



# STATE CENTER OF EXCELLENCE FOR NUTRITION INTERVENTIONS (SCoE4N) DEPARTMENT OF PEDIATRICS, AIIMS RAIPUR



## ANNUAL REPORT 2024

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## ABBREVIATIONS:

ANC	Ante Natal Care
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWW	Anganwadi Worker
BNC	Block Nutrition Coordinator
CHC	Community Health Centre
CMAM	Community-based Management of Acute Malnutrition
DWCD	Department of Women and Child Development
DH	District Hospital
DNC	District Nutrition Coordinator
FD	Feeding Demonstrator
FLW	Field Level Worker
HFW	Health and Family Welfare
IFA	Iron Folic Acid
IYCF	Infant and Young Child Feeding
LM	Lactating Mother
MAM	Moderate Acute Malnutrition
MCH	Mother and Child Hospital
MO	Medical Officer
NCoE	National Centre of Excellence
NRC	Nutrition Rehabilitation Centre
OBC	Other Backward Classes
PHC	Primary Health Centre
PNC	Post Natal Care
PW	Pregnant Woman
RTE	Ready To Eat
RUTF	Ready to Use Therapeutic Feed
SAM	Severe Acute Malnutrition
SCOE4N	State Centre of Excellence for Nutrition Interventions
SC	Scheduled Caste
SN	Staff Nurse
ST	Scheduled Tribes
THR	Take Home Ration
UNICEF	United Nations Children's Fund
VHSND	Village Health Sanitation and Nutrition Day

## BACKGROUND:

State Center of Excellence for Nutrition Interventions (SCoE4N) was established in 2019 at the All-India Institute of Medical Sciences (AIIMS) Raipur under the Department of Pediatrics, with support from the National Health Mission (NHM) and UNICEF, as a center for management of children with complicated cases of Severe Acute Malnutrition (SAM) through the establishment of a 'Severe Acute Malnutrition Referral & Advance Treatment' (SMART) unit and to provide technical guidance on strengthening the Integrated Management of SAM (IM-SAM) children at Community & Facility level. SCoE4N has been supporting Department of Women & Child Development (DWCD) in implementation of Community Based Management of Malnutrition (CMAM). Services of SCoE4N have been expanded from 18 August 2023 adding Infant & Young Child Feeding (IYCF) skill lab under State IYCF Resource Center (SRC) including novel initiatives like Tele-monitoring of NRCs and Tele-mentoring of PNC wards in all districts.

SCoE4N has come up as a one of its kind holistic approaches towards curbing malnutrition. Major domain includes facility-based management of SAM (FSAM) and community-based interventions like CMAM, Infant & Young Child Feeding (IYCF) & Anemia Mukh Bharat (AMB).



Figure 1 Innauguration of SCOE4N at AIIMS Raipur

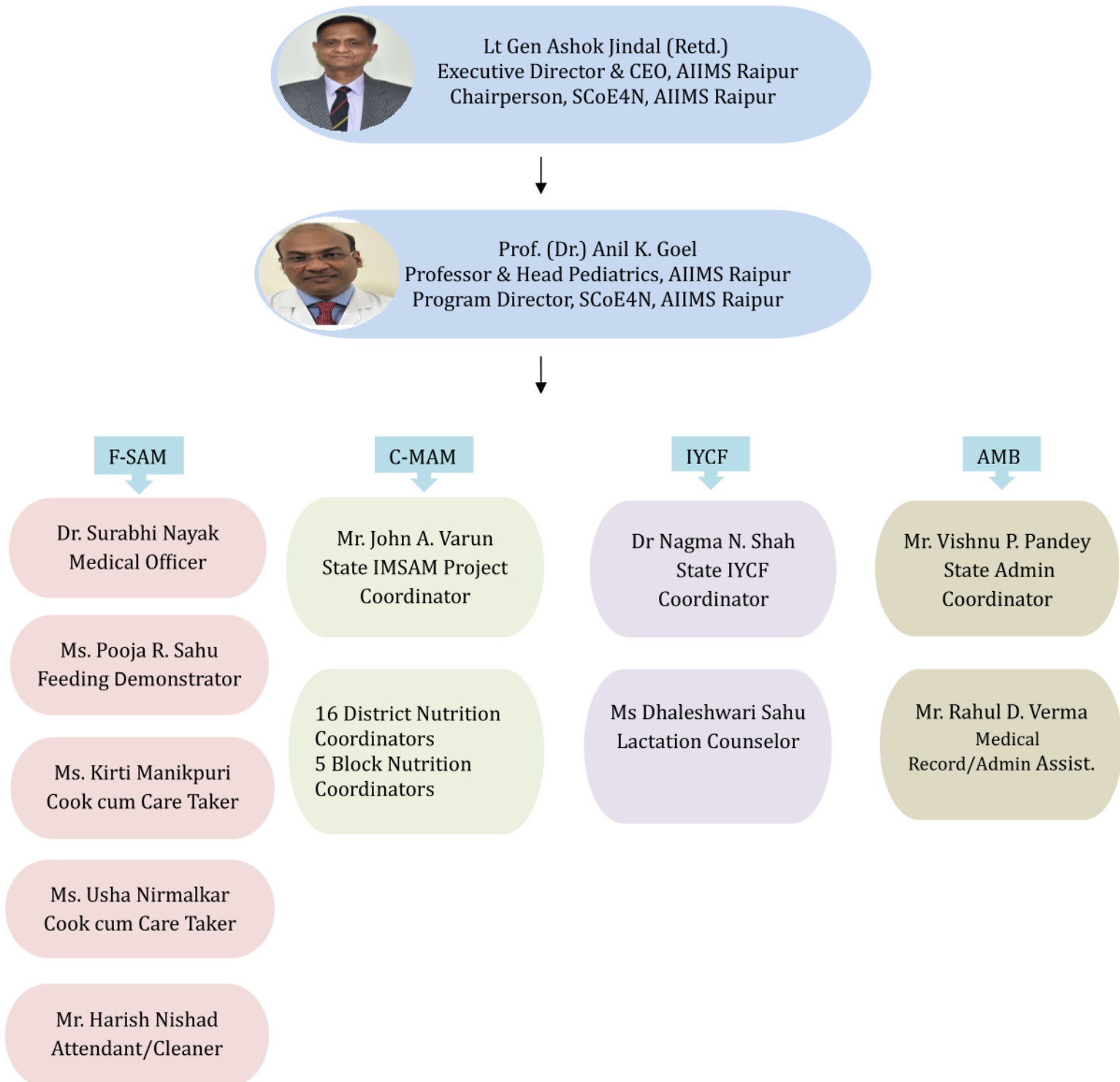
## CORE COMMITTEE:

For leading the agenda for malnutrition free Chhattisgarh, a State Core Committee (SCC) is established to guide and oversee the planning and implementation of programs.

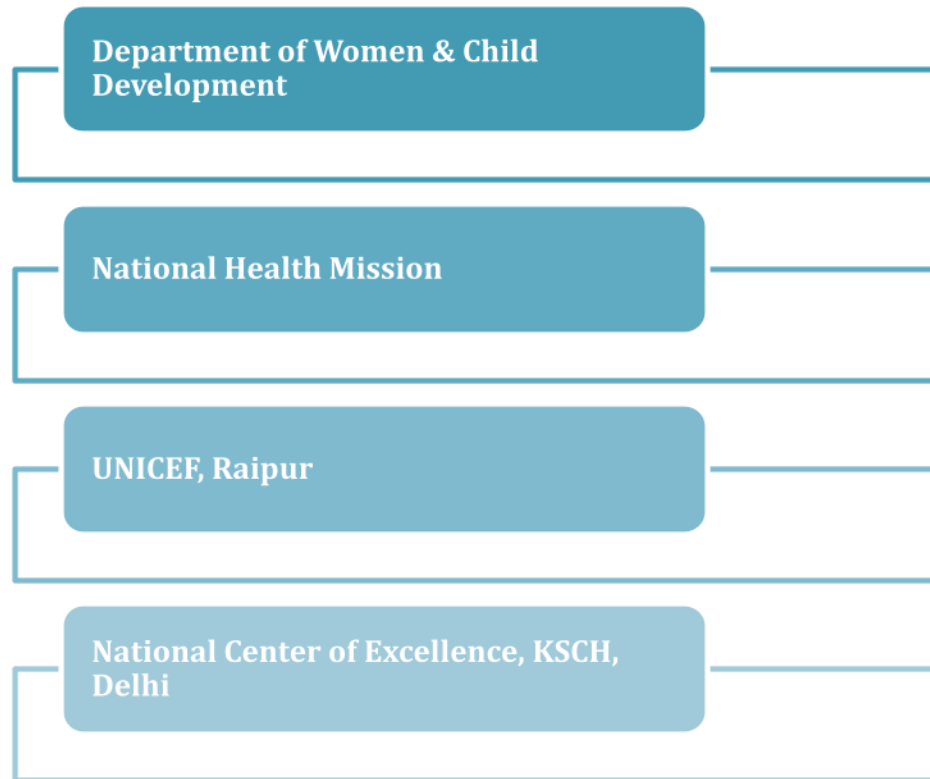
Department/ Organization	Designatory
Director AIIMS, Raipur	Chairperson
Director Health Services	Co-Chairperson
MD NHM	Co-Chairperson
Director DWCD	Co-Chairperson
DD Child Health	Member
DD ICDS	Member
DD POSHAN Abhiyaan	Member
HoD School of Public Health AIIMS Raipur	Member
Director Medical Education	Member
HOD Pediatrics from all Medical colleges	Member
Director SHRC	Member
UNICEF	Member
Kalavati Saran Children's Hospital (NCoE)	Member
HoD Pediatrics & Project Director, AIIMS Raipur	Member Secretary
Special Invitee	
Secretary Health and Family welfare Department	

## SCOE4N TEAM:

SCoE4N is led by its Chairperson Lt Gen Ashok Jindal (Retd.), Executive Director, AIIMS Raipur. Program guidance is provided by Program Director Prof. (Dr.) Anil K. Goel, HOD at the Department of Pediatrics, AIIMS Raipur. There is a state team and a district team of 21 District & Block Nutrition Coordinators (DNC & BNC). Following is the organogram



## STAKEHOLDERS:



## OVERARCHING AIM & OBJECTIVES

*“To assist the state government in its goal of malnutrition-free and Anemia free Chhattisgarh by improving the IYCF practices in the state, skilled management of children with severe acute malnutrition through facility and community care including growth faltering in under 6 months infants”*

### Following are the major objectives:

- Strengthen quality management of children with SAM through facility & community care
- Management of children with SAM through pediatric wards in medical colleges
- Strengthening referral centers for management of complicated cases of SAM through SMART Unit
- Improve IYCF practices in the state
- Support state in addressing early growth failure in infants under 6 months
- Undertaking research in fields of IYCF, SAM management, & Anemia
- Advocacy to Government and development of guidelines for the management of malnutrition



# Section. A

## Community Based Management of Malnutrition (CMAM)

## INTRODUCTION:

This section presents the work done & progress made under the CMAM domain of SCoE4N.

CMAM program is one of the major programs of the SCoE4N. Covering 31 districts of Chhattisgarh (Fig.1), it is providing the technical support to the DWCD and Health Departments in improving the efficiency of the program. SCoE4N has acted as a major technical partner in implementing CMAM program at every level from beneficiaries at the field to the state level policy makers.

Through technical assistance and support of SCoE4N, Department of Women and Child Development, Government of Chhattisgarh has expanded the scope of community-based programme for severe acute malnutrition and scaled up it in entire state with revised nomenclature as “Hamar Swasth Laika”. This programme is emphasizing management of SAM children and also focusing on management of Moderate Acute Malnourished (MAM) children with tweaked interventions.

This programme is based on global and national protocols of CMAM, specifically focusing on children with SAM and SCoE4N is also supporting to generate local evidence on this through state wide implementation and support.

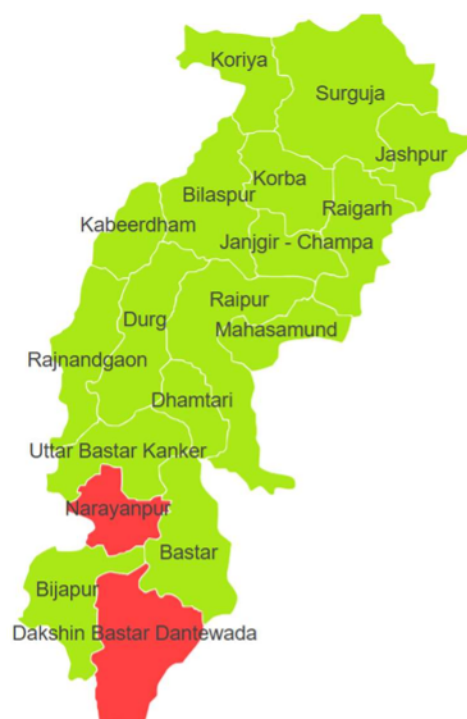


Figure 2 Presence of SCoE in Chhattisgarh

Operational through SCoE4N
Operation through NGOs

## CMAM IMPLEMENTATION DESIGN:

Community outreach: CMAM involves community needs assessment, mobilization, and involvement.

Treatment: Following screening at Anganwadi Centers (AWC), identified SAM Children without medical complications are treated at home with nutrient-dense foods through enrolment at AWC. SAM Children with medical complications are referred to facility for further management.

Follow-up: Enrolled SAM Children receive 16 weekly and 6 Monthly follow up visits by Anganwadi Workers (AWW) and at nearest health centre for medical assessment.



Figure 3 SAM child follow up home visit by FLW

## Benefits of CMAM

- CMAM reduce the cost of treatment for families.
- CMAM increased the access to treatment.
- CMAM can reduce the number of child deaths.
- Increased nutrition awareness level of beneficiaries and government field staff.

## Major implementations under CMAM



## CAPACITY BUILDING:

The following government staff were trained on CMAM by the SCoE4N.

Department	Designation	Posted	Trained
Department of Women and Child Development	District Program Officer (DPO)	33	31
	Child Development Project Officer (CDPO)	221	212
	Lady Supervisor (LS)	1865	1807
	Anganwadi Worker (AWW)	52,150	50,160

Table 1: Training status

## TECHNOLOGY INTEGRATION:

**Poshan tracker** (PT) is a national application used all across India for tracking the nutritional status of children. The SCoE4N is using PT as database and for CMAM an app is used called **Samarthya**. The Samarthya specifically shows the progress of CMAM program.

This App was developed in-house by UNICEF, Raipur and piloted at field by SCoE4N. The app proved to be very user friendly and effective in data management. The DWCD under the technical support from UNICEF have implemented the App for CMAM program in the entire state of Chhattisgarh and the end user of this app is AWW. In the year 2024, **96.2%** AWWs have started working on the Samarthya.

The DWCD Chhattisgarh website has linked the website with its site. Now real time live data is accessible to anyone accessing the site. It is very helpful for Government staff and SCoE4N staff to monitor the CMAM program progress and support the field functionaries.

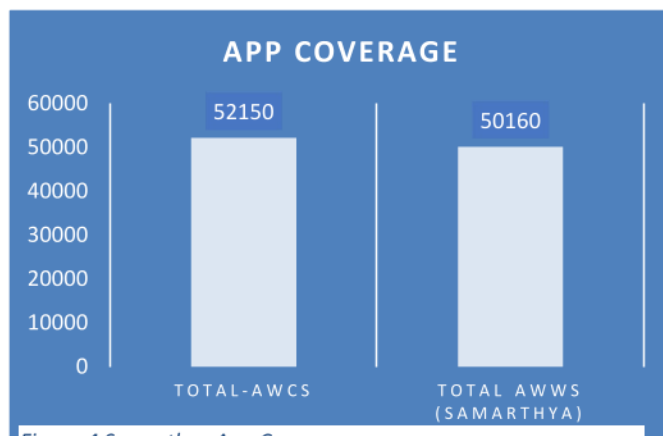


Figure 4 Samarthya App Coverage



Figure 5: Training of AWW on use of Samarthya APP

## PROGRESS OF ENROLMENT:

Of 30,471 total SAM children in the state of Chhattisgarh, **94.8%** of SAM children are enrolled in the CMAM program and 1,00,360 MAM children in the state **95.3%** are enrolled in CMAM program. These 28,877 SAM and 95,656 MAM children are able to receive the benefits of the CMAM program, through government system.

DWCD has scaled up the program in entire Chhattisgarh and in 2024 CMAM program became fully implemented in the state.

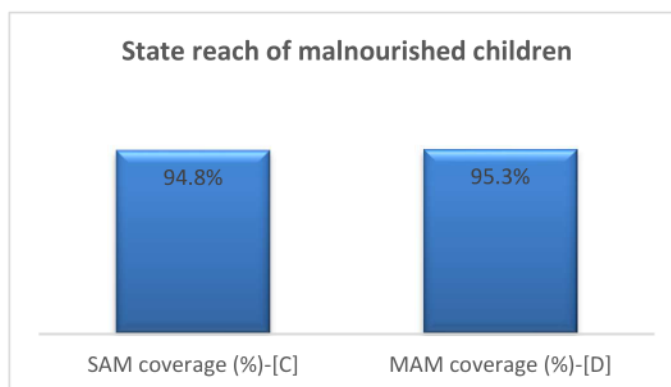


Figure 6 Reach by SCoE4N



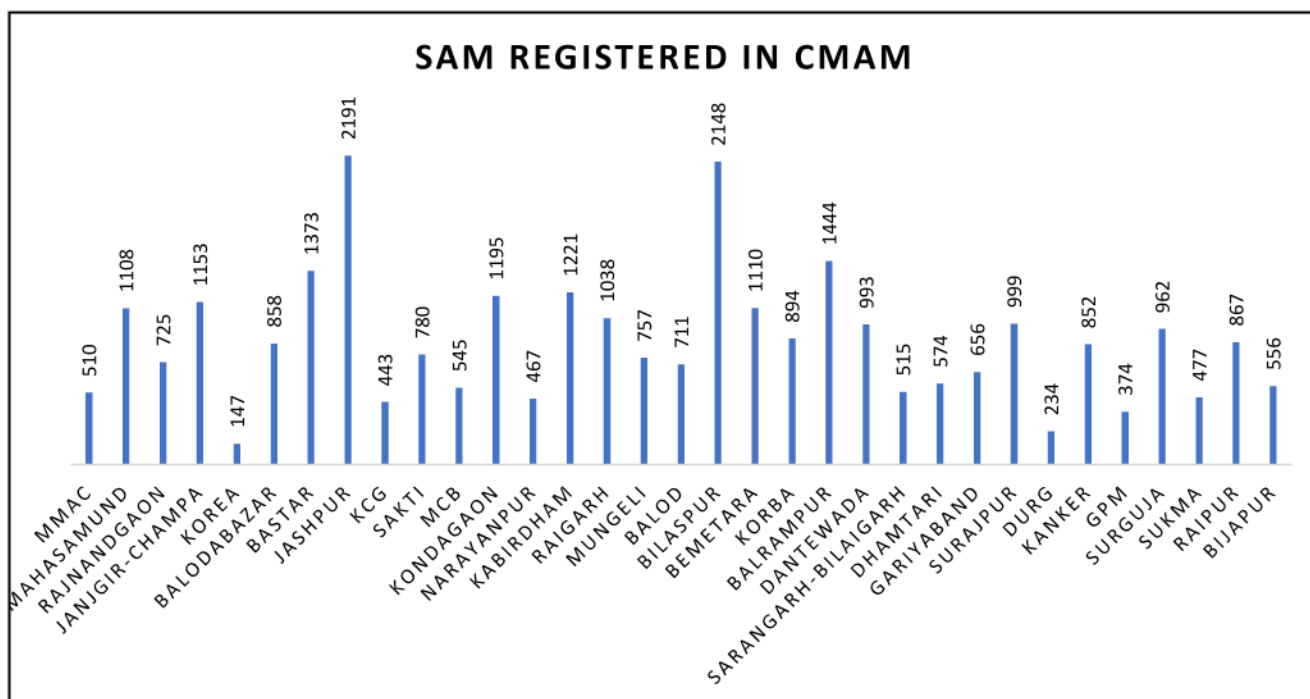


Figure 7 SAM enrolment

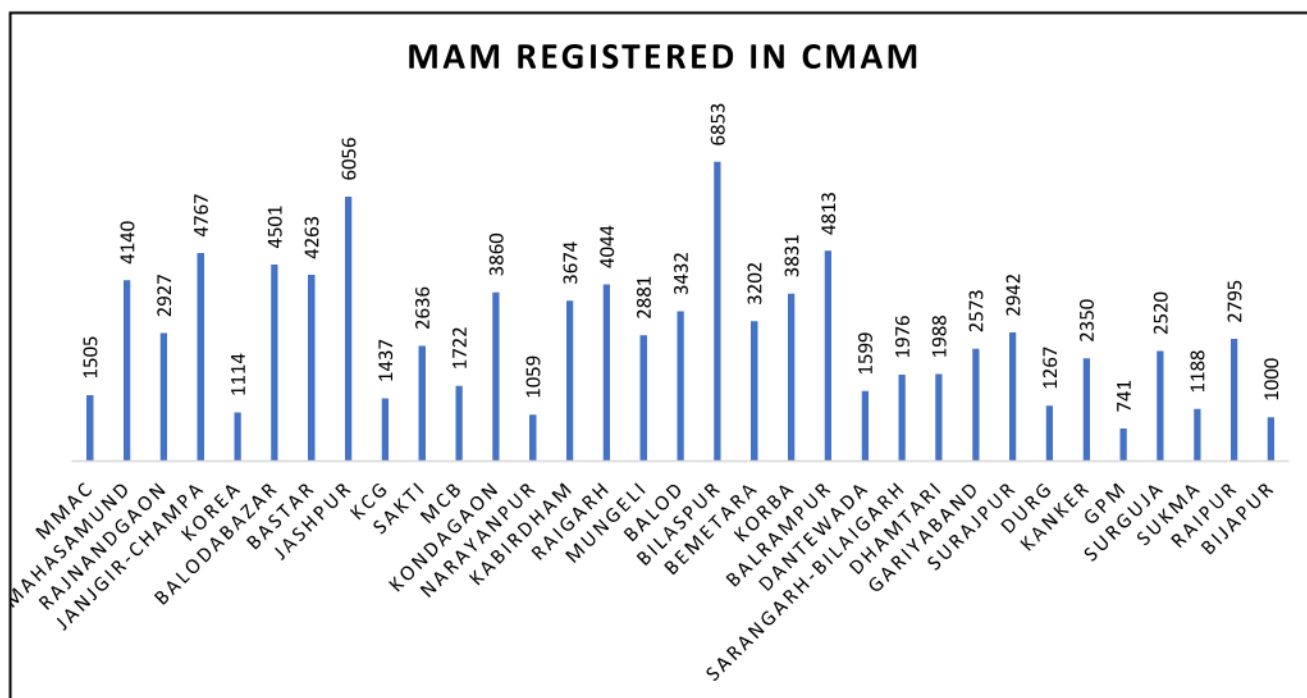


Figure 8 MAM enrolment

With Joint efforts of UNICEF, SCoE4N and DWCD, a special CMAM drive was held in the months of August, September and October 2024. In order to ensure that no child is left behind following steps were taken during the special drive periods.

- State level review of DPOs by the DWCD secretary.
- District level review of CDPOs and Supervisors by the DPOs and refresher training by DNCs.
- Sector level review of AWWs by Supervisors.
- Enrolment of left out SAM children in the program.

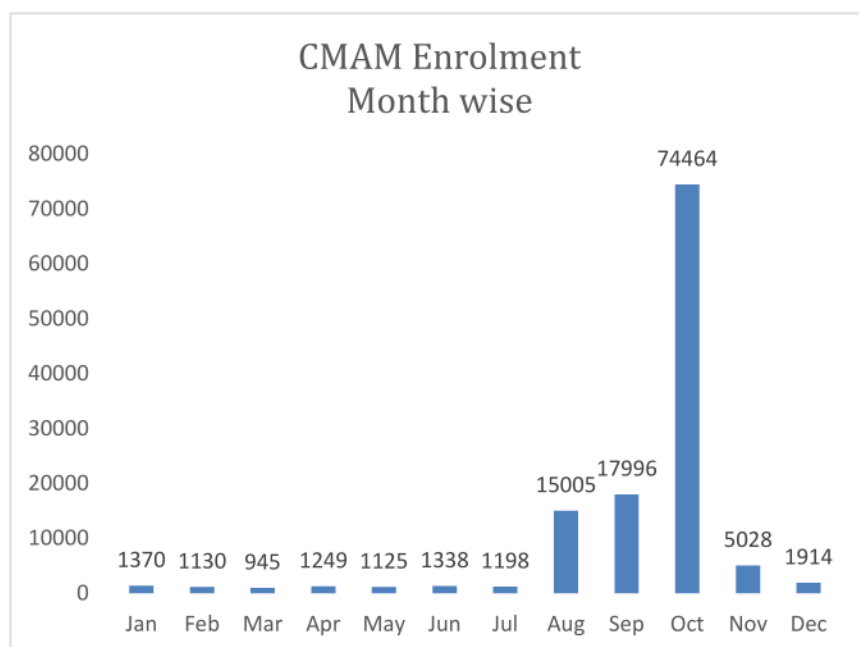


Figure 9 Month wise enrolment



Figure 10 Anthropometry assessment of children



Figure 11 CMAM awareness and Screening

District	Total-sectors	Total sectors (admissions)	Total-AWCs	Total AWWs (Samarthya)	Samarthya registered AWCs (%) [A]	AWCs with registrations (N)	AWCs with registrations (%)-[B]	PT SAM (latest)	SAM registered in CMAM	SAM coverage (%)-[C]	PT MAM (latest)	MAM registered in CMAM	MAM coverage (%)-[D]	Average [A+B+C+D]
MMAC	29	29	890	883	99.2%	663	74.5%	141	510	361.7%	1298	1505	115.9%	162.8%
Mahasamund	65	65	1789	1767	98.8%	1348	75.3%	568	1108	195.1%	3405	4140	121.6%	122.7%
Rajnandgaon	59	59	1502	1467	97.7%	1062	70.7%	481	725	150.7%	2226	2927	131.5%	112.6%
Janjgir-Champa	49	49	1368	1331	97.3%	1140	83.3%	857	1153	134.5%	3665	4767	130.1%	111.3%
Korea	21	21	656	651	99.2%	370	56.4%	139	147	105.8%	727	1114	153.2%	103.7%
Balodabazar	60	60	1587	1552	97.8%	1253	79.0%	758	858	113.2%	3753	4501	119.9%	102.5%
Bastar	75	75	2000	1960	98.0%	1540	77.0%	1162	1373	118.2%	3879	4263	109.9%	100.8%
Jashpur	118	118	4115	4025	97.8%	2699	65.6%	1986	2191	110.3%	4917	6056	123.2%	99.2%
KCG	25	25	647	633	97.8%	469	72.5%	373	443	118.8%	1377	1437	104.4%	98.4%
Sakti	34	34	917	911	99.3%	719	78.4%	735	780	106.1%	2410	2636	109.4%	98.3%
MCB	36	36	1138	1053	92.5%	681	59.8%	461	545	118.2%	1418	1722	121.4%	98.0%
Kondagaon	59	59	1834	1786	97.4%	1456	79.4%	1212	1195	98.6%	3317	3860	116.4%	97.9%
Narayanpur	15	15	563	556	98.8%	431	76.6%	445	467	104.9%	958	1059	110.5%	97.7%
Kabirdham	65	65	1705	1695	99.4%	1383	81.1%	1083	1221	112.7%	4044	3674	90.9%	96.0%
Raigarh	90	90	2706	2614	96.6%	1656	61.2%	995	1038	104.3%	3356	4044	120.5%	95.7%
Mungeli	47	47	1138	1131	99.4%	960	84.4%	823	757	92.0%	2726	2881	105.7%	95.4%
Balod	59	59	1525	1479	97.0%	1192	78.2%	836	711	85.0%	3064	3432	112.0%	93.1%
Bilaspur	76	76	1917	1905	99.4%	1622	84.6%	2296	2148	93.6%	7276	6853	94.2%	92.9%
Bemetara	46	46	1178	1167	99.1%	961	81.6%	1105	1110	100.5%	3549	3202	90.2%	92.8%
Korba	94	94	2598	2573	99.0%	1656	63.7%	885	894	101.0%	3599	3831	106.4%	92.6%
Balrampur	66	66	2370	2327	98.2%	1705	71.9%	1618	1444	89.2%	5137	4813	93.7%	88.3%
Dantewada	41	41	1062	965	90.9%	719	67.7%	870	993	114.1%	2190	1599	73.0%	86.4%
Sarangarh-Bilaigarh	40	40	1119	1092	97.6%	697	62.3%	586	515	87.9%	2049	1976	96.4%	86.0%
Dhamtari	42	42	1106	1070	96.7%	759	68.6%	649	574	88.4%	2214	1988	89.8%	85.9%
Gariyaband	54	54	1508	1484	98.4%	1056	70.0%	870	656	75.4%	2890	2573	89.0%	83.2%
Surajpur	79	79	2080	2031	97.6%	1317	63.3%	1381	999	72.3%	3477	2942	84.6%	79.5%
Durg	59	59	1506	1493	99.1%	646	42.9%	305	234	76.7%	1329	1267	95.3%	78.5%
Kanker	78	76	2141	1936	90.4%	1158	54.1%	962	852	88.6%	2975	2350	79.0%	78.0%
GPM	31	31	838	777	92.7%	417	49.8%	415	374	90.1%	1396	741	53.1%	71.4%
Surguja	80	75	2503	2089	83.5%	1082	43.2%	1566	962	61.4%	4292	2520	58.7%	61.7%
Sukma	41	36	1044	891	85.3%	513	49.1%	908	477	52.5%	2034	1188	58.4%	61.4%
Raipur	76	72	1916	1812	94.6%	1082	56.5%	1696	867	51.1%	6996	2795	40.0%	60.5%
Bijapur	46	46	1184	1054	89.0%	565	47.7%	1304	556	42.6%	2417	1000	41.4%	55.2%
<b>Grand Total</b>	<b>1855</b>	<b>1839</b>	<b>52150</b>	<b>50160</b>	<b>96.2%</b>	<b>34977</b>	<b>67.1%</b>	<b>30471</b>	<b>28877</b>	<b>94.8%</b>	<b>100360</b>	<b>95656</b>	<b>95.3%</b>	<b>88.3%</b>

Table 2 Admission and registration of SAM & MAM children at SAMARTHYA APP

## FOLLOW UP REPORT:

Follow up is the integral part of CMAM that makes it unique and effective. In 2024, 27,633 unique children had been followed up at least for a week during their CMAM tenure. The follow up of children is still in progress. In follow up following aspects were ensured.

- ✚ Medicine provision to children as per the guidelines.
- ✚ Anthropometry measurement.
- ✚ SAM children whose weight doesnot increase in 2 weeks are refferred to NRCs.
- ✚ Counselling of Parents/ Caregivers of enrolled children by field functionaries.
- ✚ Provision of energy dense food (RTE/THR/ATHR) to the children.
- ✚ Health check ups.
- ✚ Appetite and oedema test.

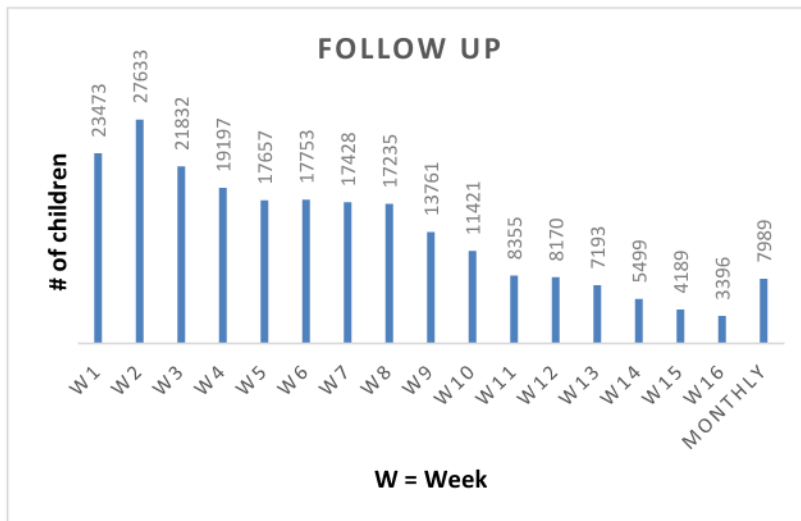


Figure 12 Week wise follow ups done.

SCoE4N is working continuously with the state government in order to address the gaps.



Figure 13 Distribution of THR during follow up visit.



Figure 14 Medicines kits available at various AWCs for storing medicines



Figure 15 AWW measuring the length of child during follow up



## DISCHARGE REPORT:

In 2024, the project could reach 35% normal discharge rate. the children who are discharged as SAM are re-enrolled in the program. Discharge being the most vital goal of the project, unless a child gets in normal status the project is not a success. SCoE4N will be working on more strategies in coming year to increase the cure rate and improve the lives of malnourished children.

In 2024, out of the children enrolled in CMAM program 793 children got discharged as normal. With some districts performing exceptionally with more than 50% cure rate. But the major enrolment happened from August to October and the discharge of October children is still awaited.



Figure 16 Child from Bilaspur district who became normal in CMAM program.

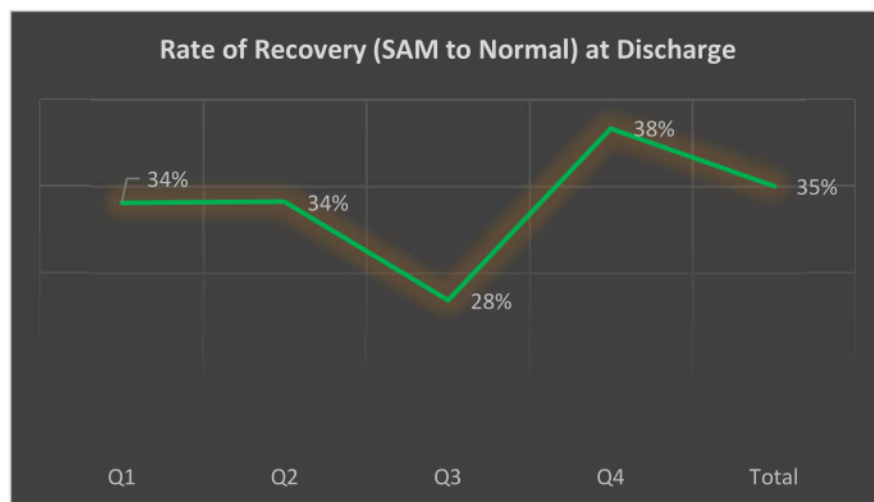


Figure 17 Quarter wise rate of recovery at discharge

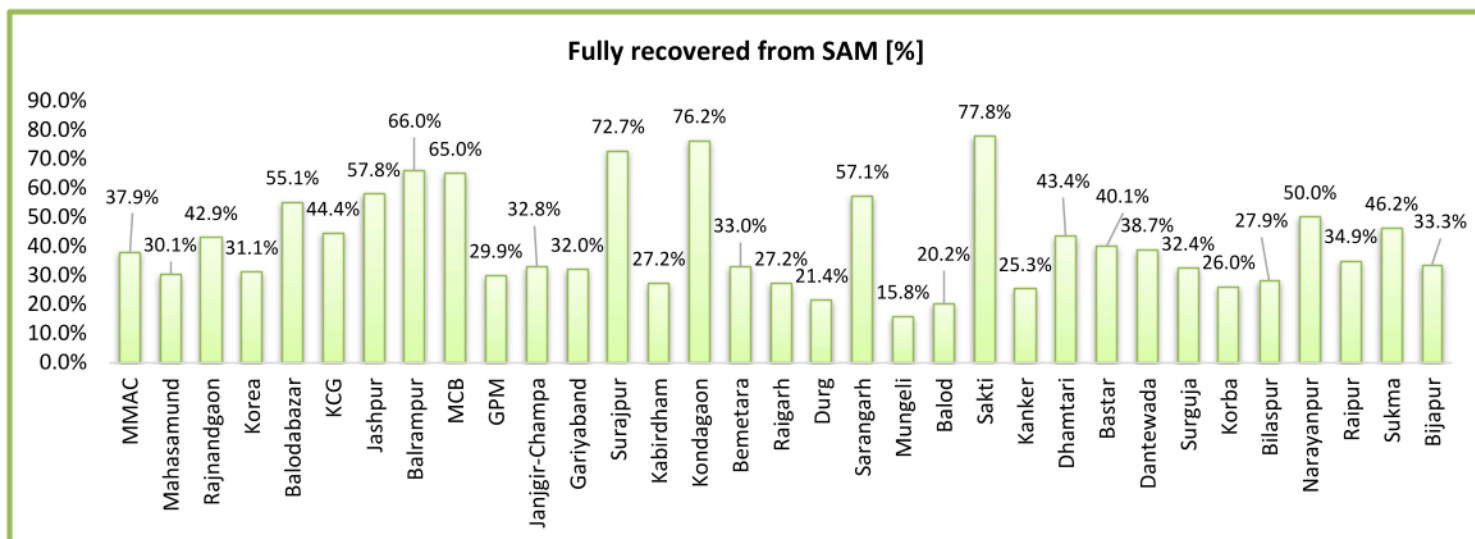


Figure 18 District wise percentage of children who were earlier SAM and got to normal nutritional status through CMAM

## SUPPORTIVE SUPERVISION VISITS:

### AWC

A total of 1,472 supportive supervision visits to AWCs were done. AWC being the major point of meeting between beneficiary and the service provider is a very crucial place. Therefore, SCoE4N made the visits in order to ensure that the AWC including its staff are fully equipped to implement CMAM program.

Of 1,472 visits many were focused on special criteria like hard-to-reach AWCs, high enrolment AWCs, high defaulters AWCs, high non-respondent AWCs. Apart from these other AWCs were also supported. Following is the findings from these visits.

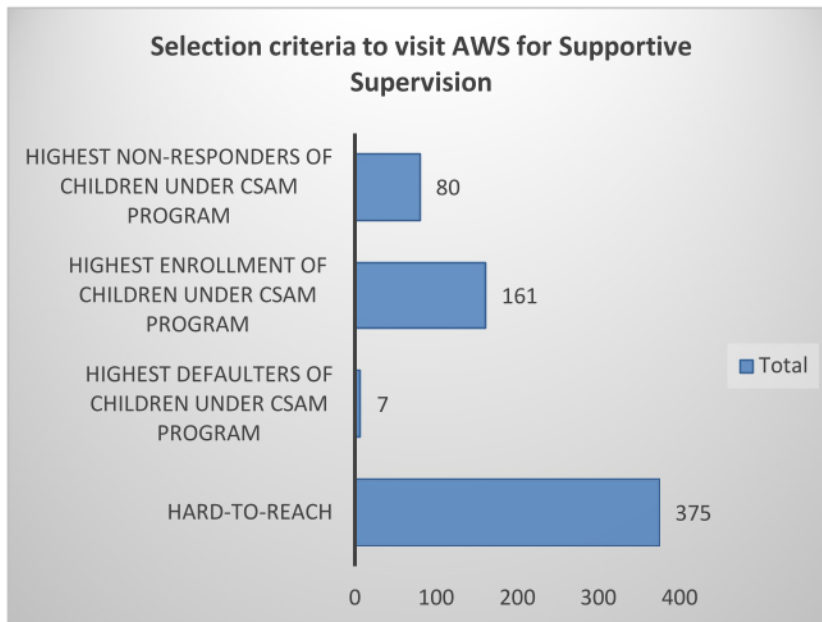


Figure 19 Type of AWCs supported

### CMAM screening findings

#### NRC referral of screened children

Children who were found to be medically complicated during screening were referred to NRCs. In the visits made by SCoE4N it was found that only 57% of such children were able to get admitted in NRCs. 43% could not get admission due to various reasons discussed below.

1. Household situation- mother has to look after other children as well.
2. Working mothers- for some professions it is not possible for mother to leave for 15 days.
3. Other household members not ready to send mother and child for 15 days as it affects household works.

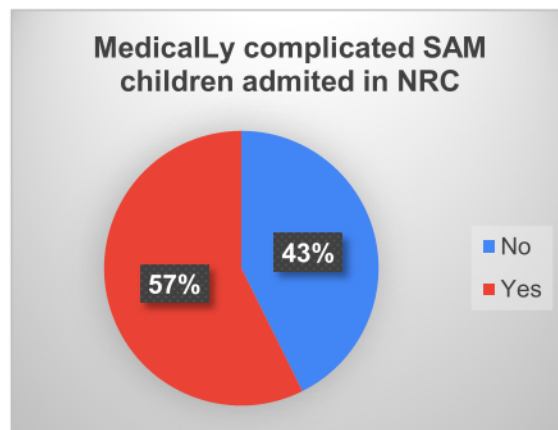


Figure 20 Percentage of medically complicated children admitted in NRC

SCOE4N is working continuously with the state government in order to address the gaps.

## Oedema Prevalence

The result of average number of SAM children per AWC identified with Bilateral Pitting Oedema (6-59 months) during CMAM screening in various AWC clearly shows that 99% of the children are free from oedema. Only in 2 AWCs more than three children were found with oedema, who were immediately referred to NRC.

## Medical Complication Prevalence

The result of average number of SAM children per AWC who were found with medical complications during CMAM screening in various AWCs shows that 94.2% of children were free from any medical complications. These children were not required to be sent to NRCs and were enrolled in CMAM program. Only 2 AWCs were found to be with more than 3 medically complicated children.

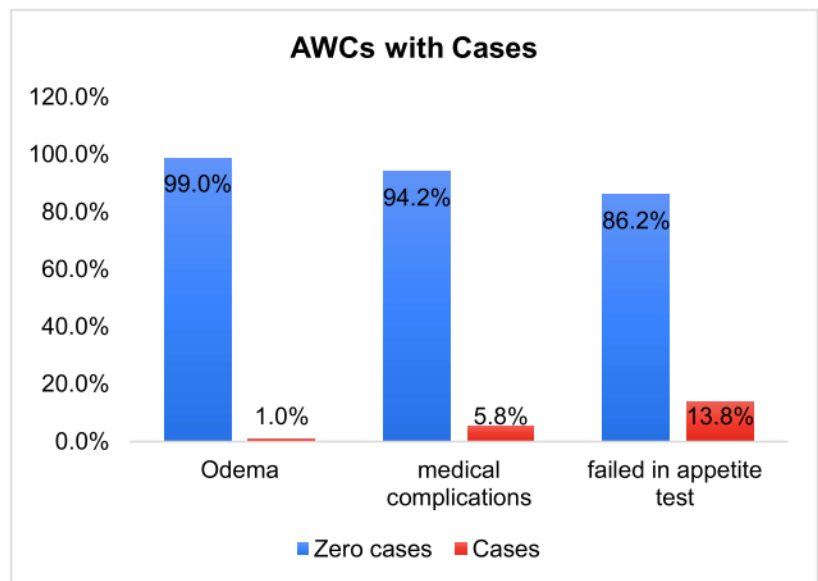


Figure 21 AWCs with zero cases v/s at least one case found

## Appetite Test Failure prevalence

Appetite test is one of the major components of CMAM program, where children are checked for their eating capacity. Average number of children who passed in appetite test were 86.2%. which is significant but not satisfactory. 137 children in state were found to be not eating satisfactorily and failed the appetite test. These children were referred to NRC for further treatment.

## **CMAM non-cured discharge report**

### Re-admission

Some children even after completing the 16 weeks CMAM program did not get to the normal status hence these children are readmitted in the CMAM program. In 2024 of 1472 discharges only 18 were re-admitted. These 1% of the children will be again part of the program and if required are being referred to NRC. Only from one AWC we have received 8 different children who got re-admitted over a period of 1 year.

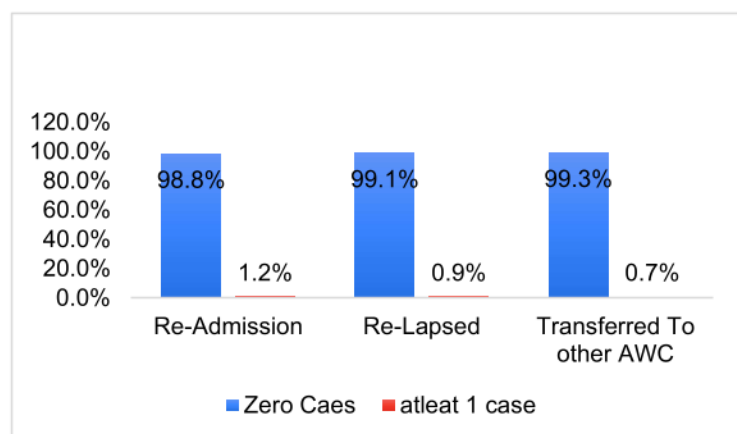


Figure 22 AWCs with zero cases vs/ at least one case found

### Re-lapsed

SAM children who recover after through the program but within three months of their discharge, they again fall into SAM category are considered as relapsed. Such children are re-enrolled in the CMAM program. In 2024, 13 children got relapsed and were again enrolled in the program.

### AWC transferred children

There were 11 cases where children moved to other villages within Chhattisgarh. These children were not removed from program, but were transferred to the new AWC and children had continued from their latest follow up stage.

## **Report of AWCs for non-success**

### Non-responders

In 21% AWCs one or more children remained as non-respondent. These children remained as SAM and their weight did not increase for 2 subsequent weeks. Such children were referred to NRC and re-orientation of these AWWs were taken by the DNCs during their visits.

### Defaulters

Children who are not present in at least 3 follow-ups, are considered defaulters. In 8% AWCs we had defaulter children. There were various reasons for their absence, a few to mention are.

- Migration to other states.
- Far of distance from AWCs
- No caregiver to take the child to AWC.

### Migration

8% AWCs faced migration issues. Families along with their children moved out of Chhattisgarh for occupational reasons. It is common trend in Chhattisgarh as families tend to migrate for better income and profession.

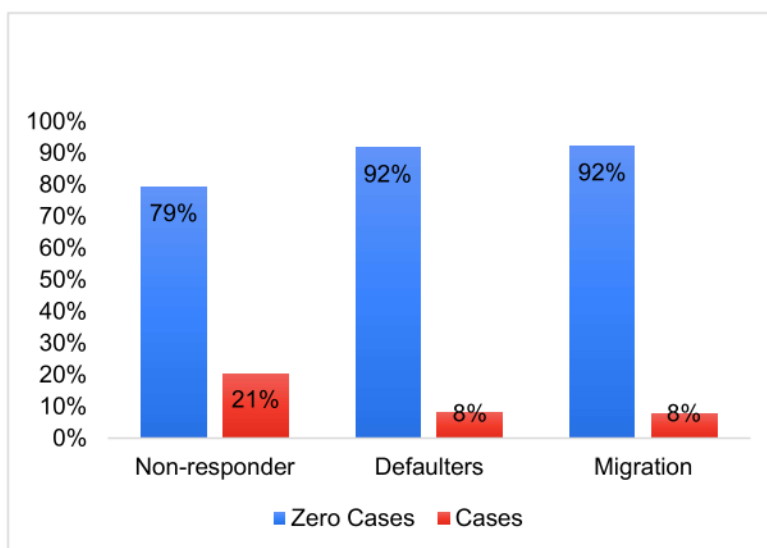


Figure 2 AWCs with zero cases v/s at least one case found



## Follow up support in AWCs

### Anthropometry devices

The digital weighing scale provides more accurate readings up to three decimal places, but due to field challenges it is not easy to maintain and operate. Some AWCs do not have the digital scale and some have damaged or non functional digital scale.

Infantometer, Stadiometer and Salter scale are available and functional in more than 90% of AWCs. SCOE4N is working continuously with the state government in order to address the gaps.

### Counselling of caregivers

Counselling of the parents or caregivers is a major part of the CMAM program and is being done by the AWW. 96% of AWWs were found to be doing the counselling part appropriately. Re-orientation of AWWs were done by the DNCs during their visits.

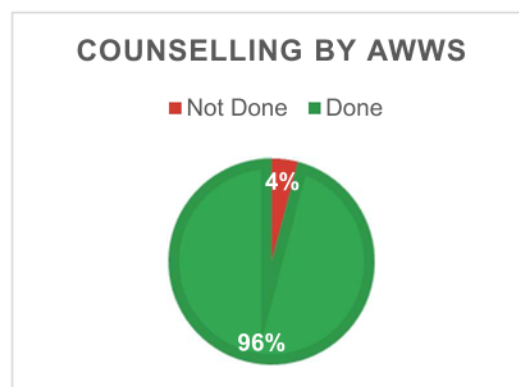


Figure 24 Counselling provision by AWWs

### CMAM tools

Following five were the major tools that have been utilized in the CMAM program.

- CMAM register
- Diet calendar
- Palak card
- Growth chart/ Z-Score chart
- Samarthya app

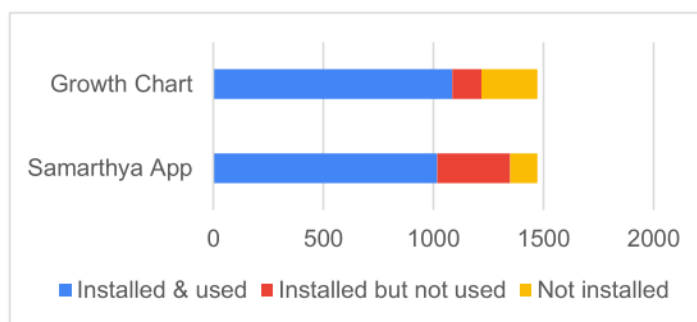


Figure 25 Expansion of CMAM tools utilization

The growth chart and Samarthya app are the most important tools among the many tools of CMAM program.

### AWCs enrolling children in Samarthya

18% AWCs are using registers instead of the Samarthya app for CMAM children enrolment due to capacity issue in using the app. Major issues are non-availability of minimum configuration required for mobile handsets and capacity of AWW. The SCoE4N team regularly support AWWs in using the app and training the AWWs. Whereas 82% AWWs have started using the app, which provides all the stakeholders with real time data.

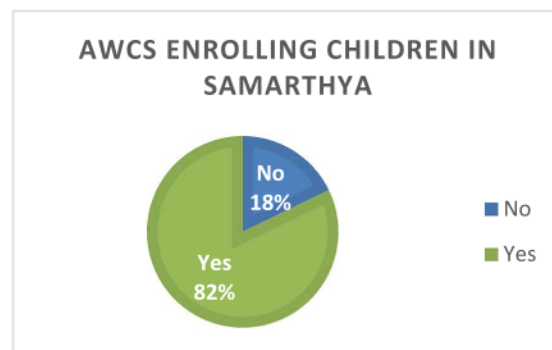


Figure 26 Percentage of AWCs enrolling children in Samarthya

## SAM Child: Home Visit

SCoE4N state, district and block coordinators have done home visits of CMAM enrolled children and there had been various findings, few to mention are as follows:

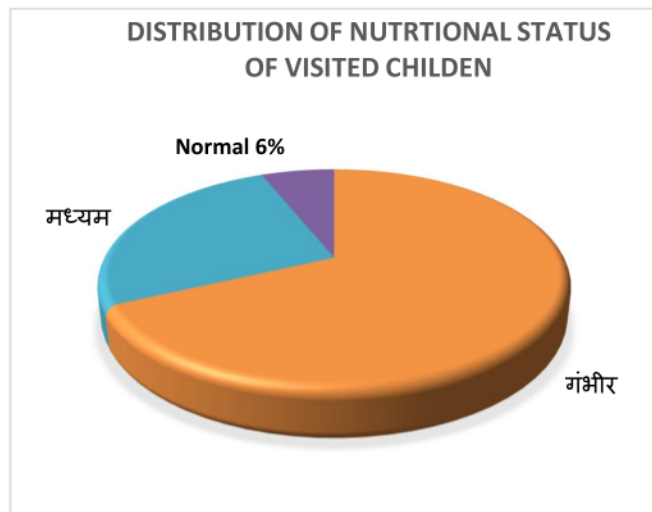


Figure 4 Nutritional status of visited children

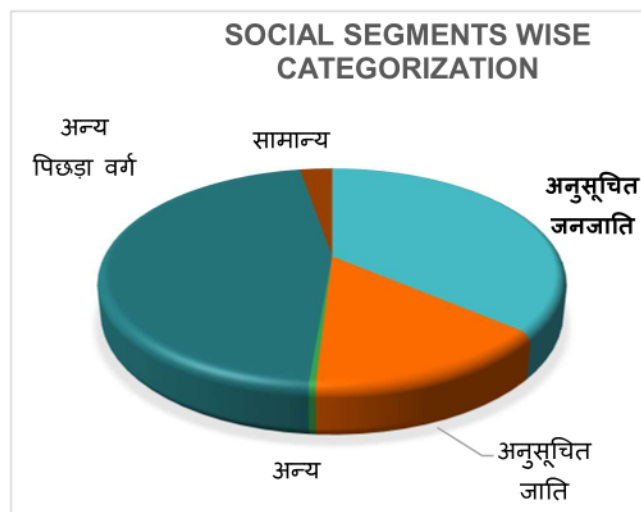


Figure 3 Distribution of families based on Social categorization

## Education Level of parents

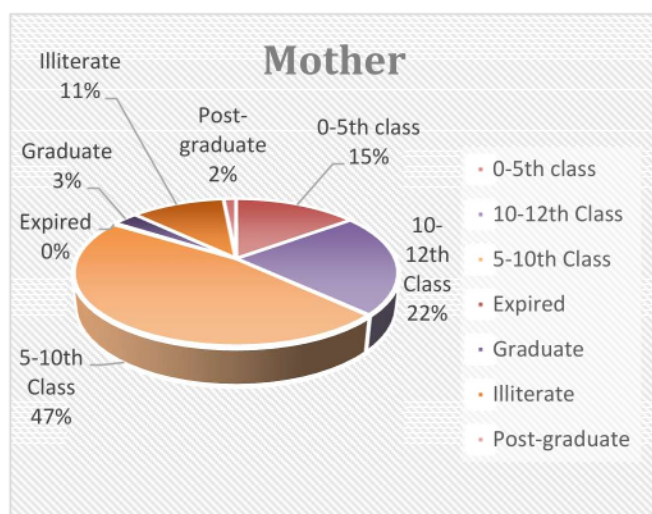


Figure 29 Education Level of Mothers

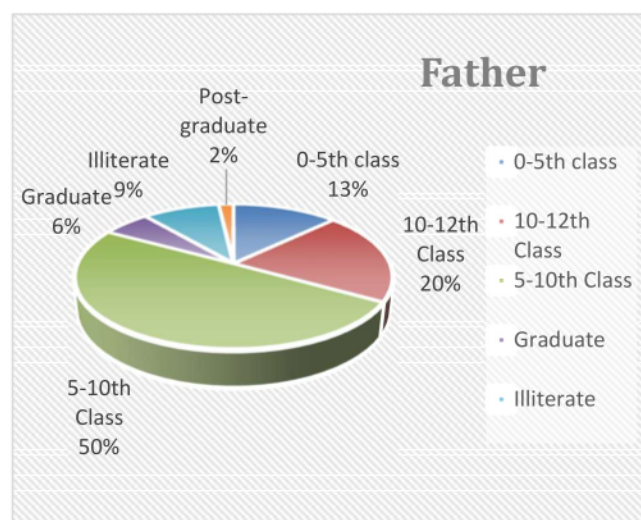


Figure 5 Education Level of Fathers

## Working status

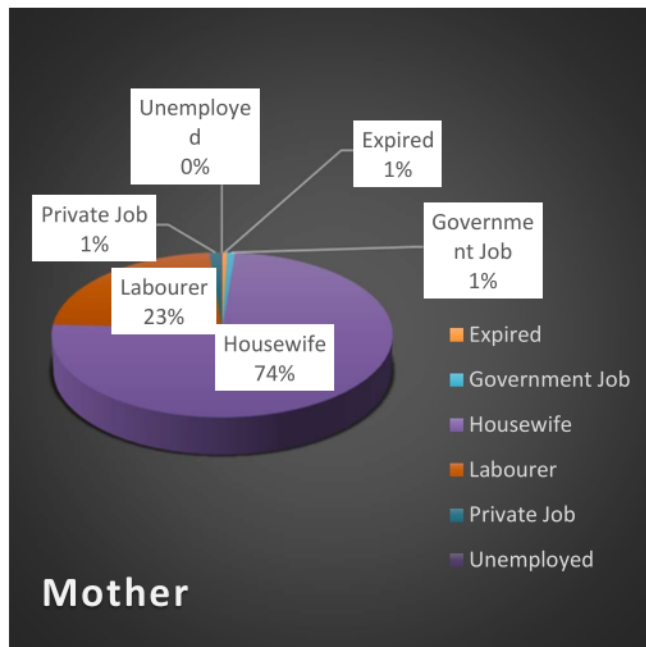


Figure 7 Working status of Mothers

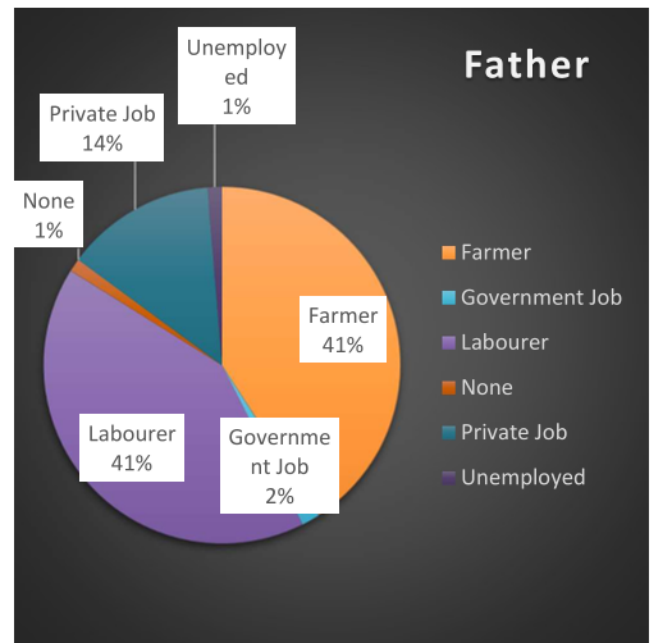


Figure 36 Working status of Fathers

## Hygiene status of child and Household

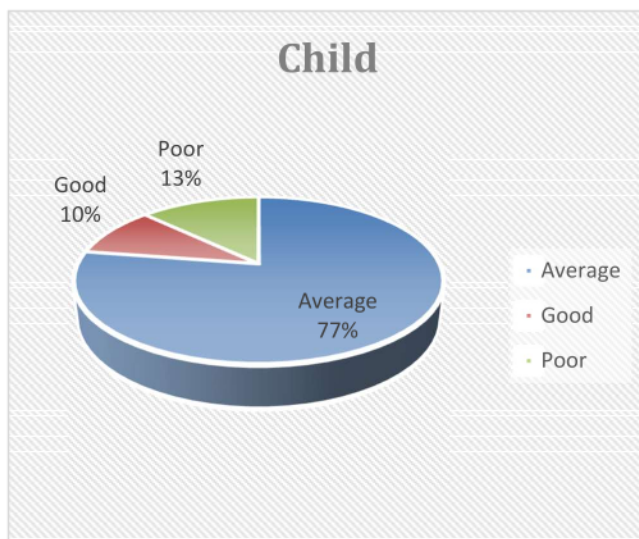


Figure 8 Hygiene status of child

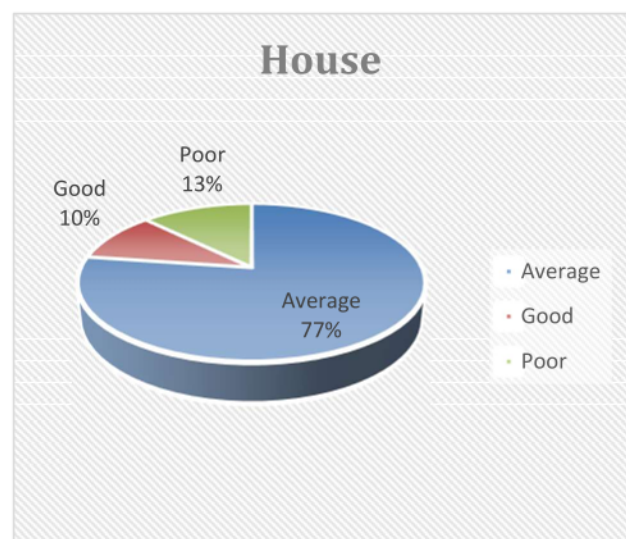


Figure 34 Hygiene status of home

## VHSND SESSIONS

The VHSNDs are important days to enhance the community health, nutrition and hygiene aspects. In 2024 a total of 797 VHSNDs were supported by SCoE4N, the findings are as follows.

The CMAM program follow up is prioritized during VHSNDs so that medicines and health check-up could be done easily.

The following graphs depict the status of VHSNDs in various aspects as per the findings of 797 visited Sessions.

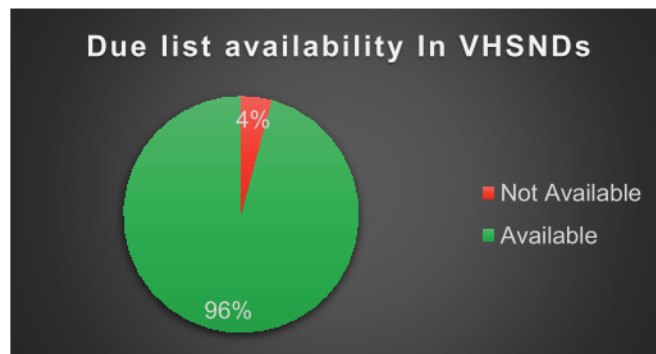
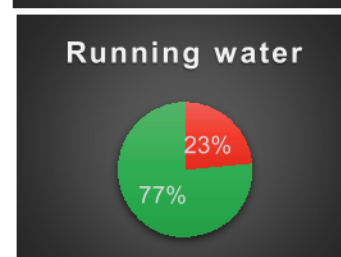
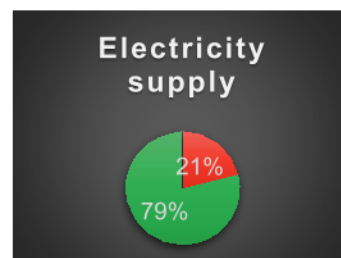
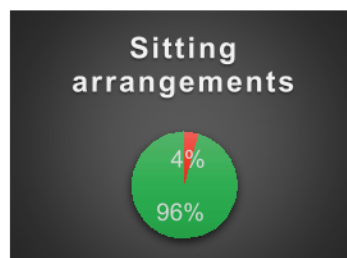
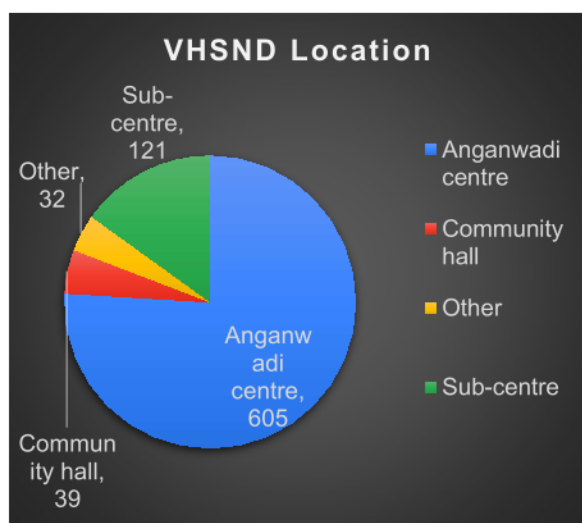


Figure 359 Availability of due list in VHSND Sessions



### Health check-up status and Medicine provision status at VHSND

Blood pressure measurement, weight check, IFA provision, Vitamin A provision, counselling of pregnant women (PW) and Lactating mothers (LM) is done in more than 90% of VHSNDs. Major gaps were related to availability of ANC table and Urine test, as many sessions are organised on AWCs, community places, open areas, etc so ANC tables and appropriate urine sample collection places are not available.



Graphs illustrating the condition of services offered during VHSNDs.

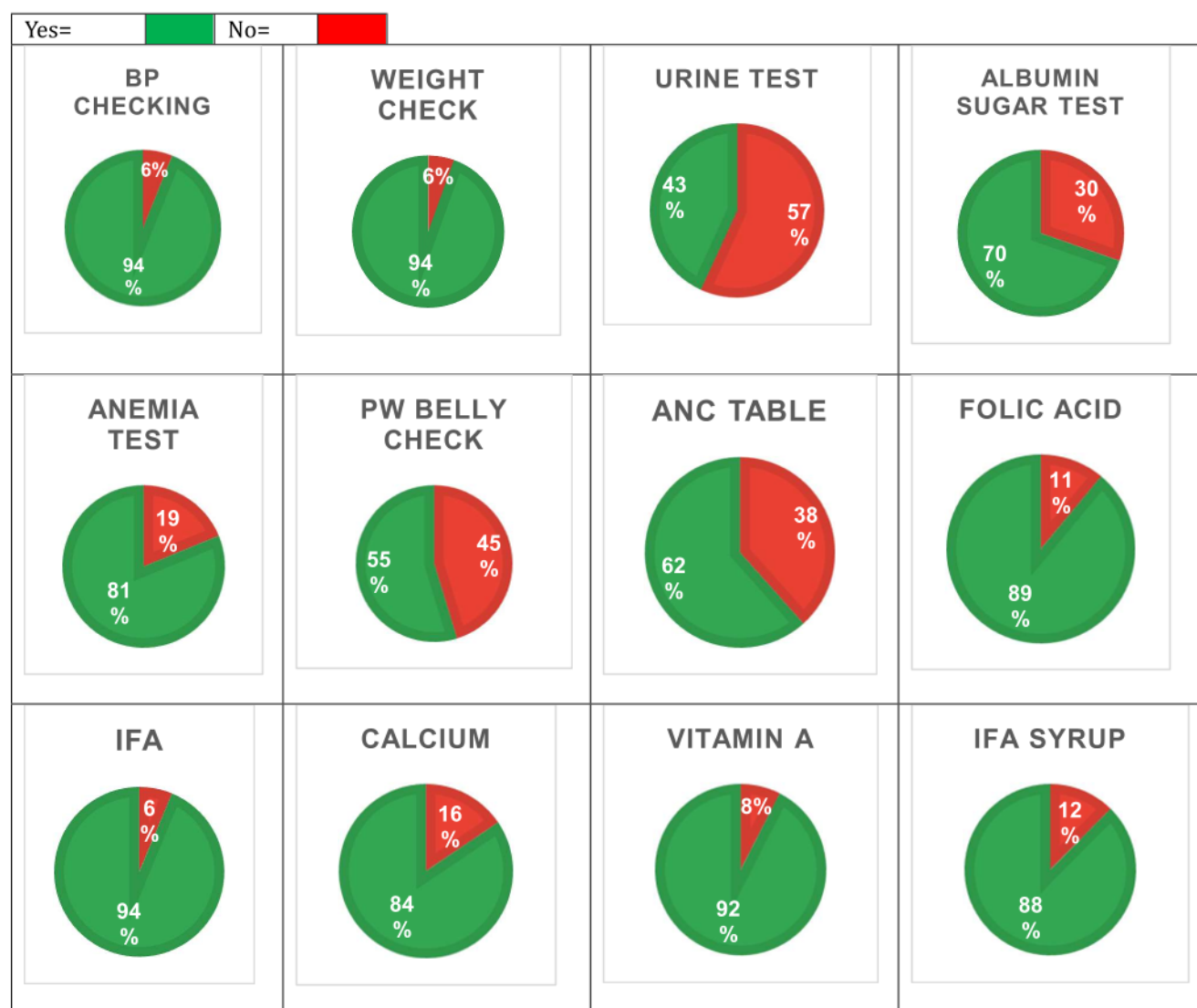


Figure 36 CMAM activity during VHSND



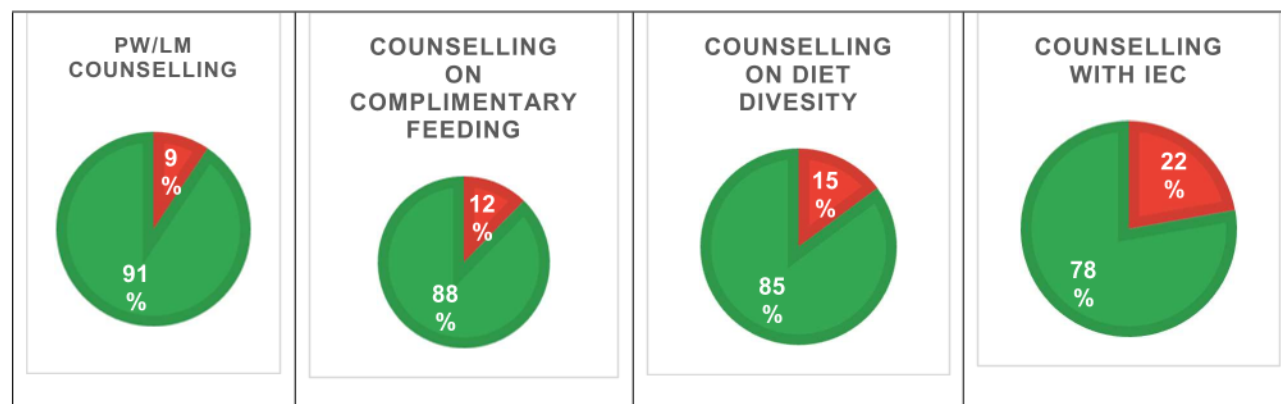
Figure 37 Medicine kit available at AWC



Figure 38 Growth Monitoring at VHSND

## Counselling session status of VHSNDs

Counselling of PW, LM and counselling on complimentary feeding, diet diversity have been found in more than 85% of sessions. Whereas usage of IEC is just 78%, SCoE4N staff during their visits promote IEC usage.



Graph 39 Graphs depicting status of counselling provision at VHSNDs.

## COMMUNITY BASED EVENTS (CBE)

In 2024, SCoE4N reviewed and supported 34 CBEs in the field which are major platform to create mass awareness on CMAM program in village. These CBE events were majorly Annaprashan, Godbharai, SuposhanChoupal, Shalapurv Shiksha and Jan-Swasthya Diwas.

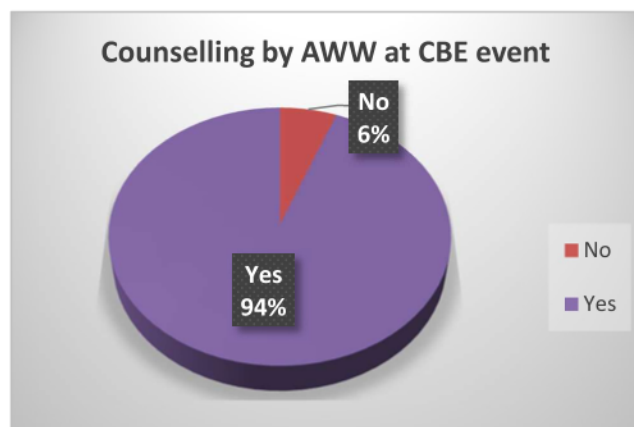


Figure 40 Status of counselling service at community based events

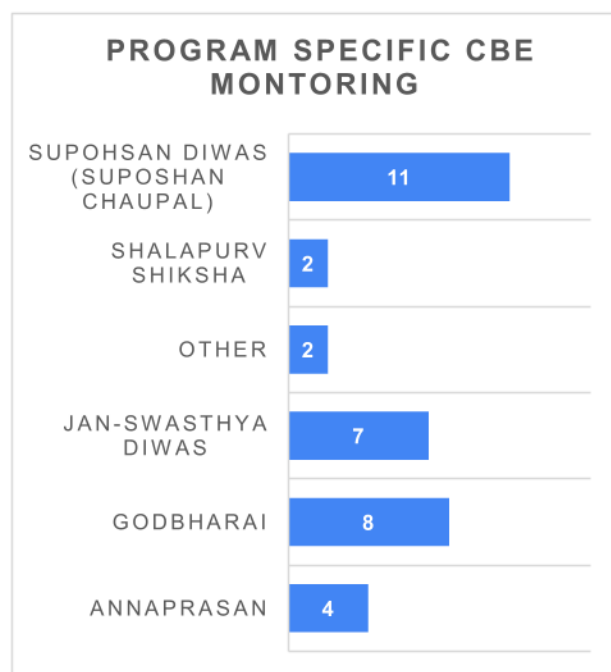


Figure 41 Support given by SCoE4N to community based events

## MILLET CONSUMPTION PATTERN

Regular millet consumption is another important part of diet diversity and data was collected on its consumption pattern. Some local dishes made by communities using millets Arsha, Chila, Daliya, Laddu, Khurmi, Kheer, Khichdi, Paich, Khurmi and Roti. The graph below shows the consumption pattern of other grains & millets.

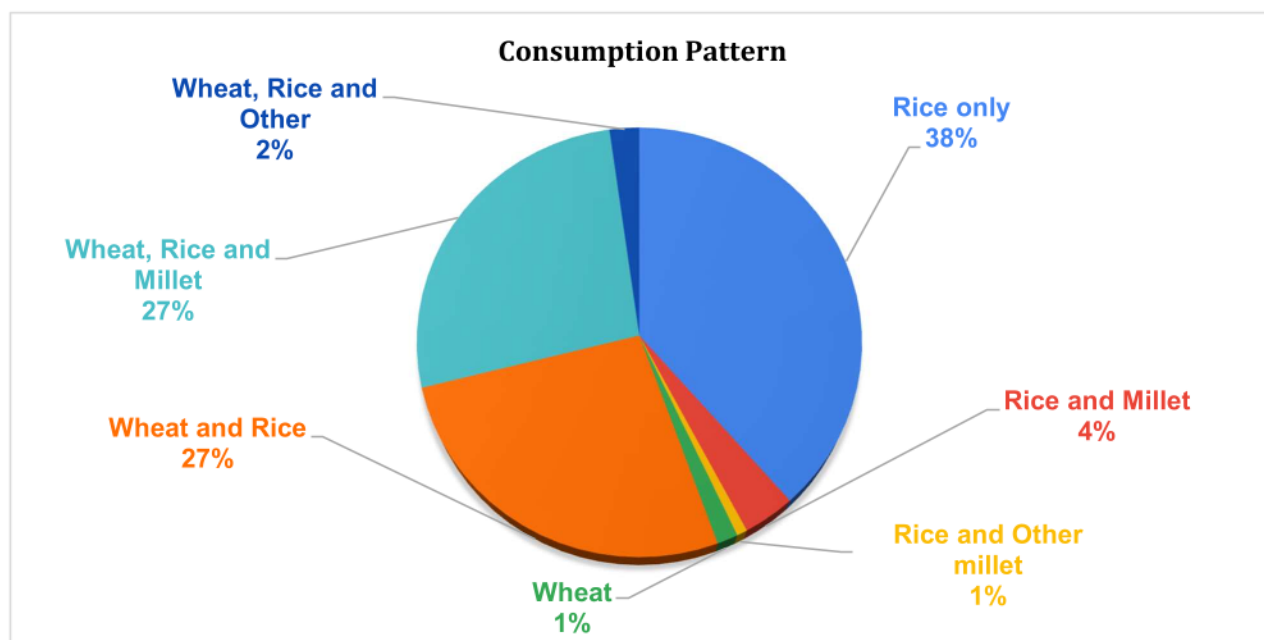


Figure 42 Millet Consumption Pattern

Based on these findings further explorations will be made to prepare an advocacy document for the policy makers & implementers.

## TRAINING AND EVENTS

### 1. Growth monitoring training for 52,000 AWWs in one day

September marks as 'Poshan Maah', a nationwide celebration dedicated to promoting nutrition awareness and driving action towards building a healthier India. SCOE4N in collaboration with UNICEF successfully supported the webinar for the entire state of Chhattisgarh, organized by the DWCD. They covered all expenses related to the facility, arrangements, and video conferencing. Technical support and presentations regarding various Poshan Maah activities were provided by SCOE4N and UNICEF. The event garnered a total of 66,000 views across the state, establishing it as one of the most widely accessed programs associated with Poshan Maah



Figure 43 Bite by UNICEF nutrition officer



activities. The webinar was hosted at an AWC located in the village of Pirda, within the Dharsiva Block of Raipur District. The primary aim of the event was to provide training to 51,284 AWW in DWCD sector regarding Poshan Maah and its associated activities.

Assisted AWW gained hands-on experience of measuring height and weight of children in the age group of 0-6 years using instruments including infanto meter, weighing scale and stadiometer. SCoE4N also interacted with the parents and generated awareness regarding the importance of nutrition and adequate dietary practices for children. We also provided guidance on healthy and nutritious food to mothers in the village, demonstrating to the audience the process of counselling and the key topics to address during such sessions. This session included discussions on growth charts, the 'Tiranga Thali', as well as aspects of health, hygiene, and nutrition.



Figure 44 Live telecast of counselling session

## 2. CMAM training for DWCD Supervisors

50 Supervisors and 10 CDPOs were trained on CMAM. DWCD organized a training session on nutrition with CMAM. Selected master trainers were identified and from each district as master trainers. SCOE was invited as resource team. In depth CMAM training was provided by SCoE4N on CMAM. All major steps were covered with focus on enrolment, follow up and discharge.



Figure 45 Training of WCD staff on CMAM

## 3. Augmented take home ration (ATHR) Launch

ATHR was launched in Mohla Manpur Ambagarh Chowki district with the support of district administration and the UNICEF on 4<sup>th</sup> October 2024. The contribution of the SCoE4N was recognized by the district administration and was awarded with a memento and a certificate. In the event DWCD Secretary, District Collector, MLA and UNICEF Chief were present.



Figure 46 Recognition received by SCoE4N from DWCD Secretary and district administration



## CASE STUDY

Mohit Prajapati, a 2-year-old child from a well-to-do family, was severely underweight due to recurring illnesses. Despite their financial resources, his parents were unable to reverse his weight loss. With the support of local health workers and a structured malnutrition management program, the child's condition improved significantly. This case study demonstrates the effectiveness of community health interventions in addressing SAM.

### Key Highlights

- ✓ Intervention: Child admitted to the CMAM (Community Management of Acute Malnutrition) program.
- ✓ Support System: Regular follow-ups by AWW, Mitnin (ASHA worker), and health professionals.
- ✓ Outcome: Child's weight improved from 7 kg to 8 kg after 11 follow-up visits, and the child showed significant recovery in health and energy.



Figure 47 Length measurement of Master Mohit

### The Problem and Context

Mohit's initial weight was 7 kg, and his height was 73 cm, categorizing him as a SAM child. Despite being from a financially stable family, his health deteriorated due to continuous illness. The parents were overwhelmed and unsure about the right course of action, initially seeking alternative treatments that did not yield results.

### The Intervention Process

- ✓ Community Support and Counseling:
- ✓ AWW (Anganwadi Worker) advised the parents on preparing nutritious food, including ready-to-eat laddoos and "chilhas" fortified with oils for calorie intake.
- ✓ Detailed guidance on medication and treatment plans was given, with a focus on consistency in administering prescribed medicines.
- ✓ Regular Monitoring and Follow-up:
- ✓ Weekly weight checks and continuous support from the AWW ensured that the child was progressing.
- ✓ Parents were educated on proper feeding techniques and the importance of regular nutrition.
- ✓ RHO and ANM (Auxiliary Nurse Midwife) provided medical supervision and counselling for the mother regarding proper care and diet. This case highlights the collaborative efforts of the AWW, Mitnin (ASHA worker), CHO, and health professionals. The combined efforts of these stakeholders, alongside the parents' commitment, were instrumental in improving the child's health.

### Family Testimonial

***"The parents shared: "Hum bohot pareshaan the aur tab Anganwadi didi ne bataya ki tum log Ready-to-Eat ka laddoo, chilha banake bachhe ko din bhar me do se teen baar khilao... Hum logo ne fir waisa hi kiya aur harhaftedidi k paas jakar wajan check karate rahe to abhi SARE AATH KILO WAJAN ho gayahai mere bachhe ka."***

Health professionals emphasized that SAM is often linked to poor socio-economic conditions, but it can also occur in higher-income families if proper nutrition and care are not followed. The combined approach of medical treatment, nutrition education, and regular monitoring is key to reversing SAM.

### Results and Outcome

- ✓ Child's weight increased from 7 kg to 8 kg after 11 weeks.
- ✓ Overall health improvement, with the child becoming more active and livelier.
- ✓ Parents expressed satisfaction with the outcome and were motivated to continue following the advice for long-term care.

### Challenges and Lessons Learned

Challenges included the initial reluctance of the family to fully embrace the nutritional advice. However, consistent counselling and visible progress helped to build trust and confidence. A key takeaway is the importance of personalized support and the need for regular follow-up.

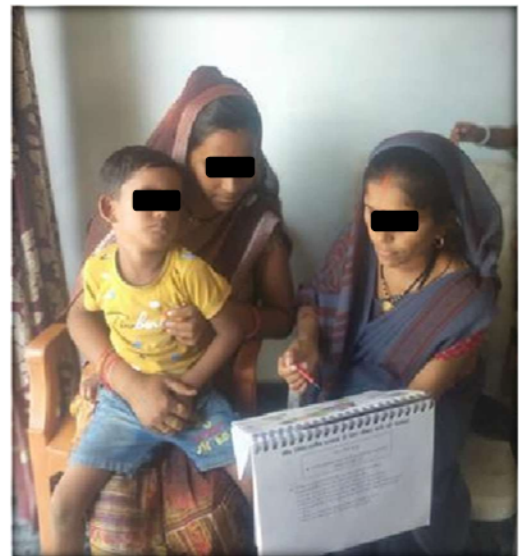
## **SUCCESS STORIES**

### **THE POWER OF COMMUNITY PARTICIPATION: THE JOURNEY OF MASTER JIYANSH**

In the serene village of Lakhunipura, about 20 kilometers from Kabirdham district, a heartwarming tale of resilience and community support unfolded. It is the story of Jiyansh Chandravanshi, the firstborn child of Lalita and Gopi, who entered the world on April 5, 2021, weighing 2.5 kilograms. Despite the joy his birth brought to his parents, little did they know the challenges that lay ahead.

Jiyansh's early days were marked by inadequate breastfeeding, a problem compounded by local customs. At just five months old, during the early annaprashan ceremony, his parents began feeding him solid foods such as biscuits and other packaged items, neglecting the essential homemade nutritious meals. This oversight, coupled with the demanding life of his farmer parents who often took him to the fields, led to a rapid decline in his health. Jiyansh's weight plummeted, and he fell into the grips of severe malnutrition.

The turning point came through the dedicated efforts of Sarojini Chandravanshi, the local Anganwadi worker, and her team, including ASHA worker Lata and cluster supervisor Alka Bhawe. Recognizing the severity of Jiyansh's condition, they initiated regular home visits, providing much-needed guidance and support to his worried parents. They counselled Lalita and Gopi on the critical importance of proper nutrition and timely medication.



*Figure 48 Counselling of Lalita by AWW at home*

Jiyansh was enrolled in the CMAM program, where he received regular medications and nutritious supplements. The unwavering commitment of Sarojini, Lata, and Alka, combined with persistent home visits and follow-ups, brought about a significant transformation. Within 16 weeks, Jiyansh's health began to show remarkable improvement.

Today, Jiyansh is a vibrant and healthy child, a testament to the power of community support and persistent care. His parents, once overwhelmed by the weight of their son's condition, are now filled with gratitude and relief. They have learned the invaluable lesson of proper nutrition and are committed to ensuring Jiyansh's continued well-being.

This story of Jiyansh Chandravanshi is not just a tale of recovery but a celebration of the collective effort that made it possible. It highlights the essential role of community health workers and the impact of timely intervention and education. Jiyansh's journey from malnutrition to health stands as an inspiring example for many families facing similar challenges, showcasing that with the right support and guidance, every child can thrive.

## **THE INSPIRING TRANSFORMATION OF MASTER AHAAN VANRAJA**

In the remote village of Chanadongri, Takhatpur Block, a heartwarming story of recovery unfolds. Ahaan Vanraja, the son of Anju Vanraja, was identified with SAM in early March 2024. His condition was dire, but thanks to the dedicated efforts of Anganwadi worker Sushil Kaushik and the CMAM program, Ahaan's health saw a dramatic turnaround.

Ahaan was quickly enrolled in the CMAM program, receiving regular nutritious meals, medical care, and constant monitoring. The journey was not just about medical and nutritional support. Sushil made regular home visits, counseling Anju on nutritious cooking practices and the importance of a balanced diet. The use of the SAMarthy app facilitated timely monitoring and ensured that Ahaan's progress was closely tracked. These efforts bore fruit as Ahaan's health began to improve rapidly. Within a month, Ahaan gained over 400 grams, improving from 10.2 kilograms to 10.6 kilograms, and moved from SAM to MAM in just two weeks.



*Figure 49 AWW visit and Master Ahaan's House*

The transformation was remarkable. Ahaan's once dull and lethargic demeanor was replaced with a vibrant, playful spirit. His face now glows with health, and he is often seen joyfully playing with friends at the Anganwadi center. Ahaan's story is a testament to the power of community support and dedicated care, showcasing the profound impact of the CMAM program in turning his life around.



## POTLAIKA MEETING / POSHAN BAITHAK: INITIATIVE TO EMPOWER MOTHERS

In the otherwise quite village of Baijalpur, in the Kantali sector of Bemetra district, a transformative initiative is unfolding at the local Anganwadi center. Here, under the dedicated leadership of the Anganwadi worker, Tikeshwariverma affectionately known as "Anganwadi Didi," a series of monthly meetings are held to provide vital nutritional counseling to pregnant women, lactating mothers, and families with young children. These sessions have not only improved health outcomes but also fostered a strong sense of community and support.

### Building Bonds and Sharing Knowledge

Each month, pregnant women, new mothers, and caregivers gather eagerly to participate in the sessions. The meetings are designed to address



*Figure 50 PotLaika meeting at village Baijalpur*

crucial aspects of nutrition, with a special focus on complementary feeding practices for infants and young children. The women attending these sessions form a close-knit group, sharing their challenges and experiences openly with the Anganwadi Didi. This bond of trust is essential, as it encourages women to discuss their problems without hesitation. Topics range from breastfeeding difficulties and the introduction of solid foods to broader family nutritional habits.

Additionally, the sessions emphasize the importance of balanced nutrition during pregnancy and lactation. Pregnant women learn about the essential nutrients needed for their baby's development and how to include them in their daily meals. Lactating mothers receive guidance on maintaining their own health while ensuring their breast milk remains a rich source of nutrition for their infants.

### Complementary Feeding: A Key Focus

A significant part of the counseling revolves around complementary feeding, which is the process of introducing solid foods to a baby's diet while continuing breastfeeding. Many mothers in the community had limited knowledge about the appropriate age and types of foods to introduce. Through demonstrations and hands-on activities, Anganwadi Didi teaches them how to prepare nutritious, age-appropriate foods using locally available ingredients.



# Section. B

## Facility based Management of Severe Acute Malnutrition (FSAM)

## INTRODUCTION:

This section presents the work & progress made under the FSAM domain.

FSAM focuses on providing specialized care to children with SAM within healthcare facilities, including comprehensive treatment protocols, therapeutic feeding, medical care, and monitoring. It involves comprehensive treatment protocols that include therapeutic feeding, medical care, and monitoring to stabilize and rehabilitate severely malnourished children. FSAM ensures timely and intensive management of SAM cases, reducing complications and mortality rates associated with severe malnutrition.

SCoE4N plays a vital role in establishing the linkage between NRCs and CMAM programs. Support in regular data analysis and ranking of NRCs based on the performance for effective review and strengthening of services. Under National Health Mission (NHM), the state has a total of 96 functional Malnutrition Treatment Centers (NRCs) at health facilities across all districts of Chhattisgarh to manage children with severe acute malnutrition.

SMART Unit is an integral part of FSAM and caters to all the complicated SAM children referred from the community AWW with the active involvement of DNC and BNC. Comprehensive management is provided for each child. Once improved, they are sent back to the respective NRC with an established linkage involving all the stakeholders of community and facility level. SCoE4N monitors all those children who were discharged from the SMART unit through DNC, BNC and dashboard. So, this maintains the mechanism of Up and down referral for the SAM Children in the facility as well as in the community.

Active screening in the Pediatrics OPD's has resulted in the identification of missed children in the community and these children were counseled and linked to the nearest facility or Anganwadi center after giving primary care. Through SMART Unit, regularly monitoring and screening of IPD and OPD is done. SAM Children are managed in SMART unit and services are provided.



Figure 51 Joint review visits at SMART unit



Figure 52 Supportive supervision of NRCs by DNCs

Figure 53 Referral form

IPD:

- Forms are integrated with AIIMS, Raipur patient case sheet
- Follow up as per NRC protocol
- Referral slips provided at discharge
- Data is collected and uploaded at NRC portal of Health Department

OPD:

- Screening registers maintained
- Linkage with nearest NRC

Figure 54 CG portal, NHM, for data entry of SAM children at SMART unit

## ACTIVITIES:

Activities related to the functioning of SMART Unit and virtual monitoring of NRCs is operated through state team & supportive supervision of the NRCs is done by district team.





## CAPACITY BUILDING:

- In the year 2024, a total of 29 participants were trained on FSAM through state level training of trainers. These included 29 Medical officers/Pediatricians. The state team provided training support for district level training of Medical Officers (MOs) regarding the management of FSAM.
- A batch of 70 nursing students from AIIMS, Raipur were trained on all the programs under SCoE4N: FSAM, CMAM, IYCF & AMB, Hands on was also demonstrated at SMART unit on anthropometric measurements, and at IYCF Skill lab.
- An online refresher training on FSAM for DNC's was done and orientation on Supposhan application for NRC checklist was also held.



Figure 55 State level training of Medical Officers & Pediatrician at FSAM



Figure 56 Orientation of Nursing students at AIIMS, Raipur on SCoE4N programs

## TELEMONITORING (NRC):

Telemonitoring of NRCs has been established under SCoE4N. It is conducted with expert team of Doctor and Nutrition Counselor through video call regularly covering all NRCs in Chhattisgarh, aiming to supervise & monitor the adherence to treatment protocol to improve recovery rates.

### Objectives of Tele monitoring:

- ✓ To improve the delivery service of the NRCs through Tele monitoring by Pediatrician or expert
- ✓ To improve the recovery rate of the NRCs

State Centre of Excellence for Nutrition Intervention (SCoE4N)  
Department of Pediatrics  
All India Institute of Medical Sciences, Raipur (CG)  
Date: 30 July 2024

NRCTELEMONITORING ROSTER: AUGUST 2024  
TIMING: 12:30 PM Onwards

S.No	DNC Name	Mobile Number	District	NRC Name	NRC No	FD Name	Mobile Number	Telemonitoring Date
1	Rajul	8798075132	Raipur	DR. K. K. LAHARI	18	Roma Gupta	9599419141	15.08.24
				CHC CHAMPA		Nisha Bhatnagar	7400862080	15.08.24
				CHC LAULANGA		Parvina Dhanu	7770801657	16.08.24
				CHC TADWAR				16.08.24
				CHC VILAYNAGAR		Gulgi Yadav	787967220	17.08.24
			Sakti	CHC Kaps				17.08.24
				CHC DABHORA		Apurva Kulkarni	710804142	18.08.24
			Surgey's Bile-pali	CHC SAKTI				18.08.24
				CHC BARABHOLA				19.08.24
				CHC SARANGAIB		Saba Kanye	738073770	19.08.24
2	Rajul	9877586115	Bilaspur	DR. BACCHABADAR				13.08.24
				CHC Puri		Anshu Varma	780046289	13.08.24
			Jagde	CHC Kaula	4	Bhaskar Laksh	746714325	13.08.24
				DR. JANKIR (CHANDRA)		Sushma Bhatnagar	871912148	13.08.24

Signature: [Signature]  
Date: 30 July 2024  
State Centre of Excellence for Nutrition Intervention  
Department of Pediatrics  
All India Institute of Medical Sciences, Raipur (CG)

Figure 57 Monthly NRC telemonitoring roster



## Method:

Tele-monitoring services are being provided through Google Link by pediatricians and nutrition specialist at AIIMS Raipur by Dr. Surabhi Nayak & Ms Dhaleshwari.

Google link is shared with DNCs, FDs working in the NRC, staff nurses, and medical officers. Virtual calls (Rosters are shared with NRCs the previous month) are placed daily to provide technical assistance to any queries related to care, feeding protocol adherence, and other technical support. Over time, it was observed that the queries of the feeding demonstrators and other functionaries were decreased and the cure rate of the SAM kids improved drastically. The target is to cover all the NRCs of the state, apart from the regular physical supportive supervision extended by the state coordinators at SCoE4N. A letter from state for enrolment of U6M SAM children has been issued & through tele-monitoring management of U6M has been initiated resulting in referral & enrolment in some of the NRCs.

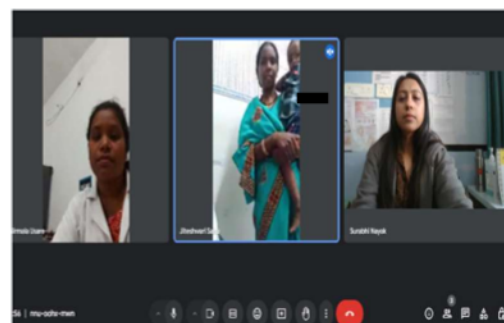


Figure 58 Telemonitoring of NRCs at SMART Unit office



Figure 59 Orientation of U6M SAM Management

- Till date 466 tele-monitoring sessions have been completed covering 96 NRCs, and most of the NRCs have been telemonitored 4 to 5 times. Monthly reports are being shared with the state officials based on the telemonitoring findings.

## Recommendations:

- Admission Criteria: Adherence to the protocol for admission criteria of SAM children needs to be followed.
- Functionality of NRC: Recruitment for vacant positions in the district should be done, NRC should have daily rounds by Medical Officers/Pediatricians, NRC staff should not be assigned anywhere else outside the NRC and Pediatric wards, Night feeds should be provided in NRC, and it should also be monitored and use of age-appropriate toys and Play therapy should be streamlined
- Training: Staff nurses and FDs should have refresher training on SAM management for children under 6 months

S. No.	Months	Tele-monitoring completed
1.	2023- April 2024	262
2.	May 2024	22
3.	June 2024	21
4.	July 2024	30
5.	August 2024	28
6.	September 2024	27
7.	October 2024	20
8.	November 2024	26
9.	December 2024	30
10.	<b>TOTAL</b>	<b>466</b>

- Monthly reports are being shared with the state team stakeholders, regular monitoring and liaisoning is done through DNCs during their visits to the NRC.

#### **Under 6 months:**

- It was observed that protocol and admission for Under 6-month children has been initiated in some NRCs after tele-monitoring and training sessions.
- Routine follow up of the children needs to be done even after discharge of those children.
- Training related to IYCF/ MAA/ Under 6 management should be provided to better adherence to the protocol.
- Adherence to the Feeding protocol should be followed, as well as an adequate diet for lactating mothers should be provided and ensured at the NRCs
- Encouraged FD's and SN's for continuous screening to enroll U6M children, through mitanin, AWW, Pediatric OPD and wards, and briefed about breastfeeding, feeding criteria, nutrition for mothers, SST and play therapy was well briefed during the tele-monitoring session.
- Screening of SAM at OPD/IPD/Medical Colleges.

### **PATIENT SUPPORT:**

- A. Counselling of beneficiaries at OPD, IPD for improving Nutritional status by Nutritional counsellor
- B. Live Kitchen recipe demonstration, & Play Therapy for the beneficiaries
- C. Daily Monitoring & screening of U5Y children at OPD & IPD

Comprehensive counseling services are provided under SMART unit, SCoE4N. Children with secondary SAM admitted at AIIMS Raipur are being monitored daily, including medical supervision, feeding, counselling sessions are being conducted regularly. Along with this Children getting screened at OPD as MAM/ SAM are being counselled and motivated for nutritional diet, adequacy & frequency.



*Figure 60 Patient support at SMART unit to initiate complementary feeding*

Continuous counselling in the Pediatric ward is done to keep supporting the mother for breastfeeding, SST in under 6 months and complementary feeding. To ensure that the issue is resolved, and the nutritional status of the beneficiaries has improved. Families attending immunization clinic or Pediatric Outpatient or Inpatient Department are referred to office for counseling upon identification of inappropriate weight gain or any feeding issues. Demonstration of live recipes and kitchen counseling is being done weekly twice at SMART unit that helps mother to prepare nutritious and adequate food for their children.

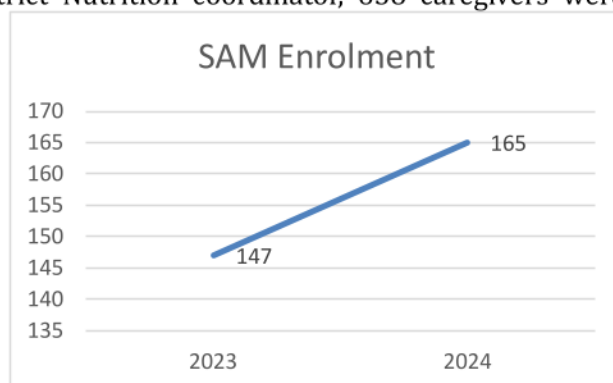
The following table presents the month-wise data of these counseling sessions done at Dept. of Pediatrics, AIIMS, Raipur

CRITERIA	DETAIL	DATA (2024)
<b>(SMART UNIT, ward)</b>		
<b>SAM Children at Pediatric (IPD)</b>	New Enrolment in CG portal	145
	SAM U6 Month	44
	Readmission (after 3 month)	3
	Follow up (before 3 month)	18
	<b>TOTAL SAM CHILDREN</b>	<b>165</b>
<b>(AT Pediatric OPD)</b>		
<b>Screening at Pediatric (OPD)</b>	Total number of screenings at OPD	24285
<b>SAM Children screened at Pediatric (OPD)</b>	<b>Total SAM children</b>	<b>114</b>
	Follow up (SAM)	81
<b>MAM Children screened at Pediatric (OPD)</b>	Total MAM children	360
<b>Linkage from AIIMS Raipur with nearest NRC</b>		<b>285</b>
<b>(AT SMART UNIT OFFICE)</b>		
<b>COUNSELLING at SMART unit, AIIMS, Raipur</b>	Pediatric Ward (IPD)	658
	SMART UNIT (OPD)	339
	Kitchen Counselling	Total participants (197) Sessions conducted (66)

Table 4: SMART Unit Data

## FINDINGS:

- In between March 2024 to December 2024: 285 children have been linked to nearest NRC with the help of feeding demonstrator and District Nutrition coordinator, 658 caregivers were counselled in the pediatric ward, 339 caregivers attending Pediatric OPD were referred to SMART unit for counselling. 66 sessions of kitchen counselling and recipe demonstration regarding nutritive value and cost-effective recipes have been conducted till now and 197 beneficiaries have attended the same. 24285 children(0-14yrs) were screened (weight & height) in the pediatric OPD. 114 children (0- 5yrs) were identified as SAM and 360 as MAM.
- During the entire 2023, 147 SAM children were managed in SMART unit and this year, till December 2024, around 165 SAM children are admitted and provided the services.



Graph 61 Status of SAM Enrolment at SMART unit



- It was observed that among 165 SAM children, 163 children were discharged by Dec 2024.
- Below are the tables based on the input and output indicators of the SMART Unit.
- Among 163 children discharged, 53% (87) children have stayed less than 7 days depending on the condition of the child, 39% (63) has stayed between 7 to 15 days and 8% (13) of the children has stayed more than 15 days. As per NRC guidelines a children admitted to NRC should have 15 days of stay with 15% of weight gain with no medical complications should be discharged. Although, as SMART Unit which is established at Dept of Pediatrics, AIIMS, Raipur deals with secondary SAM patients only.



Figure 62 Visit by Nutrition Consultant at SMART Unit from MoHFW, New Delhi

Duration of stay	<7 days	7-15 days	>15 days
	87	63	13

Table 5: Duration of stay, CG Portal, SMART Unit

As per CG Portal, 11 children were cured out of 163 that were discharged with 15% weight gain. Below are the findings of the Output/exit indicators as per CG health portal from SMART unit, AIIMS, Raipur.

Output Indicators	Bed occupancy rate	Cure rate	Average length of stay
	41.20%	6%	9

Table 6: Output indicators: CG Portal, SMART unit

### KITCHEN COUNSELLING:

Live recipe demonstration & kitchen Counselling is being conducted twice in a week at SMART Unit (Every Tuesday & Friday at 3:00Pm). It utilizes the opportunity of the mothers whose children are admitted at Pediatrics ward, at AIIMS, Raipur. These beneficiaries are being present for live recipe demonstrations and counselling on complementary feeding, adequacy and consistency of food. Along with this, cooking nutritious and energy-dense food. Also, by promoting local dishes of Chhattisgarh which are easily available at low cost. Some of the local delicacies that were made, and nutritive value were enhanced like Khurmi, Chila, Thethri, Muthiya.



Some of the pictures are given below:



Figure 63 Kitchen counselling & recipe demonstration at SMART Unit Kitchen

Through joint efforts SMART unit and UNICEF online training and a live demonstration for 800 Anganwadi Supervisors was held on 1.10.2024 to demonstrate various recipes developed from Augmented Take Home Ration. Recipes demonstrated with the help of our cooks like Ladoo, Barfi, Chila. This Augmented THR is available at various Anganwadi Centers and is available freely for SAM/MAM children.



Figure 64 Recipe Demonstration of ATHR at SMART Unit Kitchen

## SUPPORTIVE SUPERVISION:

### NRCs

High prevalence of malnutrition across India poses a significant obstacle to achieving desirable child health outcomes. For addressing childhood malnutrition, the government of Chhattisgarh during 2010–2014 established Nutrition Rehabilitation Centers (NRCs) in selected health units for the timely, adequate, and appropriate feeding of children, and for improving skills of mothers and caregivers on age-appropriate caring, counseling, and growth monitoring.

The main objectives of facility-based management of SAM were to provide clinical management and reduce mortality of children with SAM, particularly among those with medical complications; to promote physical and psychosocial growth of children with SAM; and to build the capacity of mothers and other caregivers in appropriate feeding and caring practices for infants and young children.



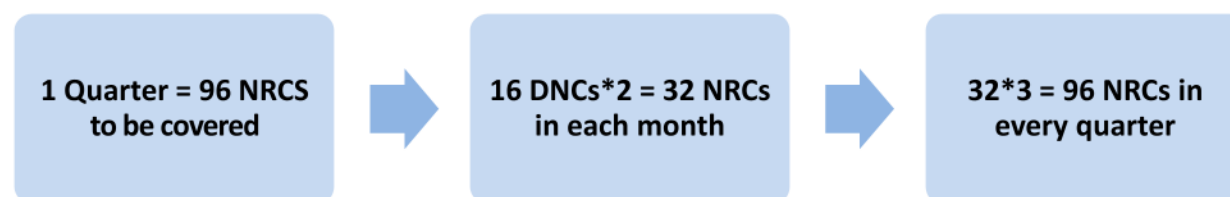
Figure 65 Counselling on complementary feeding during Supportive supervision visit by DNC

### Objective for providing supportive supervision:

- ✓ To provide supportive supervision (Physically by District Nutrition Coordinator) in all the NRC's established in their districts.
- ✓ To ensure that liasoning between the depts for smooth functioning of the NRCs.
- ✓ To strengthen up and down referral at AIIMS, Raipur
- ✓ To establish a robust mechanism to monitor and collect data through supposhan app checklist to understand and identify gaps and recommendations based on the analysis.

### METHODOLOGY/ PLAN for DNCs:

- Monthly rosters are prepared and shared with 16 DNCs placed in 5 divisions of Chhattisgarh.
- Monthly target is being shared and monitoring mechanism is developed.
- Data is being entered into the supposhan application, quarterly analysis, and reports are being shared with stakeholders.



### Monitoring Mechanism:

1. Online NRC MIS (Supposhan app) and monthly visits as per plan.
2. Field visit by DNCs.
3. Monthly review meeting at district level by SCoE4N and convergence meeting between stakeholders is held.



Figure 66 Interaction with beneficiary during Supportive supervision visit by DNCs

### COVERAGE:

A total number of **245** visits has been performed by 16 DNCs in the year 2024 among 5 divisions of Chhattisgarh. This graph represents the NRC Supportive supervision visits done by DNCs, as observed that the DNCs could not cover 32 NRCs in any of the months. Although some of the NRCs have been visited more than thrice, the findings are based on the 84 NRCs that have been covered by the DNCs.



Graph 67 NRC supportive supervision monthly visits by DNCs to various districts

**FINDINGS:** Data of 84 Nutrition Rehabilitation Centers analyzed out of 96 operational NRCs in 5 divisions of Chhattisgarh. Key findings are as follows:

### 1. HUMAN RESOURCES & CAPACITY BUILDING:

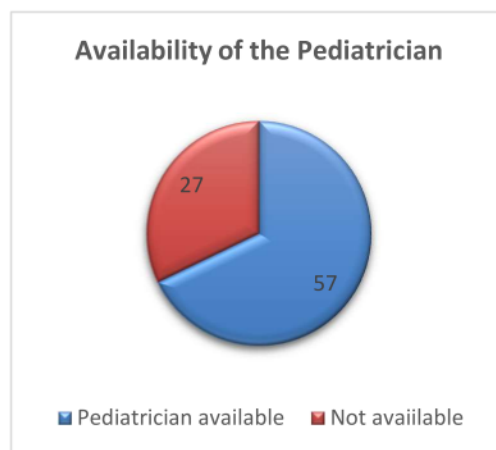
The status of medical officers posted/ trained, Feeding Demonstrator posted/trained, and staff nurses posted/ trained among 84 NRCs. However, in some of the NRCs during the visits the staff could not mention or were not present at that time, so the status is not known.

- Status of medical officer, as DNCs could gather data from 49 NRCs, out of which 42 were posted and 32 were trained.
- Status of Staff Nurse, data collected from 71 NRCs, 69 NRCs out of which 64 SN's were trained.
- Status of Feeding Demonstrator, data collected from 75 NRCs, so FD were posted in 74 NRCs and out of which 71 were trained.

It was observed that some of the posts of Human resources were seen vacant, and not available regularly at the NRC ward. Monthly reports on the availability and training status of the Human Resources are being shared by SCoE4N, and liasoning is done with the help of DNCs & Health Dept.

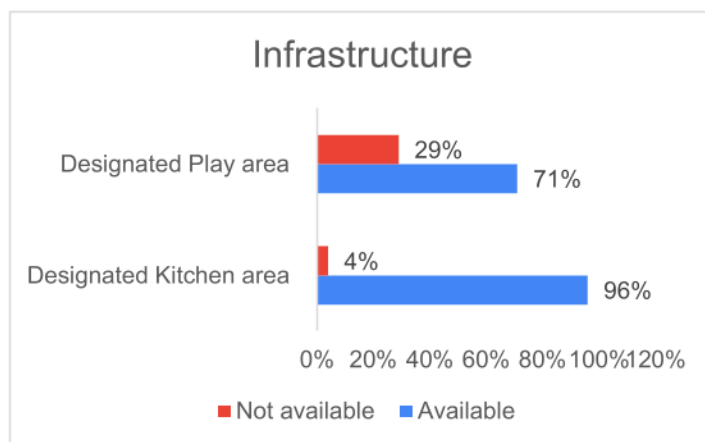
### 2. Status of Pediatrician at the health facility:

It was also noted that among 84 NRCs, Pediatrician was available at 68% of the facilities where NRCs are located whereas Pediatrician was not available at 32% of the facilities. Mostly in CHCs the pediatricians were not available when compared to the NRCs located within the district hospitals.



### 3. INFRASTRUCTURE:

It was observed that among 84(n) NRCs visited, 96% of the NRCs have a separate designated Kitchen area. As well as 71% have a play area within the health facilities.

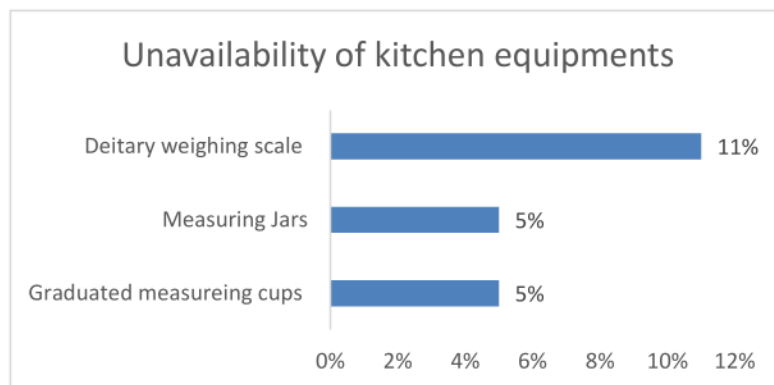


*Graph 69 Status of Infrastructure at NRCs*

#### 4. EQUIPMENT & SUPPLIES:

As observed, most of the NRCs have digital weighing scale (92%), Infantometer was there in 83%, not available in 12% and stadiometer was available in 67% of the NRCs, not available in 22% and was nonfunctional in 11% of the NRCs.

- There is a need for supply chain gap assessment to ensure the availability and functionality of the anthropometric instruments.
- However, SCoE4N is continuously monitoring on Infrastructure, Human Resources and gaps identified during their visits and reports are shared with the department monthly, action is taken based on the recommendations.



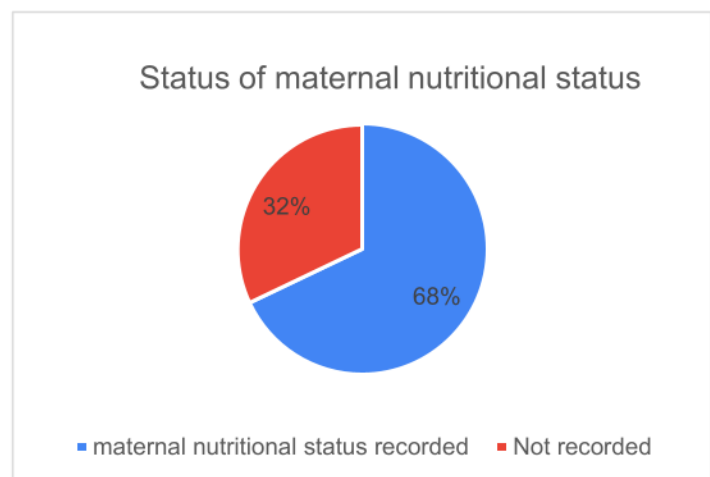
Graph 70 Status of Unavailability of Kitchen Equipment of NRCs

#### 5. Kitchen & Ward equipment:

The dietary weighing scale with 5gms is not available with (9) 11 % NRC out of 84 NRCs monitored. And only (4) 5% of the NRC do not have graduated measuring Jars, measuring cups & spoons unavailable with them.

#### 6. Nutritional status of the mothers:

The mother/caregiver of the child received basic checkups for health nutrition, counseling at NRCs. It was found that measurement of height and weight to assess nutritional status of mothers was only conducted in (57) 68% of the NRCs, for which DNCs made sure during their supportive supervision visits that counselling regarding nutritional status of the mothers and Anthropometric measurements should be conducted regularly.

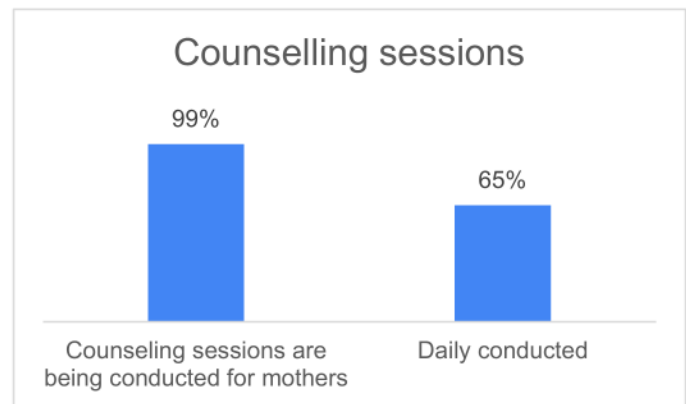


Graph 71 Nutritional status of mothers

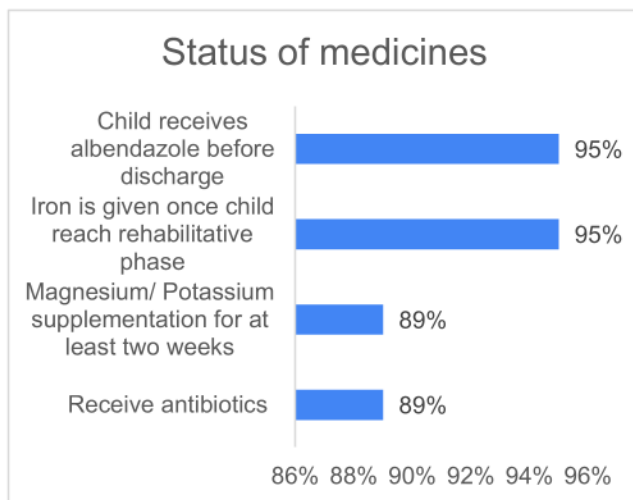


## 7. COUNSELLING:

Counselling to the mothers plays a major role in improving the nutritional status of the children and should be conducted regularly in NRCs. It was observed that 99% of the NRCs that were visited by DNCs conduct counselling sessions, whereas it was daily conducted in 65% (55) out of 84 NRCs monitored.



Graph 72 Status of Counselling sessions to the beneficiaries at NRCs



Graph 73 Status of medicines available at NRC

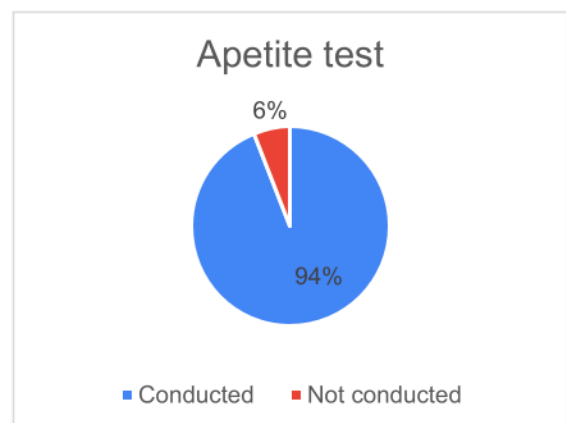
## 8. MEDICINES:

It was observed that out of n (84) NRCs, 75(89%) of the children received antibiotics and magnesium/potassium supplementation for two weeks. As well as Iron supplementation and Albendazole are given in 80 out of 84 NRCs visited.

## 9. ASSESSMENT OF FEEDING PROTOCOL/DIET:

Child undergone an appetite test at admission: Appetite is one of the critical steps during admission which decides the feeding & treatment protocol to be followed.

Out of 84 NRCs monitored appetite tests are conducted in 94% of the Centers and were not conducted in 6% of the NRCs. It was made sure DNCs provide support and find the reason for not being able to conduct appetite test.



Graph 74 Appetite test conducted at NRCs

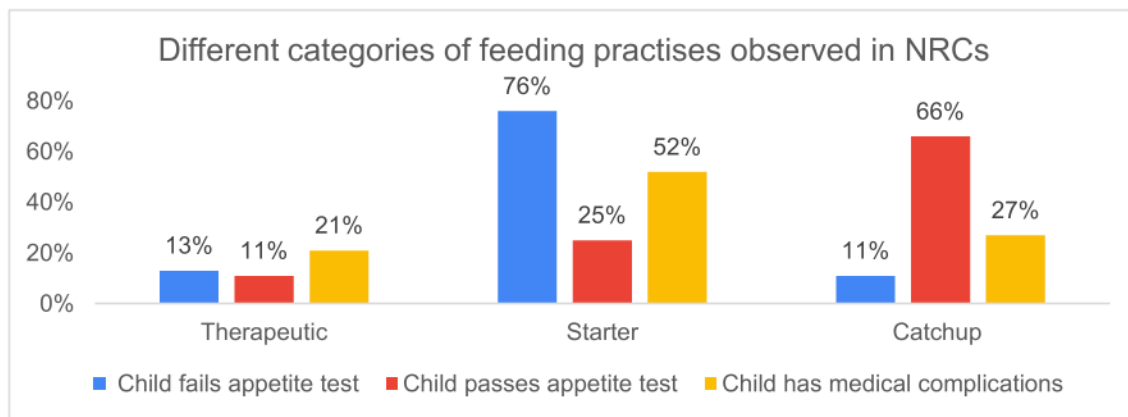
## FEEDING PRACTICES:

**Initiation of feed after admission:** After admission, feed initiated to a child based on how she/he responded to the appetite test on three parameters i.e. if child passes the appetite test, if child fails the appetite test and if child has any medical complications.

**If child passes the appetite test:** Catch-up diet was given in 66% (56), TF in 11% (9) and starter diet were given in 23% (19) NRC.

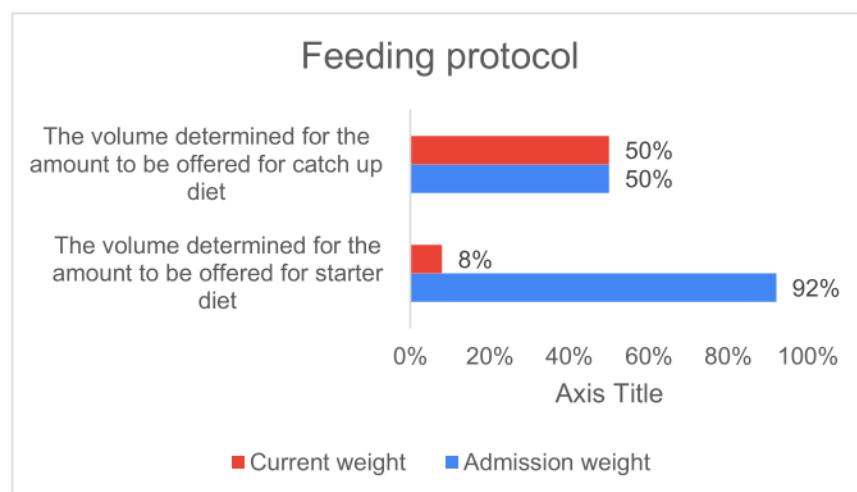
**If a child fails the appetite test:** starter diet (F75) was given in 76% (64), catch-up diet was given in 11% (9) and TF were given in 13% (11) NRC.

**If a child has medical complications:** 52% (43) were given starter diet (F75), 27% (23) given the catch-up diet and 21% (18) NRCs provided the TF to the medically complicated child.



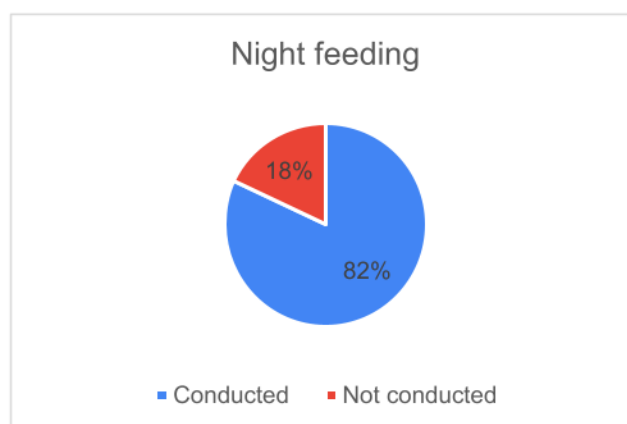
Graph: 75 Feeding practices and patterns observed at NRCs

**Volume measurement, feeding & recording:** In the NRCs monitored, 92% of the volume of the starter diet is being determined correctly based on admission weight of child. For determining volume of the catch-up diet, 50% of the feed was calculated based on current weight.



Graph 76 Knowledge and practise regarding Feeding protocol at NRCs

**Night Feeding:** Feeding at night as guidelines and timely is an important aspect, Children should not miss their feeds, especially at night when children skip the feed, causing weight loss during overnight, and can become hypoglycemic. So, night feeding is essential. Night feeding was given to 82% of NRC whereas 18% NRCs were not providing night feeding.



Graph 77 Practise of night feeding at NRCs



Graph 78 Wash practices & Facilities observed in NRCs

### Wash & Hygiene

Washing hands is a non-negotiable practice. Almost 99% of the mothers washed their hands before feeding the child, All the NRCs monitored 100% have toilet with running water, whereas 99% have a separate bathing space for the caregivers.

## RECOMMENDATION AND CONCLUSION:

Monitoring and supportive supervision visit initiative is unique initiation and practice which aims to bring sustainable improvement in quality of care in NRCs through routine supportive supervision by DNC within the system. Regular monitoring visits, state level review meetings at least twice a year and reviewing of NRCS should continue to improve quality of care. Follow up action/ advocacy by the District/State Health Department and review meetings is important to bring change and improvement in the NRC indicators.

INDICATORS	Recommendations
<b>Review &amp; Monitoring</b>	<ul style="list-style-type: none"> <li>Regular mentoring visits, state level review meetings at least twice a year and rankings in NRCs should be practiced improving quality of care.</li> <li>Following up action by the District/State Health Department as well as visit and review meetings is important to bring some advocacy in NRCs.</li> <li>Regular visits based on rosters as well as data related to the admission and exit indicators need to be captured correctly.</li> </ul>
<b>Human Resource</b>	<ul style="list-style-type: none"> <li>There is an urgent need to prioritize recruitment of the Vacant posts in the NRCs.</li> </ul>
<b>Capacity Building</b>	<ul style="list-style-type: none"> <li><b>Feeding Demonstrator/Staff Nurse:</b> Gaps in the anthropometric measurement skills, measuring left over feed, and recording routine surveillance data of children indicates the need for capacity building.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Medical Officer:</b> There is a need to build capacity for medical officers managing complicated cases and at the same time develop regional units as Up-referral units.</li> </ul>
<b>Bed occupancy and Post discharge follow up &amp;Convergence</b>	<ul style="list-style-type: none"> <li>To improve bed occupancy and post discharge follow up - four follow up), the Health Department should strengthen convergence between ICDS at all levels. Anganwadi workers, supervisors, Mitanin, during Bal Shandharv Diwas, VHSND days, RBSK team should also take charge in identifying and referring children with SAM.</li> <li>To improve the defaulter rate and low follow up rate, NRCs may be reviewed on a case-to-case basis.</li> </ul>
<b>Play therapy</b>	<ul style="list-style-type: none"> <li>There is a need to strengthen play therapy as a critical intervention under FSAM and the Health Dept should ensure every NRC should have a designated place for the same.</li> </ul>
<b>U6M &amp; Maternal Nutrition</b>	<ul style="list-style-type: none"> <li>As a letter has already been regulated for enrolment of U6M in the NRCs, refresher training would be required to strengthen the enrollment and treatment plan for children under 6 months.</li> <li>The stateshouldreviseitsfocusonmaternalnutritionandensureallmother/caretaker receives services as per guideline .</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>All NRCs should be monitored regularly and counselled on Wash &amp; Sanitation techniques in order to improve WASH facilities in the NRCs</li> </ul>

Table 7 Recommendations from supportive supervision visits & Telemonitoring of NRCs



## WAY FORWARD:

Therefore, to improve quality of care, regular monitoring visits and supportive supervision by trained DNCs was planned as a key strategy in addition to the existing mechanism. NHM, in collaboration with UNICEF and SCoE4N, established a monitoring mechanism for NRCs. Some of the major recommendations are:

1. Positively reinforce field workers toward screening, referral, and counselling of malnourished children and their mothers. DNCs should play a major role in strengthening of community level screening and referrals will enable early detection and referral of children with SAM.
2. To strengthen other modes of referral (VHND, RBSK, and knowledge of mothers to increase self/own referral)
3. To identify nutrient-dense foods from locally available ingredients, at low cost possible, and to study their effectiveness in improving weight and thus cure rate.
4. Training and capacity building of MOs, staff nurses, and nutritional counsellors of NRC.
5. To overall improve and strengthen the quality of care of the children and plan an action plan from the findings based on the supportive supervision and monitoring visits by District Nutrition Coordinators, state team, Health team and other departments.
6. Screening and counselling will be enhanced, inhouse modules will be developed regarding feeding practices, nutritious food, adequacy, consistency, and diet monitoring charts will be prepared at our SMART unit
7. Sensory stimulation will be streamlined in the coming year. A more structured implementation is planned with continuous data collection and monitoring will be done.



*Figure 79 Various activities at SMART unit Kitchen: Live recipe demonstration & counselling of mothers etc.*

### Way forward: Support from department:

- Initiate & strengthen admission of children under 6 months in NRC
- Plan monthly review meeting with NRCs in all the districts
- FSAM workshop for Medical Officers/ICDS Officials/Medical Colleges
- Steering Committee meeting needs to be formalized

### SUCCESS STORY:

A 3-year-old Mo. Sartaj, 3<sup>rd</sup> baby of Mo. Jahid and Tabassum hailing from Shadol district of Madhya Pradesh, who was admitted to AIIMS Raipur, Smart unit NRC due to diarrhoea was later diagnosed with Acute Gastrointestinal infection with Severe Acute malnutrition and severe dehydration.

### BACKGROUND FROM THE FIELD:

During that time while he was registered in the AWC, his aunt who is a Sahika in the AWC gave her medicines and THR packets to feed the child, Tabassum understood her child is severely acute malnourished and the underlying conditions. The community workers referred the child to the nearest NRC (Nutritional Rehabilitation centre) in district hospital. After getting admitted in NRC twice when he was a year old, then he was 2 years old, the workers then advised her to visit a hospital. Since then, she travelled and visited to AIIMS, Raipur.

### DURING THE ADMISSION AT SMART UNIT:

**Details:** Mo. Jahid/ 3years old/ Male

**Diagnosis:** SAM with dehydration, Acute gastrointestinal infection and E. coli positive

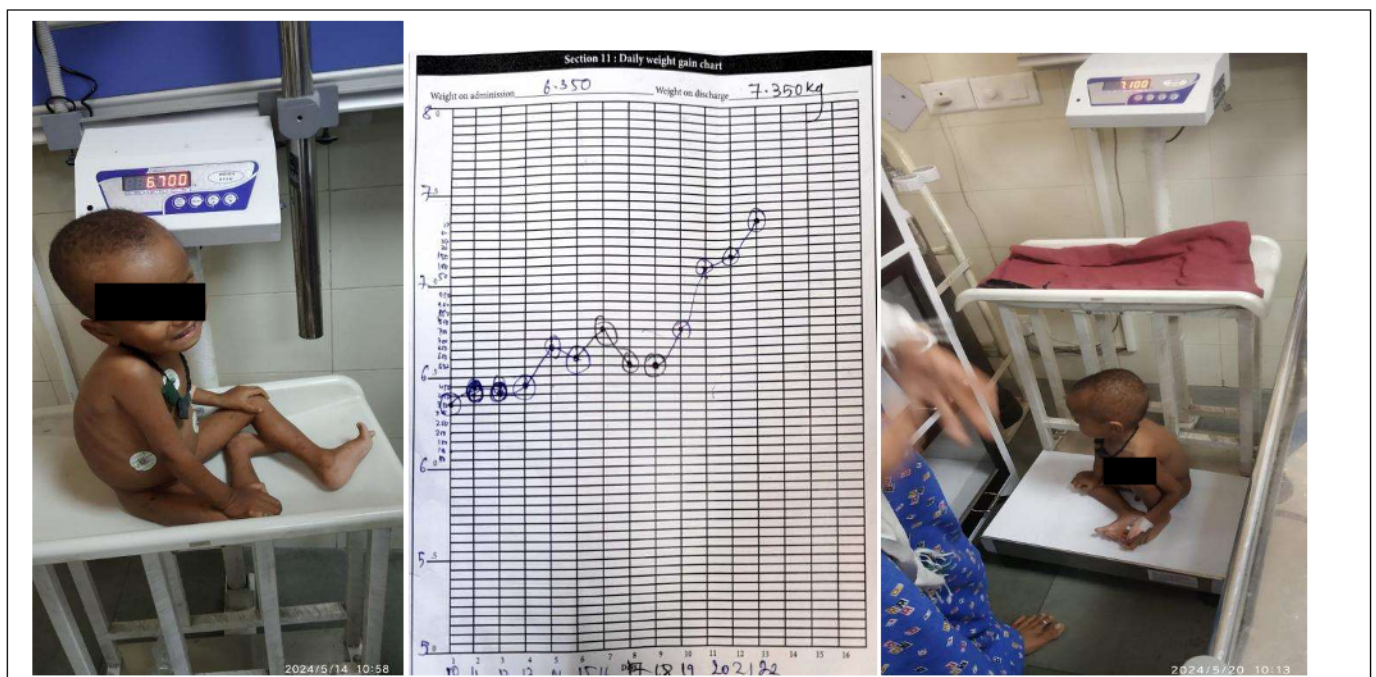


Figure 80 Status of Child during admission at SMART unit

Phases	Weight	Diet
Admission weight	6.350 kgs	F 75
Stabilization phase	6.450kgs	F 75 (NPO)
Transition phase	6.65kgs	F 100
Rehabilitation phase	7.150	F100 (SF)
Discharge weight	7.350	To continue complementary food + Counselling
Total weight gain	1 kg	
Average weight gain	77gms/day	
Length of stay	13 days	

Table 8 Management of Secondary SAM Child during the stay at SMART unit

## WAY FORWARD:

During discharge the parents of the child was given counselling and how to cook homemade meals more nutritious and cost effective through our kitchen counselling. Along with this they were advised to refer the child to the nearest NRC, i.e. DH Shawdol to continue getting treatment for SAM, for this a linkage referral chart has been attached and explained. A follow-up call has been done on 10.06.24 to know about the child's condition. He did not get admitted to NRC as his parents believed that the child is healthy now. They are continuing with the medications and through AWC his routine checkup is done, his current weight is 7.5kgs as compared to his discharge weight that was 7.35kgs. After all his 4-follow-ups done through SMART unit, the child's nutritional status is MAM (Moderate Acute Malnutrition).

Figure 81 Referral form given to the child, for admission at NRC after discharge from SMART unit



Figure 82 Counselling of the beneficiary during the Child's admission at SMART unit

# Section. C

## Infant & Young Child Feeding (IYCF)



## INTRODUCTION:

This section presents the work & progress made under the IYCF domain of the program. IYCF State Resource Center established under the SCoE4N is supporting the DWCD and the child health division in strengthening the preventive strategies to curb child malnutrition through activities mentioned in the following section.

## ACTIVITIES:

<b>1. Capacity Building</b>	<ul style="list-style-type: none"><li>•State level ToT</li><li>•District and block level ToTs &amp; orientations</li></ul>
<b>2. Telementoring</b>	<ul style="list-style-type: none"><li>•Counselors of government health facilities</li></ul>
<b>3. Patient Support</b>	<ul style="list-style-type: none"><li>•Lactation Counseling</li></ul>
<b>4. Supportive Supervision</b>	<ul style="list-style-type: none"><li>•Post Nata Care (PNC)Wards</li></ul>
<b>5. Home Visits</b>	<ul style="list-style-type: none"><li>•Lactating Mothers</li><li>•Diet Audit (of children &lt;2 years)</li></ul>
<b>6. Outreach Activities, Advocacy</b>	<ul style="list-style-type: none"><li>•International Women's Day</li><li>•World Breastfeeding Week</li><li>•Suposhan Maah</li><li>•Various platforms</li></ul>

## 1. CAPACITY BUILDING

### i. State Level:

- Directly through SCoE4N AIIMS Raipur: In 2024, two batches of total 65 staff nurses from District Hospitals (DH) and Community Health Centers (CHCs) were trained on IYCF through state level training of trainers.
- Support to State institute of Health & Family Welfare (SIHFW): SCoE4N has continuously provided support to the SIHFW in conducting state level TOTs under MAA Program. In the year 2024, four batches of Nursing Officers (30-35 participants in each batch) from DH & CHCS were trained under 4 days residential training.
- Support to district administration: State team provided training support for district level training of Medical Officers (MOs), Community Health Officers (CHOs) and Staff Nurses under “Mother’s Absolute Affection” (MAA) program in the district of Mahasamund, MMAC, Balodabazar and Surguja.



Figure 83 Training of Nursing Officers at IYCF Skill lab



Figure 84 Training of Nursing Officers at SIHFW



Figure 85 Handson training at MCH Kalibadi

### ii. District/Block Level:

- Following participants have been trained by district teams either through one/two days training or orientations.

Table 9 Capacity Building

Department	Participants	No. of participants trained
DWCD	DPO	14
	CDPO	79
	Supervisor	587
	AWW	11009
	<b>Total</b>	<b>11689</b>
Health	MO	204
	Supervisor (Male)	94
	Supervisor (Female)	118
	RHO (F)/ANM	793
	CHO	398
	RHO (M)	4666
	Mitanin	4675
	<b>Total</b>	<b>10948</b>

## TELE-MENTORING:

Tele-mentoring of counselors (who are trained by SCoE4N on IYCF) is done to support them to initiate and sustain lactation counseling, to monitor the IYCF practices at facility level and to strengthen these practices at the facility and eventually in the districts. It is being conducted through IYCF Skill lab. Monthly schedule for Tele-mentoring session is being shared with counselors on regular basis. Report on findings is prepared on monthly basis and shared with stakeholders. A total 271 Tele-mentoring sessions were completed between January and December 2024. Quarter wise numbers are share in the table below:

Table 10 Quarter wise no. of tele-mentoring sessions

Quarter*	Tele-Mentoring sessions done	Mothers counseled during Tele-mentoring
<b>Q1</b>	75	60
<b>Q2</b>	76	48
<b>Q3</b>	58	46
<b>Q4</b>	62	58
<b>Total</b>	<b>271</b>	<b>212</b>

\*1<sup>st</sup>Quarter (Q1) =January to March, Quarter (Q2) =April to June, Quarter (Q3) =July to September, 4<sup>th</sup> Quarter (Q4) =October to December.

## Findings

### 1. Good Practices:

- Use of Audio-Visual aid (on IYCF) at DH Dantewada.
- Head of Gynecology Department at Medical College, Bilaspur take morning round of with PNC ward along with the counselor to ensure breastfeeding support is provided. Nursing staff at the NICU actively counsel mothers for expressing breast milk. Use of syringes helps collection of even small amounts of colostrums.
- At DH Kanker early initiation of breastfeeding is supported at labour room for all normal deliveries and at Operation Theatre for C-sections. There is increased focus on IYCF practices under the guidance of Collector.
- At DH Surajpur Gynecologist extend her support in strengthening lactation counseling.
- A lactation consultant is appointed at CHC Pattalgaon, District Jashpur under special initiative of Collector to strengthen IYCF practices in the district.

### 2. Area of Improvement:

- Major lacunae observed were related to early initiation of breastfeeding in C-sections due to lack of support & paucity of knowledge. Another gap identified was related to prescription & administration of top feed especially in C-sections & night time deliveries. Irregular Counseling

had been reported by counselors due to work load. *Detailed reports are shared with respective stakeholders on a monthly basis along with probable recommendations & way forward.*

During these sessions we connected to mothers admitted in the PNC ward with support from counselors. Major findings based on discussion with 128 mothers are presented in table below.

*Table 11 Findings from mother's counseling*

S.No	Indicators	Response		Remarks, if any
		Yes	No	
1	Whether the baby was breastfed within one hour of delivery	104	24	Delay in initiation of breastfeeding was observed due to -Child's or mother's illness -Shifting from OT to PNC ward -Mother's c/o no milk -No support to begin breastfeeding during night time deliveries especially those who deliver through C-section
2	Whether colostrum was given	126	2	A large majority of the mothers reported giving colostrum to their newborns.
3	Whether mother was breastfeeding exclusively	117	11	Most of mothers reported that they were exclusively breastfeeding the baby on the day of discussion. Rest of the newborns was on mix feed.
4	Whether any pre lacteal or any other feed was given	19	109	Only formula feed was given as pre lacteal feed. . Use of no other type of pre lacteal feed was informed. Reasons for formula feed as informed by mother -Insufficiency of breast milk -Child was admitted to NBSU/SNCU -Difficulty in feeding in C-section
5	Whether mother received counseling on breastfeeding	112	16	-



## Action Taken

- A. Review of MAA program done by the Child Health Division, Department of Health & Family Welfare on 24<sup>th</sup> April with focus on Tele-mentoring findings.
- B. In the month of July we initiated the concept of “Counselor of the Month” in order to motivate the counselors and recognize their efforts. Counselors who have been regular in attending the tele-mentoring sessions and have been providing regular lactation counseling were selected.

- ✚ July- Ms Jyoti from DH Dhamtari
- ✚ August- Ms Kiran from DH Kondagaona and Ms Radhika from CHC Farasgaon, District Kondagaon
- ✚ September- Ms. Sabina Bhagat from CHC Sonhat, District Koriya
- ✚ October- Mrs. Kavita from DH Mahasamund
- ✚ November- Ms Minakshi from DH Koriya
- ✚ December- Mrs Varsha from Medical College, Bilaspur



Figure 86 Tele-mentoring session with counselors

- C. On site orientation of Staff Nurses of DH Mahasamund (Focused district) was done on 3<sup>rd</sup> August 2024.
- D. Multiple supportive supervision visits done in the year 2024 at focused districts (MMAC and Mahasamund) at following facilities:

- a. DH Mahasamund
- b. CHC Mohla
- c. CHC Manpur
- d. CHC Ambagarh Chowki
- e. CHC Bagbahara, CHC Pithora, CHC Saraipali and CHC Basna (Tele-mentoring is not done at these facilities)



Figure 87 Orientation of Nursing Staff at DH Mahasamund

## Recommendations

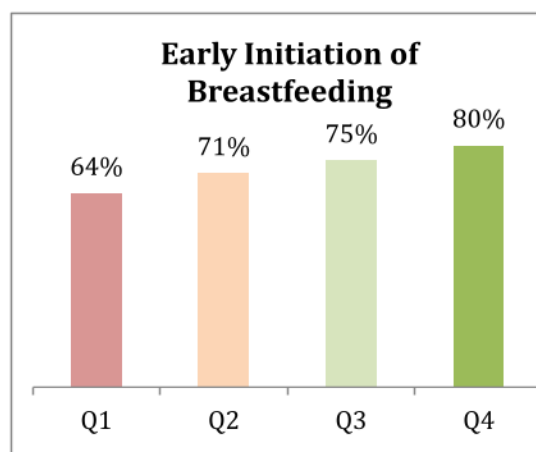
- Rationalization of workload should be done so that they can effectively perform their duties.
- Garner support from DNCs to identify lacunae and develop plan to overcome the challenges
- On site orientation of Staff Nurses to be done as required.
- Identify trained staff nurses who can be included in Tele-mentoring
- Facilitate dissemination of Tele-mentoring reports to the districts.

## PATIENT SUPPORT:

Comprehensive counseling services are provided under IYCF State Resource Center. Pregnant women at the ANC ward, AIIMS Raipur are motivated for early initiation of breastfeeding and counseled on benefits of exclusive breastfeeding. Counseling continues in the PNC ward to keep supporting the mother for exclusive breastfeeding, KMC and Milk Expression and resolve breastfeeding related issues. Families attending immunization clinic or Pediatric Out Patient or Inpatient Department are referred to office for counseling upon identification of inappropriate weight gain or any feeding related issues. Following table presents the quarter wise data of these counseling sessions.

Table 12 Counseling Services Data

Counseling Services					
Quarter	PNC Ward		ANC Ward		Office
	No. of mothers given interpersonal counseling	Total counseling conducted	No. of mothers counseled through group sessions (Average value)	No. of mothers counseled	IYCF Counseling done
<b>Q1</b>	154	364	360	158	102
<b>Q2</b>	127	480	360	993	117
<b>Q3</b>	179	552	430	1240	95
<b>Q4</b>	65	563	360	1407	104
<b>Total</b>	<b>642</b>	<b>1959</b>	<b>1510</b>	<b>3798</b>	<b>418</b>



Graph 88 Trend on Early Initiation of Breastfeeding

With continuous efforts in counseling services, a constant increase in the rate of early initiation of breastfeeding has been observed. In the 1<sup>st</sup> quarter our counseling services were limited to only PNC ward March onwards, we initiated counseling of pregnant women admitted in the ANC ward. This has resulted in improvement of early initiation of breastfeeding at AIIMS Raipur.

## SUPPORTIVE SUPERVISION:

### PNC Ward visit

Supportive supervision visits to PNC wards are made by district teams preferably through joint visits with counselors (wherever available). These visits were with following objectives:

- Collect data on facility level practices related to IYCF
- Use this opportunity to counsel caregivers on IYCF
- Strengthen counseling skills of counselors and other service providers
- Identify areas of improvement and discuss potential solutions for the same with authorities

Data is collected through checklists available both online

& offline on SUPOSHAN Application. A total 364 visits were done in 2024. Graph below depicts the overall monitoring visits made to DH/MCH, CHCs and other facilities. Quarter wise visits made and interviews held with mothers (admitted in the PNC wards of these facilities) are shown in the table below.

Quarter	Total facilities monitored	Total mothers interviewed during these visits
<b>Q1</b>	93	280
<b>Q2</b>	103	366
<b>Q3</b>	84	232
<b>Q4</b>	84	275
<b>Total</b>	<b>364</b>	<b>1153</b>

Table 13: Quarter wise no. of facilities visited & PNC mothers interviewed

During these visits availability of functional weighing scale at facilities improved over the time, whereas majority of the facilities were found to be taking weight of newborns immediately after birth. 244 of the total facilities had RMNCH counselors posted at the facility, out of which 205 (84%) were reported to provide support in breastfeeding counseling and 165 (68%) counsellors reported that they have received training on IYCF.

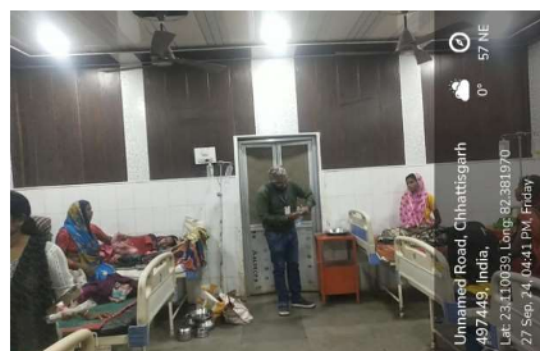
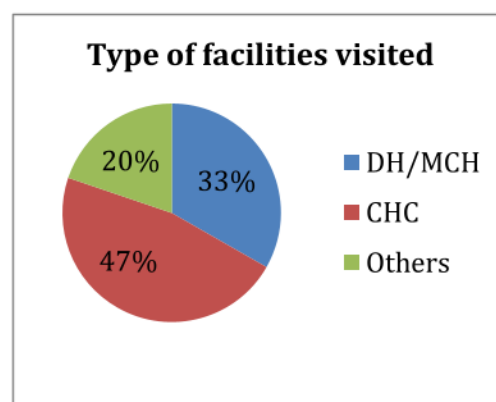
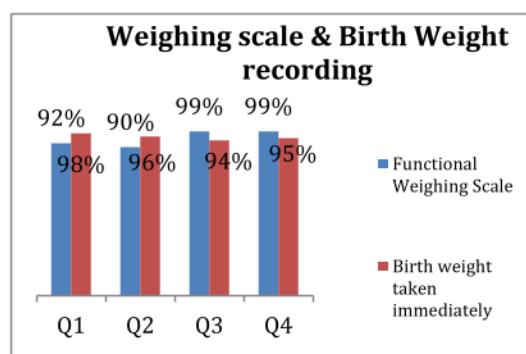


Figure 89 Supportive Supervision Visit by DNC at PNC Ward

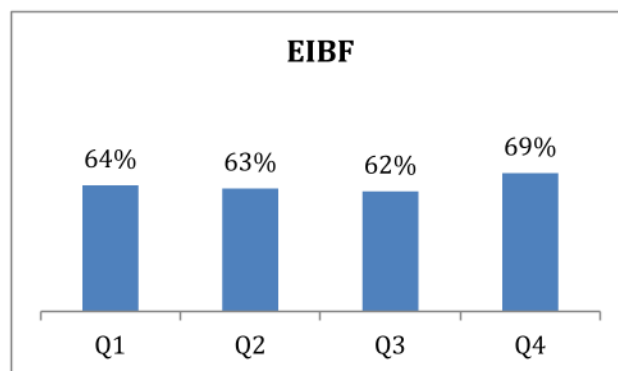


Graph 90 Types of facilities visited

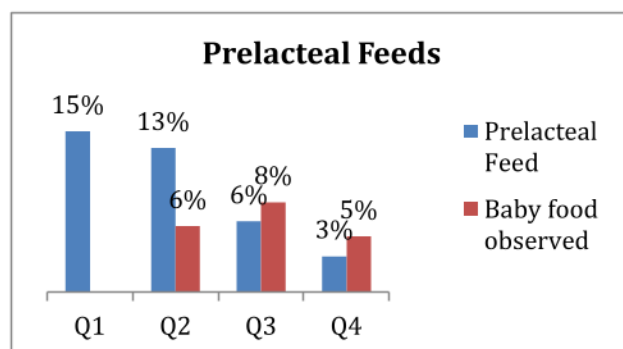


Graph 91 Weighing Scale & Birth Weight Recording

A total of 1153 mothers (admitted in the PNC wards) were interviewed during this visit. Rates of EIBF (breastfeeding within one hour of delivery) have seen a gradual increase in quarter wise analysis. Similar improvement was observed when only normal deliveries were taken into consideration. However, not much improvement was noted at C-section deliveries.



Graph 92 Early Initiation of Breastfeeding (EIBF)



Graph 93 Prelacteal Feeds

Provision of pre lacteal feed (as informed by mother) given to the baby saw a constant decline over the quarters. Data enumerators were also asked to make bedside observation and report presence of any baby food material.

A total of 17% mothers reported facing one or the other issues related to breastfeeding. 76% of these mothers reported that there problems were

resolved by service providers. Also out of all the mothers who delivered through C-section 64% reported receiving help for initiating breastfeeding. 77% of total mothers reported that they have received counseling on breastfeeding during Ante Natal period. A total 182 Low birth weight newborns were present at the time of supervision. Out of these 71% (129 out of 182) of these were supported for KMC. *Based on these findings further explorations will be made to prepare an advocacy document for the policy makers & implementers.*

## HOME VISITS:

Home visits are made by district teams preferably through joint visits with frontline workers. Data is collected through checklists on SUPOSHAN Application. These visits were made to households with children aged 0 to 6 months, 6-23 months with following objectives:

- Collect data on household level practices related to IYCF
- Use this opportunity to counsel caregivers on IYCF
- Strengthen counseling skills of frontline workers



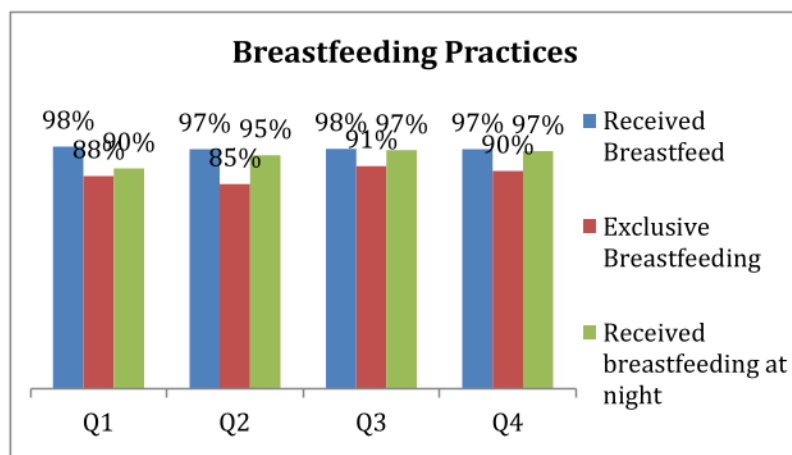
Figure 94 Home visit of lactating Mother



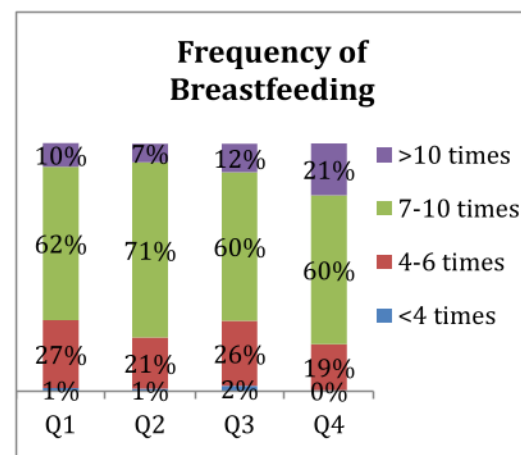
**i. Lactating mothers (Mothers with children aged 0-6 months)**

A total of 2363 lactating mothers were contacted in the year 2024 through home visits. Data analysis of key indicators related to breastfeeding practices is done quarter wise,

Quarter wise rates of 0 to 6 months children who received breastfeeding, exclusive breastfeeding and were breastfed at night. There has been a steady improvement in the rates of exclusive breastfeeding however rates of breastfeeding have been more or less similar. 4<sup>th</sup> quarter more no. of mothers reported breastfeeding their children more than 10 times as compared to the previous quarters and percentage of mothers feeding only 4-6 times or less than 4 times has reduced evidently. On the other hand the



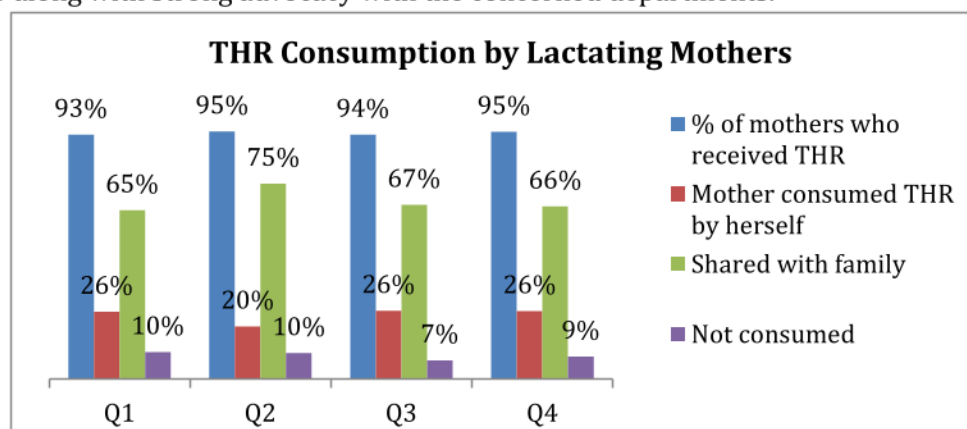
Graph 95 Breastfeeding Practices



Graph 96 Frequency of Breastfeeding

percentage of mothers breastfeeding less than 4 times has decreased in the last quarter as compared to the previous quarter which indicates improvement in frequency of breastfeeding. Overall practices related to breastfeeding had seen a positive change.

A majority of mothers reported that they have received Take Home Ration (THR) from Anganwadi Centers. However out of these mothers only one fourth reported it's consumption by herself. Rest was consumed in sharing with the rest of the family or not consumed at all. This indicator needs further strengthening. Behavior change measures to be taken into consideration while planning for the upcoming year along with strong advocacy with the concerned departments.

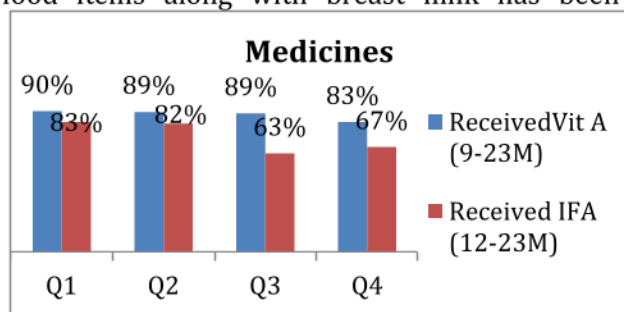


Graph 97 THR consumption by lactating mothers

## ii. Diet Audit (Children aged 6 to 23 months)

A total of 1171 households with children in the age group of 6 to 23 months were visited in the year 2024 to conduct diet audit (24 hr food recall). Findings from the diet audit are discussed as follows.

There has been improvement in the timely initiation of complementary feeding over the quarter. However provision of semi-solid/solid food items along with breast milk has been

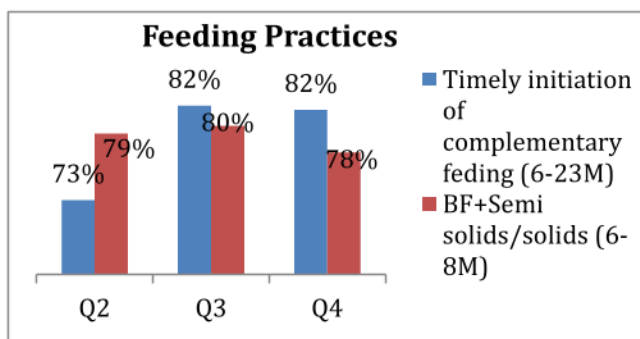


Graph 99 Medicine Consumption

constant more or less. A majority of families reported provision of Vitamin A to their children whereas provision of IFA syrup saw a dip in the last two quarters. This could be due to disrupted supply of IFA in districts.

On observing yearly data it was found breastfeeding children between 9 to 23 months of age, 26% were receiving an adequate diet (Semi solid/solid food given thrice or more including food items from at least 4 food groups along with breast milk). Diet adequacy data has been coming up better when compared to the NFHS-5 data where the rate of diet adequacy is only 9%. However improving indicators on complementary feeding especially diet adequacy is one of the biggest challenges of the current times. Around 32% caregivers reported that oil was added on top of the food given to the child, while 39% caregivers reported feeding the child Take home Ration received from Anganwadi Centers. Striking 91% families reported one or more types of packaged food was given to the child.

*Based on these findings there is a dire need to work on the improvement of complementary feeding practices. CBEs should be strengthened to propel social & behavior change communication.*



Graph 98 Trends in feeding practices



Figure 100 Home visit to conduct Diet Audit



Figure 101 Home visit to conduct Diet Audit

## OUTREACH ACTIVITIES:

### International Women's Day

A health talk was organized in the OB-GY OPD clinic on the occasion of International Women's Day. This year the theme for Women's Day was "Invest in women: Accelerate progress". Hence the topic was on prevention of Anemia among reproductive age group. At the end of discussion a question and answer session was held.



Figure 102 Health Talk on Anemia at Ob-Gynae OPD

### World Breastfeeding Week Celebration

In the month of August World Breastfeeding Week was celebrated at various Health Facilities across the state. Following activities were done through SCoE4N.

1. Inaugural Event at AIIMS Raipur
  - Welcome note by program director
  - Address by Dignitaries
  - Role play
  - Demonstration using mannequin
  - Felicitation of selected mothers
2. Participation in state level Webinar on breastfeeding organized by Child Health Division
3. Group counseling ANC, PNC ward & Pediatric OPD, AIIMS Raipur
4. Orientation of Nursing Officers District Hospital Mahasamund
5. Orientation of ANM, RHO, CHO, Supervisors of Mohla
6. Health Talk at All India Radio



Figure 103 Inauguration of World Breastfeeding Week



Figure 104 One day orientation on IYCF



Figure 105 Session at UHTC, Raipur





Figure 106 Awareness Session at NRC

DNC/BNCs supported district level events on Anganwadi Centers, Health Facilities etc. These events were also celebrated as part of the Community Based Events.

Nursing officers and counselors who were trained by SCoE4N in the previous quarters also shared glimpses of activities that were celebrated at their respective health facilities.

## Poshan Maah

Month of September is celebrated as Poshan Maah. Our DNCs and BNCs supported district level events on the same throughout the month. A one day seminar on IYCF was organized at Janjgir-Champa district. Over 400 participants from Department of Woman and Child Development and Health Department participated in the event. School teachers and Students were also in attendance of the seminar.

Topics covered during the seminar:

- Early initiation of breastfeeding
- Benefits of breastfeeding
- Demand feeding
- Milk Expression
- Breastfeeding under special circumstances
- Busting Myths related to breastfeeding
- Nutrition of lactating mothers
- Basics of complementary feeding
- Active Feeding
- Nutrition for Adolescents
- Menstrual Hygiene



Figure 107 Glimpse of activities done during Poshan Maah



Figure 108 Poshan Maah Celebration at AWC



## Promoting & Advocating IYCF practices through various platforms

### a. State level Workshop:

We participated in one-day state level consultative workshop organized by the Department of Health & Family Welfare, Government of Chhattisgarh on 24<sup>th</sup> December 2024. The workshop was aimed to discuss strengthening of Special Newborn Care Units (SNCU) and Infant & Young Child Feeding (IYCF) practices in the state.

SNCU Nodal Officers and counselors were the primary participants in the workshop. This provided a platform for insightful discussions, sharing best practices, and developing actionable plans to enhance newborn care and feeding practices. It reinforced our commitment to improving child health outcomes in the state.



*Figure 109 State level Consultative Workshop*

### b. Poshan Sangoshthi:

Poshan Sangoshthi is the joint initiative of DWCD & UNICEF in the state to structure community based events of Anganwadi Centers. A module for the same was launched in the month of May 2024. SCoE4N has supported training of two batches of ICDS supervisors & CDPOs in Raipur and Balrampur with major focus on IYCF practices.



*Figure 110 Training on Poshan Sangoshthi*

### c. Poshan bhi Padhai bhi:

Another batch of Supervisors were oriented on IYCF through training under Poshan bhi Padhai bhi program in the month of December 2024.

These training & orientations provide us with platforms to advocate for better service delivery to strengthen IYCF practices in the fields. This also provides us with the opportunity to build our networks with the officials & field functionaries.



*Figure 111 Training of Supervisors & CDPOs on IYCF*

## SUCCESS STORY:



Figure 112 Mother reading IEC at PNC Ward

A primi mother aged 27 years had premature twin delivery at AIIMS Raipur. Both twins were low birth weight (1.39 kg and 1.4 kg). Both twins were admitted to NICU immediately after delivery.

In the PNC ward, she was given lactation counseling emphasizing milk expression and Kangaroo Mother Care (KMC). She was supported to express breast milk and send it to NICU. She was continuously motivated to express milk. This ensured optimal feed for the newborns and also helped in Let Down reflex. Eventually mother started visiting NICU for KMC. After 10 days both twins were shifted to PNC ward. Mother was then counseled and supported on good attachment and breastfeeding positions. Our lactation counselor demonstrated football hold position. Mother felt confident and started breastfeeding both newborns.

One day mother spoke to a relative over the phone. The relative advised her to draw a religious sign on the tongue of the twins using honey. The relatives claimed it will improve their physical and mental growth. Our lactation counselor came to know about such absurd advice while speaking to the mother. She immediately responded to this and counseled the mother on harms of such an act. Mother was also asked to read the IEC materials in the ward during her free time and do not accept any advice given by people other than her healthcare providers. With constant support and a strong will power mother continued breastfeeding the twins and did not resort to bottle feed. On follow up she informed that both twins were on exclusive breastfeeding.



Figure 113 Mother with her Twin babies at PNC Ward

*The threat of misinformation shall not be underestimated. Listening carefully to the mothers description, her apprehensions is a crucial part of inter personal counseling. Timely and effective counseling of mothers and families is an important strategy at SCoE4N and such experiences are a testimony of its benefits.*

## WAY FORWARD:

1. Strategize strengthening of lactation counseling during ANC period, emphasizing the importance and feasibility of early initiation of breastfeeding after a C-section.
2. Plan orientation of Medical Officers and interns to discourage formula feed.
3. Continue supporting SIHFW in state level training of Nursing Officers.
4. Develop infographic on breastfeeding and initiate development audio-visual material
5. Develop research proposal to assess effect of Tele-mentoring
6. Continue hand holding of Anganwadi Workers through training and supportive supervision visits by DNC/BNCs.
7. Behavior Change Communication through community based events to bring in change in the following:
  - a. Regular consumption of Take Home Ration only by the intended beneficiaries
  - b. Timely initiation of complementary feeding (rice eating ceremony) of infants
  - c. Diet diversity
8. Advocate for regular supply of IFA syrup and monitoring of its distribution by frontline workers.
9. Conceptualize app based FAQs related to breastfeeding

# Section. D

## Anaemia Mukht Bharat (AMB)



## ANEMIA MUKT BHARAT

SCoE4N is also prepping up a venture towards the Anemia Mukh Bharat related strategies and advocacy. Currently supportive supervision visits of schools are ongoing with the following objectives

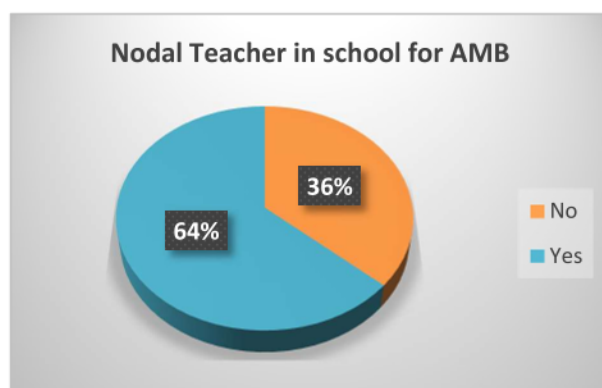
- Strengthen supportive supervision at school level Iron Folic Acid (IFA) supplementation
- Gap assessment in supply of IFA



Figure 114 School visit for AMB supportive supervision

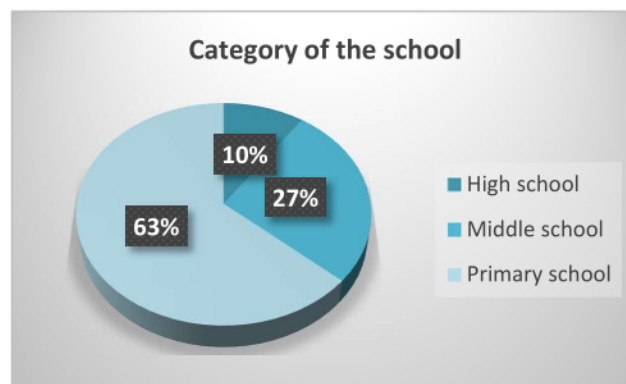
### AMB Support by SCoE4N

SCoE4N supported 566 Schools in AMB across Chhattisgarh, the findings and details are as below, SCoE4N worked in coordination with District and Block education officer to address the gaps. Many gaps were addressed like streamlining the supply of medicine, timely dosage provision as per AMB guidelines and maintenance of prescribed medicine register.



Graph 115 Appointment of Nodal Teachers

Of 566 schools 360 schools have nodal teachers appointed for distribution of IFA (iron) tablets.



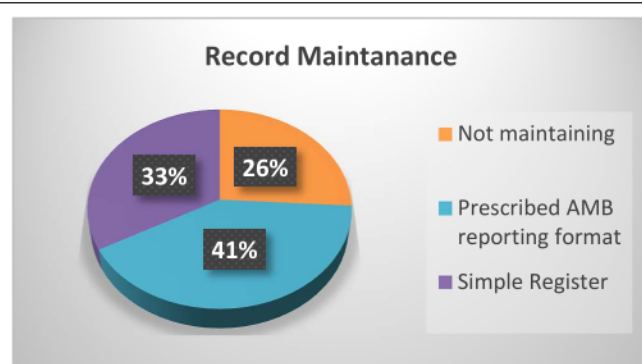
Graph 116 Category of School

Category wise support given to the schools of Chhattisgarh by SCoE4N.



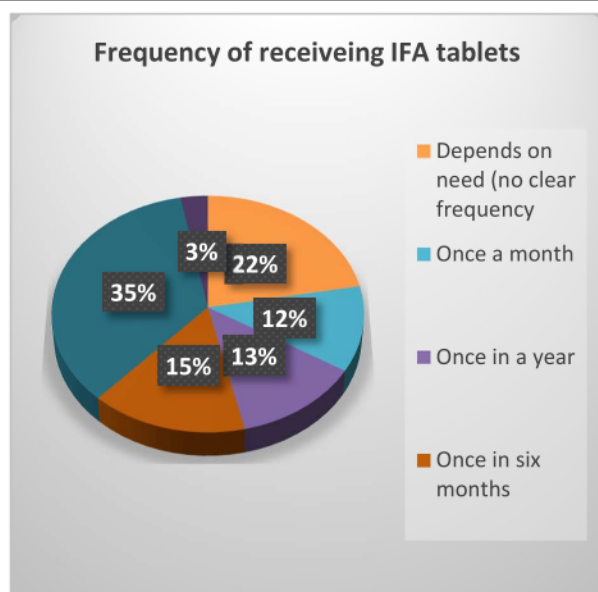
Graph 117 Availability of medicine stocks

Off 566 schools 300 schools have enough medicine stock to at least provide children with medicines for next three months.



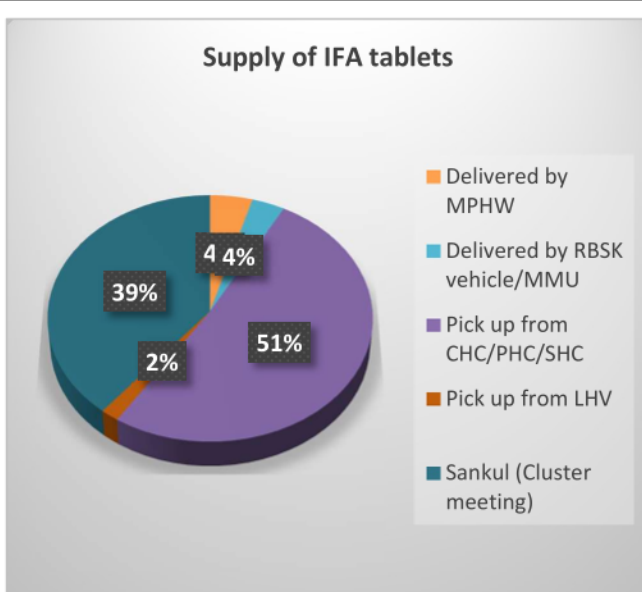
Graph 118 Maintenance of AMB Records

Off 566 schools 232 schools were using prescribed AMB reporting format and 187 schools were using simple register.



Graph 119 Frequency of IFA tablets received by school

Most of the schools receive the medicine stock once in three months.



Graph 120 Sources from where schools received IFA tablets

Majorly medicines are provided by cluster office of education department or the nearest CHC/PHC.

The SCoE4N, AIIMS Raipur is working continuously in above mentioned findings with the education department in order to ensure maximum AMB program coverage and success.

# Section. E

## Various visits at SCoE4N

(Networking & Liaison)

## INTRODUCTION

This section presents various visits made to SCoE4N in the year 2024. These visits pave way for building strong networks with agencies & individuals working in the field of nutrition.

### 1) TWO DAYS VISIT BY 'CHILDREN'S INVESTMENT FUND FOUNDATION'

A 2-member team from Children's Investment Fund Foundation made 2 days visit to Chhattisgarh on 18<sup>th</sup> & 19<sup>th</sup> April 2024. On day one the team visited SCoE4N. A meeting was held at SCoE4N with visitors in the presence of Dr. A K Goel (Program Director & HOD Pediatrics, AIIMS Raipur), Dr. Aparna Deshpande (Nutrition Specialist, UNICEF) & Dr. Mahendra Prajapati (Nutrition Officer, UNICEF) along with consultants of UNICEF & SCoE4N.

Data was presented along with state & district level activities. During this meeting a visit was made to SMART unit, Pediatric Ward and IYCF Skill Lab. On day 2 team visited aspirational district; Mahasamund. During their field visit the team was supported by state and district staff.



Figure 130 CIFF review meeting



Figure 131 Field visit by CIFF team

### 2) STEERING COMMITTEE MEETING WITH NHM AND UNICEF

A Steering committee meeting was conducted on 3<sup>rd</sup> May 2024 in presence of Dr. V.R Bhagat (Deputy Director, Child Health C.G.) Mr. D.S Maravi (Joint Director DWCD), followed by Dr. AK Goel, Dr. Aparna Deshpande & Dr. Mahendra Prajapati along with consultants of UNICEF & SCOE4N. Agenda of the meeting was to review the ongoing work of SCoE4N & future strategies. During this meeting a visit was made to SMART unit, Pediatrics Ward and Kitchen. All state coordinators made presentations of the ongoing activities in districts and at AIIMS Raipur.



Figure 132 Steering committee visit on SMART unit Kitchen



Figure 133 Steering committee review meeting



### 3) STAKEHOLDER MEETING

A stakeholder meeting was held on 2nd July 2024 at Director Office, AIIMS Raipur. Lt Gen Ashok Jindal (Retd.), Executive Director & CEO, AIIMS Raipur met Chief (In-Charge) of UNICEF Chhattisgarh office, Mr. William Hanlon Jr alongside Dr. Anil Kumar Goel, Dr. Aparna Deshpande, and Dr. Mahendra Prajapati. The meeting was aimed at discussing the progress of the SCoE4N and scope of further collaboration and way forward was discussed. Mr. William has appreciated the ongoing implementation of CMAM by DWCD and Department of Health and Family welfare, Government of Chhattisgarh, aptly led and supported by SCoE4N-AIIMS Raipur with support of UNICEF Chhattisgarh.

Mr. William also visited the IYCF Skill lab and SMART Unit of SCoE4N, meant for management of severely complicated SAM Children, where he interacted with the team members and observed the work firsthand with much zeal. It is envisioned to organize a national level conference on CMAM to garner enthusiasm from stakeholders and representatives across all states of the country. It was discussed that the findings from the current project should reach those working in the same direction which will act as template for replication and will prevent reinventing the wheel.



Figure 134 Visit by UNICEF Chief



Figure 135 Meeting with Director of AIIMS, Raipur with UNICEF Chief and team

### 4) VISIT BY DR VAIBHAV RASTOGI DURING VISIT TO CHHATTISGARH STATE FOR COMMON REVIEW MISSION OF NHM

On 22nd November 2024, Dr. Vaibhav Rastogi, Lead Consultant - Child Health Division, Ministry of Health and Family Welfare, Government of India visited SCoE4N during his visit to the state for Common Review Mission of NHM. He was accompanied by Dr. V R Bhagat, and Mr. Mumtaz Ansari Maternal Child Health Nutrition Consultant, UNICEF, C.G. Team at SCoE4N walked him through the activities done and strategies deployed under all the four domains of work. He was appreciative of the work done at SMART Unit and wished the team good luck for the future.



Figure 136 CRM Visit from MoHFW, Delhi to SMART Unit AIIMS, Raipur

## 5) VISIT BY INSTITUTE OF ECONOMIC GROWTH (IEG) DELHI

On 17<sup>th</sup> to 18<sup>th</sup> September 2024, Mr. Varun Kumar from IEG Delhi visited the SCOE4N field area. Mr. Varun is Consultant at IEG and he supported SCOE4N in Concurrent assessment research project. He visited the field and target AWCs during the survey time ensuring proper survey and assessment implementation.



Figure 137 Visit by IEG during Concurrent assessment

## 6) VISIT AT SMART UNIT

Visit by Shruti- Nutrition consultant, MoHFW, Delhi) visited SMART Unit & IYCF Skill Lab, SCoE4N, AIIMS, Raipur on 17.05.24. She appreciated the team efforts and recommended her expertise for kitchen counselling.



Figure 138 Visit by Nutrition Consultant, MoHFW, Delhi

## 7) EXPOSURE VISITS BY FACULTIES:

1. Visit by **Dr. Surjit Singh (PGI Chandigarh)**, visited SMART unit, SCoE4N, AIIMS, Raipur on Briefed about all the ongoing programs, where he discussed mainly on malnutrition, its causes and preventive efforts made by the team.

2. SPH externals visit as SMART unit & IYCF Skill lab, SCoE4N, AIIMS, Raipur to understand the programs and activities run by SCoE4N, reviewed the monitoring mechanism for the program done in the community level.



Figure 139 Visit by Dr. Surjit, PGI Chandigarh at SMART unit



Figure 140 External Visits from SPH to SMART Unit



## 8) VISIT BY DEPT. COMMISSIONER & IN CHARGE (CHILD HEALTH & RBSK), MOHFW VISITED IYCF SKILL LAB:

Dr. Shobna Gupta, Dept. Commissioner & In charge (Child Health & RBSK), Ministry of Health & Family Welfare (MoHFW) visited IYCF Skill Lab, SCoE4N, AIIMS, Raipur on 7<sup>th</sup> December 2024. She has a discussion with Dr. AK Goel along with Dr. VR Bhagat, Dr. Mahendra Prajapati & Mr. Mumtaz Ansari. Discussion was centered on functioning of SCoE4N and its novel initiatives. She was appreciative of the novelty of skill lab and wished the team good luck for future endeavours.



Figure 141 Visit by Dept. Commissioner & In charge at IYCF Skill lab

## 9) NCOE VISITS:

As a part of supportive supervision exercise, team from (National Centre of Excellence) NCoE, from Kalawati Saran Children's Hospital, Delhi visited Chhattisgarh state quarterly. Their observations and findings from the field through supportive supervision in identifying & understanding the gaps helped us in strengthening the program.



Figure 142 NCoE visits during Supportive supervision



Figure 143 Visits by NCoE at AWC

# Section. F

## Research & Advocacy



This section presents the research & advocacy work undertaken in the year 2024. In addition to providing comprehensive medical care & education, [AIIMS, Raipur, CG] actively engages in robust research activities. As review meetings with field staff, and data from the field give holistic information about the problem, gaps, and shortcomings of the program, which can be addressed by dialogue, periodical CME, revising the policies, and conducting robust research.

The center has so far identified certain areas for research:

## 1) Concurrent Assessment:

The title of the study is “Concurrent assessment of nutrition status and coverage of preventive nutrition interventions/behaviors among children and outcomes of treatment services for children with severe wasting.” with an objective to ascertain coverage of screening and prevalence of severe wasting among children (0-59 months), to validate enrolment and recovery rates among children with SAM, and to validate coverage of preventative services. This study is a bi- annual survey, phase one has been conducted successfully by the team. So far, 40 villages from 2 districts of Mohla Manpur Ambagarh Chowki & Mahasammund have been covered.



Figure 144 Visits from UNICEF & SCoE to support at field during the concurrent assessment



Figure 145 Handholding and supporting the team at field

## 2) Augmented THR:

In India, different states are using a variety of alternative food items which has different energy density and nutrient composition, so this study proposes to assess and compare the effectiveness of these programs at Chhattisgarh state. So, the primary Objective of the study is to “assess the effectiveness of augmented THR used under community- based SAM treatment protocols to assess recovery and sustainability.” Which is already been started at these three districts in 6 blocks (Mohla Manpur Ambagarh Chowki & one block of Rajnandgaon district which is considered as intervention blocks & 2 blocks of Mahasammund district as control blocks. The first phase of the study has already been completed.



Figure 146 BIA Assessment at field during ATHR study



Figure 147 Distribution and consumption of ATHR at households

Ongoing Study Proposal work:

- 🚦 Assessing the effectiveness of tele-mentoring on breastfeeding outcomes.
- 🚦 Effectiveness of telemonitoring on NRCs to improve the cure rate and quality of care.

Postgraduates of Dept of Pediatrics, AIIMS Raipur, are motivated to take up their research in the area of Child malnutrition. Following are the ongoing research titles: “

## WAY FORWARD

SCOE4N, AIIMS Raipur is supporting in these sectors, these are integral part of nutrition system. All these successes and gaps are regularly shared with the state government. This was the beginning year of implementation of SCOE4N support, and some challenges were faced. In the next year implementation will be improved.

--End of Report---