



आरोग्यम् सुख सम्पदा



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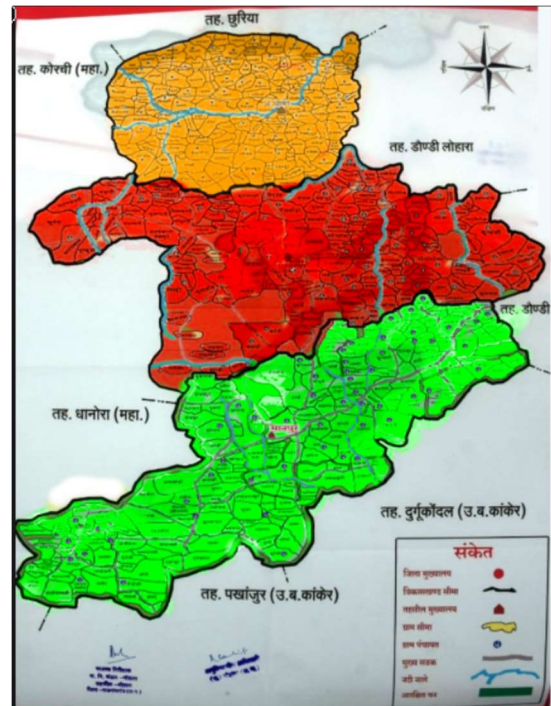
Monthly Technical Support Report for March 2025

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 March 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	4
3	Mohla	5
	Grand Total	19



District ranking based on CMAM Performance

Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1	Green	Manpur	126%	53%	90%
2	Orange	Ambagarh Chowki	136%	32%	84%
3	Red	Mohla	54%	40%	47%

CMAM Scorecard

हमर स्वस्थ लईका CMAM Scorecard - March 2025 - SAM Children

Rank as per enrolment	District	Project	Identification			Enrolment				Follow-Up		Discharge				Recovery	
			6m-59m SAM PT- Mar'25	Currently in treatment /admitted	%age enrolled against Poshan Tracker	2023	2024	2025	Total Enrolled till date	Children Followed up weekly	% followed up against enrolled	Total Discharge	Recovered (SAM to Normal)	Partial recovered (SAM to MAM)	Not recovered (SAM to SAM)	Recovery Rate	Ranking as per Recovery rate
2	MMAC	Manpur	31	39	126%	7	144	39	190	174	92%	129	68	39	22	53%	1
3	MMAC	Mohla	28	15	54%	24	136	15	175	157	90%	112	45	47	20	40%	2
1	MMAC	Ambagarh Chowki	45	61	136%	55	142	61	258	242	94%	150	48	63	39	32%	3
			104	115	111%	86	422	115	623	573	92%	391	161	149	81	41%	

CMAM Follow up status

हमर स्वस्थ लईका (CMAM) - SAM children Follow up Status - Mar 2025

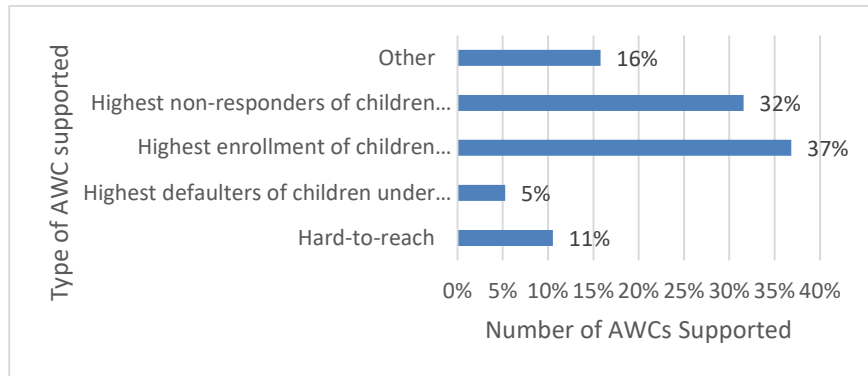
Rank as per Follow ups done	District	Block	Zero follow ups done %	Zero follow ups done	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	Total Enrolled	Week 16 follow up %
1	MMAC	Ambagarh Chowk	5%	12	178	166	172	162	158	150	138	133	136	127	129	122	117	113	104	95	229	41%
2	MMAC	Manpur	6%	10	125	136	127	126	124	120	114	107	99	95	87	79	74	73	59	54	170	32%
3	MMAC	Mohla	11%	18	133	132	136	126	124	115	114	114	99	100	86	88	80	81	68	63	169	37%
	State		7%	40	436	434	435	414	406	385	366	354	334	322	302	289	271	267	231	212	568	37%

Indicator

>=10%	>5% & <10%	<=5%

Findings

Of the **19** visits made **2** visits were too Hard to reach, **1** Highest defaulters of children under CSAM program, **7** at high CMAM enrolment AWC, **6** at non-respondent child AWC, and rest were in other AWCs.

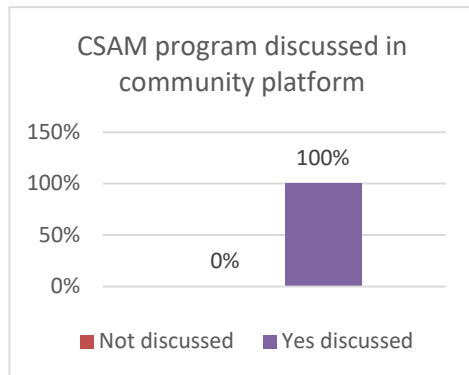


(Graph.1)

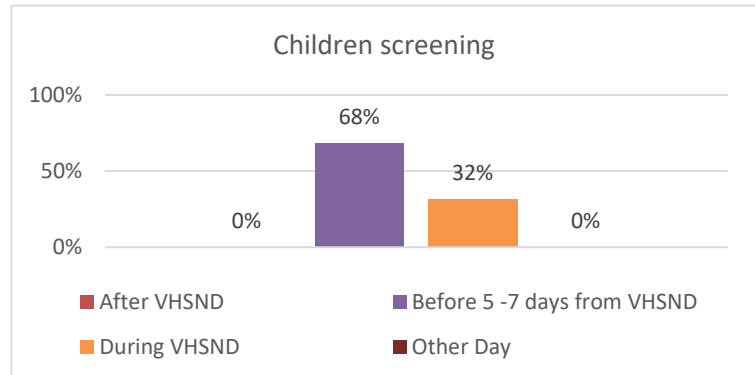
Graph 1 Type of AWC supported

In **100%** of the AWCS the CMAM program was discussed in community level programs. For increased awareness in malnutrition and community awareness it is recommended to have CMAM/ nutrition sessions during community events. (Graph.2)

Most of the children are getting screened during VHSNDs or within a week before VHSNDs which is recommended. (Graph.3)

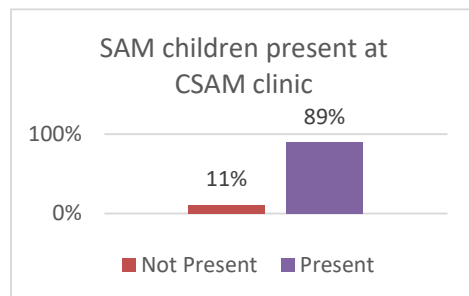


Graph 3 Community discussion on CMAM

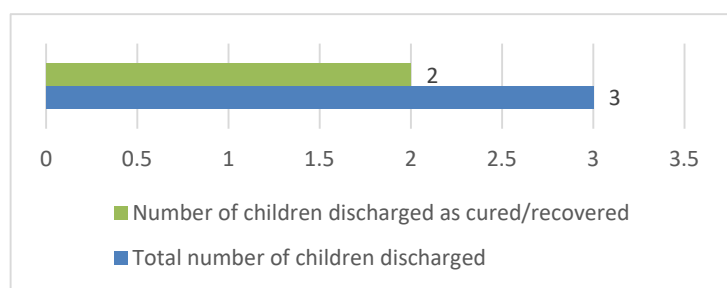


Graph 2 Children screening during VHSNDs

Most of the children are present during VHSNDs which is recommended. It is important for SAM child to get regular checkups from health department authorized staffs. (Graph.5). Of the **3** children discharged from CMAM in the visited AWCs only **2** have cured to the normal status. (Graph.4)

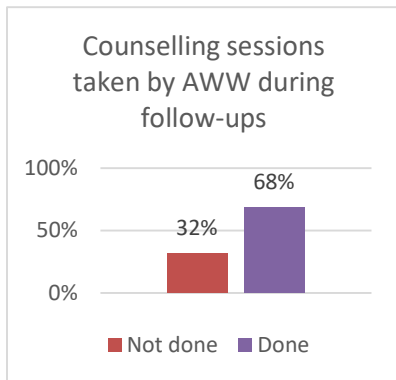


Graph 5 SAM Children in VHSNDs

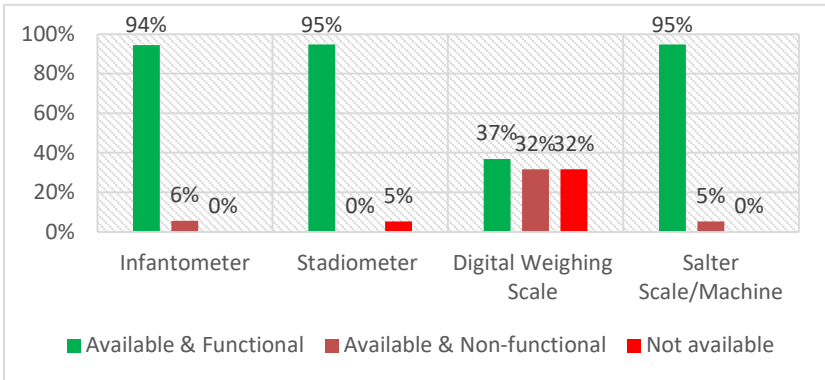


Graph 4 Number of cured children

Most of the AWWs are taking up counselling sessions in the CMAM program. (Graph. 7) The anthropometry devices are an important part of growth monitoring of children. Except for digital weight machine rest of the devices are available and functional in AWCS. (Graph.6)

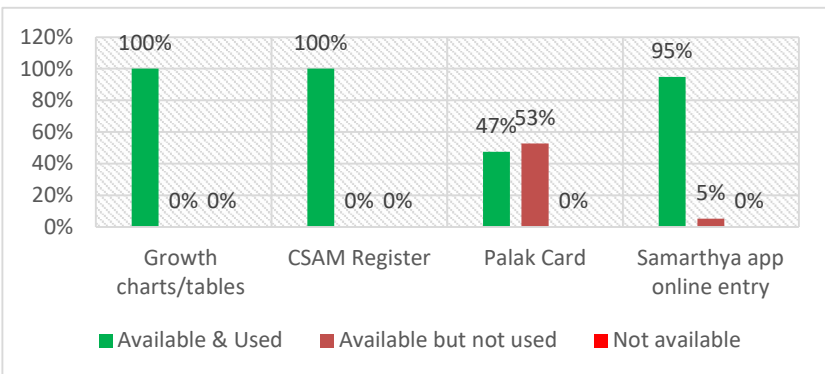


Graph 7 AWW Counselling status



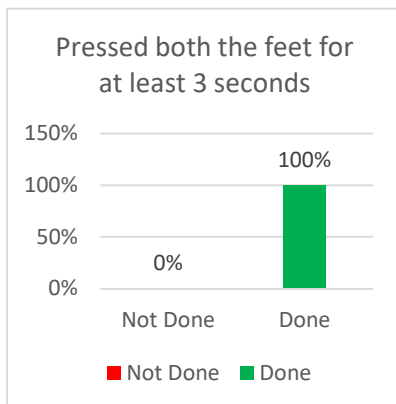
Graph 6 Devices status

The Growth charts/tables, CSAM Register, Palak Card and Samarthya app are an important part of growth monitoring of children. Except for Palak card are mostly available and functional in AWCS. (Graph. 8)

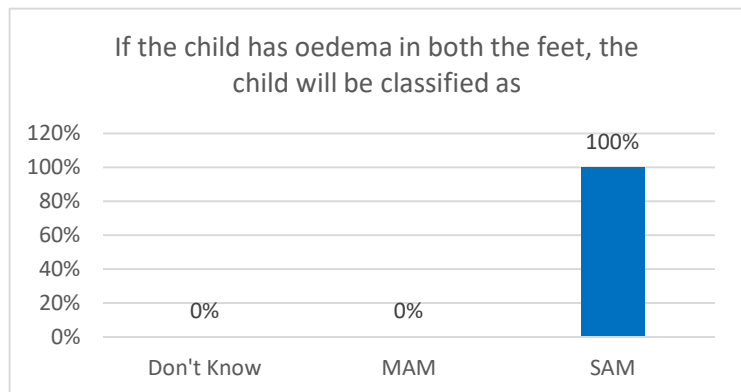


Graph 8 CMAM requirements.

Knowledge on Edema is very important in order to effectively implement CMAM program. **All** AWWs were aware about the time of checking edema (Graph 10). And **all** were aware about the classification of edema children malnutrition status (Graph 9).

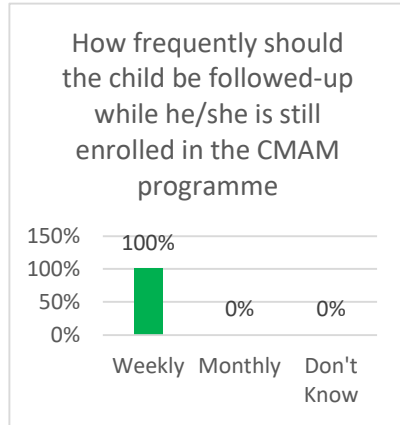


Graph 9 Oedema check

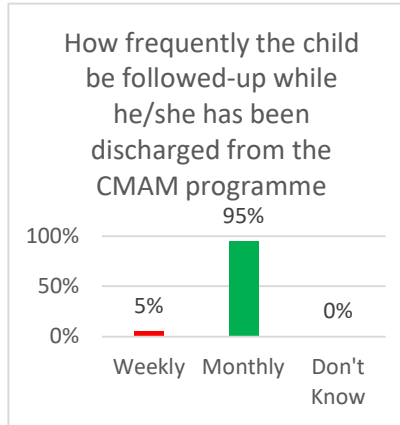


Graph 10 oedema classification

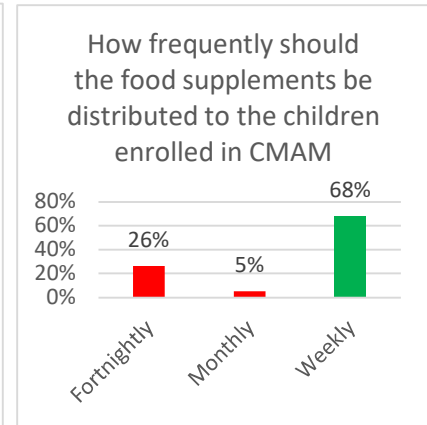
A child in CMAM program must be followed up every week, All AWWs were aware on weekly follow up of the child. (Graph.13). After the CMAM program child is to be followed up monthly. (Graph.12) All AWCs were aware of it. Food supplements should be provided weekly to the CMAM program children. But surprisingly 6 out of 19 did not provide it weekly. (Graph.11)



Graph 13 Follow up in CMAM



Graph 12 Follow up after discharge from CMAM



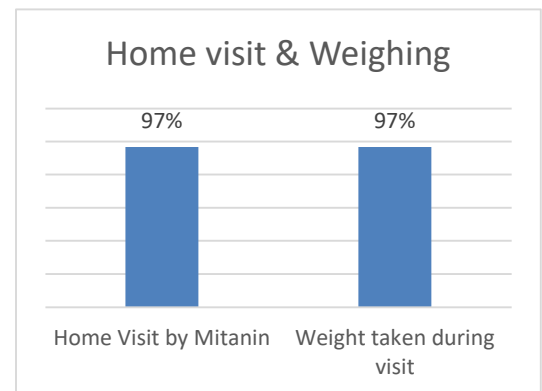
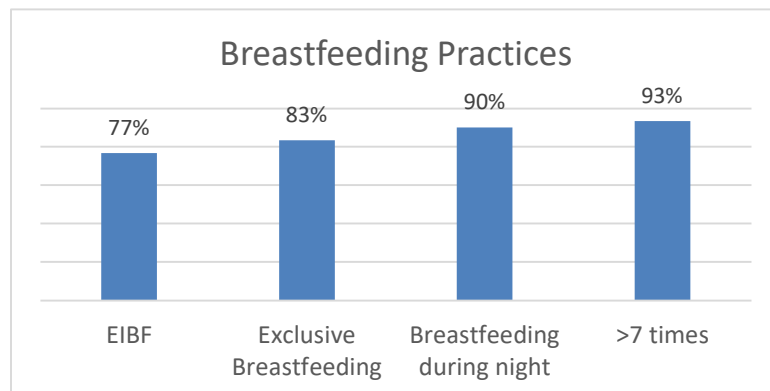
Graph 11 Food supplements for CMAM children

Report on Preventive Actions

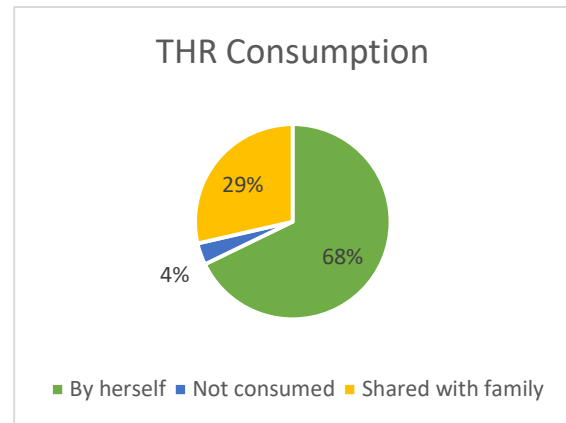
Under the preventive strategies, total 30 lactating mothers (having child of age 0 to 6 months) were visited in the month of March 2025. Findings from these visits are as follows:

Delivery related details							
Total no. of visits	Institutional Delivery	Home Delivery	Normal Delivery	C-section	Term delivery	Preterm	LBW
30	30	0	25	5	27	5	8

100% caregivers reported institutional delivery of their children with 83% normal deliveries. 17% were preterm while 27% 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 77%. Exclusive breastfeeding was reported to be 88% and 93% mothers reported breastfeeding the child more than 7 times a day. 97% mothers informed that Mitanin came for home visits and 97% reported that Mitanin weighed their children during these visits.



Of all the mothers reported receiving the THR however 68% of the mothers reported consuming it herself.



Recommendations

1. CMAM program can be discussed in CBE programs and community events in order to increase community participation, awareness and ownership. It is recommended to have CMAM/ nutrition sessions during community events, in which supervisors and AWWs can take the lead.
2. Screening of Children must be completed during or a week before VHSND.
3. Ensure family of SAM children to be present in VHSND in order to complete the enrolment process in CMAM programme.
4. Orientation of all AWWs and ICDS team on improvement and discharge criteria of SAM children, in order to timely referral of SAM children.
5. Digital weight machine provides more accurate weights of the child and is therefore availability of digital weighing scales for all AWCs through district/state budget is recommended.
6. Establish monthly review meetings mechanism for CMAM at District level, Project Level and Sector level.
7. Establish system of THR/ATHR consumption monitoring by AWWs and supervisors to ensure sustainable and faster recovery.
8. Pregnant women in their last trimester should be counseled on EIBF during home visits and ANC checkups at VHSNDs.
9. Lactating
10. Behavior Change Communication (BCC) through Community Based Events (CBEs) to bring in change in the following
 - a. Timely initiation of complementary feeding i.e. after completion of 6 months.
 - b. Consumption of THR by the intended beneficiary only (either pregnant woman, lactating mother or children between 6 months to 3 years of age)
 - c. Inclusion of milk and milk-based products during complementary feeding
11. Supply of IFA syrup its consumption needs to be strengthened.
12. Special attention is required towards diet adequacy which includes continued breastfeeding for 2 years of age, food from at least 4 groups and feeding for 3 or more times.

Annexures

1. List of AWCs supported

Annexure 1:

Pariyojna	Sector	AWC Name
Ambagarh Chowki	Amatola	Chotetola Manjhitola [22408040315]
	Bandhabajar	Kotara [22408040620]
		Upaparara Dhadhutola [22408040619]
	Biharikala	Navapara Goulitola [22408040718]
	Chhachhanpahari	Sahupara Bararmundi [22408040533]
	Chilhathi	Adivasipara Thakurbandha [22408040121]
	Chowki	Boirdih2 [22408040733]
		Dhanapayali [22408040705]
		Sirrabhata [22408040735]
	Koudikasa	Muretitola [22408040208]
Manpur	Bharritola	Chawela 02 [22408090919]
	Khadgaon	Thakurtola Boriya [22408090308]
	Kondabodi	Michgaon Sarpanchpara [22408090523]
	Sitagaon	Mahka [22408091219]
Mohla	Actkanhar	Dhobedandthakurpara [22408030713]
		Mararparapandervani [22408030763]
	Gotatola	Ranatola [22408030520]
	Vasdi	Pandervani01 [22408030355]
		Patantola [22408030162]