



आरोग्यम् सुखं सम्पदा



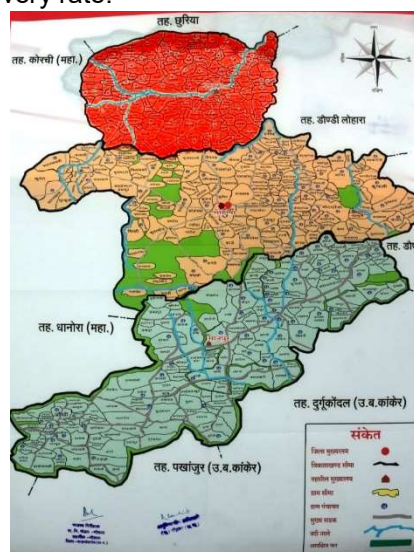
## Monthly Technical Support Report for January 2025

District- Mohla Manpur Ambagarh Chowki  
Report By- State Center of Excellence for Nutrition, Department of Pediatrics, AIIMS,  
Raipur, Chhattisgarh

### Supportive Supervision

The SCOE4N executed **22** visits to various AWCs of MMAC district in the month of January 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	Ambagarh Chowki	9
2	Manpur	11
3	Mohla	2
	<b>Grand Total</b>	<b>22</b>



District ranking based on CMAM Performance					
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Manpur	143%	49%	96%
2		Mohla	70%	42%	56%
3		Ambagarh Chowki	40%	30%	35%

## CMAM Scorecard

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

हमर स्वस्थ लईका CMAM Scorecard - January 2025 - SAM Children																
			Identification			Enrolment			Follow-Up		Discharge				Recovery	
Rank as per enrolment	District	Project	U5 SAM Poshan Tracker Jan' 25	Currently in treatment/admitted	%age enrolled against Poshan Tracker	Oct-Dec' 24 (4th Qtr)	Jan 25 (1st Qtr)	Total Enrolled till date	Children Followed up weekly	% followed up against enrolled	Total Discharge	Recovered (SAM to Normal)	Partially recovered (SAM to MAM)	Not recovered (SAM to SAM)	Recovery Rate	Ranking as per Recovery rate
1	MM AC	Manpur	40	57	143%	37	20	167	152	91%	111	54	34	23	49%	1
2	MM AC	Mohla	33	23	70%	20	3	163	147	90%	104	44	44	16	42%	2
3	MM AC	Ambargarh Chowki	67	27	40%	26	1	201	190	95%	132	39	56	37	30%	3
Total			140	107	76%	83	24	531	489	92%	347	137	134	76	39%	

## CMAM Follow up status

हमर स्वस्थ लईका (CMAM) - SAM children Follow up Status - Jan 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	MMAC	Ambagarh Chowk	6%	11	142	136	141	134	137	139	128	121	127	123	124	116	111	105	91	84	194
2	MMAC	Manpur	10%	15	103	111	105	104	103	100	97	92	87	79	75	70	69	65	55	51	153
3	MMAC	Mohla	10%	16	127	125	131	120	119	111	110	109	94	93	83	83	76	78	66	60	160
	<b>Total</b>		<b>8%</b>	<b>42</b>	<b>372</b>	<b>372</b>	<b>377</b>	<b>358</b>	<b>359</b>	<b>350</b>	<b>335</b>	<b>322</b>	<b>308</b>	<b>295</b>	<b>282</b>	<b>269</b>	<b>256</b>	<b>248</b>	<b>212</b>	<b>195</b>	<b>507</b>

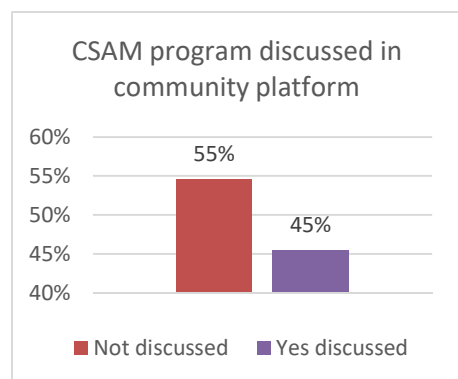
Indicator		
>=10%	>5% & <10%	<=5%

## Findings

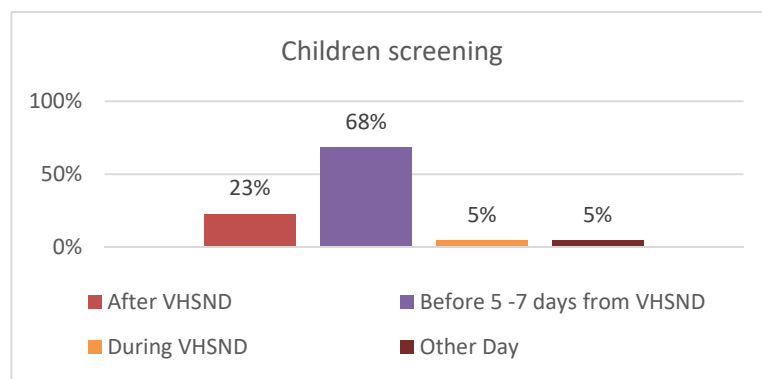
Of the **22** visits made **2** visits were too Hard to reach, **2** at high CMAM non-respondent AWCs, and rest were in other AWCs. (Graph.1)

In 45% 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)

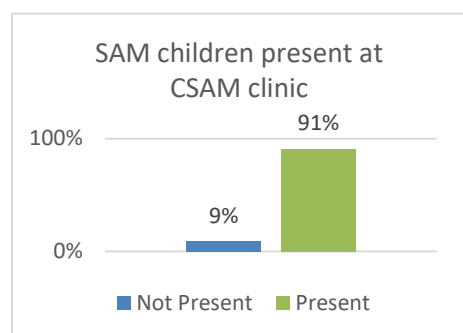


Graph 3 Community discussion on CMAM

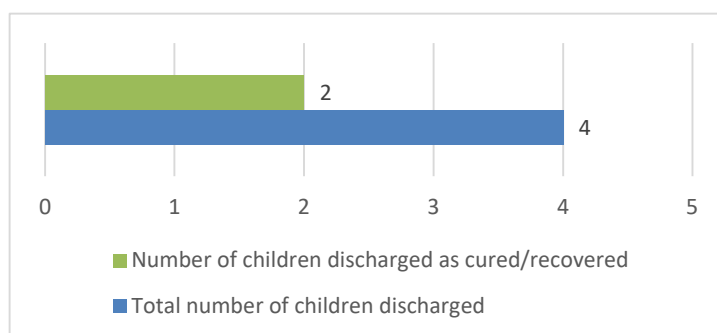


Graph 2 Children screening during VHSNDs

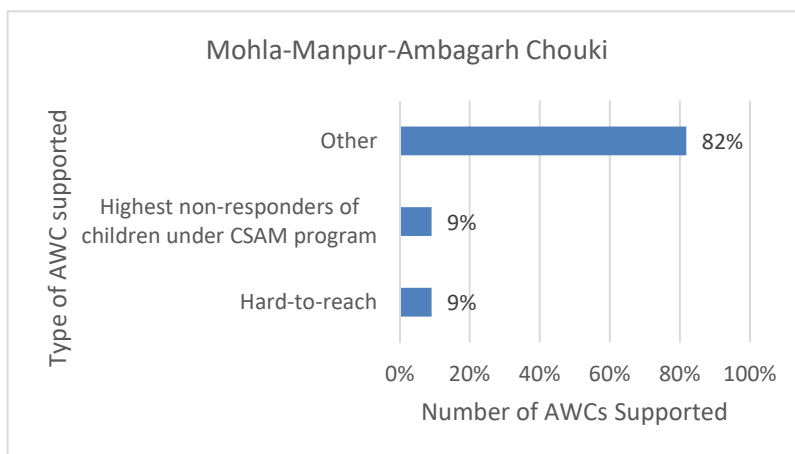
Most of the children are present during VHSNDs which is recommended. It is important for SAM child to get regular checkups from health department authorized staffs. (Graph.5). Of the **4** children discharged from CMAM in the visited AWCs only 2 have cured to the normal status. (Graph.4)



Graph 5 SAM Children in VHSNDs

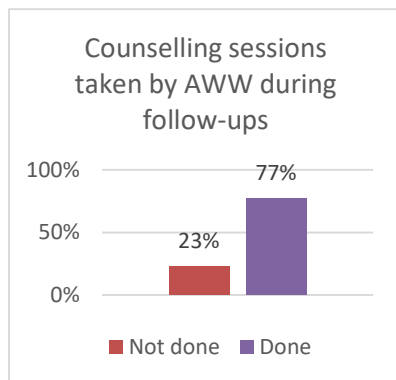


Graph 4 Number of cured children

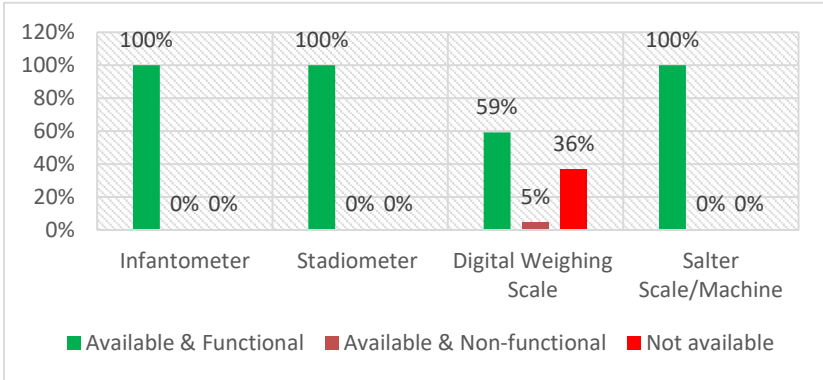


Graph 1 Type of AWC supported

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 available and functional in AWCS. (Graph.6)

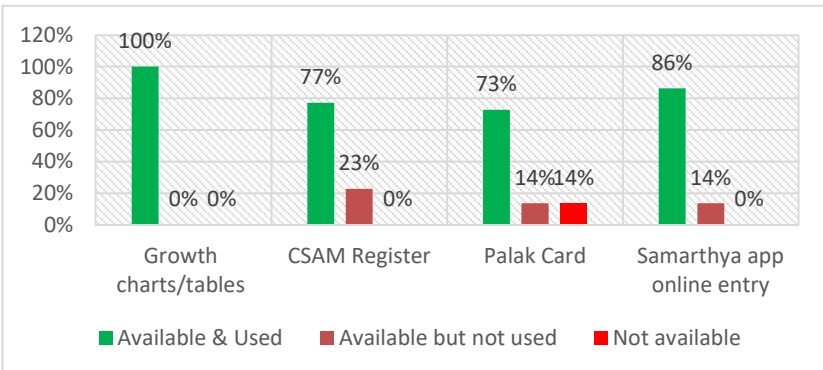


Graph 7 AWW Counselling status



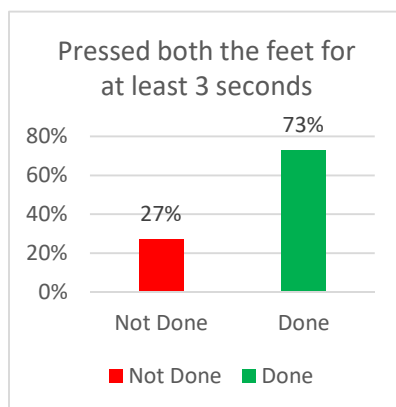
Graph 6 Devices status

The Growth charts/tables, CSAM Register, Palak Card and Samarthya app are an important part of growth monitoring of children. Except for Palak card are mostly available and functional in AWCS. (Graph. 8)

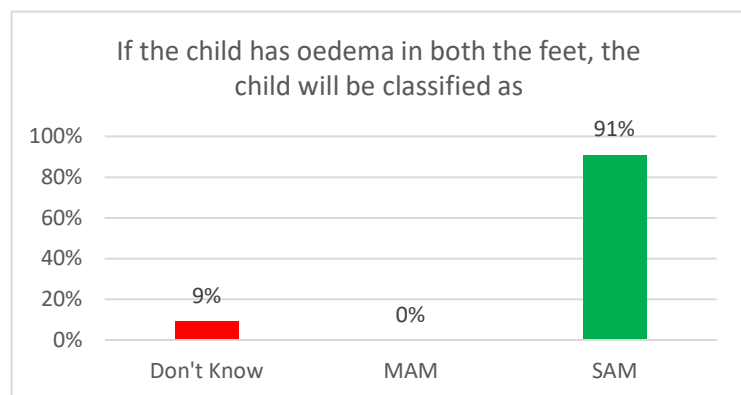


Graph 8 CMAM requirements.

Knowledge on Edema is very important in order to effectively implement CMAM program. 6 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).

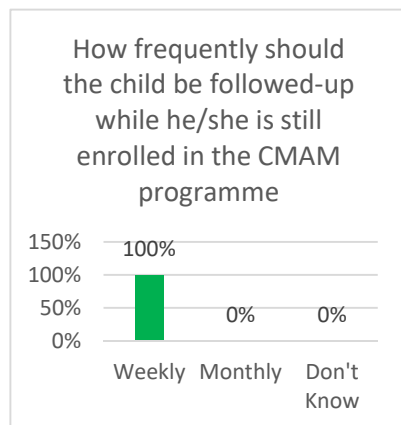


Graph 9 Oedema check

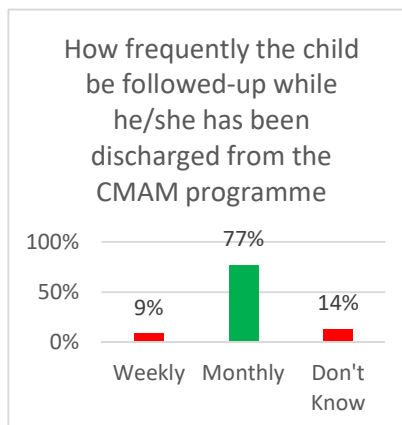


Graph 10 oedema classification

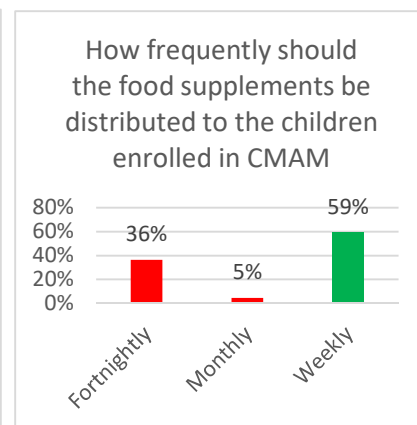
A child in CMAM program must be followed up every week, All AWWs were aware on weekly follow up of the child. (Graph.13). After the CMAM program child is to be followed up monthly. (Graph.12) 5 AWCs were not aware of it. Food supplements should be provided weekly to the CMAM program children. But surprisingly 20 out of 25 did not provide it weekly. (Graph.11)



Graph 13 Follow up in CMAM



Graph 12 Follow up after discharge from CMAM



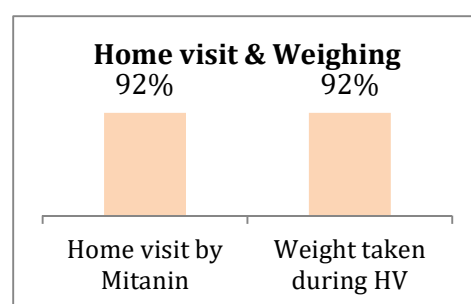
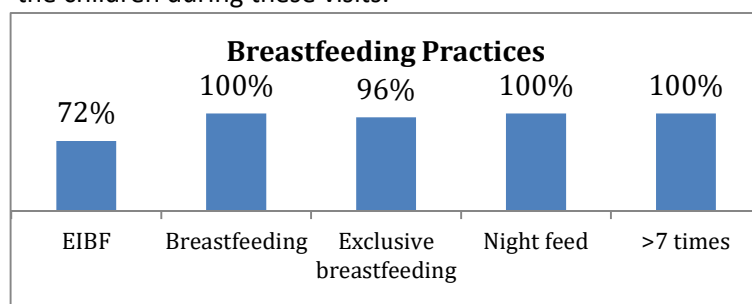
Graph 11 Food supplements for CMAM children

## Report on Preventive Actions

Under the preventive strategies, total 25 households with lactating mothers (having child of age 0 to 6 months) were visited in the month of January 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
25	21	4	18	7	18	7	4

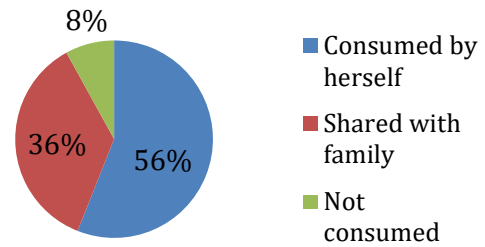
4 out of 25 (16%) caregivers reported home delivery of their child. 28% were preterm (late preterm) while 16% of the children had birth weight less than 2.5 kg. During the time of visit all children were in normal category according to weight for age. However, one child had not regained birth weight by the end of 2nd week. Early Initiation of breastfeeding (EIBF) was found to be 72%. All children were on breastfeed and were given breastfeed more than 7 times a day. However exclusive breastfeeding was reported to be 96%. A majority of mothers informed that Mitadin came for home visits and also weigh the children during these visits.



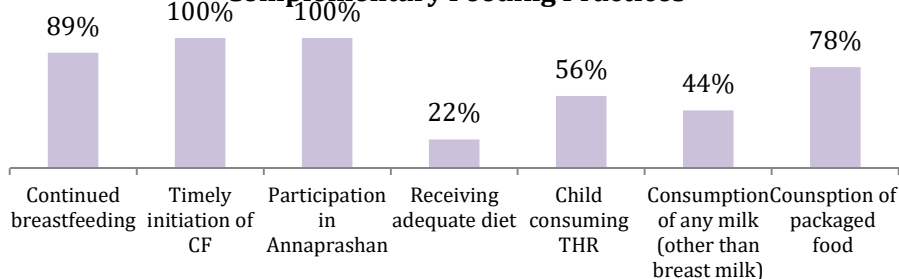
52% Godbharai (Baby shower) were done in presence of Anganwadi Workers. Consumption of THR among lactating mothers was found to be poor. 100% mothers reported receiving the THR however only half of the mothers reported consuming it herself.

9 households with children aged 6 to 23 months were visited for conducting diet audit (24-hour food recall) of the children. 8 out of 9 children were receiving breastfeeding. All children were put on complementary feeding (CF) by the end of 6 months of age and all caregivers informed participation in Annaprashan (Rice Eating Ceremony). However, only 2 out of 9 children received adequate diet.

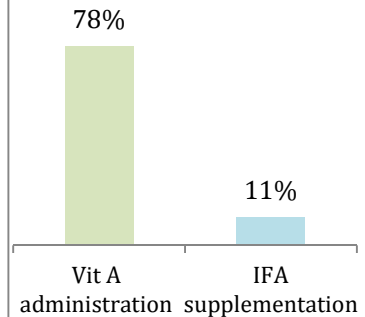
**THR consumption by lactating mothers**



**Complementary Feeding Practices**



**Vit A & IFA**



## 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 breastfeeding.

- a. Pregnant women in their last trimester should be counseled on EIBF
  - b. During Home visits done under HBNC, breastfeeding counseling & support should be provided to the lactating mothers.
9. Behavior Change Communication (BCC) through Community Based Events (CBEs) to bring in change in the following
  - a. Consumption of THR by the intended beneficiary only (either pregnant woman, lactating mother or children between 6 months to 3 years of age)
  - b. Inclusion of milk and milk-based products during complementary feeding
10. Regular supply of IFA syrup and monitoring of its timely distribution.
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:

District	Pariyojna	Sector	AWC Name
Mohla-Manpur-Ambagarh Chouki	Ambagarh Chowki	Bandhabajar	Khurshipar [22408040608]
		Biharikala	Biharikala [22408040401]
			Harijapara Biharikala [22408040403]
		Chowki	Kesala [22408040732]
			Mukhybasti Semharbandha [22408040707]
			Semharbandha [22408040706]
			Sirmunda [22408040734]
		Koudikasa	Tariyapara Koudikasa [22408040203]
		Singhabhedi	Singhabhedi 2 [22408040919]
		Bharritola	Bharritola 04 [22408090904]
	Manpur	Kahdabari	Adjal 01 [22408091003]
		Khadgaon	Rajaboriya 02 [22408090311]
		Kohka	Baseli [22408090721]
			Baseli Aawaspara [22408090725]
			Malhar 02 [22408090738]
		Kondabodi	Markeli [22408090519]
		Manpur	Manpur Aawaspara Kr 05 [22408090105]
			Manpur Kr 03 [22408090103]
			Tolum 02 [22408090129]
		Sitagaon	Borkanhar [22408091216]
	Mohla	Bhojtola	Harrotolachipara [22408030237]
		Rengakathera	Rengakathera A [22408030401]