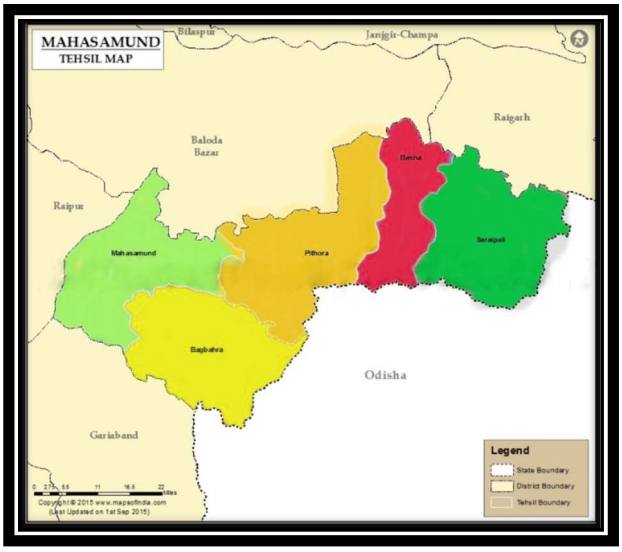
Monthly Technical Support Report for August 2025

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

Supportive Supervision

The SCOE4N executed **25** visits to various AWCs of Mahasamund 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	Bagbahara	7
2	Basna	8
3	Mahasamund Gramin	2
4	Mahasamund Shahri	1
5	Pithora	1
6	Saraipali	6
	Grand Total	**25**



District ranking based on CMAM Performance

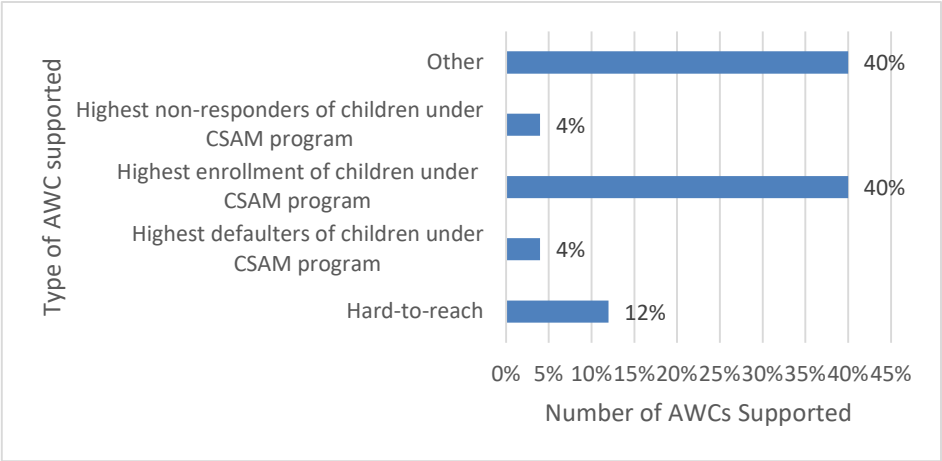
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Saraipali	100%	57.14%	**78.57%**
2		Mahasamund	91.38%	60.77%	**76.07%**
3		Bagbahara	87.10	53.33%	**70.21%**
4		Pithora	84.62%	55.56%	**70.09%**
5		Basna	93.33%	20%	**56.66%**

CMAM Scorecard

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	defaulter SAM children	SAM children referred to NRC
Bagbahara	31	27	130	87.10%	8	4	3	15	53.33%	6	3
Basna	15	14	0	93.33%	1	4	0	5	20.00%	0	0
Pithora	13	11	0	84.62%	5	3	1	9	55.56%	2	1
M.Gramin	29	24	64	82.76%	8	5	0	13	61.54%	1	0
M. Shahri	0	5	4	100.00%	3	2	0	5	60.00%	0	2
Saraipali	26	26	0	100.00%	4	3	-	7	57.14%	2	0
Total	**114**	**107**	**198**	**93.86%**	**29**	**21**	**4**	**54**	**53.70%**	**11**	**6**

Visit Report

Of the **25** visits made **3** visits were too Hard to reach, **1** Highest defaulters of children under CSAM program, **1** Highest non-responders of children under CSAM program, **10** at high CMAM enrolment AWC, and rest were in other AWCs.



Equipment Availability & Functionality Overview

Equipment	Available & Functional (%)	Available but Not Functional (%)	Not Available (%)
Infantometer	84%	16%	0%
Stadiometer	96%	4%	0%
Digital Weighing Machine	32%	12%	56%
Salter Scale	92%	4%	4%
Z-score Chart	60%	4%	36%

Positive Highlights

• **Excellent functionality** of *Stadiometers (96%)* and *Salter Scales (92%)* ensures reliable anthropometric measurement capacity across most centers.
• **Strong availability of Infantometers (84%)**, indicating consistent focus on infant length measurement.
• *Most centers maintain basic functional equipment sets*, supporting regular growth monitoring activities.

Areas Needing Immediate Attention

• **Digital Weighing Machines:** Only **32%** are functional — **56%** completely unavailable and **12%** not working, significantly limiting precision in weight monitoring.

• **Z-score Charts:** Functional in just **60%** of centers; **36%** are missing charts, affecting accurate growth assessment and SAM/MAM classification.
• **Minor functionality gaps** in Infantometers and Salter Scales (4–16%) require timely servicing or replacements.

Recommendations

1. **Equipment Restoration & Replacement**
   o Prioritize procurement of **Digital Weighing Machines** and **Z-score Charts**.
   o Repair or replace non-functional Infantometers and Salter Scales.
2. **Maintenance System Strengthening**
   o Introduce quarterly functionality checks for all anthropometric equipment.
   Capacity & Awareness
   o Orient AWWs and Supervisors on basic troubleshooting for weighing scales.
   o Display laminated **Z-score reference charts** at all centers for quick and accurate classification.
3. **Supervisory Review & Accountability**
   o Include equipment functionality status in monthly monitoring formats.

AWW Skill Performance Summary

Skill	Performed Correctly (%)	Needs Improvement (%)
Digital W. Machine	100%	0%
Salter Scale Skill	100%	0%
Infantometer Skill	100%	0%
Stadiometer Skill	100%	0%
WFH Classification	92%	8%
Oedema Classification	96%	4%

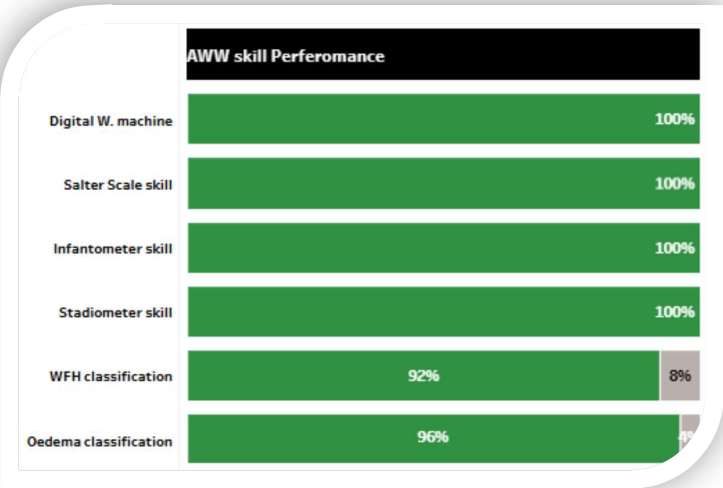
Positive Highlights

- **Perfect 100% performance** achieved in *Digital Weighing Machine*, *Salter Scale*, *Infantometer*, and *Stadiometer* skills — indicating strong technical competence among AWWs.
- *WFH* and *Oedema Classification* performance are also high (above 90%), suggesting good grasp of assessment and classification skills.

Areas Needing Further Strengthening

- **WFH (Weight-for-Height) Classification:**
  - While performance is strong (92%), 8% still require refresher training.
  - Even minor classification errors can affect referral and nutritional intervention accuracy.
- **Oedema Classification:**
  - A small margin (4%) indicates potential confusion in identifying mild oedema — requires reinforcement through practical demonstrations.

Recommendations



1. Targeted Skill Refreshers

- Conduct short refresher sessions focusing on *WFH classification* and *Oedema detection*.
- Emphasize case-based learning using real or simulated examples.

2. Peer Demonstrations

- Engage high-performing AWWs to conduct *hands-on demos* during monthly sector meetings.
- Encourage peer-to-peer learning for consistent skill application.

3. Supportive Supervision

- Plan focused follow-up visits to centers with <95% performance.
- Supervisors to provide *on-the-spot coaching* using observation checklists.

Medicine Availability Summary

Key Insights

- **Moderate availability** across all essential medicines, ranging from **72% to 76%**.
- **IFA Syrup, Albendazole, Paracetamol, and Zinc** show slightly better availability (76%).
- **Vitamin-A, ORS, Multivitamin, Folic Acid, and Amoxycillin** show slightly lower availability (72%).

Medicine	Availability (%)
IFA Syrup	76%
Vitamin-A	72%
Albendazole	76%
ORS	72%
Paracetamol	76%
Multivitamin	72%
Folic Acid	72%
Zinc	76%
Amoxycillin	72%

Positive Highlights

- Availability is **consistent across most medicines**, indicating stable supply chain management.
- Critical supplements like **IFA Syrup** and **Albendazole** are comparatively better stocked.

Areas Needing Improvement

- Medicines like **Vitamin-A, ORS, Multivitamin, Folic Acid, and Amoxycillin** require attention to ensure **uninterrupted supply** at service delivery points.
- Stock variance (4%) suggests possible delays in replenishment or uneven distribution across centers.

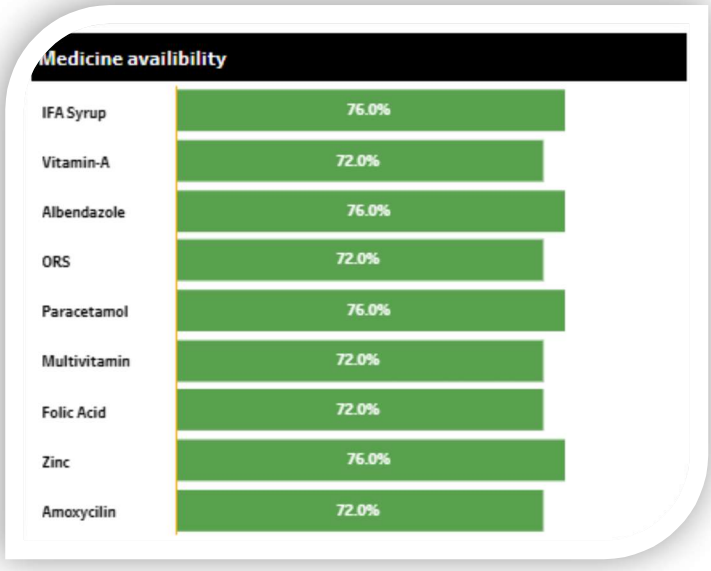
Recommendations

1. Strengthen Stock Monitoring

- Implement a **monthly medicine stock tracking sheet** at AWCs.
- Encourage supervisors to verify and update records during visits.

2. Ensure Timely Replenishment

- Coordinate with **PHCs and supply chain units** for prompt refill when stocks fall below threshold (e.g., <80%).



3. Buffer Stock Maintenance

- Maintain a **minimum one-month buffer stock** of key medicines (IFA, ORS, Paracetamol, Albendazole, Zinc).

4. Review Supply Gaps

- Conduct **quarterly review meetings** to identify and resolve supply chain issues in low-performing sectors.

CSAM Implementation Overview Summary

Component	Available & Used (%)	Available but Not Used (%)	Not Available (%)
CSAM Register	92%	8%	0%
Palak Card	52%	0%	48%
HSL App Data Entry	88%	8%	4%

Key Insights

- **High implementation** of *CSAM Register* and *Samarthya App* indicates effective adoption of core CSAM tools.
- **Palak Card usage** remains a major gap, with nearly **half (48%)** of centers lacking availability.

Positive Highlights

- **CSAM Register**: 92% centers have and use it effectively, showing good record-keeping and monitoring practices.
- **HSL App**: 88% centers actively using digital data entry, reflecting progress toward digitization.

Areas Needing Strengthening

- **Palak Card**:
  - Only 52% availability and use — action required for supply and orientation.
  - Lack of cards may hinder follow-up and documentation of SAM/MAM child progress.
- **Partial Utilization (Grey Zones)**:
  - Around 8% of centers have CSAM Registers or HSL App access but are *not consistently using* them — this needs supervisory follow-up.

Recommendations

1. Strengthen Supply and Distribution

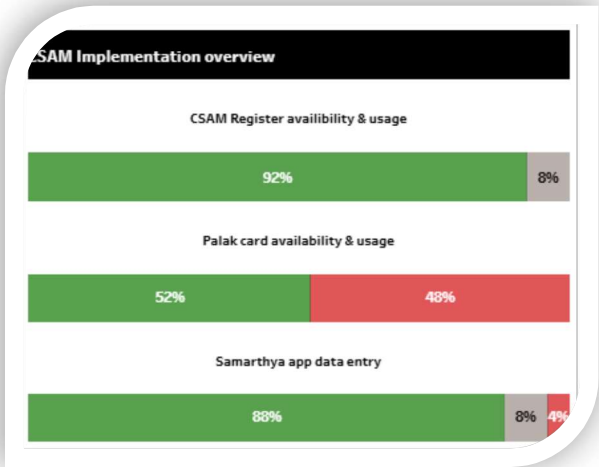
- Ensure adequate **Palak Card stock** through coordination with the district store and timely replenishment.

2. Improve Utilization of Available Tools

- Conduct **on-site mentoring** to reinforce daily use of *Registers* and HSL *App*.

3. Monitoring and Accountability

- Supervisors to review **usage gaps** during monthly review meetings.
- Use app-generated reports to track non-usage and support capacity building where needed.

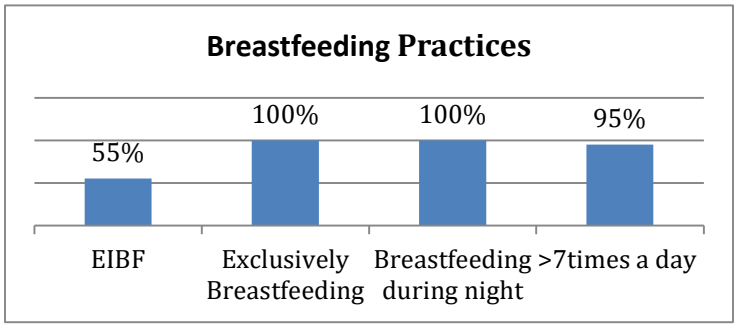


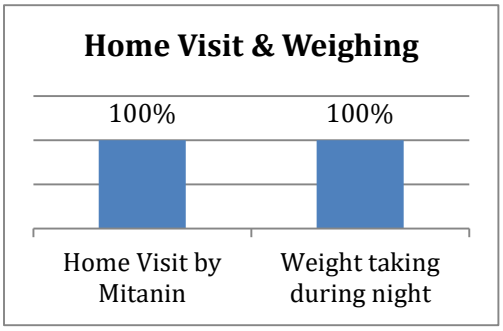
Report on Preventive Actions

Under the preventive strategies, total 20 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	On time delivery	Preterm	LBW
20	20	0	12	8	11	9	4

100% institutional delivery was reported with 60% normal deliveries and remainng through C-section.45% were preterm while 20% of the children had birth weight less than 2.5 kg i.e low birth weight (LBW). During the time of visit 5% children were moderately underweight (Weight for Age). Early Initiation of breastfeeding **(EIBF)** was found to be **55%** while **100%** of the babies were on **exclusive breastfeeding. 95%** mothers reported breastfeeding their children **more than 7 times a day**. 100% mothers informed that Mitanin came for home visits however they all (100%) reported **weighing** the children during these visits.



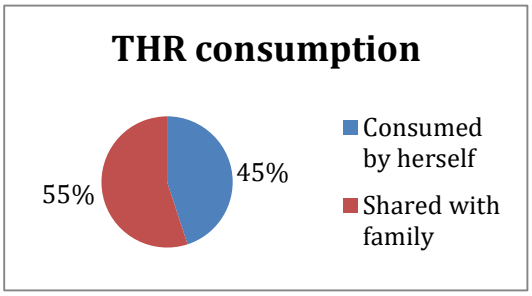


Godbharai (Baby shower):

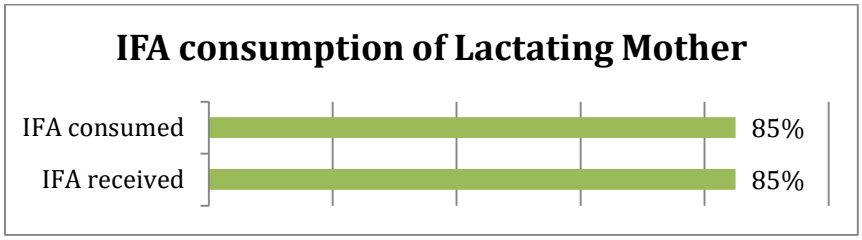
Only 65% Godbharai (Baby shower) were done in presence of Anganwadi Workers.

THR Consumption:

Consumption of THR among lactating mothers was found to be very poor. 100% mothers received THR from Anganwadi however 55% of the mothers reported sharing the THR with other family members and **only 45% consumed it herself.**

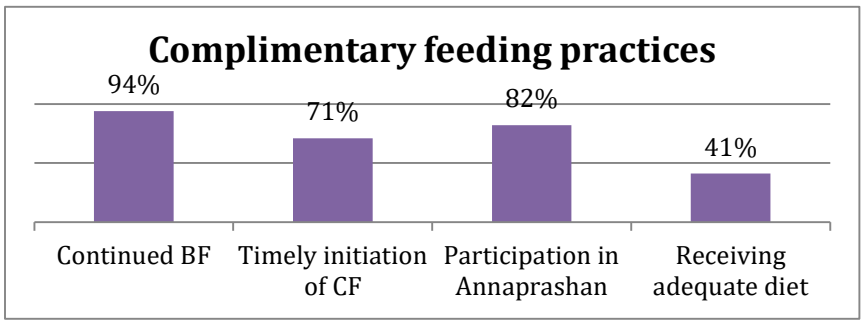


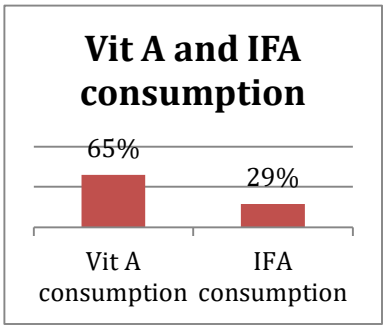
IFA Tablet consumption:

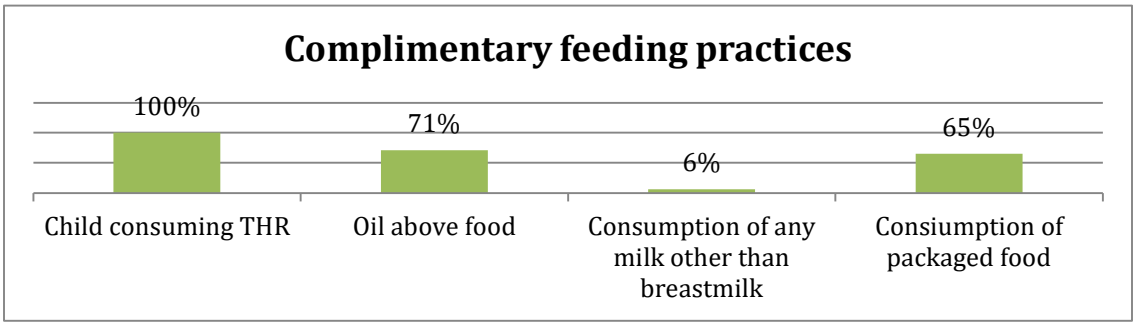


Diet Audit:

17 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. 94% children were receiving breastfeeding. 71%were put on complementary feeding by the end of 6 months of age. However, **only 41% 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
Bagbahara	Mamabhancha	Arand 02 [22411012117]
Bagbahara	Bhimkhoj	Khallari 03 [22411011317]
Bagbahara	Patperpali	patperpali [22411013301]
Bagbahara	Bagbabhara	Ward06 [22411011116]
Bagbahara	Bhimkhoj	Khallari 02 [22411011316]
Bagbahara	Ghunchapali	Jamgaon [22411012203]
Bagbahara	Tendukona	Mongrapali S [22411011514]
Basna	Bhanwarpur	BHAWARPUR 04 [22411030804]
Basna	Singhanpur	MOHAKA 02 [22411030626]
Basna	Garhphuljhar	ANKORI 01 [22411030418]
Basna	Chanat	DALDALI [22411030906]
Basna	Baradoli	DHUMABHATHA 02 [22411030716]
Basna	Baradoli	DHUMABHATHA 02 [22411030716]
Basna	Bhanwarpur	BHAWARPUR 01 [22411030801]
Basna	Baradoli	NAUGADI 01 [22411030703]
Mahasamund Gramin	Barondabazar	Barondabazar03 [22411040203]
Mahasamund Gramin	Birkoni	beltukree-02 [22411040625]
Mahasamund Shahri	Secter 3	Pt. Jawahar Lala Neharu 01 [22411050307]
Pithora	Pithora	Lakhagarh 3 [22411020212]
Saraipali	AMARKOT	darrabhatha 2 [22411060308]
Saraipali	Patsendry	Mohda A [22411060709]
Saraipali	chuipali	Beltikri [22411060811]
Saraipali	Echapur	kenaA [22411060111]
Saraipali	Patsendry	Patsendry [22411060701]
Saraipali	Balouda	TEMERI 1 [22411060411]