



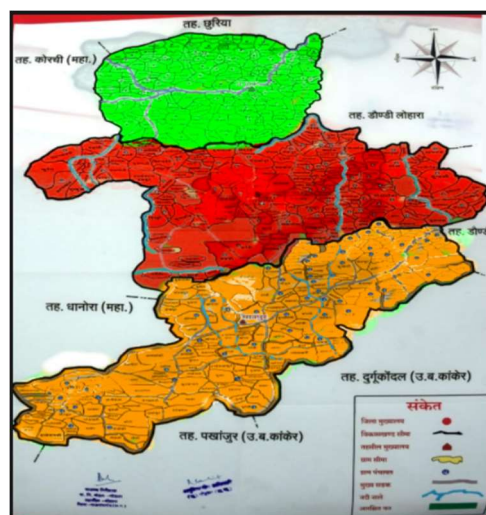
Monthly Technical Support Report for August 2025

District- Mohla Manpur Ambagarh Chowki
Report By- State Center of Excellence for Nutrition, Department of Pediatrics, AIIMS,
Raipur, Chhattisgarh

Supportive Supervision

The SCOE4N executed **19** visits to various AWCs of MMAC district in the month of August 2025. The visits were made in order to support the AWCs and in turn the WCD department to increase its technical efficiency towards the management of malnutrition. The block wise break up of visits and ranking is as follows. Ranking is based on average of enrolment and recovery rate.

S.No.	Districts	Number of AWCs supported
1	Ambagarh Chowki	6
2	Manpur	7
3	Mohla	6
	Grand Total	19



District ranking based on CMAM Performance

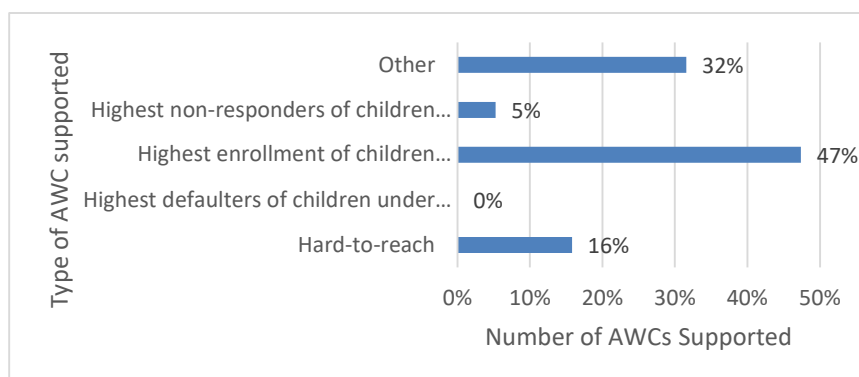
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Ambagarh Chowki	100%	56%	78%
2		Manpur	100%	48.15%	74.07%
3		Mohla	100%	42.86%	71.43%

CMAM Scorecard

	Enrolment										
Name of the Project	Newly identified SAM in PT (6m-59m)	Enrolled SAM	Enrolled MAM	SAM Enrolment %	Children Cured (SAM-Normal)	Children Partially Cured (SAM-MAM)	Children Not Cured (SAM-SAM)	Total Discharged	Recovery Rate	Defaulted SAM children	SAM children referred to NRC
A. Chowki	24	24	10	100.00%	14	7	4	25	56.00%	0	3
Mohla	20	20	13	100.00%	9	6	6	21	42.86%	0	3
Manpur	22	22	12	100.00%	13	10	4	27	48.15%	0	8
Total	66	66	35	100.00%	36	23	14	73	49.32%	1	14

Findings

Of the 19 visits made 3 visit was too Hard to reach, 9 at high CMAM enrolment AWC, 1 at non-respondent child AWC, and rest were in other AWCs. (Graph.1)



Equipment Availability & Functionality

Equipment	Functional (%)	Available but not Functional (%)	Not Available (%)
Infantometer	68%	0%	32%
Stadiometer	100%	0%	0%
Digital Machine	63%	5%	32%
Saltar Scale	100%	0%	0%
Z-score Chart	95%	0%	5%

Positive Highlights

- **Stadiometers** and **Saltar Scales** are fully functional across all sites (100% functionality).
- **Z-score Charts** show very high functionality at **95%**, indicating excellent resource maintenance.
- **Infantometers** and **Digital Machines** have moderate functionality but remain largely available.
- Minimal are not Functional equipment (only 5% for Digital Machines), showing good upkeep overall.

Areas Needing Immediate Attention

- **Digital Machines** require urgent attention:
 - Functionality at **63%** is below ideal operational levels.
 - **32%** are unavailable, affecting accurate digital weight recording.

Recommendations

1. Targeted Maintenance and Calibration

- Inspect all digital machines and infantometers for calibration or operational faults.
- Replace or repair damaged components.

2. Procurement Planning

- Prepare a procurement plan for additional **Digital Machines** to cover the 32% shortfall.
- Prioritize digital weighing machines in upcoming budget cycles.

3. Preventive Maintenance Schedule

- Introduce a quarterly maintenance log to prevent functionality drops.

4. Training & SOP Dissemination

- Refresh AWW (Anganwadi Worker) training on correct handling and calibration of measuring devices.
- Distribute quick troubleshooting guides for common digital machine issues.

5. Data-Driven Monitoring

- Track equipment status monthly to identify emerging issues early.
- Use simple dashboard tools to visualize availability trends by site.



AWW Skill Performance

Skill Area	Skilled (%)	Needs Improvement (%)
Digital W. Machine	100%	0%
Salter Scale Skill	78%	22%
Infantometer Skill	100%	0%
Stadiometer Skill	100%	0%
WFH (Weight-for-Height) Classification	84%	16%
Oedema Classification	100%	0%

Positive Highlights

- **Perfect skill performance (100%)** in:
 - Digital Weighing Machine use
 - Infantometer use
 - Stadiometer measurement
 - Oedema classification
- **Overall strong proficiency** across all AWWs, indicating effective training and skill retention.
- **High accuracy (84%)** in **WFH classification**, showing solid understanding of anthropometric assessment.

Areas Needing Immediate Attention

- **Salter Scale Skill:** Only **78%** of AWWs demonstrated full proficiency.
 - Indicates variability in accurate weight measurement using manual scales.
- **WFH Classification:** Though performance is high, **16%** of AWWs still need targeted guidance to ensure correct interpretation of growth charts and z-scores.

Recommendations

1. Focused Refresher Training

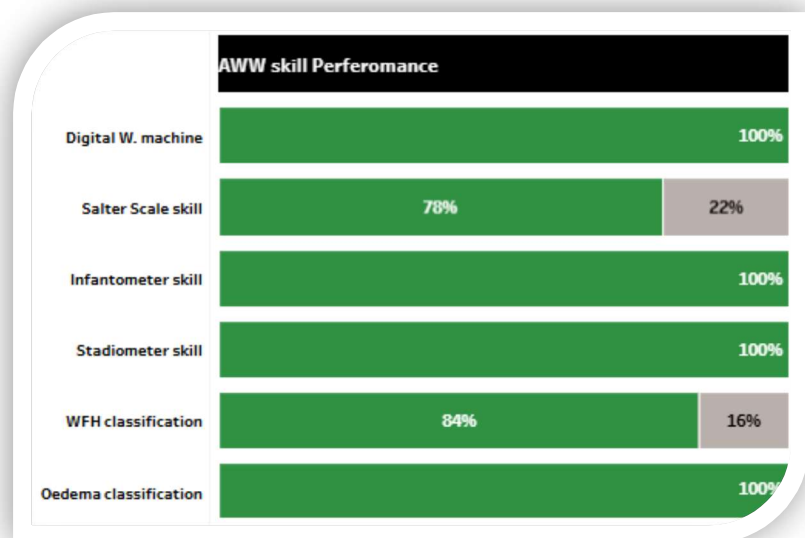
- Conduct short, hands-on refresher sessions for **Salter Scale** and **WFH classification** skills.
- Use peer demonstrations and on-the-job coaching to reinforce accuracy.

2. Skill Verification Rounds

- Introduce quarterly skill assessments to sustain performance levels.
- Utilize practical checklists for supervisors during field visits.

3. Supportive Supervision

- Assign trained supervisors to observe AWWs during actual weighing and classification activities.
- Provide immediate corrective feedback where errors are identified.



4. Job Aids & Visual Tools

- Distribute illustrated SOPs and laminated quick guides for weight measurement and classification.
- Include common error examples and correction tips.

5. Recognition & Motivation

- Recognize AWWs demonstrating consistent 100% skill scores to encourage peer learning and healthy competition.

Medicine Availability

Positive Highlights

- **Excellent availability (≥94%)** for most essential medicines:
 - IFA Syrup, Albendazole, Multivitamin, and Folic Acid are consistently well-stocked.
- **Amoxicillin** shows **100% availability**, ensuring uninterrupted antibiotic support.
- **Zinc (89.5%)** and **Paracetamol (84.2%)** also reflect strong stock management and replenishment systems.

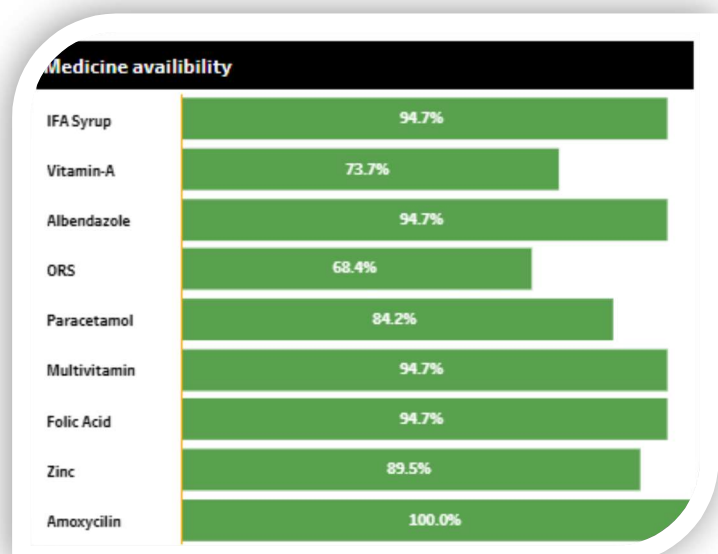
Medicine	Availability (%)
IFA Syrup	94.7%
Vitamin A	73.7%
Albendazole	94.7%
ORS	68.4%
Paracetamol	84.2%
Multivitamin	94.7%
Folic Acid	94.7%
Zinc	89.5%
Amoxicillin	100%

Areas Needing Immediate Attention

- **ORS** availability is only **68.4%**, posing a concern for diarrhea management, especially in under-five children.
- **Vitamin A** shows **73.7% availability**, suggesting possible delays in supply or distribution.

Recommendations

1. **Targeted Stock Replenishment**
 - Prioritize procurement and distribution of **ORS** and **Vitamin A** supplements.
 - Conduct an immediate stock verification at storage points to identify supply gaps.
2. **Supply Chain Strengthening**



- Review inventory management systems for timely reordering.
- Implement automated alerts for stock levels below 80%.
- 3. **Periodic Monitoring**
 - Include medicine availability checks in monthly supervisory visits.
 - Maintain a simple stock-tracking dashboard for real-time updates.
- 4. **Coordination with Suppliers**
 - Engage with district warehouses or central medical stores to ensure uninterrupted supply cycles.
 - Explore buffer stock mechanisms for high-demand seasonal medicines (like ORS during summer/monsoon).
- 5. **Community-Level Reporting**
 - Encourage AWWs and ANMs to report medicine shortages promptly.
 - Use WhatsApp or digital reporting tools to expedite replenishment.

CSAM Implementation Overview

Indicator	Implemented / Available (%)	Pending / Not Implemented (%)
CSAM Register availability & usage	89%	11%
Palak card availability & usage	84%	16% (11% available but not used + 5% not available)
HSL app data entry	100%	0%

Positive Highlights

• Outstanding digital compliance:

HSL app data entry achieved **100%**, reflecting excellent monitoring consistency and accountability across all centers.

• Strong adoption of record-keeping tools:

CSAM Register usage at **89%** demonstrates effective data maintenance and staff commitment to documentation.

• Steady integration of beneficiary tools:

Palak card availability and use at **84%** show ongoing progress in linking service delivery with tracking systems.

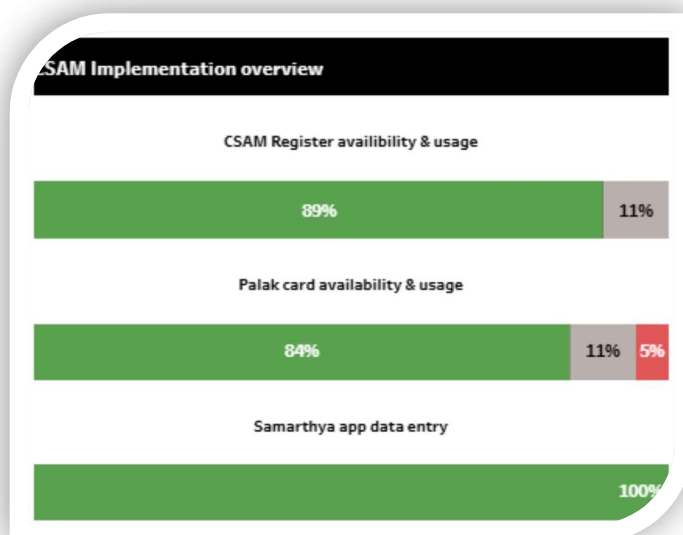
Areas Needing Immediate Attention

• **Incomplete CSAM Register utilization (11%)** — indicates need for refresher mentoring or technical handholding in a few centers.

- **Palak card implementation gaps (16%)** — some centers yet to receive or effectively use the cards; may be linked to supply delays or limited training coverage.

Recommendations

1. **Targeted Capacity Building**
 - o Conduct short refresher sessions for AWWs on maintaining CSAM registers and using Palak cards effectively.
 - o Include practical demonstrations during monthly review meetings.
2. **Tool Supply & Distribution Strengthening**
 - o Ensure timely printing and distribution of Palak cards.
 - o Maintain a **buffer stock** to avoid disruptions at AWC level.
3. **Digital Monitoring Enhancement**
 - o Leverage HSL **app analytics** to identify low-performing centers and plan supportive visits.
4. **Supervisory Oversight**
 - o Add register and Palak card verification in each **monthly supervisory checklist**.
 - o Display center-wise compliance progress during block-level review meetings.
5. **Accountability & Recognition**
 - o Acknowledge centers maintaining **100% CSAM compliance** to promote healthy competition and peer learning.
 - o Link CMAM tool usage indicators with performance review systems for sustainability.



Recovery Performance Overview

Positive Highlights

- **High recovery success:** 90% of discharged cases achieved full recovery — reflecting effective treatment, follow-up, and adherence to protocols.
- **Zero migration cases:** Ensures consistent case tracking and reduced data loss.

Category	Count	Percentage (%)
Fully Recovered	9	90%
Partial Recovery	0	00%
Non-respondents	1	10%
Migrated	0	0%
Total Discharged	10	—

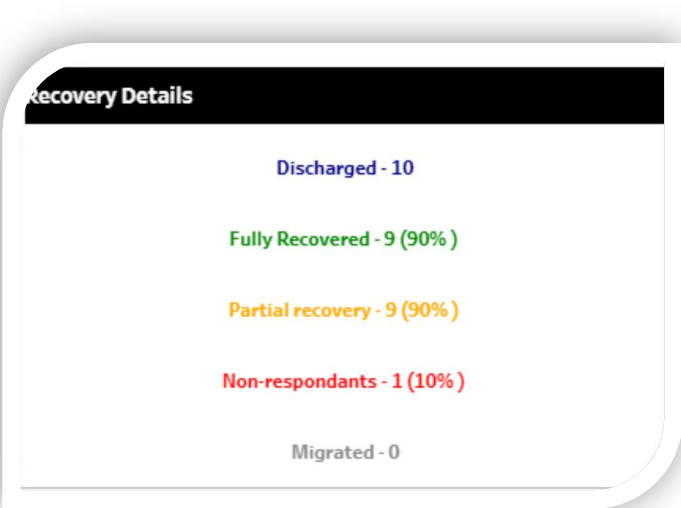
- **Robust follow-up mechanism:** The majority of recovered children are showing steady improvement under continued supervision.

Areas Needing Immediate Attention

- **Non-respondent cases (10%)** indicate potential challenges in post-discharge follow-up or family compliance.

Recommendations

1. **Enhanced Follow-up of Non-respondents**
 - o Conduct home visits to understand causes of non-response.
 - o Provide additional counselling to caregivers on feeding and care practices.
2. **Data Quality Strengthening**
 - o Revisit recovery classification guidelines with frontline workers.
3. **Continuous Monitoring**
 - o Track all discharged cases post-recovery.
4. **Supportive Supervision & Motivation**
 - o Recognize centers achieving 100% recovery among discharged children.
 - o Share best practices from those centers during block-level review meetings.



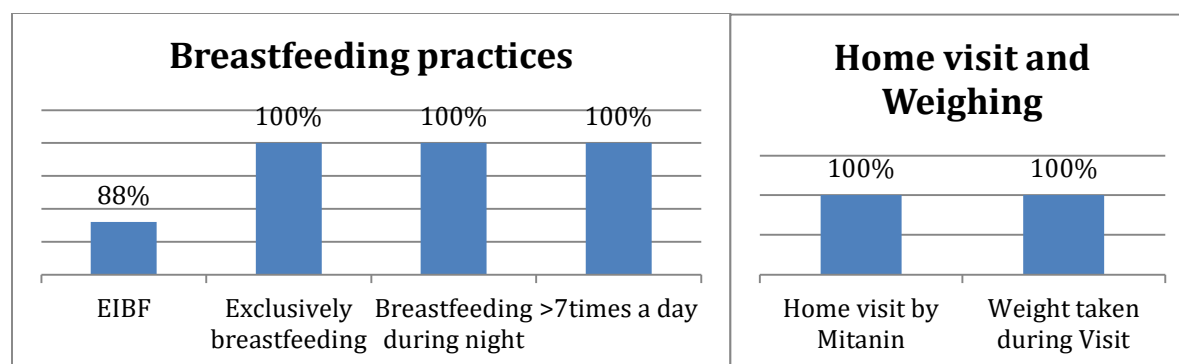
Report on Preventive Actions

Findings:

Under the preventive strategies, total 8 households with lactating mothers (having child of age 0 to 6 months) were visited in the month of August 2025. Findings from these visits are as follows:

Delivery related details							
Total no. of visits	Institutional Delivery	Home Delivery	Normal Delivery	C-section	Term delivery	Preterm	LBW
08	08	0	08	0	07	1	0

100% caregivers reported institutional delivery of their children with 100% normal deliveries. 13% were preterm while **none** of the children had birth weight less than 2.5 kg i.e. Low Birth Weight (LBW). Early Initiation of breastfeeding (EIBF) was found to be **88%**. Exclusive breastfeeding was reported to be 100% and all mothers reported breastfeeding the child more than 7 times a day. 100% mothers informed that Mitnin came for home visits and **all (100%)** reported that **Mitnin weighed their children** during these visits.

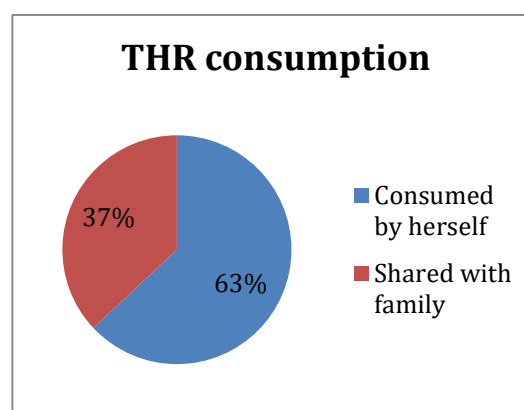


Godbharai (Baby shower):

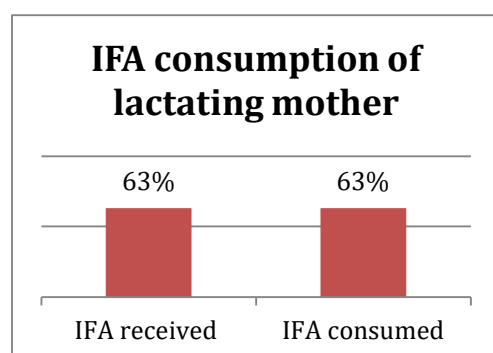
50% Godbharai (Baby shower) were done in presence of Anganwadi Workers.

THR Consumption:

100% mothers reported receiving the THR however **only 63%** of the mothers reported **consuming it herself**.

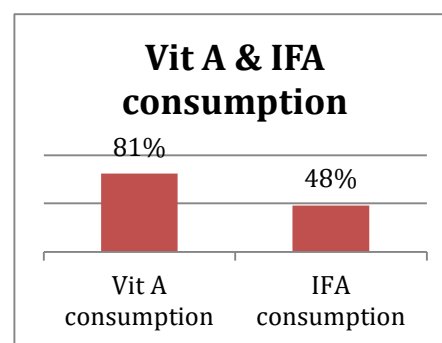
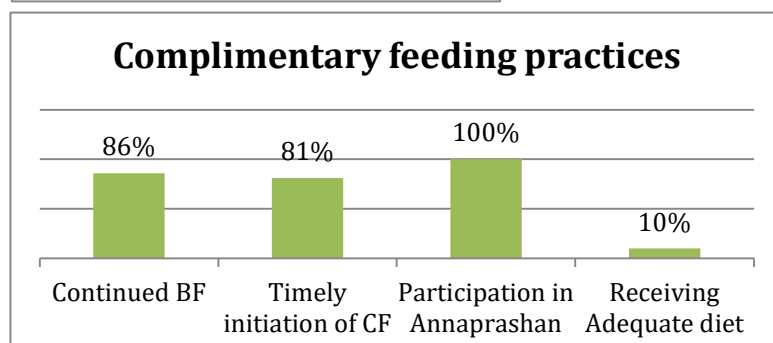


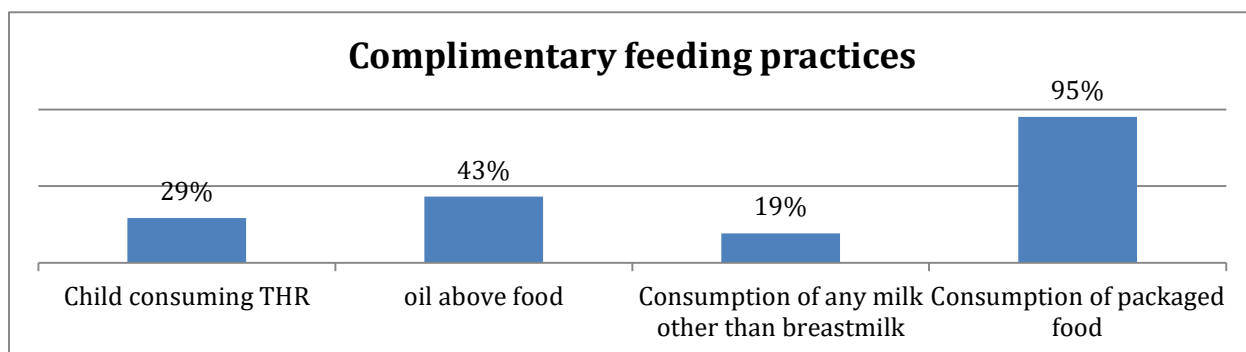
IFA Tablet Consumption:



Diet Audit:

21 households with children aged 6 to 23 months were visited for conducting diet audit of the children. Findings of these visits are presented in the graph below. 86% children were receiving breastfeeding. 81% were put on complementary feeding by the end of 6 months of age. However, **only 10% children received adequate diet**.





Recommendations:

1. Strengthen Breastfeeding Counseling by Frontline Workers

- Training of Anganwadi Workers, Mitanins, and other frontline workers in effective breastfeeding counseling.
- Promotion of exclusive breastfeeding (EIBF) and timely initiation within the first hour after birth.
- Support of mothers in maintaining exclusive breastfeeding for the first six months of the infant's life.

2. Regular Weighing of Infants during Home Visits

- Regularly weighing infants by Mitanins during home visits to monitor growth and development.
- Tracking of infant weight to identify malnutrition or growth concerns early on.
- Educate parents on the importance of growth monitoring and ensure follow-up referrals if needed.

3. Behavior Change Communication (BCC) Through Community-Based Events (CBEs)

- **Timely Initiation of Complementary Feeding:**
 - Raise awareness on introducing complementary feeding at completion of 6 months of age.
- **Consumption of Take-Home Rations (THR):**
 - Ensure that THR is consumed by the intended beneficiaries—pregnant women, lactating mothers, or children aged 6 months to 3 years.
 - Conduct educational campaigns to promote proper use of THR.
- **Inclusion of Milk and Milk-Based Products:**
 - Promotion of the inclusion of milk and milk products in complementary feeding, emphasizing their role in infant and child nutrition.
- **Gap Between Receipt and Consumption of IFA Tablets:**

- Identify and address barriers causing the gap between the receipt and actual consumption of IFA tablets among pregnant women through targeted counseling, and regular follow-ups during CBEs.

4. Special Attention towards Diet Adequacy

- **Continued Breastfeeding:**

Encourage breastfeeding until the child reaches 2 years of age.

- **Diverse Diet:**

Promote a diet that includes food from at least 4 food groups (cereals, legumes, fruits, vegetables, dairy, and protein-rich foods) and breastfeeding.

- **Feeding Frequency:**

Advocate for feeding 3 or more times a day for children aged 6 months to 2 years.

Annexures

1. List of AWCs supported

Annexure 1:

Pariyojna	Sector	AWC Name
Ambagarh Chowki	Parsatola	Kudurghoda [22408040708]
Ambagarh Chowki	Parsatola	Mukhybasti Kunderatola [22408040224]
Ambagarh Chowki	Chhachhanpahari	Thuhadabari [22408040530]
Ambagarh Chowki	Bandhabajar	Sangali1 [22408040609]
Ambagarh Chowki	Chowki	Mukhybasti Semharbandha [22408040707]
Ambagarh Chowki	Bandhabajar	Maldongari [22408040607]
Manpur	Kahdabari	Jakke [22408091023]
Manpur	Kondabodi	Pudotola [22408090514]
Manpur	Kohka	Kattegahan [22408090712]
Manpur	Kahdabari	Jakke [22408091023]
Manpur	Salhebhathi	Sharda 02 Patelpara [22408091123]
Manpur	Sitagaon	Michgaon 01 [22408091206]
Manpur	Bharritola	Bharritola Mararpara [22408090906]
Mohla	Actkanhar	Markatola [22408030721]
Mohla	Rengakathera	Dundera [22408030423]
Mohla	Mohala	Tariyapara [22408030118]
Mohla	Bhojtola	Suwarbodpatelpara [22408030231]
Mohla	Mohbhattha	Chandanbihri [22408030818]
Mohla	Gotatola	Dokalkondde [22408030521]