Monthly Technical Support Report for May 2025

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

Supportive Supervision

The SCOE4N executed **18** visits to various AWCs of Mahasamund district in the month of May 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	4
2	Basna	7
3	Mahasamund Gramin	1
4	Mahasamund Shahri	0
5	Pithora	3
6	Saraipali	3
	Grand Total	**18**

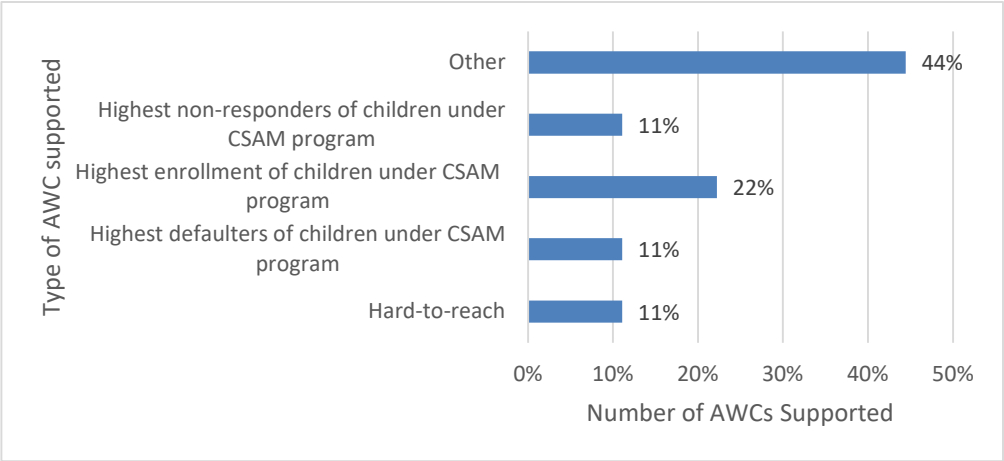
District ranking based on CMAM Performance					
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Basna	2.86%	84.62%	**43.74%**
2		Saraipali	3.31%	66.67%	**34.99%**
3		Mahasamund	28.32%	33.33%	**33.90%**
4		Bagbahara	16.76%	49.43%	**33.09%**
5		Pithora	2.53%	24.44%	**13.49%**

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	Defaultered SAM children	SAM children referred to NRC
Bagbahara	173	29	76	16.76%	97	43	22	22	49.43%	15	2
Basna	70	2	0	2.86%	13	11	2	0	84.62%	0	1
Pithora	79	2	1	2.53%	36	11	10	24	24.44%	2	0
Mahasamund Gramin	96	24	79	25.00%	71	25	48	13	40.98%	0	0
Mahasamund Shehri	17	8	17	47.06%	15	5	6	4	33.33%	0	3
Saraipali	151	5	0	3.31%	9	6	2	1	66.67%	1	3
Total	**586**	**70**	**173**	**11.95%**	**241**	**101**	**90**	**64**	**43.91%**	**18**	**9**

Visit Report

Of the **18** visits made **2** visits were too Hard to reach, **2** Highest defaulters of children under CSAM program, **2** Highest non-responders of children under CSAM program, **4** at high CMAM enrolment AWC, and rest were in other AWCs.



Equipment Availability & Functionality – Summary Report

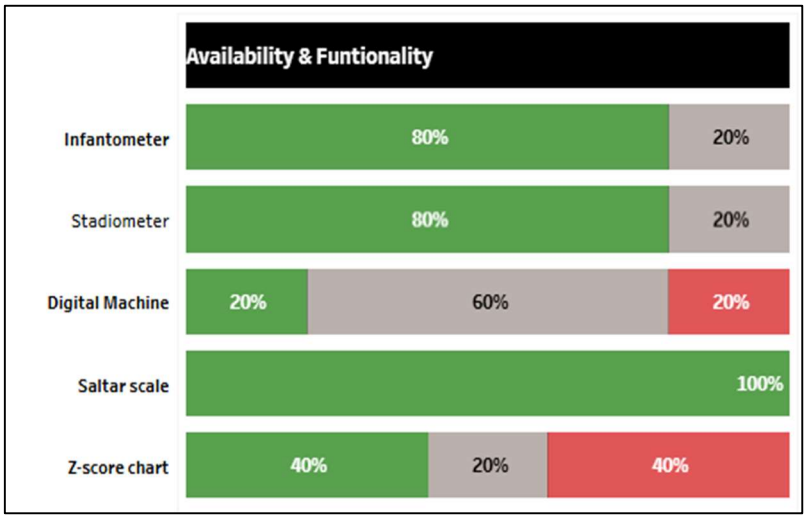
This report outlines the current status of key anthropometric tools used at field level for child growth monitoring and nutrition tracking.

Tool-wise Availability Status

Equipment	Fully Functional	Available but not functional/used	Non-Functional/ Available	Remarks
Infantometer	80%	20%	0%	Good overall availability, minor repairs needed.
Stadiometer	80%	20%	0%	Well maintained, but some units need servicing.
Digital Machine	20%	60%	20%	Most units not in proper working condition; urgent need for functional replacements.
Saltar Scale	100%	-	0%	Fully functional across all centers.
Z-score Chart	40%	20%	40%	Major concerns; nearly half of centers lack or do not use it properly.

Key Observations

1. **Strong Availability:**
    - **Saltar Scale** is available and fully functional in all centers — indicates excellent supply and usage.
    - **Infantometer and Stadiometer** show **80% full functionality**, but 20% require minor repairs or follow-up.



2. **Critical Issues:**
    - **Digital Weighing Machines** are in poor condition — only 20% are fully functional, with **60% partially functional** and **20% completely non-functional**. This poses a significant challenge for accurate weight monitoring.
    - **Z-Score Chart availability and usage is poor** — with only 40% in proper use and 40% unavailable. Since it is key to assessing malnutrition, this should be prioritized.
3. **Maintenance Needs:**
    - Tools with partial functionality should be checked for minor technical faults or wear and tear. Field repair support or local procurement may resolve many issues without full replacement.

Recommendations

- **Immediate Procurement or Repair:**
    - Replace or repair **Digital Machines** urgently to ensure accurate weight measurement.
    - Provide new **Z-Score charts** or refresh training on their usage where needed.
- **Field Supervision and Monitoring:**
    - Monthly or quarterly supervision should include functionality checks for all anthropometric tools.
- **Training and Support:**
    - Refresher training for FLWs on using all tools correctly, especially Z-score interpretation.

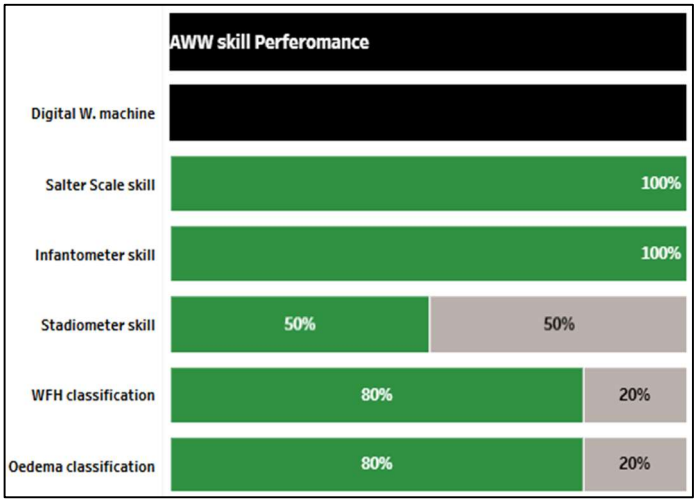
Anganwadi Worker (AWW) Skill Performance – Assessment Report

This report highlights the proficiency levels of Anganwadi Workers (AWWs) in operating key anthropometric tools and performing nutritional classifications, which are crucial for effective growth monitoring and early detection of malnutrition.

Skill-wise Performance

Skill Area	Proficient (%)	Not Proficient (%)	Remarks
Saltar Scale Skill	100%	0%	All AWWs demonstrated full proficiency.
Infantometer Skill	100%	0%	Excellent skill level across all centers.
Stadiometer Skill	50%	50%	Significant gap; half of the AWWs require retraining.
WFH (Weight-for-Height) Classification	80%	20%	Strong performance overall, but a few AWWs need clarification on correct classification.
Oedema Classification	80%	20%	Good understanding, though 1 in 5 workers need further training.

Key Observations



1. **High Proficiency Areas:**
   - **Saltar Scale and Infantometer usage** show 100% skill proficiency, indicating strong training outcomes and regular use.
   - **WFH and Oedema classification** skills are above 80%, which is satisfactory but leaves room for further improvement.
2. **Critical Gap – Stadiometer Usage:**
   - Only **50%** of AWWs are skilled in using the stadiometer, which is essential for accurate height measurement. This indicates a need for immediate refresher sessions and hands-on practice.

Recommendations

- **Prioritize Stadiometer Training:**
  - Organize practical skill-building sessions focusing on height measurement techniques.
- **Reinforce WFH & Oedema Classification:**
  - Use real-life case examples during training to help AWWs better understand and apply classification criteria.
- **Address Missing Data:**
  - Ensure that all skill areas, including **Digital Weighing Machine**, are assessed and reported in future evaluations.
- **Routine Supervision:**
  - Field supervisors should conduct periodic spot checks and provide on-the-job support to maintain and improve skill standards.

Medicine Availability Report

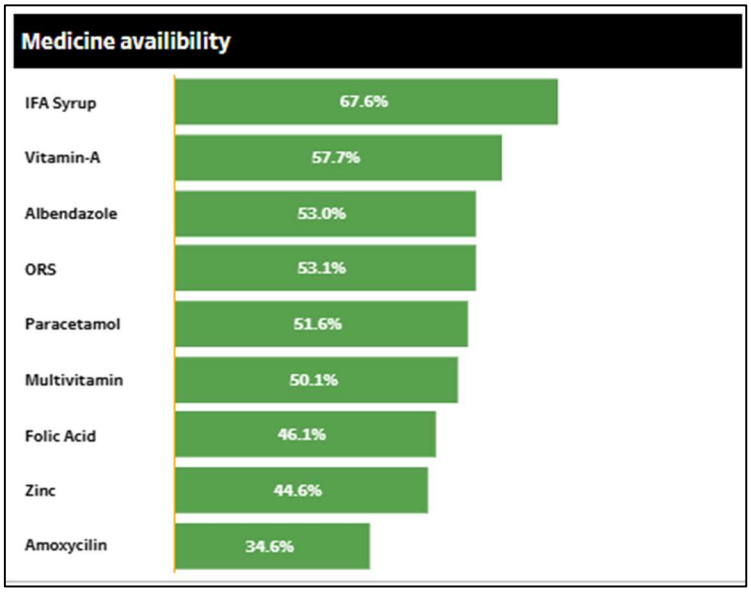
This report presents the availability status of essential medicines used in community-based child health and nutrition programs.

Medicine-wise Availability

Medicine	Availability (%)	Observation
Vitamin-A	100%	Excellent – fully available in all centers.
IFA Syrup	80%	Good – widely available, but a few centers need replenishment.
Multivitamin	80%	Good – similarly well-stocked as IFA syrup.
Albendazole	60%	Moderate – about one-third of centers are facing shortages.
ORS	60%	Moderate – needs improvement considering its critical role.
Folic Acid	60%	Moderate – periodic stock-outs may be affecting continuity.
Amoxycillin	60%	Moderate – ensure consistent availability for treatment of infections.
Paracetamol	40%	Low – significant gap; urgent replenishment needed.
Zinc	40%	Low – particularly concerning due to its importance in treating diarrhea.

Key Observations

1. **Excellent Availability:**
   - **Vitamin-A** is available at 100% of centers – a strong indicator of program strength and supply consistency.
2. **Good but Not Universal Availability:**
   - **IFA Syrup** and **Multivitamin** are available in 80% of centers. While coverage is decent, full saturation is achievable with better logistics.



3. **Moderate Gaps Identified:**
   - **Albendazole, ORS, Folic Acid, and Amoxycillin** each have **60% availability**, indicating room for improvement in supply chain and stock tracking.
4. **Critical Shortages:**
   - **Paracetamol and Zinc** are available in only **40% of centers**, which is concerning given their routine use. This may impact timely treatment of fever and diarrhea among children.

Recommendations

- **Strengthen Inventory Monitoring:**
  - Use regular stock audits to track medicine movement and flag early warning signs for shortages.
- **Address Critical Shortages:**
  - Prioritize procurement and distribution of **Paracetamol** and **Zinc** to restore minimum coverage levels.
- **Ensure Replenishment of Moderately Available Items:**
  - For **ORS, Albendazole, and Amoxycillin**, improve distribution cycles and buffer stock planning.
- **Sustain Strength in High-performing Areas:**
  - Maintain supply consistency of **Vitamin-A, IFA Syrup, and Multivitamins** through timely indenting and restocking.

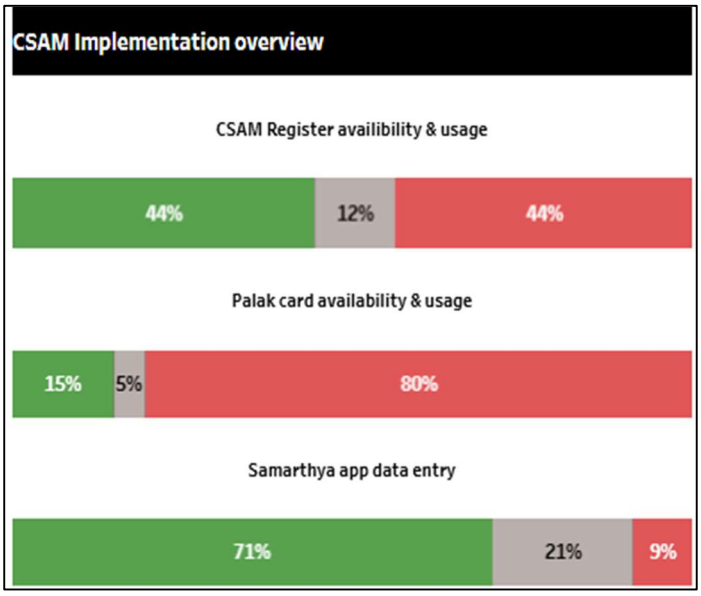
CSAM Implementation Overview – Status Report

This report reviews the implementation status of key tools and practices under the **Community-based Severe Acute Malnutrition (CSAM)** program, focusing on register usage, caregiver communication tools, and digital data entry.

Implementation Indicator-wise Summary

Component	Fully Used (%)	Partially Used (%)	Not Used (%)	Remarks
CSAM Register	44%	12%	44%	Equal number of centers are using and not using the CSAM register – shows serious inconsistency in record-keeping.
Palak Card	15%	5%	80%	Critical gap – only a small fraction of centers are using this caregiver tool.
Samarthya App Data Entry	71%	21%	9%	Generally good usage of digital platform, though some centers still lag behind.

Key Observations



1. **CSAM Register Usage – Mixed Performance:**
   - Only **44%** of centers are properly maintaining the CSAM register.
   - **44%** have not been using it at all, and **12%** are using it partially. This indicates a lack of uniform implementation, possibly due to training or logistic gaps.
2. **Palak Card Availability & Usage – Very Poor:**
   - A concerning **80% of centers are not using the Palak card**, a vital tool for engaging caregivers in the nutrition rehabilitation process.
   - This tool's limited usage reflects either a lack of supply, awareness, or proper orientation among frontline workers.
3. **Samarthya App Usage – Reasonable but Needs Support:**
   - A majority (71%) of centers are using the app effectively.

- However, **30% (21% partial + 9% non-use)** still face barriers in digital data entry, indicating a need for targeted digital literacy or operational troubleshooting.

Recommendations

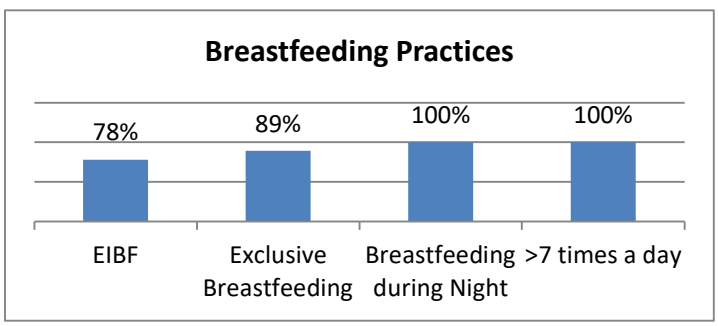
- **Revive CSAM Register Usage:**
  - Conduct immediate refresher training and issue standardized formats.
  - Ensure regular supervisory checks to enforce its usage.
- **Improve Palak Card Coverage:**
  - Print and distribute sufficient Palak cards.
  - Provide clear instructions to FLWs on its purpose and daily use.
- **Strengthen Digital Entry Practices:**
  - Identify centers facing app-related challenges and resolve technical or capacity barriers.
  - Work on regular data entry through supervision and performance feedback.
- **Integrated Monitoring:**
  - Develop a simple CSAM implementation checklist for supervisors to regularly monitor register, Palak card, and app usage together.

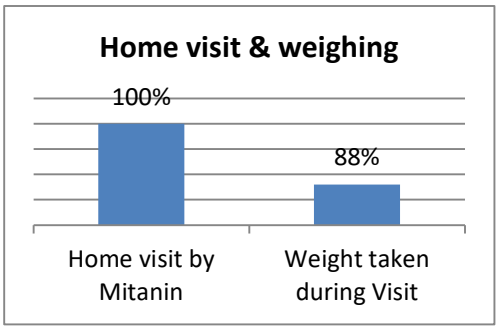
Report on Preventive Actions

Under the preventive strategies, total 09 households with lactating mothers (having child of age 0 to 6 months) were visited in the month of May 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
09	09	0	07	02	04	05	0

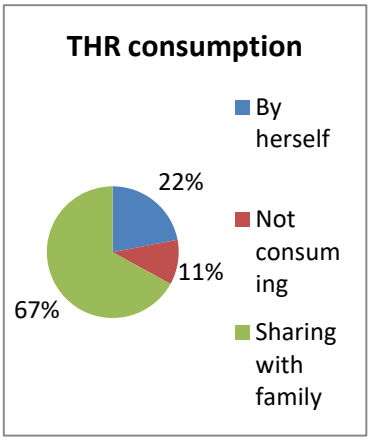
100% institutional delivery was reported with 78% normal deliveries and remainng through C-section. 56% were preterm while none of the children had birth weight less than 2.5 kg i.e low birth weight (LBW). During the time of visit 11% children were moderately underweight (Weight for Age). Early Initiation of breastfeeding **(EIBF)** was found to be **78%** while **89%** of the babies were on **exclusive breastfeeding. All (100%)** mothers reported breastfeeding their children **more than 7 times a day**. 100% mothers informed that Mitanin came for home visits however only **88%** reported **weighing** the children during these visits.





Godbharai (Baby shower):

Only 56% Godbharai (Baby shower) were done in presence of Anganwadi Workers.

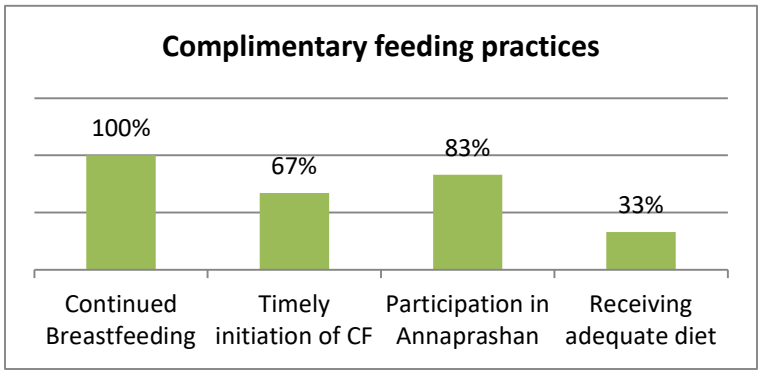


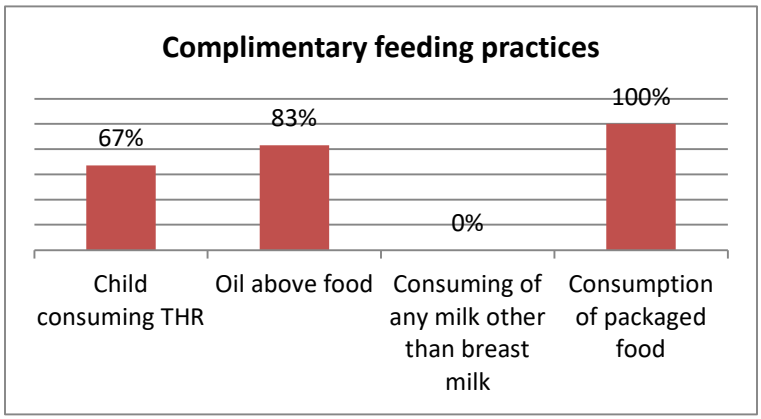
THR Consumption:

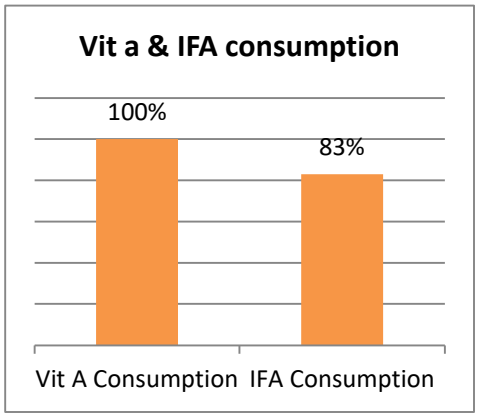
Consumption of THR among lactating mothers was found to be very poor. 100% mothers received THR from Anganwadi however 67 % of the mothers reported sharing the THR with other family members and **only 22% consumed it herself.**

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. 67%were put on complementary feeding by the end of 6 months of age. However, **only 33% 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 products in complementary feeding, emphasizing their role in infant and child nutrition.

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	Kasekera	kasekera02 [22411011802]
Bagbahara	Kasekera	boirgaw [22411011919]
Bagbahara	Mamabhancha	Kamrod 02 [22411012104]
Bagbahara	Mamabhancha	Kamrod 01 [22411012103]
Basna	Baroli	KURCHUNDI 02 [22411030331]
Basna	Basna	GADHABHATHA [22411030212]
Basna	Garhphuljhar	DEVARI [22411030421]
Basna	Badesajapali	HARDA 01 [22411031112]
Basna	Badesajapali	HARDA 01 [22411031112]
Basna	Garhphuljhar	CHHOTEPATNI [22411030406]
Basna	Bhanwarpur	LOHDIPUR [22411030814]
Mahasamund Gramin	Bhoring	Bhoring 05 [22411041105]
Pithora	Pirda	BANDUDIPA PIRDA 2 [22411021102]
Pithora	Pithora	Raja Sevaiya Khurd [22411020207]
Pithora	Saldih	Saldih 1 [22411020920]
Saraipali	AMARKOT	bonda B [22411060125]
Saraipali	baitari	baitari 2 [22411060302]
Saraipali	AMARKOT	bonda A [22411060124]