Monthly Technical Support Report for April 2025

District- Mahasamund
Report By- State Center of Excellence for Nutrition, Department of Pediatrics, AIIMS, Raipur, Chhattisgarh

Supportive Supervision

The SCOE4N executed **11** visits to various AWCs of Mahasamund district in the month of April 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	Bagbahara	1
2	Basna	5
3	Mahasamund Gramin	1
4	Mahasamund Shahri	1
5	Pithora	3
6	Saraipali	0
	Grand Total	**11**

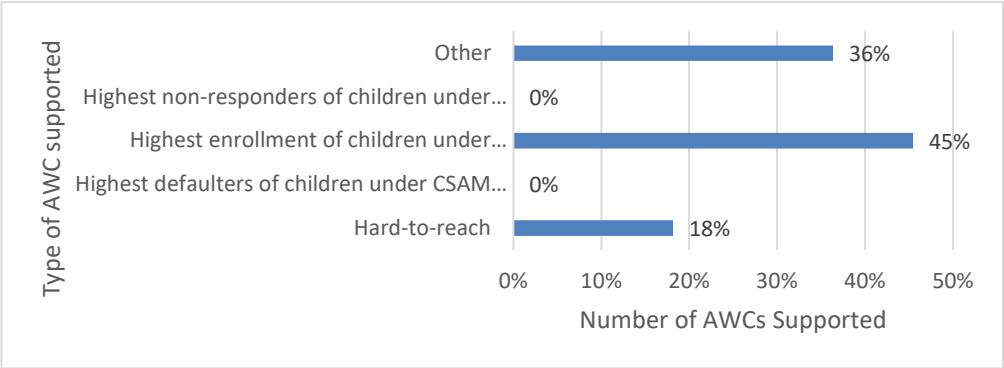
District ranking based on CMAM Performance					
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Basna	4.65%	66.67%	**35.66%**
2		Saraipali	6.92%	60%	**33.46%**
3		Mahasamund	14.15%	48.68%	**31.42%**
4		Pithora	14.12%	33.33%	**23.73%**
5		Bagbahara	12.96%	33.96%	**23.46%**

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	Defaulter SAM children	SAM children referred to NRC
Bagbahara	162	21	38	12.96%	106	36	42	28	33.96%	15	2
Basna	86	4	0	4.65%	12	8	2	2	66.67%	0	2
Pithora	85	12	89	14.12%	60	20	15	25	33.33%	8	0
Mahasamund Gramin	98	14	22	14.29%	61	27	19	15	44.26%	2	1
Mahasamund Shehri	15	2	25	13.33%	15	10	4	1	66.67%	0	0
Saraipali	130	9	0	6.92%	10	6	3	1	60.00%	0	3
Total	**576**	**62**	**174**	**10.76%**	**264**	**107**	**85**	**72**	**40.53%**	**25**	**8**

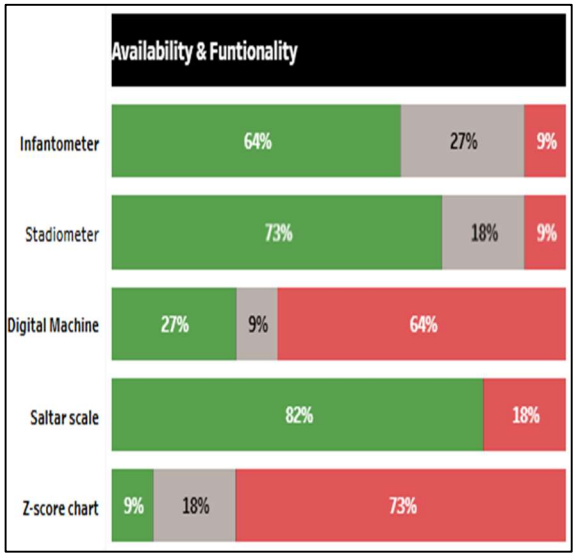
Visit Report

Of the **11** visits made **2** visits were too Hard to reach, **5** at high CMAM enrolment AWC, and rest were in other AWCs.



Equipment Availability & Functionality

Equipment	Fully Functional	Available but not functional/used	Non-Functional/ Available
Infantometer	64%	27%	9%
Stadiometer	73%	18%	9%
Digital Machine	27%	9%	64%
Saltar Scale	82%	-	18%
Z-Score Chart	9%	18%	73%



- **Infantometer:**

A majority (64%) of the centers have fully functional infantometers, indicating a relatively good availability. However, 27% are only partially functional, and 9% are non-functional. This reflects a need for minor repairs or replacements to improve coverage to 100%.

- **Stadiometer:**

With 73% fully functional and 18% partially functional stadiometers, most centers are equipped adequately. The 9% non-functional stadiometers should be prioritized for maintenance to avoid gaps in height measurement.

- **Digital Weighing Machine:**

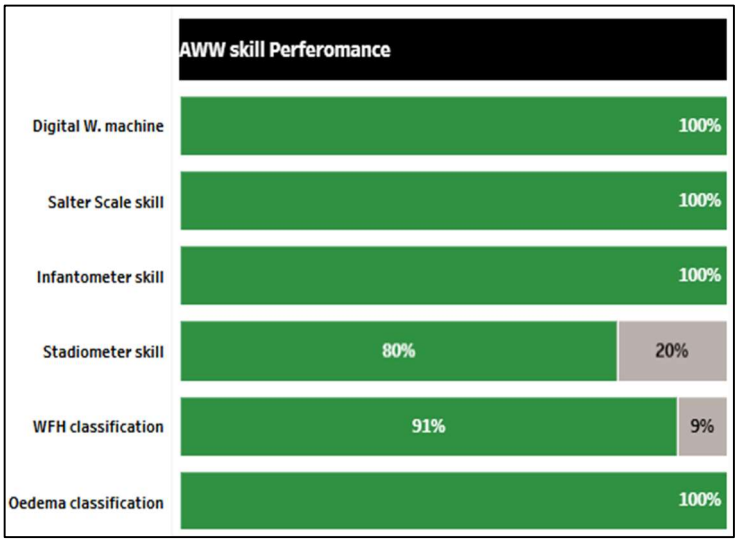
This equipment shows a significant concern — only 27% are fully functional, while a high 64% are non-functional. This can severely hinder accurate weight assessment. Immediate procurement or repair is essential.

• **Saltar Scale:**
82% of the saltar scales are fully functional, indicating good availability. However, 18% are non-functional, which needs attention to maintain service continuity.

• **Z-Score Chart:**
This is the most critical gap area. Only 9% of centers have functional Z-score charts, while 73% lack it. This tool is essential for accurate growth classification and its unavailability can impact decision-making for child nutrition interventions.

AWW (Anganwadi Worker) Skill Performance

Skill Area	Performance
Digital Weighing Machine	100%
Saltar Scale Skill	100%
Infantometer Skill	100%
Stadiometer Skill	80%
WFH Classification	91%
Oedema Classification	100%



• **High Competency Areas:**
Anganwadi Workers (AWWs) demonstrate 100% skill proficiency in using the digital weighing machine, saltar scale, infantometer, and classifying oedema. This indicates strong training and consistent practical usage in these areas.

• **Moderate Skill Area – Stadiometer:**
80% of AWWs have adequate skills in using the stadiometer, but 20% still require improvement. Since this tool is vital for assessing height accurately, focused retraining is recommended.

• **WFH (Weight-for-Height) Classification:**
91% of AWWs can correctly classify children using WFH, but 9% errors suggest a need for clarification or revision sessions to strengthen understanding and reduce misclassification risks.

Recommendations:

- Procure and ensure functionality of digital weighing machines and Z-score charts.
- Provide refresher training for AWWs, especially on stadiometer usage and WFH classification.
- Conduct follow-up assessments to verify improvements.

Medicine Availability Report

This assessment provides insights into the availability of essential medicines at field facilities. The availability percentage reflects how many centers reported having each medicine in stock at the time of assessment.

Medicine-wise Availability

Medicine	Availability (%)	Observation
Vitamin-A	90.9%	Good availability – indicates strong stock levels and distribution.
Multivitamin	81.8%	Good availability – majority of centers are stocked.
IFA Syrup	72.7%	Moderate availability – some gaps may exist, needs periodic restocking.
Albendazole	72.7%	Moderate availability – important for deworming, ensure regular supply.
Zinc	72.7%	Moderate availability – aligns with IFA and Albendazole, requires monitoring.
Amoxycillin	72.7%	Moderate availability – appropriate for infection treatment, needs regular checks.
Paracetamol	63.6%	Slightly low availability for a common medicine – stock levels need improvement.
Folic Acid	63.6%	Same as Paracetamol – may indicate supply chain issues or stock-outs.
ORS	54.5%	**Lowest availability** – critical for dehydration treatment, urgent attention required.

Key Observations

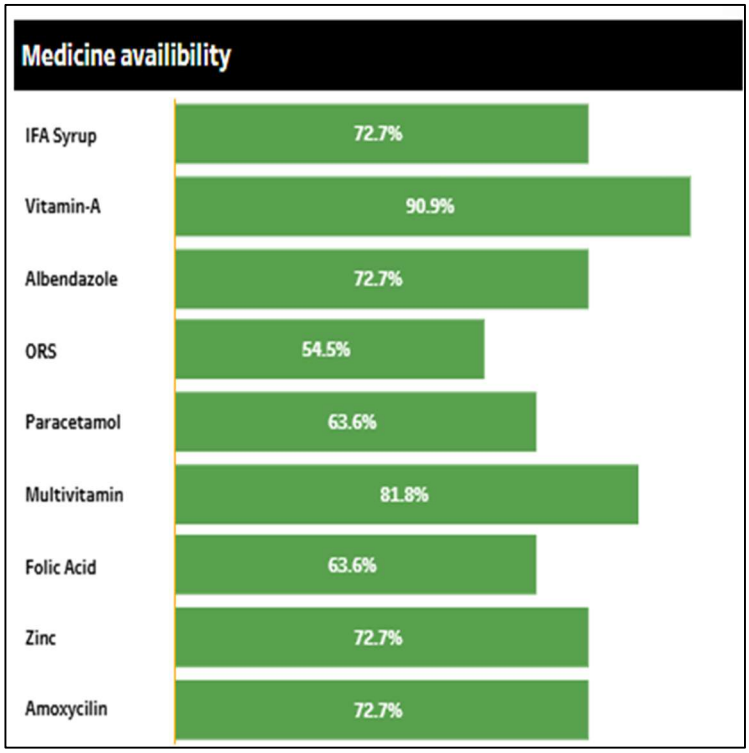
1. **Available Medicines:**
   - **Vitamin-A** (90.9%) and **Multivitamin** (81.8%) are well-stocked, reflecting good programmatic support and distribution efficiency.
2. **Moderately Available Medicines (Around 70%):**

- **IFA Syrup, Albendazole, Zinc, and Amoxycillin** all show similar levels of availability (~72.7%). These need regular monitoring to prevent potential stock-outs.

3. **Lower Availability Medicines:**
   - **ORS (54.5%)** is the most concerning, as it's crucial for treating diarrheal diseases in children. This shortage needs immediate corrective action.
   - **Paracetamol and Folic Acid (63.6%)** are slightly below acceptable levels. Being common and essential, efforts must be made to improve their availability.

Recommendations

- **Strengthen ORS Stocking:** Prioritize ORS in procurement and distribution chains due to its essential role in managing dehydration.
- **Monitor and Resupply:** Medicines with ~72% availability (IFA, Zinc, Albendazole, Amoxycillin) should be tracked and restocked proactively.
- **Review Supply Chains:** Investigate reasons for low availability of Paracetamol and Folic Acid and coordinate with suppliers for uninterrupted availability.
- **Ensure Data Continuity:** Regular stock audits should be institutionalized to maintain updated medicine availability data.



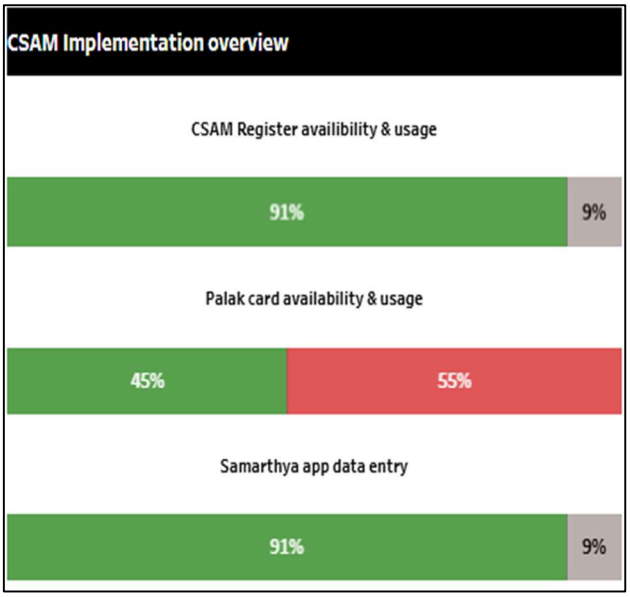
CSAM Implementation tools Overview Report

This section presents the status of tools and systems used for implementing the **Community-based Severe Acute Malnutrition (CSAM)** program, focusing on availability and usage of key components.

Component-wise Performance

Indicator	Status (%)	Interpretation
CSAM Register availability & usage	91% Available & Used 9% Not Used	high compliance; most field workers are maintaining and using the register appropriately.
Palak Card availability & usage	45% Available & Used 55% Not Available/Not Used	Critical gap area; over half of the centers are not using this tool, which impacts caregiver involvement and follow-up.
Samarthya App data entry	91% Entered 9% Not Entered	High adoption rate; reflects good digital data capture practices.

Key Observations



1. **Strong Implementation Areas:**
   - **CSAM Register and Samarthya App:** Both components show 91% usage, reflecting effective implementation and adherence to protocol. This indicates that field-level staff are actively documenting and uploading data.
2. **Major Gap – Palak Card Usage:**
   - Only **45% of the centers** are using the Palak card — a crucial tool for caregiver awareness, tracking progress, and engagement. This is the **lowest performing component** and needs urgent attention in terms of both distribution and sensitization.
3. **Digital Transition Progressing Well:**
   - The high use of the **Samarthya app** (91%) suggests that digital tools are being embraced effectively, which helps in real-time monitoring and data accuracy.

Recommendations

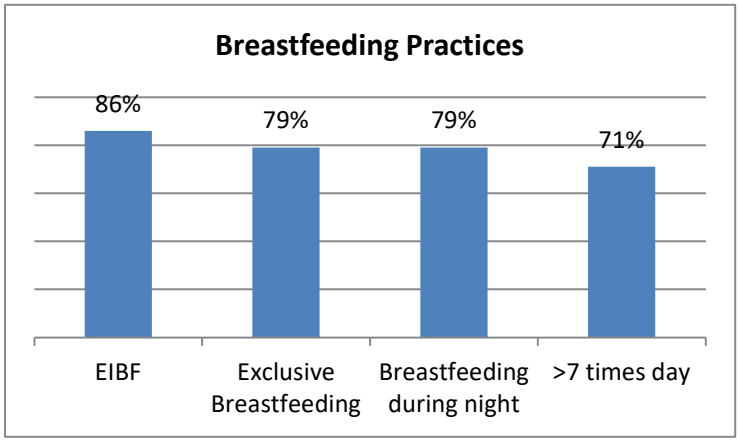
- **Urgently Improve Palak Card Implementation:**
  - Ensure availability of Palak cards across all centers.
  - Conduct orientation or refresher training for AWWs/FLWs on the purpose and use of the Palak card.
- **Sustain Register and App Usage:**
  - Maintain current momentum in CSAM register maintenance and Samarthya app usage.
  - Encourage regular data quality checks to improve reliability.
- **Field Monitoring:**
  - Conduct spot checks to ensure that data being recorded (manual and digital) aligns with ground realities.

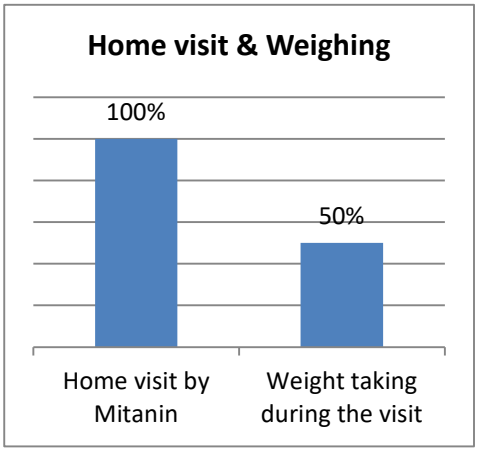
Report on Preventive Actions

Under the preventive strategies, total 14 households with 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	On time delivery	Preterm	LBW
14	14	0	10	04	02	12	3

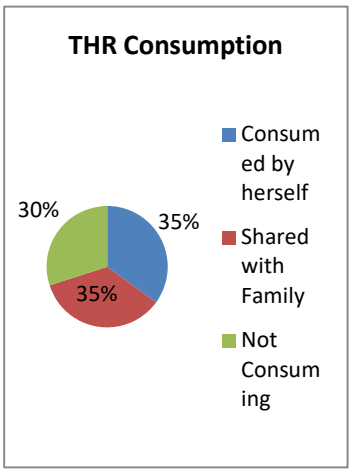
100% institutional delivery was reported with 71% normal deliveries and remainng through C-section. 86% were preterm while 21% of the children had birth weight less than 2.5 kg i.e low birth weight (LBW). During the time of visit 7% children were moderately & another 7% were severely underweight (Weight for Age). Early Initiation of breastfeeding **(EIBF)** was found to be **86%** while **79%** of the babies were on **exclusive breastfeeding. 71%** mothers reported breastfeeding their children **more than 7 times a day**. 100% mothers informed that Mitanin came for home visits however only **50%** reported **weighing** the children during these visits.

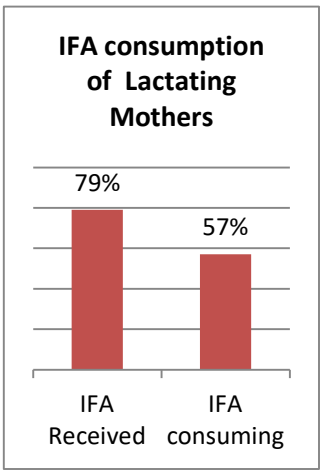




Godbharai (Baby shower):
Only 57% Godbharai (Baby shower) were done in presence of Anganwadi Workers.

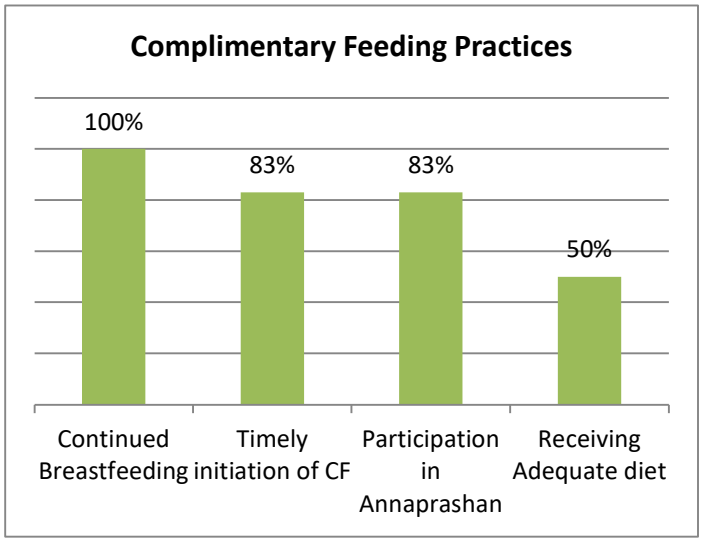
THR Consumption:
Consumption of THR among lactating mothers was found to be very poor. 100% mothers received THR from Anganwadi however 35 % of the mothers reported sharing the THR with other family members and **only 35% consumed it herself.**

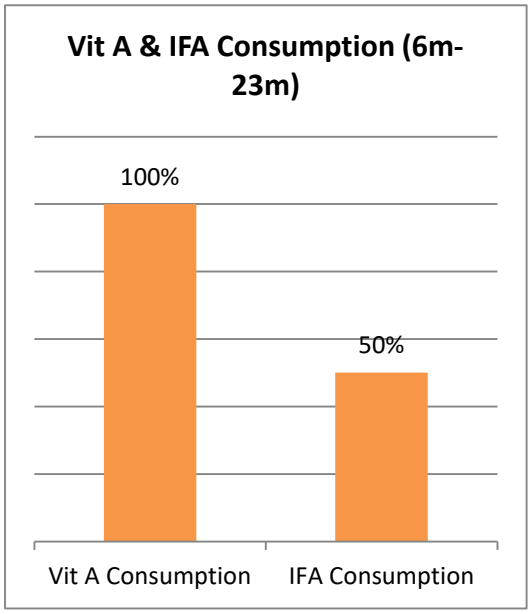


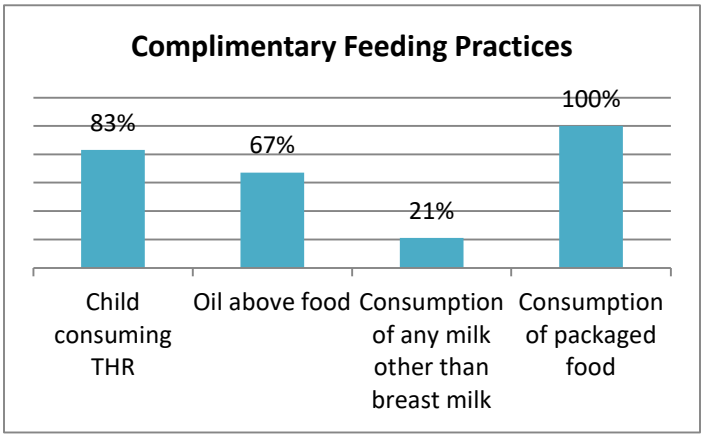


Diet Audit:

6 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. 100% children were receiving breastfeeding. 83%were put on complementary feeding by the end of 6 months of age. However, **only 50% 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-Based Products**:
    - Promotion of the inclusion of milk-Based 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 for children aged 6 months to 2 years.

- **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
Bagbahara	Kasekera	Tongopani [22411011803]
Basna	Singhanpur	SIGHANPUR [22411030601]
Basna	Baradoli	GOHEDADAR [22411030710]
Basna	Bhanwarpur	BHAWARPUR 02 [22411030802]
Basna	Badesajapali	MUNGADIH [22411031106]
Basna	Badesajapali	MUNGADIH 02 [22411031132]
Mahasamund Gramin	Birkoni	badgaon-01 [22411040617]
Mahasamund Shahri	Sector 2	Swami vivekanand 02 [22411050221]
Pithora	Kauhakuda	BARTUNGA [22411020408]
Pithora	Mudhipar	DIPAPARA ARJUNI 2 [22411020111]
Pithora	Patandadar	BHOKLUDIH 2 [22411021312]