



Monthly Technical Support Report for March 2025

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

Supportive Supervision

The SCOEN executed **34** visits to various AWCs of Mahasamund 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	Bagbahara	1
2	Basna	10
3	Mahasamund Gramin	6
4	Mahasamund Shahri	0
5	Pithora	12
6	Saraipali	5
	Grand Total	34



District ranking based on CMAM Performance

Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1	Green	Basna	78%	50%	64%
2	Light Green	Mahasamund	47%	30%	39%
3	Yellow	Saraipali	21%	41%	31%
4	Orange	Pithora	15%	31%	23%
5	Red	Bagbahara	11%	23%	17%

CMAM Scorecard

हमर स्वस्थ लईका CMAM Scorecard - March 2025 - SAM Children

हमर स्वस्थ लईका CMAM Scorecard - March 2025 - SAM Children																	
Rank as per enrolment	District	Project	Identification			Enrollement				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	Mahasamund	Basna	54	42	78%	46	99	42	187	184	98%	123	62	39	22	50%	1
1	Mahasamund	Mahasamund Shahri	9	25	278%	2	21	25	48	24	50%	19	8	4	7	42%	2
3	Mahasamund	Saraipali	95	20	21%	120	218	20	358	349	97%	278	115	82	81	41%	3
5	Mahasamund	Pithora	52	8	15%	60	107	8	175	165	94%	140	43	53	44	31%	4
4	Mahasamund	Mahasamund Gramin	69	12	17%	16	122	12	150	137	91%	101	28	41	32	28%	5
6	Mahasamund	Bagbahara	113	12	11%	56	227	12	295	279	95%	207	48	61	98	23%	6
			392	119	30%	300	794	119	1213	1138	94%	868	304	280	284	35%	

CMAM Follow up status

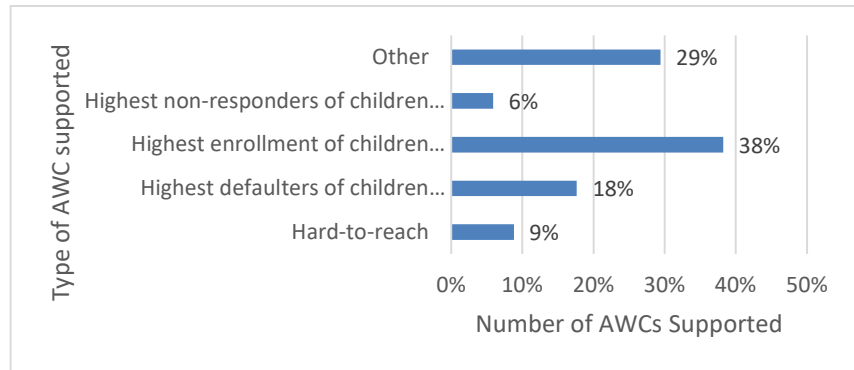
हमर स्वस्थ लईका (CMAM) - SAM children Follow up Status - Mar 2025

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	Mahasamund	Saraipali	3%	10	176	186	145	149	129	147	131	120	143	124	140	126	133	121	120	126	336	38%
2	Mahasamund	Pithora	4%	6	80	88	78	92	79	78	72	86	86	71	70	70	75	68	58	61	161	38%
3	Mahasamund	Mahasamund Gramin	6%	9	72	75	64	62	57	61	60	65	65	58	52	57	54	59	59	52	142	37%
4	Mahasamund	Bagbahara	6%	16	111	131	120	127	116	107	117	121	125	119	112	106	107	105	109	91	250	36%
5	Mahasamund	Basna	7%	13	143	145	134	130	128	113	119	109	96	94	94	90	85	82	74	65	184	35%
6	Mahasamund	Mahasamund Sehri	8%	2	16	13	15	12	12	12	14	12	14	12	11	8	9	9	10	8	24	33%
State			5%	56	598	638	556	572	521	518	513	513	529	478	479	457	463	444	430	403	1097	37%

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

Findings

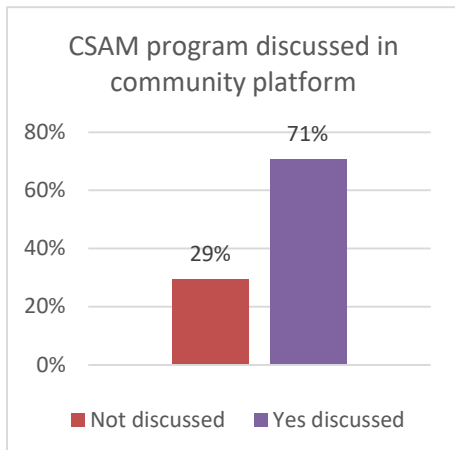
Of the **34** visits made **3** visits were too Hard to reach, **6** Highest defaulters of children under CSAM program, **13** at high CMAM enrolment AWC, **2** at non-respondent child AWC, and rest were in other AWCs. (Graph.1)



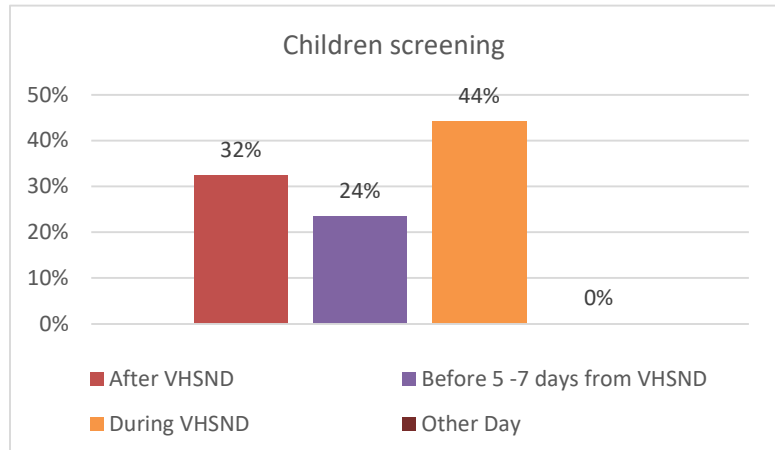
In 71% of the AWCS the CMAM program was discussed in community level programs. For increased awareness in malnutrition and community awareness it is recommended to have CMAM/ nutrition sessions during community events. (Graph.2)

Graph 1 Type of AWC supported

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

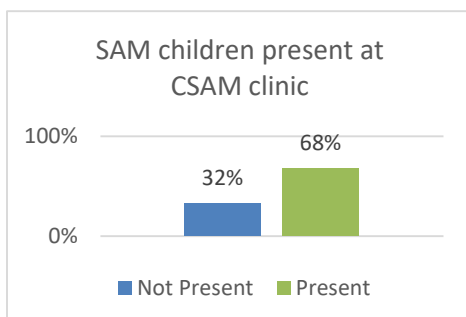


Graph 3 Community discussion on CMAM

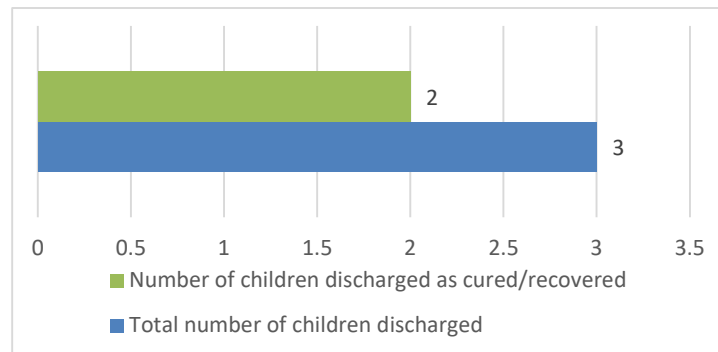


Graph 2 Children screening during VHSNDs

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)

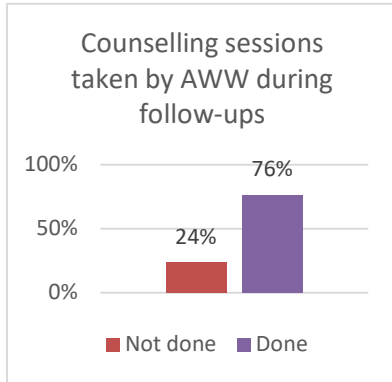


Graph 5 SAM Children in VHSNDs

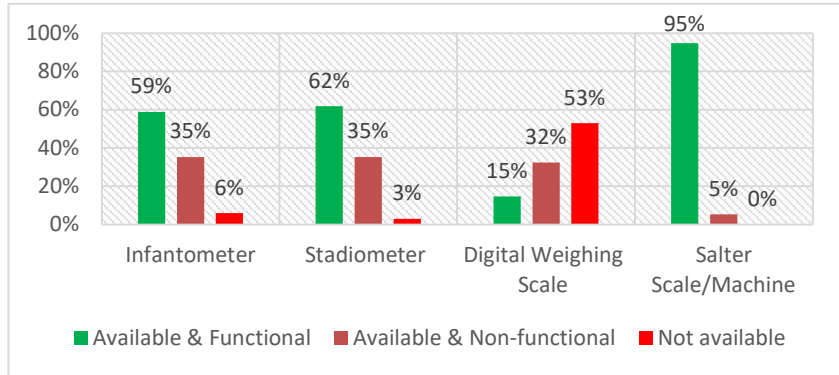


Graph 4 Number of cured children

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



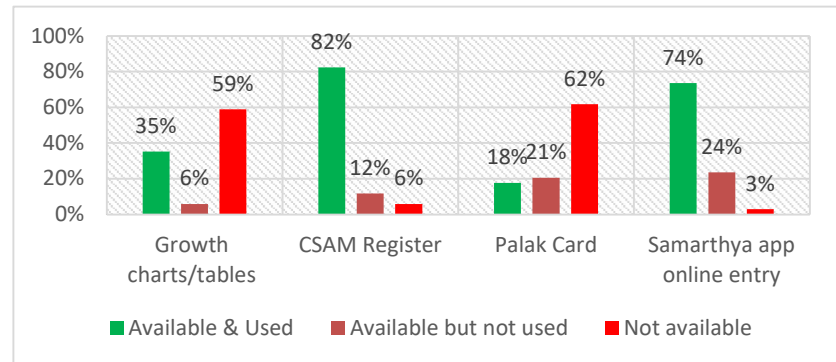
Graph 7 AWW Counselling status



Graph 6 Devices status

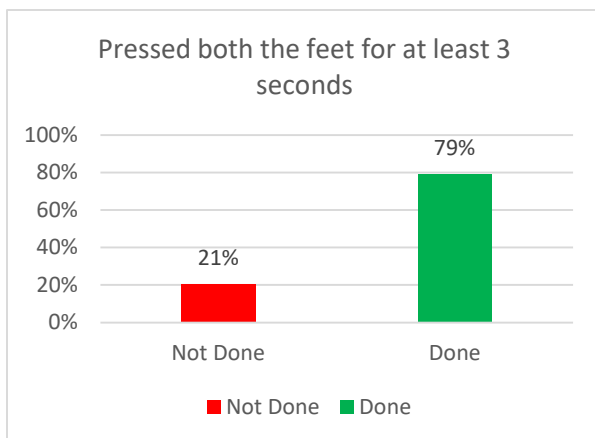
The Growth charts/tables, CSAM Register, Palak Card and Samarthya app online entry are an important part of growth monitoring of children. Except for Palak card and Growth charts rest are mostly available and functional

in AWCS. (Graph. 8)

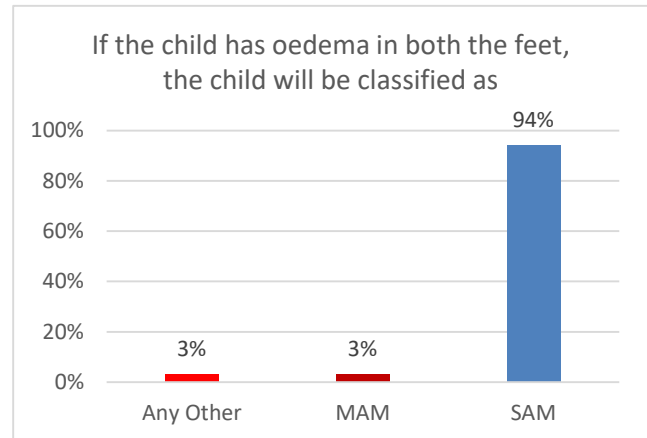


Graph 8 CMAM requirements.

Knowledge on Edema is very important in order to effectively implement CMAM program. 7 AWWs were not aware about the time of checking edema (Graph 10). And 2 were not aware about the classification of edema children malnutrition status (Graph 9).

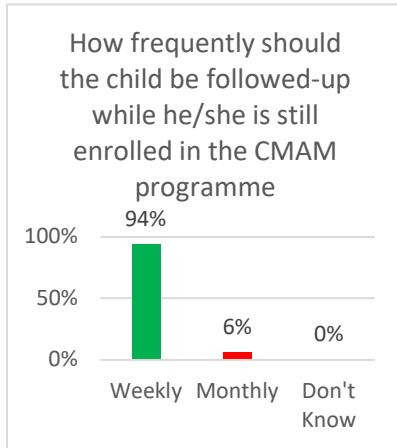


Graph 10 Oedema check

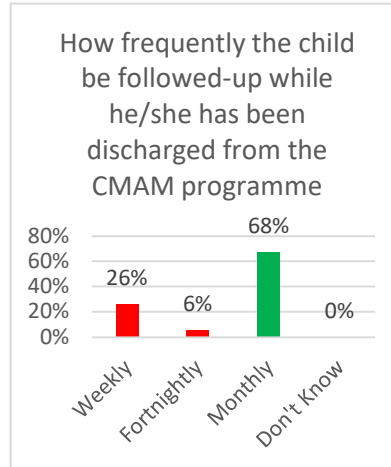


Graph 9 oedema classification

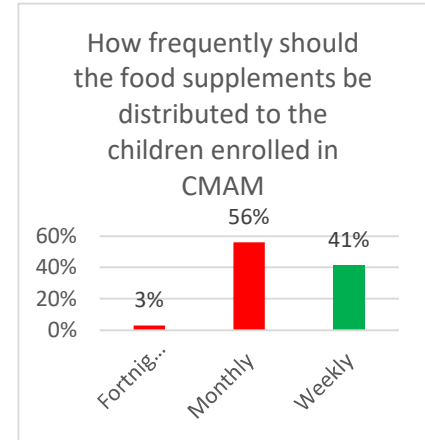
A child in CMAM program must be followed up every week, 2 AWWs were not aware on weekly follow up of the child. (Graph.11). After the CMAM program child is to be followed up monthly. (Graph.12). Food supplements should be provided weekly to the CMAM program children. But surprisingly **20** out of 34 did not provide it weekly. (Graph.13)



Graph 13 Follow up in CMAM



Graph 12 Follow up after discharge from CMAM



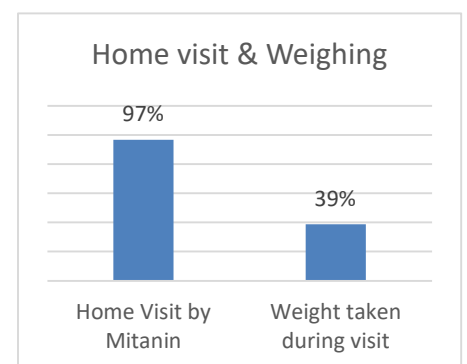
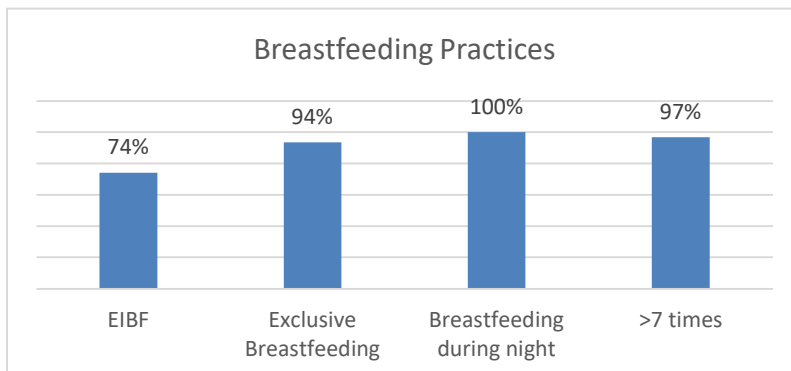
Graph 11 Food supplements for CMAM children

Report on Preventive Actions

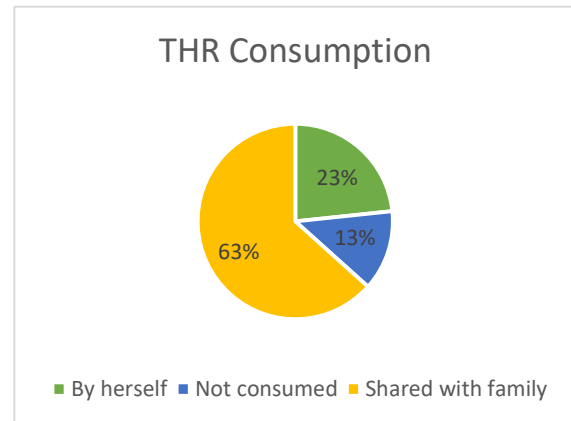
Under the preventive strategies, total **31** lactating mothers (having child of age 0 to 6 months) were visited in the month of March 2025. Findings from these visits are as follows:

Delivery related details							
Total no. of visits	Institutional Delivery	Home Delivery	Normal Delivery	C-section	On time delivery	Preterm	LBW
31	31	0	22	9	18	13	5

100% institutional delivery was reported with 71% normal deliveries and remaining through C-section. 42% were preterm while 16% 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 74% while 94% of the babies were on exclusive breastfeeding. 97% mothers reported breastfeeding their children more than 7 times a day. 97% mothers informed that Mitanin came for home visits however only 39% reported weighing the children during these visits.



Consumption of THR among lactating mothers was found to be very poor. 99% mothers reported receiving the THR however 63% of the mothers reported sharing the THR with other family members and only 23% consumed 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. Strengthen breastfeeding counseling by frontline workers (Anganwadi Workers/Mitanins/others) to promote EIBF.
9. Regular weighing of infants during home visits by Mitanin.
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	Bagbahara	Shankar para [22411011128]
Basna	Badesajapali	BADESAJAPALI 01 [22411031101]
	Baradoli	BHAISAKHURI 01 [22411030720]
		BHAISAKHURI 02 [22411030721]
	BASNA 02	BASNA WARD 02 [22411030102]
	Bhanwarpur	UDELA [22411030820]
	Bhukel	BARPELADIH 02 [22411030511]
		BHULKA [22411030504]
	Garhphuljhar	KAYATPALI [22411030410]
		KAYATPALI 02 [22411030428]
Mahasamund Gramin	Bhoring	Kukradih 1 [22411041111]
	Birkoni	mureina-01 [22411040627]
		mureina-02 [22411040628]
	Labharakhurd	Labharakhurd 02 [22411040402]
	Tumgoan	Kaundkera [22411040916]
		Tendwahi 02 [22411040926]
Pithora	Deori	jamjuda [22411020809]
		RB.chipmen [22411020805]
	Kauhakuda	BADHAIPALI [22411020421]
		KUMHARIMUDA [22411020419]
		THAKURDIYAKALA [22411020403]
	Patharla	Bhatkunda [22411021206]
	Pithora	Ward no. 8 [22411020220]
	Sonasilli	Chandapara [22411020614]
		Gadbeda 1 [22411020612]
		Gadbeda 2 [22411020613]
		potapara [22411020602]
	Thakurdiyakhurd	PILWAPALI [22411020304]
Saraipali	baitari	balsi 2 [22411060318]
	Echapur	madhopali [22411060102]
	Saraipali	ward no. 1 A [22411061001]
		ward no. 6 B [22411061019]
	toresinha	Toshgaw 1 [22411061114]