्ष तक के कुपोषित बच्चे	सुबह का नाश्ता तथा गर्म पका हुआ भोजन तथा घर ले जाया जाने	800	25-30	0.8-1.0	25-30	70	2:1	300	3.0	6.0	80	160	0.66	1.24

	वाला राशन													
गर्भवती महिलायें तथा स्तनपान कराने वाली माताएँ	गर्म पका हुआ भोजन तथा घर ले जाया जाने वाला राशन	600	22-25	0.8-1.0	22-25	80	3:1	335	4.0	7.0	160	240	0.63	0.73
निम्न प्राथमिक कक्षाएं	गर्म पका हुआ भोजन	450	15-20	0.8-1.0	18-21	70	3:1	170	2.0	3.5	50	100	0.43	0.66
उच्च प्राथमिक कक्षाएं	गर्म पका हुआ भोजन	700	22-25	0.8-1.0	22-25	100	3:1	270	4.0	5.5	75	145	0.66	0.66

[फा. सं. 15-31/2020-एनएफएसए]

ममता शंकर, वरिष्ठ आर्थिक सलाहकार

MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION

(Department of Food and Public Distribution)

NOTIFICATION

New Delhi, the 25th January, 2023

S.O. 403(E).—In exercise of the powers conferred by sub-section (1) of section 37 of the National Food Security Act, 2013 (20 of 2013), the Central Government, on being satisfied that it is necessary and expedient so to do, hereby amends the nutritional standards specified in Schedule-II to the said Act. In the National Food Security Act, 2013, for Schedule II, the following Schedule shall be substituted, namely:-

SCHEDULE II

[See sections 4(a), 5(1) and 6]

NUTRITIONAL STANDARDS

The nutritional standards as specified in the table below shall be provided to-

(i) persons in the age group or physiological group under column (1) of the said Table, and shall be met by providing the type of meal as specified in column (2) thereof, in accordance with the Integrated Child Development Services Scheme' and

(ii) children in the lower and upper primary classes under column (1) of the said Table, and shall be met by providing the type of meal as specified in column (2) thereof, under the PM Poshan Scheme.

Age/ Physiological Group	Type of Meal	Energy (kcal)	Protein (g)	Protein Quality (Protein Digestibility Corrected Amino Acid Score)	Total Fat (g)	Carbohydrate (g)	Cereal Pulse Ratio	Calcium (mg)	Zinc (mg)	Iron (mg)	Dietary Folate (µg)	Vitamin A (µg)	Vitamin B6 (mg)	Vitamin B12 (µg)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
above six months upto twelve months	Take Home Ration	200	8-10	0.8-1.0	10-12	20	2:1	100	0.7	0.7	24	57	0.17	0.33
above one year upto three years	Take Home Ration	400	15-20	0.8-1.0	15-20	40	2:1	135	1.0	2.0	35	60	0.27	0.33
above three years upto six years	Morning Snack and Hot Cooked Meal	400	15-20	0.8-1.0	15-20	55	2:1	150	1.5	3.0	40	80	0.33	0.67
Undernourished children above six months upto twelve months	Take Home Ration	400	15-20	0.8-1.0	15-18	35	2:1	200	1.5	1.5	50	115	0.35	0.66
Undernourished children above one year upto three years	Take Home Ration	700	25-30	0.8-1.0	25-30	70	2:1	270	2.0	4.0	70	120	0.55	0.66
Undernourished children above three years upto six years	Morning Snack, Hot Cooked Meal and Take Home Ration	800	25-30	0.8-1.0	25-30	70	2:1	300	3.0	6.0	80	160	0.66	1.24
Pregnant Women and Lactating Mothers	Hot Cooked Meal and Take	600	22-25	0.8-1.0	22-25	80	3:1	335	4.0	7.0	160	240	0.63	0.73

	Home Ration													
Lower primary classes	Hot Cooked Meal	450	15-20	0.8-1.0	18-21	70	3:1	170	2.0	3.5	50	100	0.43	0.66
Upper primary classes	Hot Cooked Meal	700	22-25	0.8-1.0	22-25	100	3:1	270	4.0	5.5	75	145	0.66	0.66

[F. No. 15-31/2020-NFSA]

MAMTA SHANKAR, Senior Economic Adviser

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Annexure-II

Suggested food baskets for provision of Supplementary Nutrition to Children 6 months to 6 years and pregnant women and lactating mothers

Category	Type of Meal	Recommended Food Baskets							Suggested Additional Foods	
		Cereals & Millets (g)	Pulses & Legumes (g)	Green Leafy Vegetables (g)	Vegetables (g)	Nuts & Seeds (g)	Cooking Oils (g)	Egg (g)#	Milk (g)	Fruits (g)
Children (6-12 months)	THR	20	10	0	0	5	5	35	15 (WMP)	50
Children (1-3 years)	THR	40	20	0	0	10	8	50	15 (WMP)	50
Children (3-6 years)	MS + HCM	40	20	25	50	10	8	50	150 ml	50
Pregnant Women and Lactating Mothers	HCM + THR	75	25	50	100	15	10	50	200 ml	100

THR: Take Home Ration; HCM: Hot Cooked Meal; MS: Morning Snack; WMP: Whole Milk Powder

- Quantity of food group is in terms of raw equivalents
- Minimally polished & appropriately processed grain & gram is suggested to improve the content & availability of vitamins and minerals
- Nuts and seeds (peanuts and sesame seeds on rotation) may be added to the sambar/dal/curries on daily basis
- # Eggs (if culturally acceptable) may be provided 4 days/week to 6-12m children and on every day to other groups. For the beneficiaries not consuming eggs, Nuts & seeds/milk may be increased by 30g nuts or 200 ml milk.
- It is suggested to include fresh whole fruits and fresh milk/WMP to the extent possible to improve bioavailable nutrients.

Suggested food baskets for provision of Supplementary Nutrition to Undernourished Children

Category	Type of Meal	Recommended Food Baskets								Suggested Additional Foods
		Cereals & Millets (g)	Pulses & Legumes (g)	Green Leafy Vegetables (g)	Vegetables (g)	Nuts & Seeds (g)	Cooking Oils (g)	Egg (g)	Whole Milk Powder (g)	Fruits (g)
Undernourished children (6-12 months)	THR	30	15	0	0	12	7.5	1	10	50
Undernourished children (1-3 years)	THR	60	30	0	0	20	15	50	20	50
Undernourished children (3-6 years)	MS + HCM	50	25	25	50	10	10	0	0	50
	THR	30	15	0	0	12	7.5	1	10	

THR: Take Home Ration; HCM: Hot Cooked Meal; MS: Morning Snack; WMP: Whole Milk Powder

- Quantity of food group is in terms of raw equivalents.
- Minimally polished & appropriately processed grain & gram is suggested to improve the content & availability of vitamins and minerals.
- One Egg (if culturally acceptable) may be provided on all days to all age groups if culturally acceptable. For beneficiaries not consuming eggs, Nuts & seeds/milk may be proportionately increased.
- It is suggested to include fresh whole fruits to the extent possible to improve bio-available nutrients.
- Whole milk powder is suggested to be included to improve protein quality and contribution of other bio-actives to support recovery of malnourished children.

(Ref: Technical report of NIN: Revision of Food and Nutrition norms under Schedule II of the National Food Security Act, 2013, prepared in collaboration with Department of Food and Public Distribution, Ministry of Consumer Affairs, Food and Public Distribution, October, 2022)

Annexure-III

Guidance on Use of Fortified Foods under Supplementary Nutrition

- The suggested food baskets in Annexure-II are for provision of Supplementary Nutrition to the beneficiaries of Anganwadi Services in order to meet the nutrition norms given in the revised Schedule-II of the National Food Security Act.

- The food baskets have been calculated to provide the recommended levels of energy, protein and micronutrients (calcium, zinc, iron, folate, vitamin B6, vitamin A and B12). None of the micronutrients are needed to be supplemented separately. However, if any fortified food item is used for preparation of supplementary nutrition, then the additional amounts of micronutrients provided by that food may be calculated as under:

    - If Double Fortified Salt is used, it will contribute additional iron @ 1mg/g of salt.

    - If Fortified Rice or Fortified Wheat Flour is used, it will contribute additional iron @ 0.028-0.043 mg/g, additional folic acid @ 0.075-0.125 microgram/g and additional vitamin B12 @ 0.00075-0.00125 microgram/g of rice or wheat flour.

    - If Fortified oil is used, it will contribute additional vitamin A @ 6.0-9.9 microgram/g and additional vitamin D @ 0.11-0.16 microgram/g (or 4.4-6.4 IU/g) of oil.

    - If Fortified Milk is used, it will contribute additional vitamin A @ 0.27-0.45 microgram/ml and additional vitamin D @ 0.005-0.008 microgram/ml (or 0.20-0.32 IU/ml) of milk.

- Under no circumstances should the level of micronutrients go beyond the respective Tolerable Upper Limits **(Appendix-I)** if sourced from multiple sources including natural foods, fortified foods, nutritional and health supplements.

(Ref: Technical report of NIN: Revision of Food and Nutrition norms under Schedule II of the National Food Security Act, 2013, prepared in collaboration with Department of Food and Public Distribution, Ministry of Consumer Affairs, Food and Public Distribution, October, 2022)

Appendix-I

Tolerable Upper Limit (TUL) for Nutrients per day – ICMR-NIN 2020

Group	Category / Age	Calcium	Magnesium	Iron	Zinc	Iodine	Folate	Vit-C	Vit-A	Vit-D
		(mg)	(mg)	(mg)	(mg)	(µg)	(µg)	(mg)	(µg)	(IU)
Women	Pregnant	2500	350	45	40	1100	1000	2000	3000	4000
	Lactating	2500	350	45	40	1100	1000	2000	3000	4000
Infants	6-12 m	-	-	40	5	-	-	-	600	1500
Children	1-3 y	1500	65	40	7	200	-	350	600	2500
	4-6 y	2500	110	40	12	300	-	550	900	3000
Girls	13-15 y	3000	350	45	34	900	600	1800	2800	4000
	16-18 y	3000	350	45	34	1100	600	2000	2800	4000

The TUL is the maximum level of habitual intake from all sources of a nutrient or related substance judged to be unlikely to lead to adverse health effects in humans

Note:

- For magnesium, the TUL values are only for non-dietary pharmacological doses.
- µg: microgram, mg: milligram, IU: International Units

Source**:** ICMR-NIN. Nutrient Requirement for Indians, Recommended Dietary Allowances (RDA) and Estimated Average Requirements (EAR) – A Report of the Expert Group, 2020

Annexure-IV

Summary of Important Recommendations from Dietary Guidelines for Indians, 2024

A. Balanced and Nutritious Dietary practices: A balanced diet is a wholesome and nutritionally adequate diet. It provides a variety of nutrients that perform a wide range of functions in the body.

- Include a variety of foods in the diet since there is no single food item with all the essential nutrients. The ICMR-NIN, 'My Plate for the Day' recommends a minimum of eight food groups, with vegetables, fruits, green leafy vegetables, roots and tubers forming essentially half the plate of the recommended foods per day. The other major portion is occupied by cereals and millets, followed by pulses, flesh foods, eggs, nuts, oilseeds and milk/curd.
- Consume at least 50% of cereals and other grains as whole grains for adequate nutrients and fibre.
- All cereal/millet-based diets are to be accompanied with adequate pulses or beans for good quality protein and fibre. The ideal Cereal:Pulse ratio is 2:1 to 3:1.
- Avoid ultra-processed foods (UPFs) and foods high in fat, sugar and salt (HFSS) and choose healthy options (**Appendix-II**).
- Avoid sugar, if possible, or restrict to 20 g to 25 g per day (adults). Avoid food and beverages with added sugars.
- Include traditional and seasonal local foods in the diet.
- Drink adequate quantities of water to meet the daily fluid requirements. Prefer buttermilk, tender coconut water, lemon water, etc., as beverages in hot weather instead of synthetic soft drinks and carbonated beverages.
- Exposure to sunlight for obtaining vitamin D is also recommended. Exposure to sunlight for about 30 minutes preferably between 11.00 am to 2.00 pm maintains vitamin D status which helps in calcium absorption.

B. Adopt a healthy lifestyle to prevent overweight and obesity

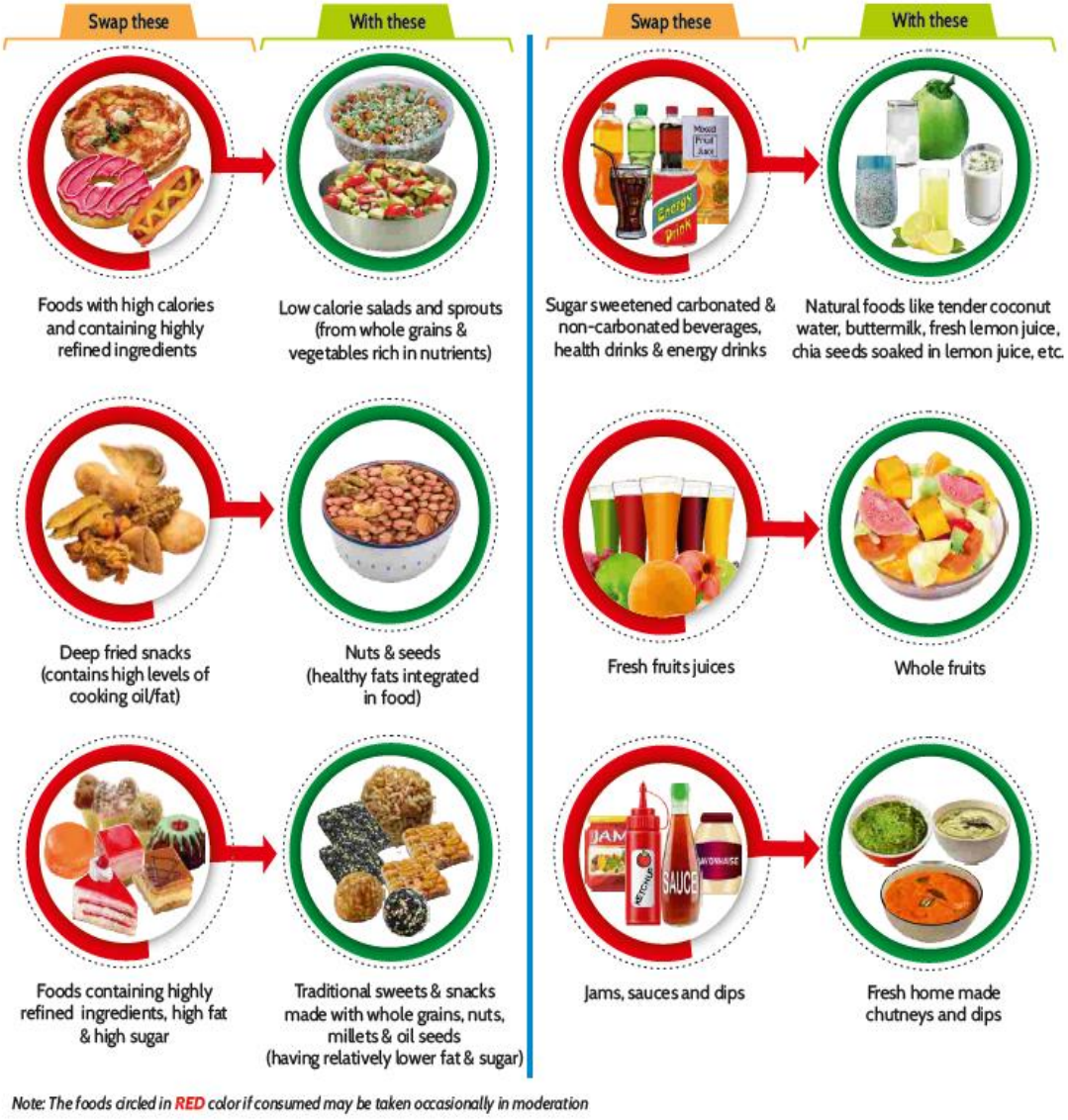
- Prevention of overweight/obesity is important. There is a tendency to gain weight mostly around 20 years of age; and among women after childbirth because of less physical activity and higher calorie intake. Obesity is also rapidly increasing among children and adolescence. Therefore, caution must be exercised during these periods.
- Maintain appropriate body mass index (BMI) or weight-for-height.
- Regular yoga and physical activity are essential. Exercise intensity and duration should be increased gradually over a period of time. Shortness of breath, pain, nausea, vomiting, and headache are warning signs that the body needs rest.
    - Adults: At least 30–60 minutes of moderate activity most days. Activities include walking, yoga, cycling, dancing, or sports.
    - Children: At least 60 minutes of moderate-to-vigorous intensity activity or play daily.
- If overweight/obese, slow and steady reduction in body weight is advisable. Extreme approaches for weight loss may lead to health hazards. A reduction of half a kilogram

body weight per week is considered to be safe. Approaches of rapid weight loss and use of anti-obesity drugs should be avoided.

- Cut down consumption of sugar, salt, excess refined oil, deep fried foods and refined foods. Avoid soft drinks, carbonated beverages and alcohol.
- Increase consumption of fruits, vegetables, nuts and pulses. Prefer whole grains and millets to refined grains / ultra-processed foods.
- Minimize non-essential screen time.
- Healthy sleeping patterns (7–8 hrs/day) is necessary to avoid unhealthy eating behaviours and resultant weight gain.

Appendix-II

HEALTHY SUBSTITUTIONS FOR FOODS HIGH IN FAT, SUGAR AND SALT (HFSS)



Source: Dietary Guidelines for Indians, 2024, by ICMR-NIN