



Report
On
Quarterly Review Meeting
19th to 21st June 2024



State Centre of Excellence for Nutrition Interventions (SCoE4N)

Department of Pediatrics, AIIMS Raipur (CG)

Department of Pediatrics, AIIMS, Raipur

Received No. 340 Date 02/07/24 Sign: HC

कार्यक्रम निदेशक

Programme Director

राज्य पाठ्य मध्यवर्तीन उत्कृष्टता केंद्र
State Centre of Excellence for Nutrition Interventions

प्रत्यक्ष एवं प्रमुख बाल एवं किशोरोपचार विभाग
Professor & Head Department of Pediatrics

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02 July 2024

Introduction:

A three days quarterly review meeting was held from 19th to 21st June 2024 at the Hotel Courtyard by Marriott, Raipur (CG). Following participants attended the review.

- Dr. A. K. Goel, Program Director, SCOE4N, Department of Pediatrics, AIIMS, Raipur
- Dr. Aparna Deshpande, Nutrition Specialist, UNICEF
- Dr. Mahendra Prajapati, Nutrition Officer, UNICEF
- Consultants, SCEo4N & UNICEF
- All 16 District Nutrition Coordinators (DNC)
- All Block Nutrition Coordinators (BNC)

Day 1: 19th June 2024

- **Registration and Welcome**

Review began with the kit distribution and registration of DNCs and BNCs coordinated by SCOE4N team. State coordinators welcomed all DNCs and BNCs to the Three-Day Review Meeting. They appreciated their dedication and are excited to review their progress and discuss future goals.

Dr Mahendra gave the Opening Remarks. He emphasized the importance of the review and collaboration to DNCs and BNCs. He shared that such review is crucial for assessing our progress and identifying areas for improvement. He shared various insights like collaboration is key to our success; by working together and sharing insights; we can enhance our strategies and achieve better outcomes for Severe Acute Malnutrition (SAM) children.

- **Short Orientation on Community Based Management of Malnutrition (CMAM) Program & Donor Expectations**

Dr. Mahendra discussed the 11 steps of the CMAM program with District Nutrition Coordinators (DNCs) in an interactive manner, making the session more impactful and engaging for the participants. This approach helped ensure a clear understanding and effective implementation of the program's strategies.

CMAM Program Objectives: Dr. Mahendra outlined the primary goals of the CMAM program, which include early identification and treatment of SAM in community settings, improving access to care, and reducing mortality rates among children suffering from SAM.

Community Engagement: He emphasized the importance of community participation and ownership in the CMAM program, noting that successful implementation relies on the active involvement of local health workers, volunteers, and community members.

Donor Expectations: Dr. Mahendra discussed the specific expectations set by the Donor i.e. Children's Investment Fund Foundation (CIFF), which include achieving measurable improvements in child nutrition outcomes, ensuring program sustainability, and demonstrating scalable models that can be replicated in other regions.



Data Collection and Reporting: He highlighted the need for rigorous data collection and accurate reporting to meet CIFF's requirements. This involves regular monitoring, evaluation of program effectiveness, and transparent communication of results and challenges via DNCs/BNCs.

Future Directions: Dr. Mahendra encouraged attendees to focus on continuous improvement and innovation within the CMAM program, stressing the importance of learning from experiences, adapting strategies as needed, and striving to exceed CIFF's expectations to secure ongoing support and funding.

- **Presentations by DNCs**

- Presenters: District Nutrition Coordinators (DNCs)
- Moderator: Dr. Geetu

Each DNC presented for 10 minutes focusing on SAM children enrollment monitoring, training status followed by recovery rates.

- **Training on CMAM:** DNCs provided an overview of the training programs conducted highlighting the focus on skill development for accurate assessment and reporting.
- **Enrollment of SAM Children:** It was noted that the enrollment rate of SAM children remains low across several districts. Dr. Mahendra recommended to increased community awareness and outreach efforts to ensure more children are identified and enrolled in the program.
- **Data on SAM Children Monitoring:** Detailed data on the number of SAM children monitored was presented, showcasing efforts and highlighting areas needing improvement. Accurate data collection, entry and reporting practices were emphasized as critical to program success.

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- Recovery Rates: The recovery rates for SAM children were presented, with many districts reporting that these rates need significant strengthening. Dr. Mahendra encouraged all DNCs to adopt strategies for improving recovery rates, such as enhanced dietary plans and medical care.
- Gaps and Challenges: DNCs identified several gaps and challenges faced at AWCs and NRCs, including resource limitations, inadequate infrastructure, weight and height scale related issues, and staff shortages.
- Impact of Follow-Up Programs: Presenters discussed the impact of existing follow-up programs, noting that low follow-up rates hinder the effectiveness of interventions. Strategies for improving follow-up practices, such as leveraging community health workers, were suggested by Dr. Mahendra.
- Future Strategies for Improvement: Dr. Aparna and Dr. Mahendra instructed future strategies to each DNC and BNC to address the identified challenges, including increasing community engagement, improving training programs, ensuring better resource allocation, speedup the enrollment of SAM child and developing comprehensive follow-up plans to strengthen overall recovery rates for SAM children.

• **Presentation & Discussion on Case Studies and Success Stories**

◦ **Speakers: Dr. Mahendra & Ms. Namita**

- Successful Community-Based Interventions: Dr. Mahendra and Ms. Namita highlighted case studies where community-driven initiatives led to significant improvements in SAM child recovery rates, demonstrating the power of local involvement and tailored approaches.
- Innovative Nutritional Programs: They presented success stories of innovative nutritional programs, such as kitchen gardens and local food fortification projects, which provided sustainable sources of nutrition and improved child health outcomes.
- Collaboration with Local Health Workers: Success stories emphasized the impact of training and collaborating with local health workers and volunteers, leading to better identification, monitoring, and support for SAM children within their communities.
- Holistic Support Models: Dr. Mahendra and Ms. Namita shared examples of holistic support models that integrated health, nutrition, and psychosocial support, resulting in comprehensive care for SAM children and higher recovery rates.



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Day 2: 20 June 2024

- **Discussion on Supportive Supervision Checklist and its findings**

- Speakers: Dr Mahendra, Dr. Geetu, Mr. Yashwant

- AWC Supportive Supervision Checklist was discussed in detail by Dr Mahendra.
- Follow-up Status: Follow-up rates for SAM children by DNCs/BNCs are low. Need for better tracking and accountability.
- Discharge Rate: Discharge rate is low due to lack of adequate follow-up gaps it needs to be strengthening.
- Enrollment of SAM Children: Enrollment rates are suboptimal. Improve community outreach and early identification.



- **Discussion on VHSND**

- Speaker: Ms. Yamini

- Purpose Not Fulfilled: The purpose of VHSND (Village Health Sanitation and Nutrition Day) sessions is not being fully achieved.
- Station Theme Concept: Discussed the station theme concept for care and assessment, and vaccination of SAM children to improve the effectiveness of these sessions.
- Growth Monitoring: Encouraged the use of Mitamin (growth monitoring charts) to assess the growth and development of children accurately.
- Vaccination Schedule: Discussed the importance of adhering to the vaccination schedule for SAM children to ensure timely immunizations.
- Weight Gain Counseling: Proposed counseling mothers on weight gain during pregnancy to prevent low birth weight babies.



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- **Activity-Based Training:** Recommended conducting activity-based training sessions for mothers, making the learning process more engaging and effective.
 - **Examples for Engagement:** Ms. Yamini shared various activities, such as the "Saāpsidhi" game and agriculture-based examples, to explain concepts easily to mothers during VHSND sessions.
 - **Mental Health Tools:** Suggested providing tools like cards for managing the mental health of mothers, recognizing the importance of maternal mental well-being.
 - **VHSND Checklist:** Conducted a thorough discussion on the VHSND checklist to ensure all necessary indicators are included and accurately recorded.
 - **Medicine Distribution:** Discussed the need to modify the checklist to specify how many days' worth of medicine is given to mothers.
 - **Third Trimester Counseling:** Emphasized initiating counseling for mothers in their third trimester to prepare them for childbirth and newborn care.
 - **RCH Register:** Reviewed the Reproductive and Child Health (RCH) register to ensure it is updated and accurately maintained.
 - **Anmol App Discontinuation:** Noted that the Anmol mobile application is discontinued and should be removed from the checklist and training materials.
 - **High-Risk Pregnancy:** Discussed revising the questions related to high-risk pregnancies in adolescents to improve identification and management.
- **Discussion on NRC Monitoring Checklist and Data Collection Methods**
 - **Speakers:** Dr. Surabhi, Dr. Geetu, Mr. Yashwant



Comprehensive discussion on the NRC monitoring checklist, data collection methods, and analysis findings was done. Discussion was held on the following points: Regarding rosters for monthly tele-monitoring & Supportive supervision of NRC, and its methodology, data collection, providing support and reporting.

- **Revised NRC Visit Schedule:** NRC visits have been revised to-2 to 3 visits per DNC in every month, covering 32 NRCs in a month, covering 96 NRCs quarterly.

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➤ Below are the observations that was discussed and addressed through checklist:

Data Collection: real-time data collection should be done, which must be included. Like Information on medical officer, staff nurses sanctioned at NRCs is unclear and needs clarification.

Linkages & Referral: follow up of children discharged from SMART Unit and referred to districts should be monitored and reported at state level.

Enrollment of U6M: a letter from the state has been issued already regarding the enrollment of children under 6-month SAM children, should be monitored and supervised at the centers.

Facility Standards at NRCs: Some NRCs, such as BDM Hospital in Champa, lack facilities as per guidelines. Recommendations for facility improvements were discussed.

Government Pressure on Enrollment: DNCs reported pressure from government authorities regarding the enrollment and admission of children at NRCs. Strengthening SAM child enrollment is recommended.

Play Therapy & SST: Recommended implementing play therapy for children at NRCs and ensuring age-appropriate play therapy tools are available both at NRCs and at home. Along with this SST must be promoted at the centres.

Night Feeding Staff: Identified the need to improve staffing for night feeding. Sharing the roster with districts in advance through DNCs was suggested.

Availability of medicines: Ensure the expiry date of medicines is checked before recommending them.

Interaction with Mothers: DNCs must interact with mothers to monitor the quality of care and observe counseling sessions.

Hygiene Observations: Hygiene-related observations at NRCs should be thoroughly monitored to maintain standards

Finally, it was discussed that all DNCs must carefully fill out the NRC checklists, ensuring all indicators are accurately recorded. Also, case studies needs to be recorded, discussed and reported with Suggestions that incorporating at least 2 case studies from each district monthly.

- **Team Building Exercise:** Participants were divided into 3 teams, each team was given 15 minutes to prepare on a topic and present it in front of a panel mimicking to be District Magistrate. This activity was aimed at building rapport and cohesion among DNCs and BNCs.



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Day 3: 21 June 2024

- **Presentations by DNCs**
 - Presenters: District Nutrition Coordinators (DNCs)

Continued presentations from Day 1 with a focus on follow-up and recovery rates.

- **Low Enrollment:** Enrollment of SAM children is very low. Suggestions: increase community outreach and awareness.
- **Inadequate Follow-up:** Follow-up rates are low. Suggestions: additional training for field workers and better resource allocation.
- **Low Recovery Rates:** Recovery rates below targets. Suggestions: enhance nutritional support, improve medical care, ensure consistent follow-up.
- **Community Engagement:** Increase involvement of local health workers and build community trust.
- **Resource Allocation:** Improve staffing, medical supplies, and NRC facilities to support SAM children.

- **Discussion on IYCF related Checklists and their Findings**

- **Speakers:** Ms Yamini, Dr. Nagma

- Dr. Nagma discussed the preventive component of the project, highlighting the need to prevent malnutrition before its inception. She requested DNCs and BNCs to work effectively on the IYCF portion as well.
- She instructed DNC/BNCs to fill checklists in a rationalized and representative way, not just focusing on a single sector or project.
- There was a discussion on checklist for lactating mother, stressing that mother with children over six months should not be included in this.



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- SOP for PNC ward visits was discussed, recommending a schedule where DNCs should visit one district hospital and one Community Health Center (CHC) monthly, while BNCs should alternate their visits between CHCs and Primary Health Centers (PHC) monthly.
- Gaps identified in PNC Ward Visit: The lack of visit to PNC ward by some DNCs was identified, with a call to strengthen and increase the frequency of these visits. Major queries about the data on early initiation of breastfeeding were noted, with a need for strategic interaction with mothers and service providers.
- Findings on Tele-mentoring and MAA review held by the state were also discussed.
- Findings from Diet Audit Checklist were discussed. Demo was made on how to collect data on diet diversity, frequency and amount (using cups and spoons).
- Dr Nagma informed that an online meeting is to be planned with DNCs to orient them on revised checklists.

Remarks from Program Director

- Dr. Anil Kumar Goel praised the team for their dedication and hard work, emphasizing their crucial role in all programs for malnutrition management.
- He discussed key points about the CSAM, CMAM, and IYCF programs, highlighting progress and areas needing improvement.
- He provided an update on malnutrition, stressing the need for effective management strategies and the importance of follow-ups to improve cure rates.
- Best performing DNC/BNCs were felicitated by him.



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- **SUPOSHAN Dashboard & SAMARTHYA App**

- Speaker: Mr. Ashish

- Mr. Ashish led a detailed discussion on the SUPPOSHAN APP dashboard, focusing on how to look for data using various filters and validations.
- He addressed queries related to the Samarthya app, mentioning that it requires Android 6 or above for installation due to software upgrades. He acknowledged that some AWWs might still face issues and recommended using phones from other family members of staff-if needed.
- Demonstrations were provided on installing, registering, and using the Samarthya app on Anganwadi Workers' (AWWs) phones. He stressed the importance of setting easy passwords and ensuring registration in areas with adequate network coverage to avoid issues.
- Instructions were given to refresh the app only in areas with a strong network and to ensure measurement dates are accurately recorded as the previous day.

- **Discussion on Poshan Sangosthi**

- Speaker: Dr. Aparna Deshpande

Dr Aparna discussed briefly about the novel initiative of Poshan Sangosthi. She shared the significance of it's manual for preventive measures against malnutrition, launching its importance for DNCs to carry during meetings with collectors and advocating printing of the same for AWCs. One copy of this manual was distributed to participants along with pen drives loaded with IEC videos on nutrition. Other best performing DNC/BNCs were felicitated by her.



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- **Revised Travel Target:** Mr Vishnu and Mr Yashwant presented the revised travel plan for DNCs and BNCs.

Monthly Travel Plan					
	Total Travel days in a month	Total number visited in a month	No. of targets completed in a single day visit	Preferable /Fixed day	Remark/ Checklist
NRC + PNC Ward	2	2 NRCs 2 PNC wards	3 mothers in one PNC ward		*NRC Monitoring *PNC Ward *PNC Ward Mother
VHSND + School	4	4 VHSNDs 4 Schools	2 PW for AME in one VHSND 2 LW in one VHSND 4 Adolescents	Tuesday or day of VHSND	*VHSND Monitoring *School Visit *Adolescents AMB *PW & LW
AWC	5	10 AWCs (2 AWCs in a day)- Supportive Supervision visits	2-3 CSAM follow ups/each AWC		*Supportive supervision AWC Checklist *CBE Checklist *SAM Child Checklist
Home visits	4	32 House hold visits	2 children (Under 6 months) 2 children (above 6 months) 2 PW women (AMB) 2 SAM children	Saturday (Fixed)	*Lactating Mother *Diet audit Sheet *Home visit *SAM Child checklist *PW Checklist
Total	15				

- **Discussion on Administration Issues and Way Forward**
 - Speakers: Mr. Vishnu

Mr. Vishnu led a discussion focused on addressing administrative issues and developing strategic plans for future improvements, ensuring efficient and effective management practices moving forward. He gave instructions on protocol of taking leave, sharing travel plan and monthly progress reports.



- **Concluding remarks**

Dr. Aparna concluded her speech by emphasizing the critical need to support system building efforts, including regular meetings with collectors by DNCs at least twice a month. She highlighted the increasing enrollment of children in the CMAM program and stressed the importance of follow-up, counseling, and behavior change in managing SAM children.

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Annexure 1: Attendance Sheet

Attendance Sheet

State Centre Of Excellence for Nutrition Interventions (SCoEANI)², Department of Pediatrics, AIIMS Raipur

DNC Review Meeting 19-21 June 2024

S.No.	Name of the candidate	Contact no.	Day 1 19/06/2024	Day 2 20/06/2024	Day 3 21/06/2024
1.	Rupesh Chakradhara	9979528115			
2.	Satish Vn Satia	9997760745			
3.	Lokesh Baghel	9343473057			
4.	Jayendra Kumar	6360109307			
5.	Kamal Laksh	9252624950			
6.	Sanyal Shorma	8878805395			
7.	ARJUN SAHU	7470744707493			
8.	Ketal Kish	8785077302			
9.	Rujanka Dey	9074886293			
10.	Dhruv V. Saje	8888410900			
11.	Deeksha Patil	86027882198			
12.	Dr. A. Radini Rao	4723818166			
13.	MARSHAL SONA	940781040			
14.	Shreyas Patil	9901297665			
15.	Surbhi Jwari	8055226901			

S.No.	Name of the candidate	Contact no.	Day 1 19/06/2024	Day 2 20/06/2024	Day 3 21/06/2024
16.	Bharat Kumar Saini	9691122988			
17.	JOHN VARON ALEXANDER	8518880138			
18.	Vinod Kewat	7999859427			
19.	RINKI SAINI	6394689160			
20.	Pushpawati	9302776884			
21.	Dr. Gauri Hart	7508788988			
22.	Dr. Nagma N. Shah	9680845606			
23.	Yashraj Kumar Patil	8720212163			
24.	Veerendra Pandey	5686286901			
25.	RINKI SAINI	6394689160			
26.	Yamini Tiwari	4898592577			
27.	Dr. Anshu Nayak	8456909297			
28.	Yashraj Kumar Patil	8720212163			
29.	Dr. Prashanta Prajapati	7600497252			
30.	Rajesh Mukherjee	8017184522			
31.					
32.					

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Annexure 2: Agenda

02.07.2024

Three Days Review Meeting of District and Block Coordinators
SCoE4N (State Centre of Excellence for Nutrition Interventions),
Department of Paediatrics, AIIMS, Raipur (CG)
Date: 19 to 21 June 2024

Day 1: 19/06/2024		
Time (hours)	Session	Facilitator/Resource Person
09:30 am - 10:00 am	Registration	SCoE4N
10:00 am - 10:15 am	Welcome address & Overview of the Review Program	Dr. Geeta, Dr. Nagma, Mr Vishnu,
10:15 am - 10:30 am	Opening Remarks	Dr. A.K.Goyal
10:30 am - 10:45 am	Setting the context for the review and orientation	Dr. Aparna Deshpande
Tea Break (10:45 am - 11:00 am)		
Technical Session		
11:00 am - 01:00 pm	Short Orientation on CMAM Program, CFF expectation	Dr. Mahendra and Mr. Renuka
Lunch Break (01:00 pm - 02:00 pm)		
02:00 pm - 03:00 pm	Presentations by DNCs (10 minutes each presentation) SAM Children Monitoring, Followup of SAM Children & Recovery rate	DNCs Moderator- Dr. Geeta
03:00 pm - 04:00 pm	Presentations & Discussion Case studies and Success stories	Dr. Mahendra & Ms. Narmita
Tea Break (04:00 pm - 04:15 pm)		
04:15 pm - 06:00 pm	Supportive supervision checklist discussion and analysis	Ms. Renuka, Dr. Geeta, Mr. Yashwan
Day 2: 20/06/2024		
Time (hours)	Technical Session	Facilitator/Resource Person
09:00 am - 10:00 am	Presentations by DNCs (10 minutes each presentation) SAM Children Monitoring, Follow up of SAM Children & Recovery rate	DNCs Moderator- Dr. Surbhi
10:30 am - 11:00 am	Team Building Exercise	SCoE4N
Tea Break (11:00 am - 11:15 am)		
11:15 am - 1:30 pm	Discussion on NRC monitoring checklist NRC Data Collection method (SS) Audit of NRC checklist analysis and findings Analysis and NRC site monitoring findings, and way forward NRC SS Visit Plan	Dr. Surbhi and Dr. Geeta, Mr. Yashwan
Lunch Break (01:30 pm - 02:30 pm)		
2:30 pm - 3:30 pm	Presentations by DNCs (10 minutes each presentation) SAM Children Monitoring, Followup of SAM Children & Recovery rate	DNCs Moderator- Dr. Nagma
3:30 pm - 04:30 pm	VHSND checklist discussion and analysis	Ms. Yamini, Mr. Ashish and Dr. Geeta
Tea Break (04:30 pm - 04:45 pm)		
04:45 pm - 5:00 pm	Positivity, Co operation & Mutual Respect	SCoE4N
05:00 pm - 06:00 pm	CMAM and Household visits Checklists and data analysis discussion	Ms. Renuka, Mr. Ashish and Dr. Geeta

Day 3: 21/06/2024		
Time (hours)	Technical Session	Facilitator/Resource Person
09:00 am - 10:00 am	ANC weight gain monitoring Checklist data analysis and discussion AMB Checklist discussion and analysis	Mr. Ashish and Mr. Narmita
10:00 am - 11:15 am	FNC ward visits checklists and findings of TVCF table monitoring data and support from districts SOP for FNC ward visit Data collection on effectiveness of telemonitoring	Dr. Nagma and Mr. Dhaleshwari
Tea Break (11:15 am - 11:30 am)		
11:30 am - 01:30 pm	Diet audit & CBE checklist analysis and findings Demo of data collection & feed estimation (using cups and spoons) Discussion on all revised checklists Discussion on CBE (POSSAM Saagmathi)	Ms. Yamini, Dr. Nagma
Lunch Break (01:30 pm - 02:30 pm)		
02:30 pm - 04:00 pm	SAMARTHIVA App, Suposhan App Installation & entry issue	Mr. Ashish
Tea Break (04:00 pm - 04:15 pm)		
04:15 pm - 04:45 pm	Revised Target & travel plan (Coverage of district & Block)	Dr. Mahendra and Mr. Vishnu
04:45 pm - 05:30 pm	Analysis of DNCs Travel Administration issues and way forward	Mr. Vishnu & Mr. Rahul

Venue- Hotel Courtyard by Marriott,
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1997-1998

Statement of Assets and Liabilities

Assets

Current Assets	
Cash	
Accounts Receivable	
Inventory	
Prepaid Expenses	
Other Current Assets	
Total Current Assets	
Non-Current Assets	
Property, Plant, and Equipment	
Intangible Assets	
Other Non-Current Assets	
Total Non-Current Assets	
Total Assets	

Liabilities and Equity

Current Liabilities	
Accounts Payable	
Short-Term Debt	
Other Current Liabilities	
Total Current Liabilities	
Non-Current Liabilities	
Long-Term Debt	
Other Non-Current Liabilities	
Total Non-Current Liabilities	
Total Liabilities	
Equity	
Common Stock	
Retained Earnings	
Other Equity	
Total Equity	
Total Liabilities and Equity	

Approved: _____
 Director of Finance
 The State of Louisiana
 Department of Administration
 Office of Management and Enterprise Services
 Baton Rouge, Louisiana