



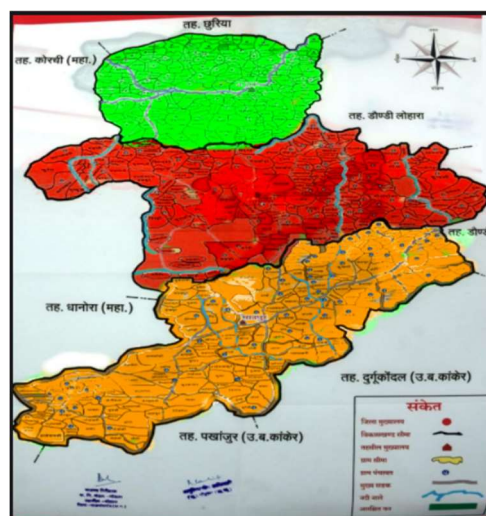
Monthly Technical Support Report for June 2025

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

Supportive Supervision

The SCOE4N executed **13** visits to various AWCs of MMAC district in the month of June 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	10
2	Manpur	1
3	Mohla	2
	Grand Total	13



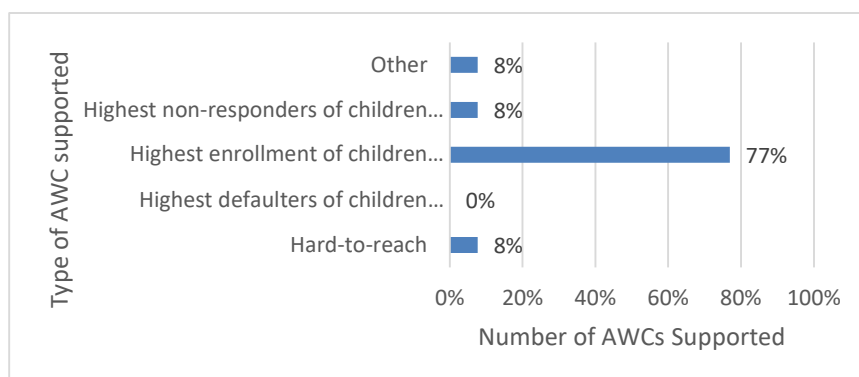
District ranking based on CMAM Performance					
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Ambagarh Chowki	17.65%	66.67%	42.16%
2		Manpur	32.26%	50%	41.13%
3		Mohla	31.25%	47.06%	39.15%

CMAM Scorecard

Name of the Project	SAM children in Poshan Tracker	CMAM Enrolled SAM children for the Month	CMAM Enrolled MAM children for the Month	Enrolment vs PT	Total Discharged	Children Cured (SAM-Normal)	Children Partially Cured (SAM-MAM)	Children Not Cured (SAM-SAM)	Recovery Rate	Defaulted SAM children	SAM children referred to NRC
Mohla	48	15	0	31.25%	17	8	5	4	47.06%	0	8
A chowki	68	12	5	17.65%	24	16	6	2	66.67%	0	10
Manpur	31	10	2	32.26%	18	9	6	3	50.00%	0	10
Total	147	37	7	25.17%	59	33	17	9	55.93%	0	28

Findings

Of the **13** visits made **1** visit was too Hard to reach, **10** at high CMAM enrolment AWC, **1** at non-respondent child AWC, and rest were in other AWCs. (Graph.1)



Updated Equipment Availability & Functionality

Equipment	Functional (%)	Non-Functional (%)	Not Available (%)
Infantometer	92%	8%	0%
Stadiometer	92%	8%	0%
Digital Machine	15%	23%	62%
Saltar Scale	92%	0%	8%
Z-score Chart	100%	0%	0%

Positive Highlights

- **Z-score Charts** are now **100% functional** across all sites.
- **Infantometers, Stadiometers, and Saltar Scales** have a strong **92% functionality rate** — consistently high.
- No major increase in non-functional units for most tools, indicating sustained maintenance efforts.

Area Needing Immediate Attention

- **Digital Machine** availability and functionality have **further declined**:
 - Only **15%** are functional.
 - **23% are non-functional** (available but not working).
 - A significant **62% are not available** at all.

Recommendations

1. Urgent Procurement of Digital Machines

- Prioritize procurement to address the **62% unavailability**.
- Review budget allocation and procurement delays urgently.



2. Repair & Reuse

- Assess and repair the 23% non-functional digital machines.
- Set up a dedicated repair team or fast-track AMC (Annual Maintenance Contracts).

3. Capacity Building

- Train frontline staff on proper care and handling of sensitive devices like digital weighing machines.
- Provide quick-reference SOPs for troubleshooting.

4. Inventory Audit

- Conduct a detailed audit of digital machine distribution and usage.
- Cross-verify with usage logs and program requirements.

5. Resource Redistribution (Short-Term)

- Temporarily **reallocate working machines** from over-resourced to under-resourced sites.
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Updated AWW Skill Performance

Skill	Performed Correctly (%)	Not Performed/Incorrectly (%)
Digital W. Machine	100%	0%
Saltar Scale Skill	9%	91%
Infantometer Skill	33%	67%
Stadiometer Skill	25%	75%
WFH Classification	92%	8%
Oedema Classification	100%	0%

Positive Highlights

- **Digital Weighing Machine Skill** and **Oedema Classification** show **100% accuracy**, indicating excellent understanding and usage.
- **WFH (Weight-for-Height) classification** is also high at **92%**, suggesting good knowledge of nutritional assessment.

Areas Needing Attention

- **Saltar Scale Skill:** Only **9%** of AWWs used it correctly — a **critical gap** despite 92% equipment functionality.
- **Infantometer Skill:** Only **33%** demonstrated correct use.
- **Stadiometer Skill:** Performed correctly by only **25%**, despite 92% functional availability.

This shows a **skill gap despite equipment availability**, which can hinder accurate growth monitoring and assessments.

Recommendations

1. Targeted Refresher Training

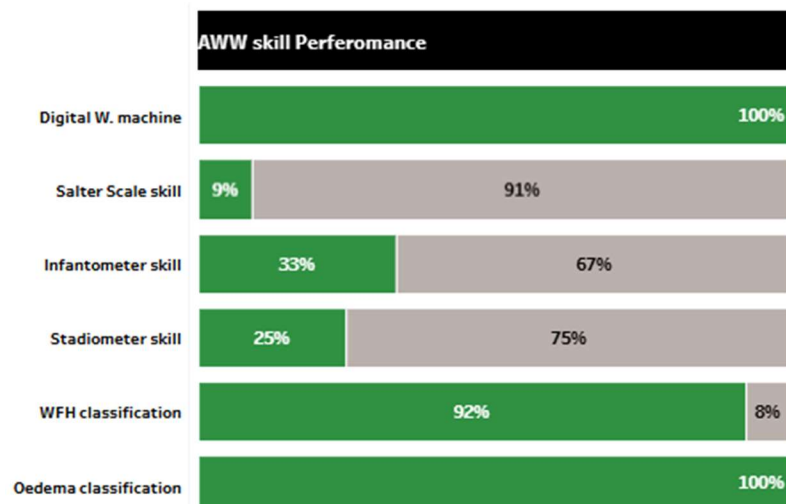
- Focus on **Saltar scale, infantometer, and stadiometer use**.
- Include hands-on demonstrations, peer practice, and real-case simulations.

2. Job Aids and Visual Guides

- Install laminated **step-by-step visual instructions** near growth monitoring stations.
- Distribute portable flipbooks or charts for AWWs.

3. Supportive Supervision

- Conduct **on-site mentoring visits** to observe, correct, and reinforce correct techniques.
- Use checklists to document improvement over time.



4. Peer Learning Models

- Identify high-performing AWWs in digital machine, oedema, and WFH skills to **mentor others** in their clusters.

5. Skill Assessment Tracker

- Maintain a **skill performance dashboard** at block level.
- Regularly review skill gaps and prioritize training accordingly.

Medicine Availability Summary

Medicine	Availability (%)
IFA Syrup	100.0%
Vitamin A	100.0%
Albendazole	100.0%
ORS	100.0%
Paracetamol	100.0%
Multivitamin	100.0%

Folic Acid	100.0%
Zinc	100.0%
Amoxycillin	100.0%

Positive Highlights

- **All listed essential medicines are available at 100%** of the sites — a strong indicator of robust supply chain management.
- No stock-outs or gaps in critical medicines, ensuring readiness for addressing child and maternal health conditions.

Recommendations for Continued Excellence

1. Maintain Buffer Stock Levels

- Ensure minimum stock thresholds are defined and followed to avoid future shortages.

2. Regular Monitoring

- Conduct monthly or bi-weekly stock audits to track expiry dates and consumption patterns.

3. Use Digital Tools

- Encourage the use of tools for inventory management and timely replenishment.

4. Training on Rational Use

- Train frontline workers on correct dosage and prescription practices to avoid misuse or overuse.

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CSAM Implementation Status

Component	Status
CSAM Register Availability & Usage	✓ 100%
Palak Card Availability & Usage	✓ 85% used, ⚠ 15% not used
Samarthya App Data Entry	✓ 100% completed

Positive Highlights

- **CSAM Registers** are available and fully utilized across all centers.
- **Samarthya app data entry** is 100% complete — shows strong digital reporting and compliance.
- **Palak Card** availability is high (85%), indicating wide adoption.

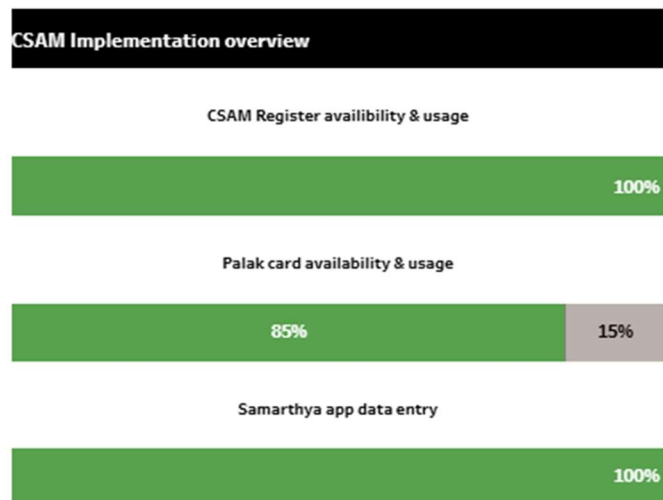
Area Needing Attention

- **15% gap in Palak Card usage** suggests either:
 - Cards are available but not being filled correctly, or
 - Not provided/issued in some cases.

Recommendations

1. Palak Card Usage Enhancement

- Identify AWWs or centers where cards are not being used.
- Re-orient them on the **importance of the Palak card** for growth tracking and parental communication.



2. Micro-training & Supervision

- Conduct short refresher sessions on **how to fill Palak cards properly**.
- Include this aspect in **monthly supportive supervision checklists**.

3. Feedback from Field

- Collect feedback from AWWs on **why Palak card use is lagging** — stockout, complexity, or training gap.
- Modify strategy based on insights (e.g., simplified version, audio-visual guide).

4. Peer-led Demonstrations

- Use high-performing centers as role models for others.
 - Encourage **peer-sharing during sector meetings**.
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Recovery Status Overview

Category	Number	Percentage
Total Discharged	11	100%
Fully Recovered	7	64%
Partial Recovery	11	100%
Non-Respondents	0	0%
Migrated	0	0%

Positive Highlights

- **All discharged children (100%) showed some level of recovery** — either full or partial.
- **64% (7 out of 11) achieved full nutritional recovery**, which is a strong outcome.
- **No non-respondents or migrated cases**, indicating complete program follow-up and retention.

Interpretation

- All children discharged from care made **some progress**, which reflects effective program implementation.
- The fact that 36% showed only **partial recovery** indicates areas for improvement in follow-up, counselling, or support post-discharge.

Recommendations

1. Strengthen Post-Discharge Follow-Up

- Intensify home visits and counselling for partially recovered children.
- Monitor dietary compliance and family practices.

2. Nutritional Counseling for Caregivers

- Provide targeted counselling sessions for families of partially recovered children to support complete recovery.

3. Review Treatment Protocols

- Reassess treatment and feeding protocols for cases with slower recovery.
- Consider revisiting those partially recovered to evaluate risk of relapse.

4. Use Data for Predictive Improvement

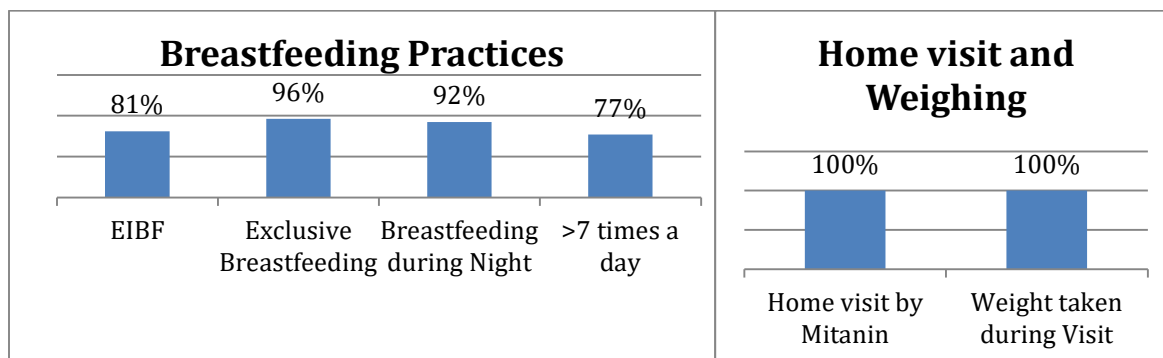
- Analyse common characteristics of children with only partial recovery (age, gender, household factors, etc.) to refine targeting.

Report on Preventive Actions

Under the preventive strategies, total 26 households with lactating mothers (having child of age 0 to 6 months) were visited in the month of June 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
26	25	1	23	3	26	0	5

96% caregivers reported institutional delivery of their children with 88% normal deliveries. 0% were preterm while **19%** of the children had birth weight less than 2.5 kg i.e. Low Birth Weight (**LBW**). During the time of visit, **8% were moderately underweight** and 0% were severely underweight (**Weight for Age**). Early Initiation of breastfeeding (**EIBF**) was found to be **81%**. Exclusive breastfeeding was reported to be 96% and 77% 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.

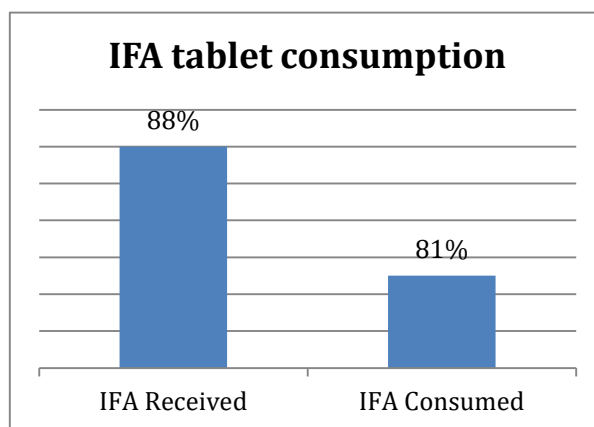
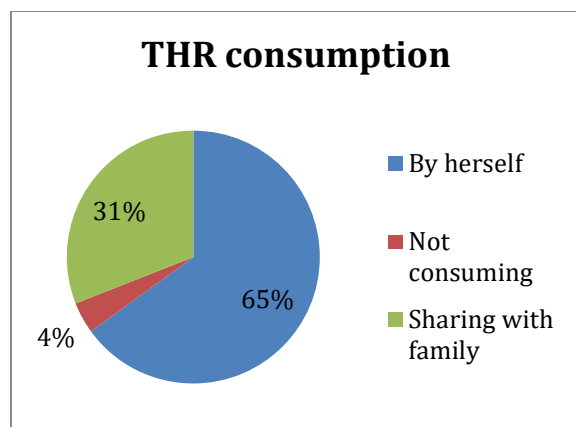


Godbharai (Baby shower):

88% Godbharai (Baby shower) were done in presence of Anganwadi Workers.

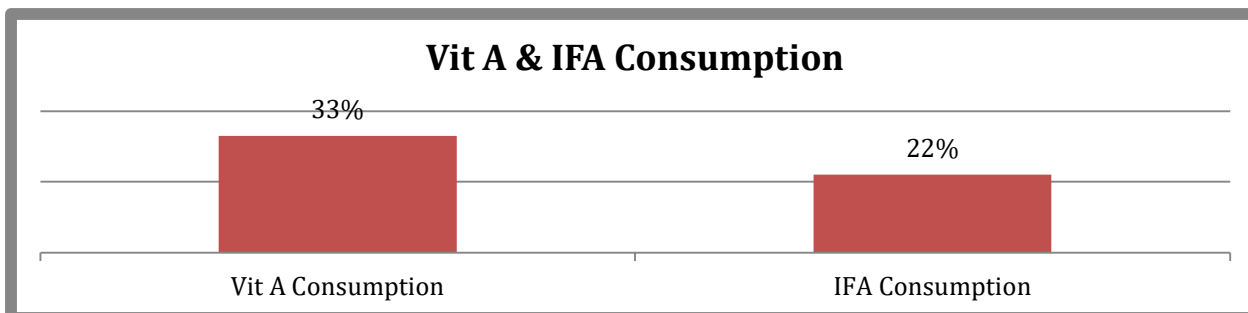
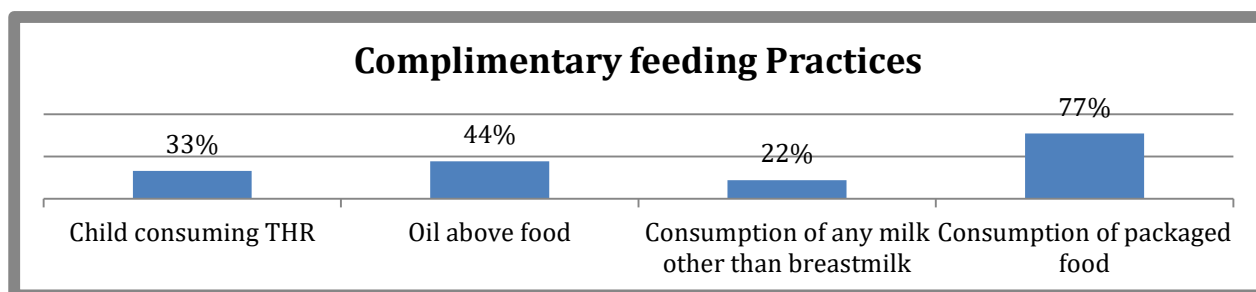
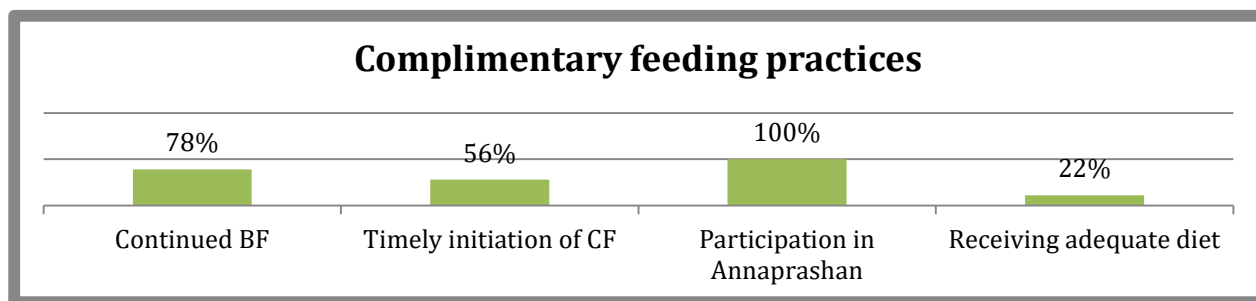
THR Consumption:

100% mothers reported receiving the THR however **only 65%** of the mothers reported consuming it herself.



Diet Audit:

9 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. 78% children were receiving breastfeeding. 56% were put on complementary feeding by the end of 6 months of age. However, **only 22% 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	Koudikasa	Muretitola [22408040208]
Ambagarh Chowki	Koudikasa	Danteshwari Para Muretitola [22408040209]
Ambagarh Chowki	Parsatola	Harekhapayali [22408040739]
Ambagarh Chowki	Chowki	Sirmunda [22408040734]
Ambagarh Chowki	Chowki	Boirdih2 [22408040733]
Ambagarh Chowki	Biharikala	Ghorada [22408040716]
Ambagarh Chowki	Chilhathi	Dumarghuncha [22408040116]
Ambagarh Chowki	Chilhathi	Adivasipara Dumarghuncha [22408040117]
Ambagarh Chowki	Amatola	Adivasipara Edamagondi [22408040307]
Ambagarh Chowki	Biharikala	Chotekalakasa [22408040408]
Manpur	Manpur	Panabaras 02 [22408090124]
Mohla	Actkanhar	Vaginsur [22408030716]
Mohla	Rengakathera	Katengatola [22408030408]