



आरोग्यम् सुखं सम्पदा



Monthly Technical Support Report for January 2025

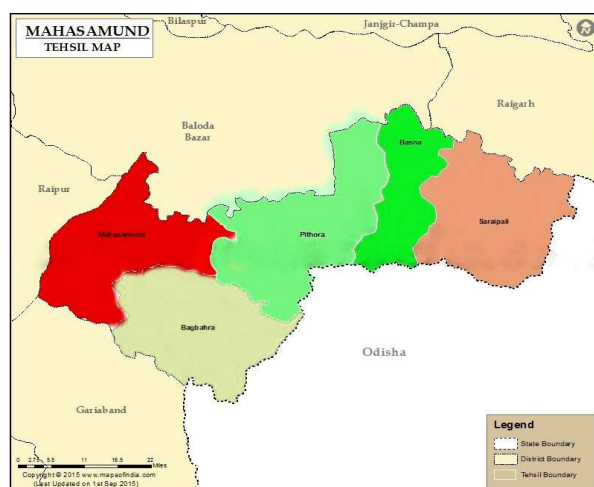
District- Mahasamund
Report By- State Center of Excellence for Nutrition, Department of Pediatrics, AIIMS,
Raipur, Chhattisgarh

Supportive Supervision

The SCOE4N executed **25** visits to various AWCs of Mahasamund 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	Bagbahara	6
2	Basna	9
3	Mahasamund Gramin	4
4	Saraipali	6
	Grand Total	25



District ranking based on CMAM Performance					
Rank	Colour code	Block Name	Enrolment vs PT	Recovery Rate	Overall Score
1		Basna	90%	39%	65%
2		Pithora	55%	30%	43%
3		Bagbahara	52%	21%	37%
4		Saraipali	26%	39%	33%
5		Mahasamund	31%	23%	27%

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 PT Jan'25	Currently in treatment/admitted	%age enrolled against PT	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)	Partial recovered (SAM to MAM)	Not recovered (SAM to SAM)	Recovery Rate	Ranking as per Recovery rate
1	Mahasamund	Basna	68	61	90%	58	3	147	147	100%	95	37	36	22	39%	1
2	Mahasamund	Pithora	84	46	55%	45	1	172	164	95%	115	34	42	39	30%	3
3	Mahasamund	Bagbahara	155	80	52%	76	4	292	274	94%	183	39	55	89	21%	5
4	Mahasamund	Mahasamund Gramin	82	27	33%	27	0	140	130	93%	77	20	27	30	26%	4
5	Mahasamund	Mahasamund Shahri	17	5	29%	5	0	23	21	91%	15	3	7	5	20%	6
6	Mahasamund	Saraipali	147	38	26%	36	2	341	334	98%	253	98	74	81	39%	2
Total			553	257	46%	247	10	1115	1070	96%	738	231	241	266	31%	

CMAM Follow up status

हमर स्वस्थ लईका (CMAM) - <u>SAM</u> children Follow up Status - Jan 2025																					
Rank as per Follow ups done	District	Block	Zero follow ups done %	Zero follow ups done	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	W 9	W1 0	W1 1	W1 2	W1 3	W1 4	W1 5	W1 6	Total Enroll ed
1	Mahasam und	Basna	1%	2	11 6	11 8	11 2	10 9	10 9	98	10 1	99	89	89	91	88	77	74	67	54	145
2	Mahasam und	Saraipali	2%	7	15 5	16 3	13 3	13 7	11 9	13 6	12 0	10 9	13 4	115	133	118	129	112	112	118	317
3	Mahasam und	Pithora	5%	8	74	87	72	88	77	76	69	83	83	68	64	66	71	67	54	56	162
4	Mahasam und	Bagbahara	7%	18	97	10 4	98	95	88	88	87	96	10 0	93	87	85	88	93	94	78	253
5	Mahasam und	Mahasam und Gramin	7%	10	67	65	60	56	52	52	50	56	58	48	44	48	43	49	42	40	137
6	Mahasam und	Mahasam und Sehri	10%	2	12	11	12	9	9	10	11	11	12	11	10	9	9	10	11	9	21
	Total		5%	47	52 1	54 8	48 7	49 4	45 4	46 0	43 8	45 4	47 6	424	429	414	417	405	380	355	1035

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

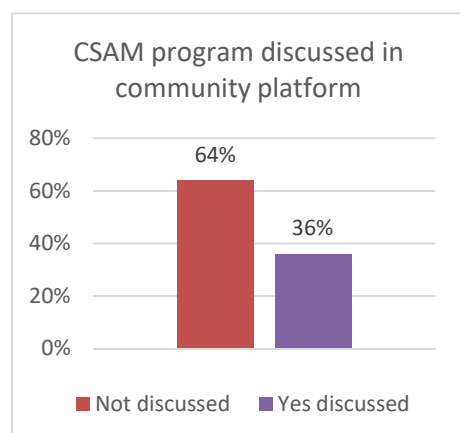
Findings

Of the **25** visits made **3** visits were too Hard to reach, **5** at high CMAM enrolment AWC, **1** at high defaulter AWC, and rest were in other AWCs. (Graph.1)

In 41% of the AWCS the CMAM program was discussed in community level programs. For

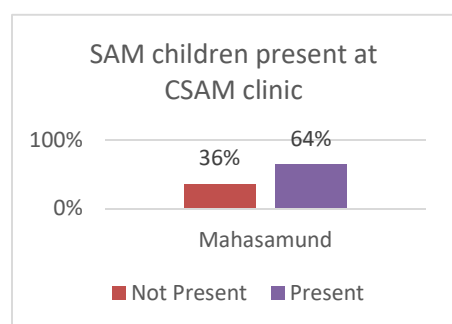
increased awareness in malnutrition and community awareness it is recommended to have CMAM/ nutrition sessions during community events. (Graph.3)

Most of the children are getting screened during VHSNDs or within a week before VHSNDs which is recommended. (Graph.2)

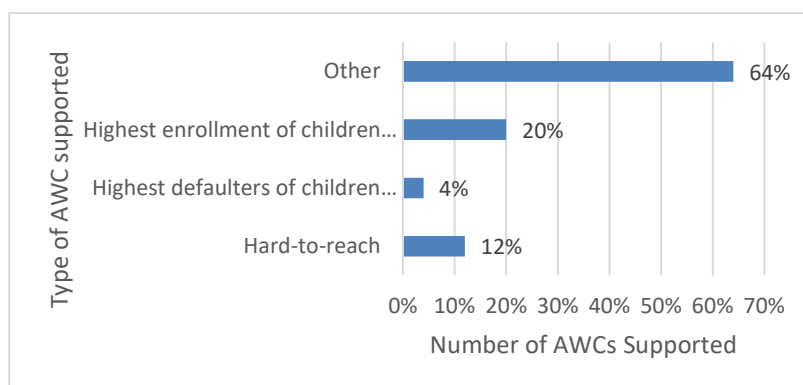


Graph 3 Community discussion on CMAM

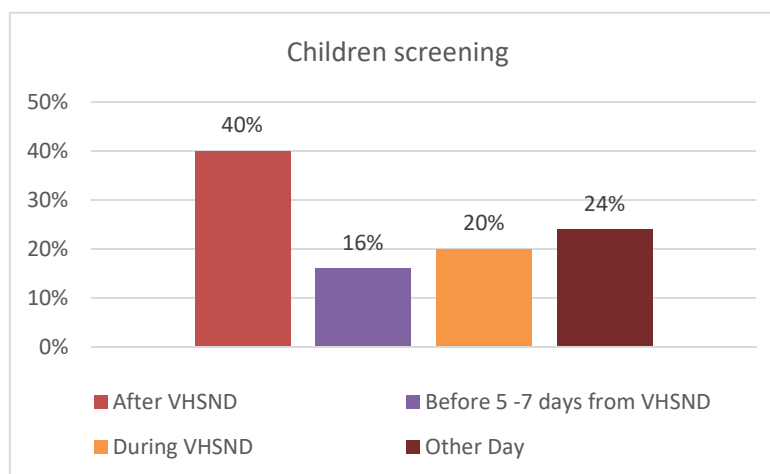
Most of the children are present during VHSNDs which is recommended. It is important for SAM child to get regular checkups from health department authorized staffs. (Graph.5). Of the **5** children discharged from CMAM in the visited AWCs only **3** have cured to the normal status. (Graph.4)



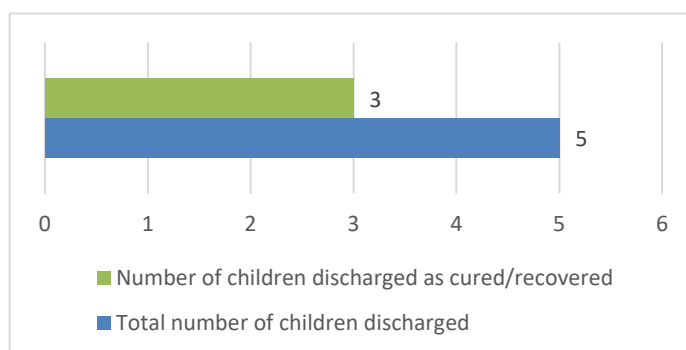
Graph 5 SAM Children in VHSNDs



Graph 1 Type of AWC supported

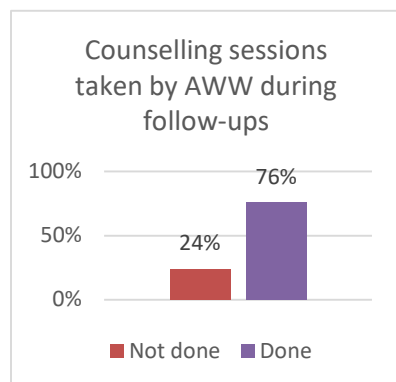


Graph 2 Children screening during VHSNDs

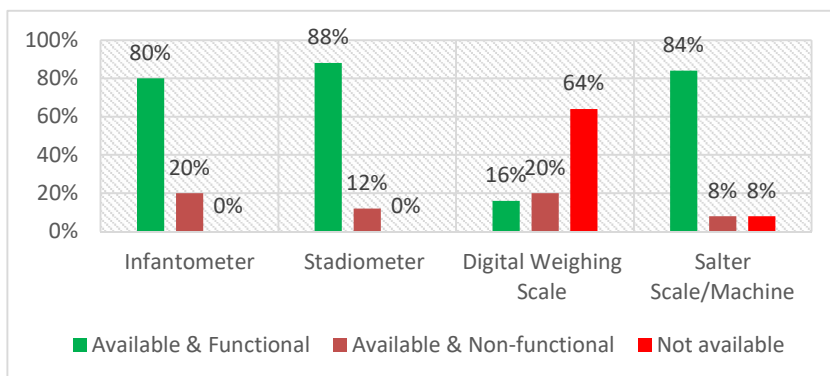


Graph 4 Number of cured children

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)



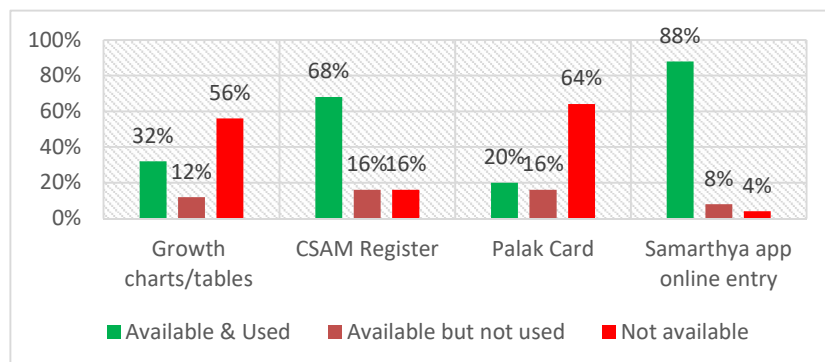
Graph 7 AWW Counselling status



Graph 6 Devices status

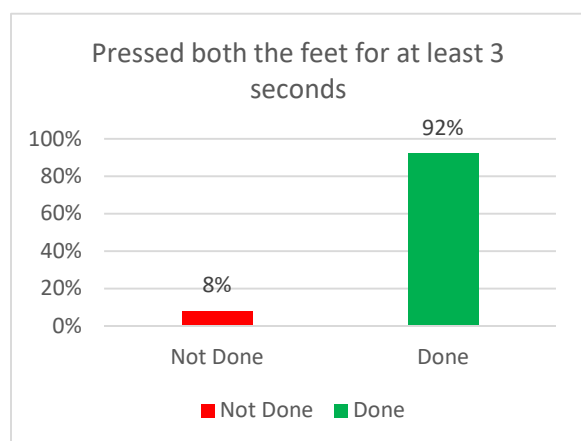
The Growth charts/tables, CSAM Register, Palak Card and Samarthya app online entry are an important part of growth monitoring of children. Except for Palak card and Growth charts rest are mostly available and functional

in AWCS. (Graph. 8)

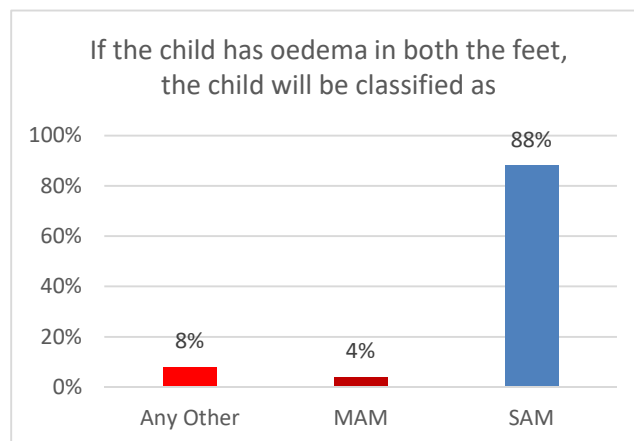


Graph 8 CMAM requirements.

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).

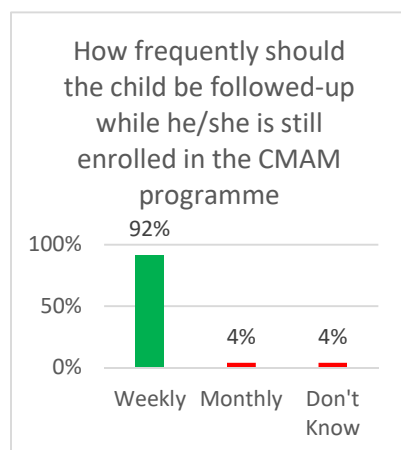


Graph 10 Oedema check

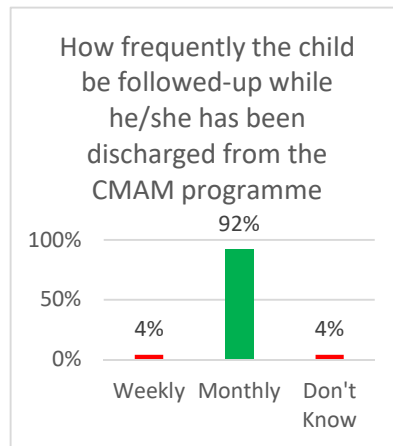


Graph 9 oedema classification

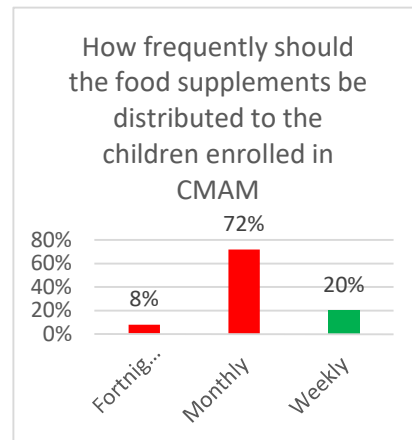
A child in CMAM program must be followed up every week, **2** AWWs were not aware on weekly follow up of the child. (Graph.11). After the CMAM program child is to be followed up monthly. (Graph.12). Food supplements should be provided weekly to the CMAM program children. But surprisingly **20** out of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



Graph 13 Follow up in CMAM



Graph 12 Follow up after discharge from CMAM



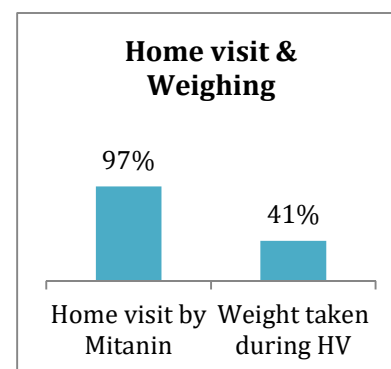
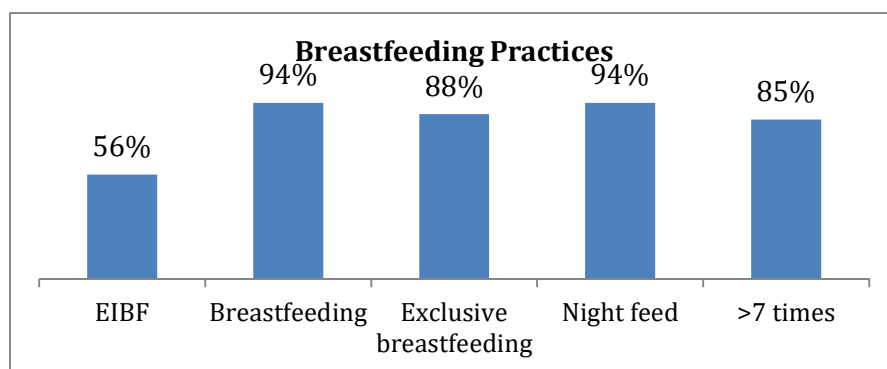
Graph 11 Food supplements for CMAM children

Report on Preventive Actions

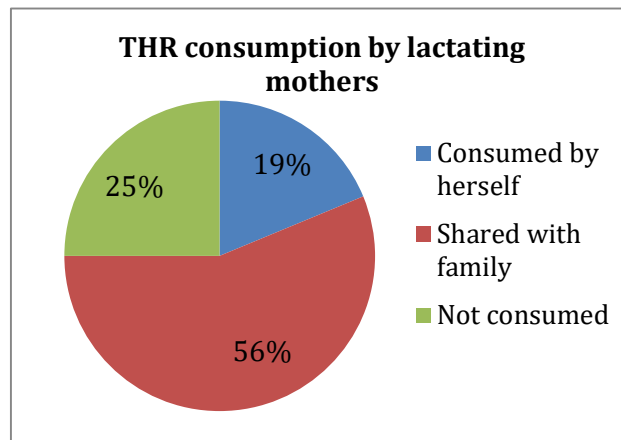
Under the preventive strategies, total 34 households with lactating mothers (having child of age 0 to 6 months) were visited in the month of January 2025. Findings from these visits are as follows:

Delivery related details							
Total no. of visits	Institutional Delivery	Home Delivery	Normal Delivery	C-section	On time delivery	Preterm	LBW
34	33	1	24	10	20	14	5

1 out of 34 (3%) caregivers reported home delivery of their child. 59% were preterm (late preterm) while 15% of the children had birth weight less than 2.5 kg. 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 56%. A total 94% reported breastfeeding their children but only 88% of these mothers were giving exclusive breastfeeding. 85% mothers reported breastfeeding their children more than 7 times a day. A majority of mothers informed that Mitadin came for home visits however only 41% reported weighing the children during these visits.



Only 29% Godbharai (Baby shower) were done in presence of Anganwadi Workers. Consumption of THR among lactating mothers was found to be very poor. 94% mothers reported receiving the THR however half of the mothers reported sharing the THR with other family members.



10 households with children aged 6 to 23 months were visited for conducting diet audit of the children. 9 out of 10 children were receiving breastfeeding. 8 were put on complementary feeding by the end of 6 months of age. 9 caregivers informed participation in Annaprashan Ceremony (Rice Eating Ceremony). However, on 1 out of 10 children received adequate diet. 6 families reported that they are giving THR to their children. 10 out of 10 children were consuming some kind of packaged food (biscuits mostly) and 9 were not given any milk, other than breast milk. 6 out of 10 reported Vit A administration while only 3 caregivers reported regular **IFA** supplementation

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
Mahasamund	Bagbahara	Bagbahara	Ward03 [22411011113]
		Kasekera	kasekera01 [22411011801]
			kasekera02 [22411011802]
		Khamhariya	Amlidih [22411011403]
		Mungaser	tedinara [22411011723]
		Sirri	pterapali 03 [22411011629]
	Basna	Baroli	KAPSAKHUNTA [22411030311]
		Basna	BADETEMRI [22411030521]
			BITANGIPALI [22411030206]
		Bhanwarpur	BHAWARPUR 01 [22411030801]
		Bhukel	BARBASPUR [22411030507]
		Garhphuljhar	PILWAPALI A [22411030422]
	Sagarpali	Sagarpali	SAGARPALI 02 [22411031026]
			SAGARPALI 03 [22411031036]
		Singhanpur	SIGHANPUR 02 [22411030625]
	Mahasamund Gramin	Barondabazar	Barondabazar03 [22411040203]
			Parsatti [22411040204]
			Saradih 01 [22411040205]
	Saraipali	Labharakhurd	Paterapali [22411040418]
		baitari	harratar [22411060313]
			Kankeva B [22411060329]
			kedundhar 1 [22411060315]
		Balouda	JAMPALI [22411060410]
		chuipali	Banjibahal Mini [22411060826]
			Chhuipali A [22411060809]