



आरोग्यम् सुख सम्पदा



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## Monthly Technical Support Report for February 2025

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

### Supportive Supervision

The SCOE4N executed **29** visits to various AWCs of Mahasamund district in the month of February 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	8
3	Mahasamund Gramin	6
4	Mahasamund Shahri	2
5	Pithora	6
6	Saraipali	6
	<b>Grand Total</b>	<b>29</b>



District ranking based on CMAM Performance					
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Basna	118%	39%	79%
2		Pithora	59%	32%	46%
3		Saraipali	40%	39%	40%
4		Mahasamund	44%	34%	39%
5		Bagbahara	54%	20%	37%

## CMAM Scorecard

The CMAM status of SAM children for the month of February is

[illegible]

## CMAM Follow up status

### हमर स्वस्थ लईका (CMAM) - SAM children Follow up Status - Feb 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
1	Mahasamund	Saraipali	3%	10	176	186	145	149	128	146	130	120	143	124	140	126	133	121	120	126	336
2	Mahasamund	Pithora	4%	6	76	88	74	90	76	76	70	84	85	69	66	68	73	70	57	60	161
3	Mahasamund	Bagbahara	6%	15	110	130	120	125	116	107	117	121	125	117	111	104	107	105	109	91	247
4	Mahasamund	Basna	8%	14	142	143	130	122	117	99	104	103	92	93	95	91	80	79	71	63	184
5	Mahasamund	Mahasamund Gramin	8%	11	72	73	65	62	57	60	59	64	65	58	53	57	53	58	56	50	142
6	Mahasamund	Mahasamund Sehri	9%	2	15	12	14	11	11	11	13	11	13	11	10	8	9	9	10	8	23
	<b>State</b>		<b>5%</b>	<b>58</b>	<b>591</b>	<b>632</b>	<b>548</b>	<b>559</b>	<b>505</b>	<b>499</b>	<b>493</b>	<b>503</b>	<b>523</b>	<b>472</b>	<b>475</b>	<b>454</b>	<b>455</b>	<b>442</b>	<b>423</b>	<b>398</b>	<b>1093</b>

#### Indicator

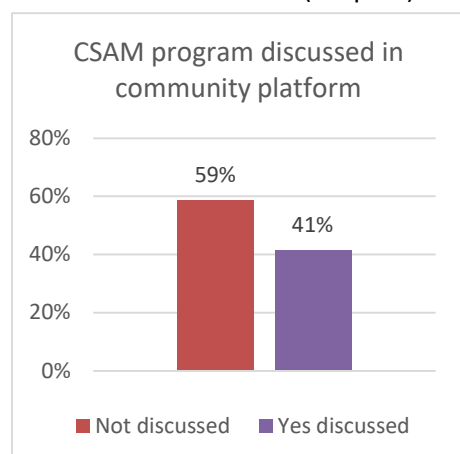
>=8%	>=5% & <8%	<5%

## Findings

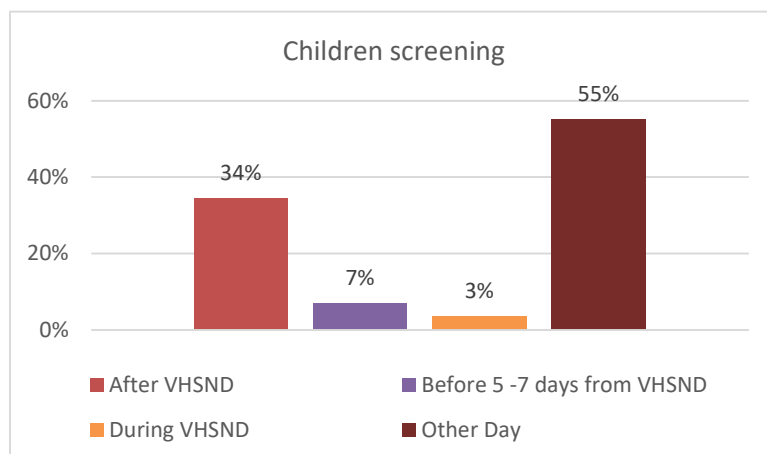
Of the **29** visits made **3** visits were too Hard to reach, **9** at high CMAM enrolment AWC, **1** at non-respondent child AWC, and rest were in other AWCs. (Graph.1)

In 41% 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)

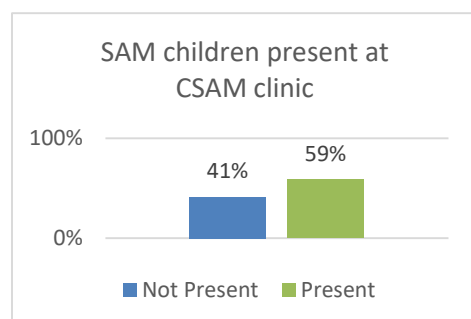


Graph 3 Community discussion on CMAM

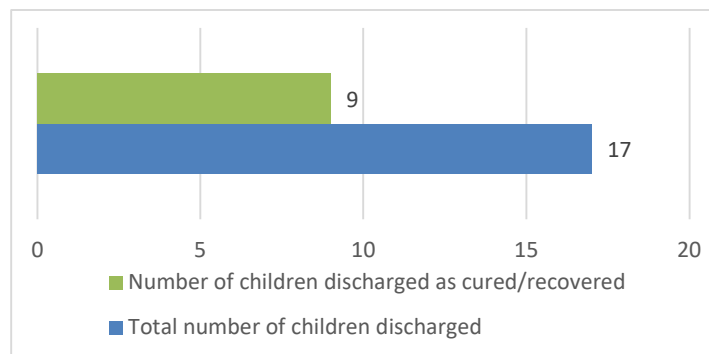


Graph 2 Children screening during VHSNDs

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 **17** children discharged from CMAM in the visited AWCs only **9** have cured to the normal status. (Graph.4)

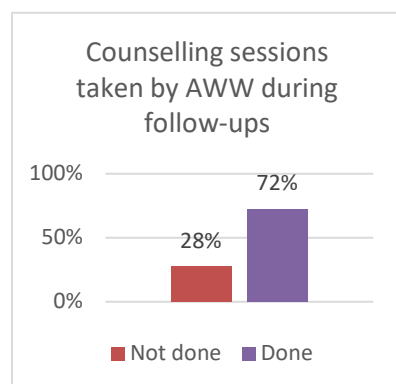


Graph 5 SAM Children in VHSNDs

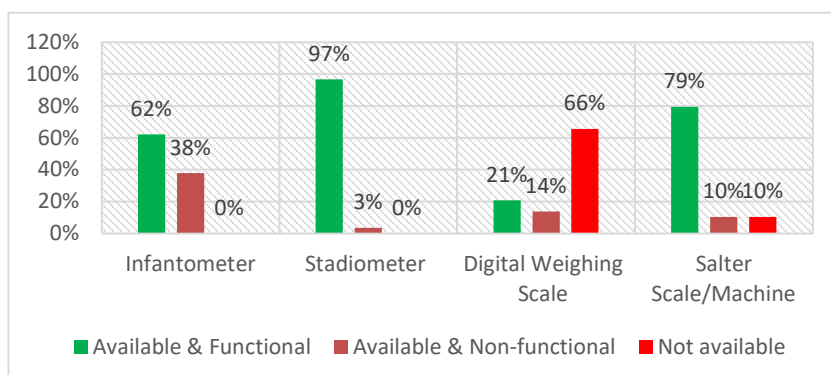


Graph 4 Number of cured children

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 mostly available and functional in AWCS. (Graph.6)



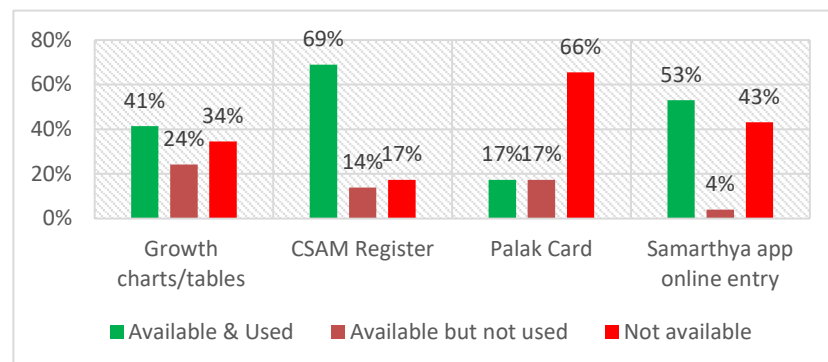
Graph 7 AWW Counselling status



Graph 6 Devices status

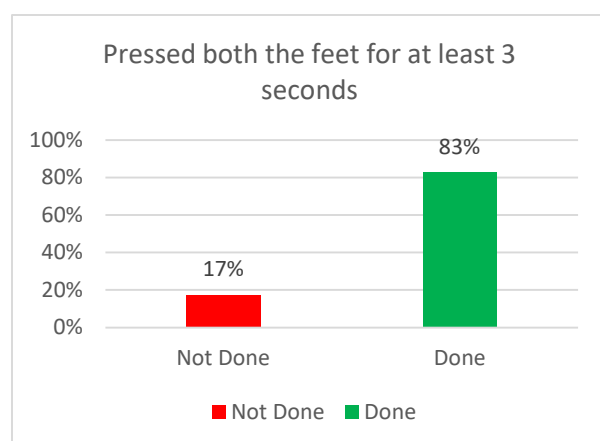
The Growth charts/tables, CSAM Register, Palak Card and Samarthya app online entry are an important part of growth monitoring of children. Except for Palak card and Growth charts rest are mostly available and functional

in AWCS. (Graph. 8)

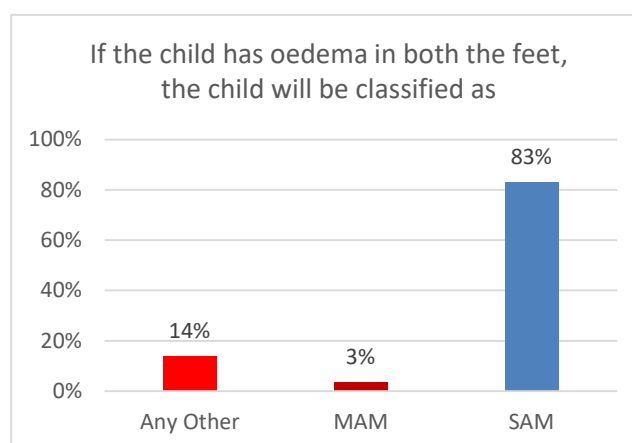


Graph 8 CMAM requirements.

Knowledge on Edema is very important in order to effectively implement CMAM program. **2** AWWs were not aware about the time of checking edema (Graph 10). And **3** were not aware about the classification of edema children malnutrition status (Graph 9).

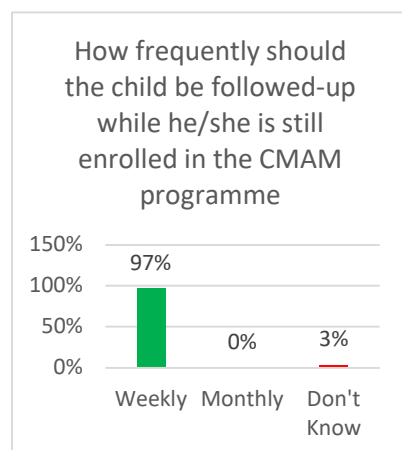


Graph 10 Oedema check

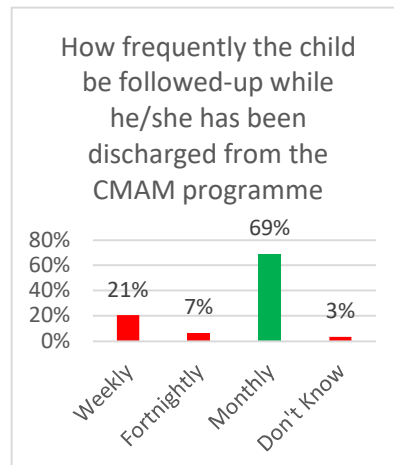


Graph 9 oedema classification

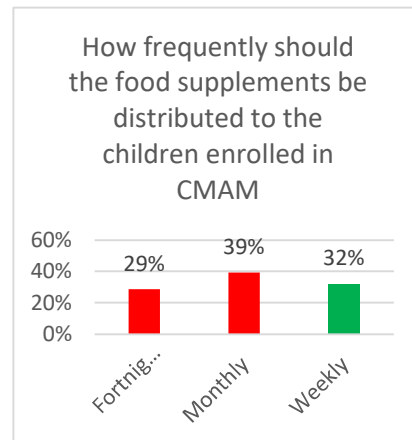
A child in CMAM program must be followed up every week, 2 AWWs were not aware on weekly follow up of the child. (Graph.11). After the CMAM program child is to be followed up monthly. (Graph.12). Food supplements should be provided weekly to the CMAM program children. But surprisingly 20 out of 25 did not provide it weekly. (Graph.13)



Graph 13 Follow up in CMAM



Graph 12 Follow up after discharge from CMAM



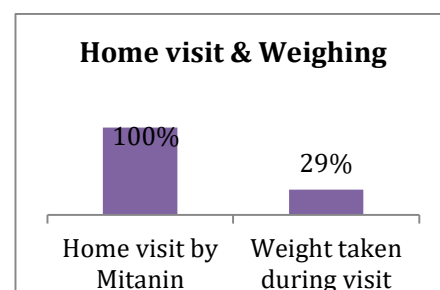
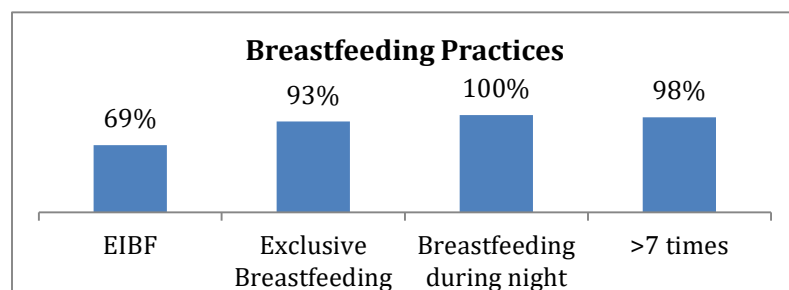
Graph 11 Food supplements for CMAM children

## Report on Preventive Actions

Under the preventive strategies, total 45 households with lactating mothers (having child of age 0 to 6 months) were visited in the month of February 2025. Findings from these visits are as follows:

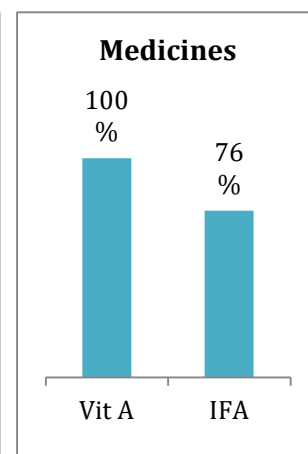
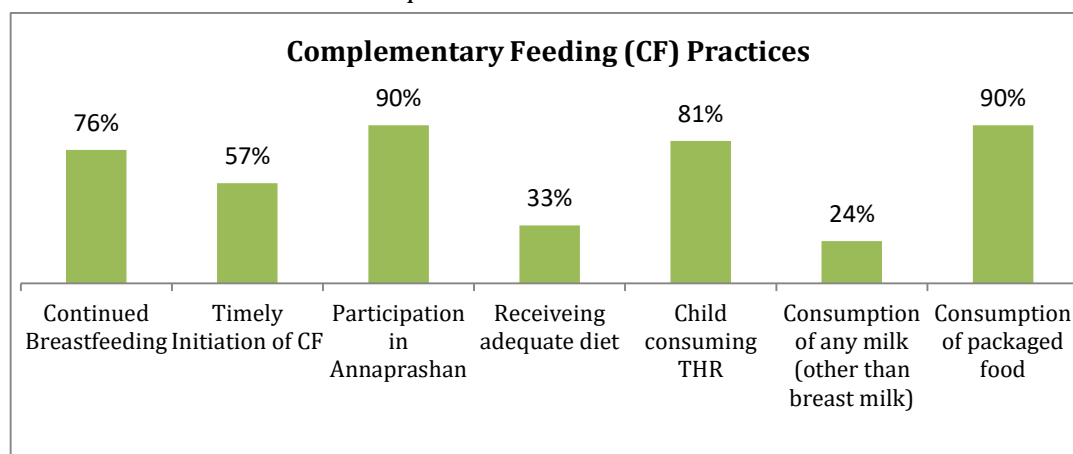
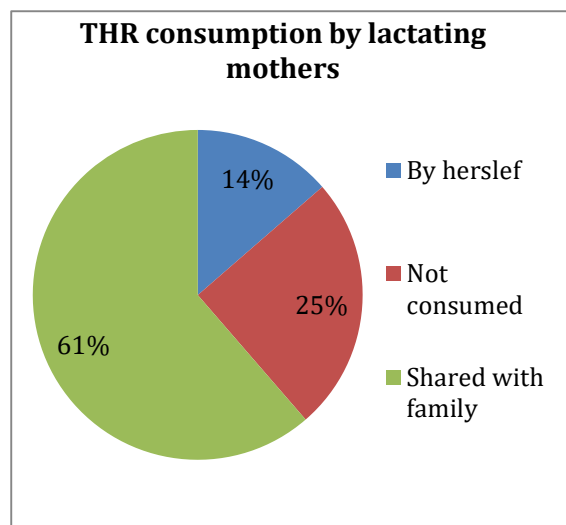
Delivery related details							
Total no. of visits	Institutional Delivery	Home Delivery	Normal Delivery	C-section	On time delivery	Preterm	LBW
45	45	0	33	12	23	22	9

100% institutional delivery was reported with 73% normal deliveries and remaining through C-section. 49% 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 13% children were moderately & another 9% were severely underweight (Weight for Age). One child had not regained birth weight even after 15 days. Early Initiation of breastfeeding (EIBF) was found to be 69% while 93% of the babies were on exclusive breastfeeding. 98% mothers reported breastfeeding their children more than 7 times a day. All mothers informed that Mitadin came for home visits however only 29% reported weighing the children during these visits.



Only 33% Godbharai (Baby shower) were done in presence of Anganwadi Workers. Consumption of THR among lactating mothers was found to be very poor. 99% mothers reported receiving the THR however 60% of the mothers reported sharing the THR with other family members and only 14% consumed it herself.

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. 76% children were receiving breastfeeding. 57% were put on complementary feeding by the end of 6 months of age. However, only 33% children received adequate diet.



## 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. Strengthen breastfeeding counseling by frontline workers (Anganwadi Workers/Mitanins/others) to promote EIBF.
9. Regular weighing of infants during home visits by Mitaniin.
10. Behavior Change Communication (BCC) through Community Based Events (CBEs) to bring in change in the following
  - a. Timely initiation of complementary feeding.
  - 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. 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
Bagbahara	Tendukona	Thakuripali [22411011512]
Basna	BASNA 02	BASNA WARD 10 [22411030110]
	Bhanwarpur	CHIPRIKONA 01 [22411030817]
	Bhukel	SANKARI [22411030516]
	Garhphuljhar	BIRSINGPALI A [22411030415]
	Lambar	LAMBAR [22411031001]
	Paraskol	PARASKOL A 02 [22411030338]
	Singhanpur	GAURTEK 01 [22411030618]
		MOHAKA [22411030607]
	Barondabazar	Belsonda 03 [22411040227]
	Kosarangi	Jhalkhamariya 01 [22411040709]
	Labharakhurd	Labharakhurd 02 [22411040402]
	Sirpur	Borid [22411041211]
		Sirpur 02 [22411041202]
	Sector 3	Pt. Jawahar Lala Neharu 01 [22411050307]
	Sector 2	Subhash nagar 02 [22411050215]
Pithora	Deori	indra colony deori [22411020829]
	Kauhakuda	ARAND 01 [22411020411]
		BAREKEL KHURD 02 [22411020406]
	Pithora	Ward no. 14 [22411020225]
	Sonasilli	parshapali [22411020601]
	Thakurdiyakhurd	MOHDA [22411020315]
	AMARKOT	bonda B [22411060125]
	chuipali	Kalenda B [22411060817]
	Keduwa	Keduwa [22411060501]
	Patsendry	Navagarh B [22411060729]
Saraipali	RUDHA	chhindapali A [22411060221]
		Rudha [22411060201]