Monthly Technical Support Report for June 2025

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

Supportive Supervision

The SCOE4N executed **24** visits to various AWCs of Mahasamund 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	Bagbahara	5
2	Basna	10
3	Mahasamund Gramin	2
4	Mahasamund Shahri	1
5	Pithora	0
6	Saraipali	6
	Grand Total	**24**

District ranking based on CMAM Performance

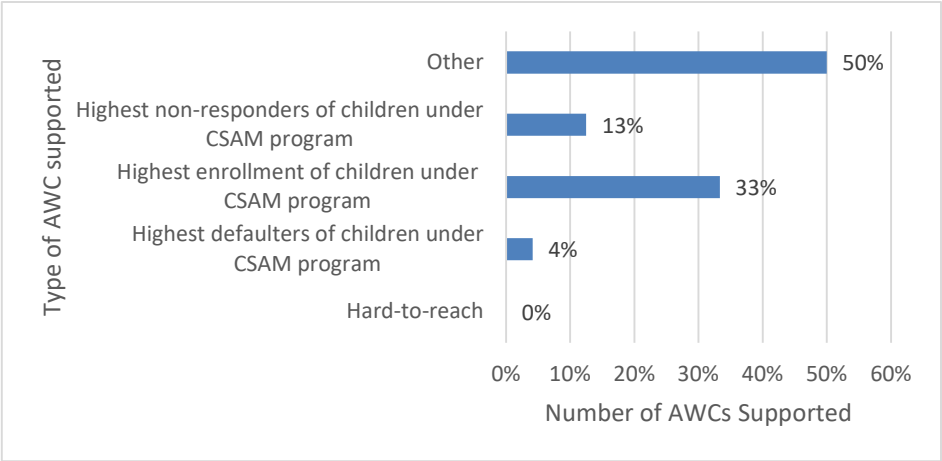
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Basna	2.47%	90.91%	**46.69%**
2		Saraipali	1.97%	90%	**45.99%**
3		Mahasamund	38.89%	44.44%	**41.67%**
4		Bagbahara	10.53	44.58%	**27.55%**
5		Pithora	1.01%	45%	**23.01%**

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
Bagbahara	171	18	28	10.53%	83	37	30	16	44.58%	7	6
Basna	81	2	0	2.47%	11	10	1	0	90.91%	0	0
Pithora	99	1	0	1.01%	20	9	8	3	45.00%	0	2
Mahasamund Gramin	116	38	60	32.76%	33	14	14	5	42.42%	0	4
Mahasamund Shehri	10	11	8	110.00%	12	6	4	2	50.00%	0	2
Saraipali	152	3	0	1.97%	10	9	1	0	90.00%	0	0
Total	**629**	**73**	**96**	**11.61%**	**169**	**85**	**58**	**26**	**50.30%**	**7**	**14**

Visit Report

Of the **24** visits made **0** visits were too Hard to reach, **1** Highest defaulters of children under CSAM program, **3** Highest non-responders of children under CSAM program, **8** at high CMAM enrolment AWC, and rest were in other AWCs.



Updated Equipment Availability & Functionality

Equipment	Functional (%)	Non-Functional (%)	Not Available (%)
Infantometer	71%	29%	0%
Stadiometer	88%	13%	0%
Digital Machine	17%	21%	63%
Saltar Scale	88%	8%	4%
Z-score Chart	25%	4%	71%

Positive Highlights

- **Stadiometer** and **Saltar Scale** show consistently **high functionality (88%)**, confirming reliable availability across centers.
- **Infantometer** functionality has improved to **71%** (from 66% previously), reflecting some progress.

Areas Needing Immediate Attention

1. Digital Machine

- Only **17% functional**.
- **63% not available**, which continues to be a major concern for accurate weight measurement.

2. Z-score Chart

- A worrying **71% are not available** — vital for growth classification, especially in field assessments.

3. Infantometer

- **29% are non-functional**, which can significantly affect infant length/height monitoring.

Recommendations

Short-Term Actions

1. **Redistribute existing functional equipment** to underserved areas (especially digital machines and Z-score charts).
2. **Immediately repair non-functional infantometers and digital machines** where possible.
3. **Provide printed Z-score charts** as a stopgap solution until re-supply.

Medium-Term Actions

1. **Procurement Plan**
   - Prioritize **digital machines** and **Z-score charts** in the next purchase cycle.
   - Use block-level data to map needs.
2. **Inventory Monitoring**
   - Integrate monthly tracking of availability and functionality using digital tools or Google Sheets at sector level.
3. **Accountability & Support**
   - Link supervisory visits with equipment use audits.
   - Encourage AWWs to report malfunctioning tools early.

AWW Skill Performance Summary

Skill	Performed Correctly (%)	Needs Improvement (%)
Digital W. Machine	100%	0%
Saltar Scale Skill	89%	11%
Infantometer Skill	100%	0%
Stadiometer Skill	88%	12%
WFH Classification	83%	17%
Oedema Classification	100%	0%

Positive Highlights

- **100% accuracy** achieved in **Digital W. machine**, **Infantometer**, and **Oedema classification** — a strong sign of robust training and retention.
- **Saltar Scale** and **Stadiometer** skills also show **excellent performance** (close to 90%).

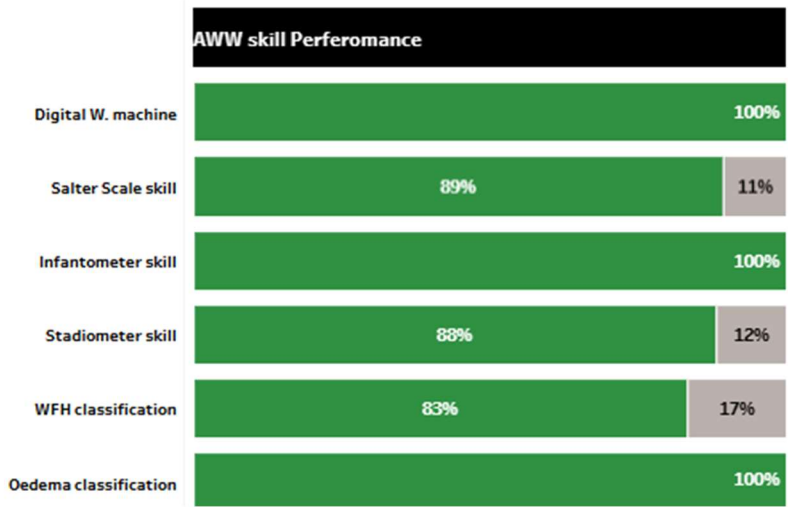
Areas Needing Further Strengthening

- **WFH (Weight-for-Height) Classification**:
  - While performance is decent (83%), **17% require refresher training**.
  - Misclassification can impact decision-making for referral and intervention.
- **Saltar Scale and Stadiometer Skills**:
  - 11%–12% need skill improvement through practice or correctional guidance.

Recommendations

1. Targeted Skill Refreshers

- Conduct **brief refresher modules** focusing on WFH calculation, Saltar scale positioning, and height reading on stadiometers.



2. Peer Demonstrations

- Use **high-performing AWWs** to conduct demo sessions during monthly sector meetings.

3. Supportive Supervision

- Plan **follow-up observation visits** to centers where skills are below 90%.
- Supervisors to give **on-the-spot coaching** using checklists.

Medicine Availability Status

Medicine	Availability (%)
IFA Syrup	79.2%
Vitamin A	75.0%
Albendazole	75.0%
ORS	75.0%

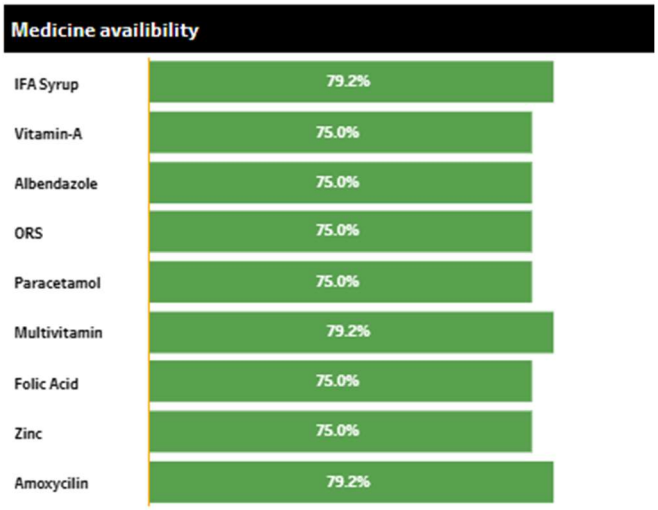
Paracetamol	75.0%
Multivitamin	79.2%
Folic Acid	75.0%
Zinc	75.0%
Amoxycillin	79.2%

Positive Points

- **Most essential medicines are available in over 75% of facilities.**
- **IFA Syrup, Multivitamins, and Amoxycillin** have relatively higher availability (nearing 80%).

Areas Needing Improvement

- **Uniform availability gap (25%)** across 6 essential medicines, including:
  - **ORS, Vitamin A, Paracetamol, Zinc, Albendazole, and Folic Acid**.
- This may affect effective management of common illnesses and SAM recovery.



Recommendations

1. Root Cause Analysis

- Assess if the **stock-out is due to supply chain delays**, **indent issues**, or **distribution lags** at block/PHC level.

2. Inventory Synchronization

- Align medicine supply cycles with **seasonal illness patterns** (e.g., more ORS during summer, deworming meds during campaign months).

3. Buffer Stock Norms

- Ensure every center maintains **minimum stock levels (e.g., for 1 month)** to handle fluctuations in usage or resupply delays.

4. Regular Reporting

- Use tools or simple Excel trackers for weekly/monthly reporting by ANMs and AWWs.

CSAM Implementation Status

Component	Availability & Usage (%)	Gap (%)
CSAM Register	92% used	8% missing
Palak Card	50% used	50% not used
Samarthya App Data Entry	100% complete	0% gap

Positive Highlights

- **100% Samarthya app data entry** — reflects excellent digital reporting and adherence to tech-based monitoring.
- **High availability (92%) of CSAM Registers**, indicating widespread field-level documentation compliance.

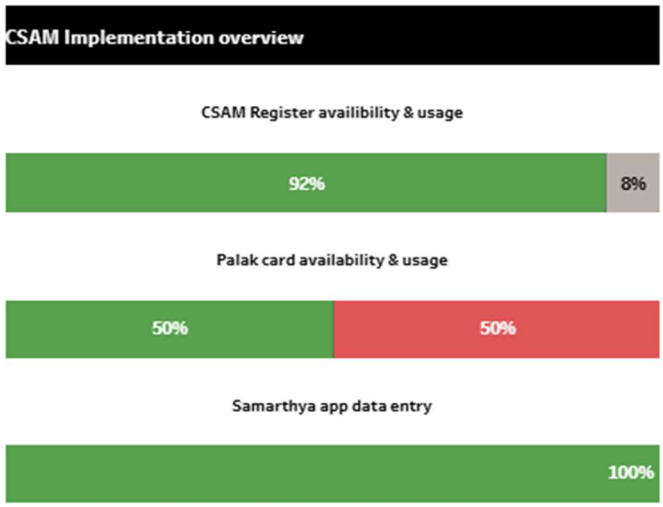
Key Concern Area

- **Palak Card Availability & Usage**:
  - Only **50% are using Palak cards**.
  - **50% not using them** is a major gap in growth monitoring and parent-level communication.

Recommendations

1. Immediate Stock & Supply Check

- Verify if Palak cards are physically unavailable or just not being used.



2. Reinforce Importance of Palak Card

- Conduct refresher orientation for AWWs/ANMs on **why Palak card usage is vital for tracking and counseling**.

3. Monitoring via Supervisors

- Add Palak card usage to supportive supervision checklists.
- Use sector-level reviews to track compliance monthly.

4. IEC/Behavioral Nudges

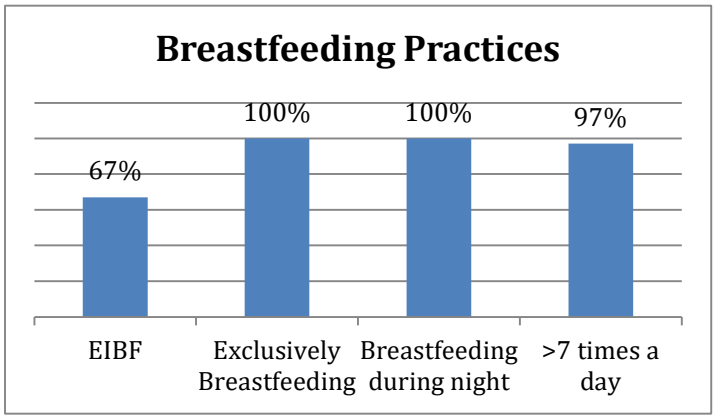
- Display **Palak card posters** at AWCs to remind caregivers and workers.
- Recognize AWWs with 100% Palak card utilization publicly during meetings.

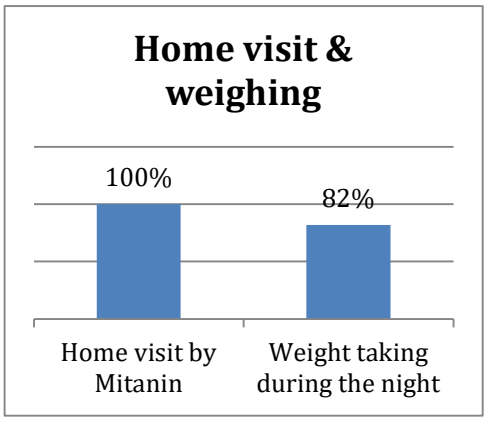
Report on Preventive Actions

Under the preventive strategies, total 33 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	On time delivery	Preterm	LBW
33	32	1	23	10	21	12	5

97% institutional delivery was reported with 70% normal deliveries and remainng through C-section.36% were preterm while 15% of the children had birth weight less than 2.5 kg i.e low birth weight (LBW). During the time of visit 3% children were moderately & another 3% were severely underweight (Weight for Age). Early Initiation of breastfeeding **(EIBF)** was found to be **67%** while **100%** of the babies were on **exclusive breastfeeding. 97%** mothers reported breastfeeding their children **more than 7 times a day**. 100% mothers informed that Mitanin came for home visits however only **82%** reported **weighing** the children during these visits.



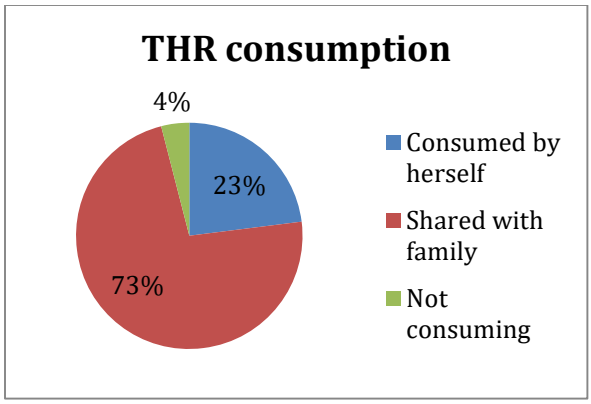


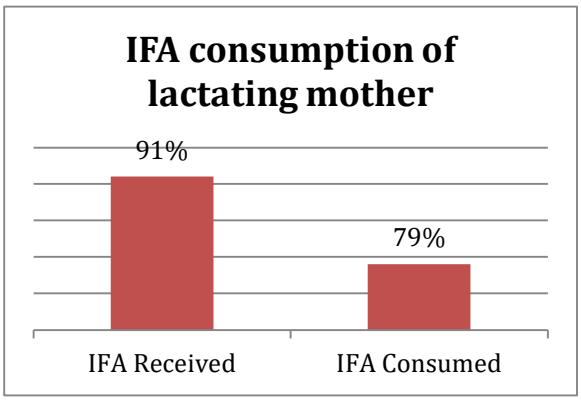
Godbharai (Baby shower):

Only 58% Godbharai (Baby shower) were done in presence of Anganwadi Workers.

THR Consumption:

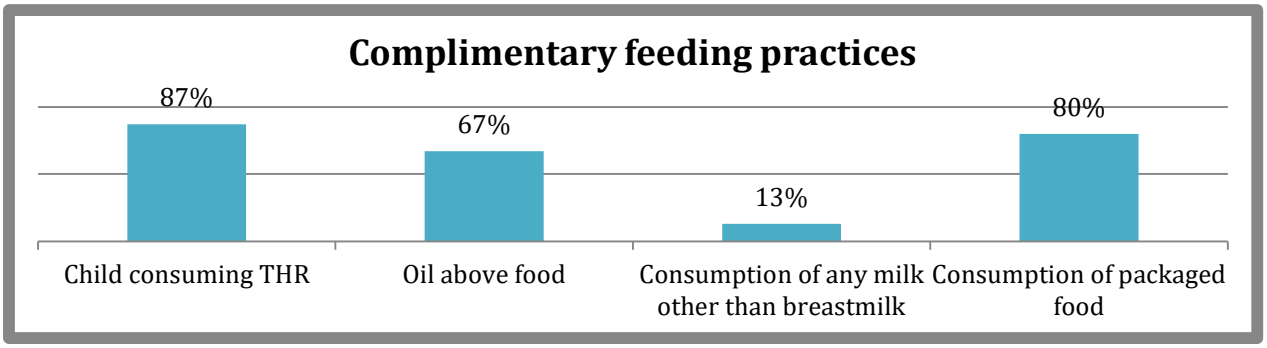
Consumption of THR among lactating mothers was found to be very poor. 97% mothers received THR from Anganwadi however 73% of the mothers reported sharing the THR with other family members and **only 21% consumed it herself.**

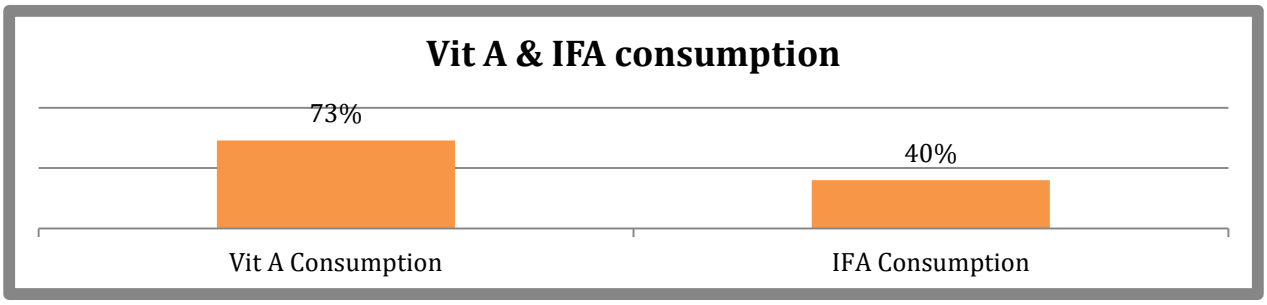


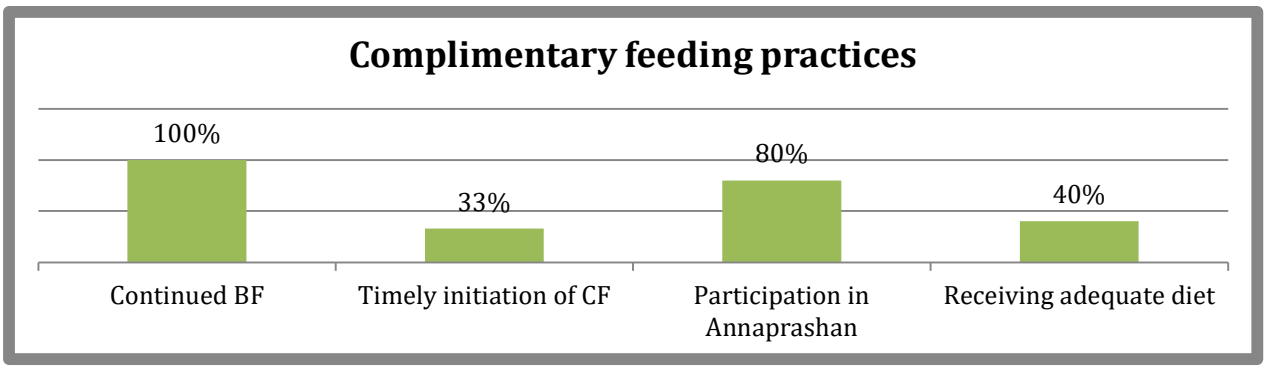


Diet Audit:

15 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. 33%were put on complementary feeding by the end of 6 months of age. However, **only 40% 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	Sirri	Paterapali 01 [22411011618]
Bagbahara	Mamabhancha	Hadabandh - 01 [22411012112]
Bagbahara	Mamabhancha	Jamli [22411012111]
Bagbahara	Bhimkhoj	Khallari 01 [22411011315]
Bagbahara	Bagbabhara	Ward07 [22411011117]
Basna	Sagarpali	KHEKHALIYADIPA [22411031034]
Basna	Lambar	KHOGSA [22411031003]
Basna	Bhukel	JAGAT [22411030515]
Basna	Singhanpur	SEMALIYA [22411030604]
Basna	Singhanpur	KARRABHAUNA [22411030616]
Basna	Chanat	RAMBHANTHA [22411030902]
Basna	Garhphuljhar	PARGALA [22411030424]
Basna	Baradoli	BIJARABHATHA 02 [22411030728]
Basna	Bhanwarpur	RUPAPALI [22411030825]
Basna	Lambar	DONGARIPALI [22411031008]
Mahasamund Gramin	Barondabazar	Bamhni02 [22411040210]
Mahasamund Gramin	Labharakhurd	Kanekera 02 [22411040404]
Mahasamund Shahri	Sector 2	Shankar nagar 01 [22411050201]
Saraipali	RUDHA	kokadi [22411060209]
Saraipali	AMARKOT	Amarkot [22411060705]
Saraipali	Patsendry	Dumarpali [22411060720]
Saraipali	baitari	baitari 1 [22411060301]
Saraipali	Patsendry	mohda B [22411060710]
Saraipali	Saraipali	ward no. 2 A [22411061002]