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| **IDCF 2015 Intensified Diarrhoea Control Fortnight 27th July -8th August 2015** |
| OPERATIONAL GUIDELINES |
| **Ministry of Health & Family Welfare,**  **Government of India** |

***Intensification of efforts towards “zero” childhood deaths due to Diarrhoea across all States & UTs of India***

6/22/2015

PRELUDE:

There is a need to accelerate efforts towards reduction of Childhood mortality, which is one of the prime goals of National Health Mission. Diarrhoea contributes to around 11 percent under-five deaths in country- most of these deaths are clustered around Summer and Monsoon season. To effectively address the issue, Intensified Diarrhoea Control Fortnight (IDCF) was implemented in 2014, with an aim of achieving improved coverage of essential life-saving commodity of ORS, zinc dispersible tablets and practice of appropriate child feeding practices during diarrhoea.

In continuation of the successful efforts taken in 2014, to address substantial diarrhoeal deaths through Intensified Diarrhoea Control Fortnight (IDCF), it has been decided to observe the same from 27th July to 8th August 2015, with the ultimate aim of zero child deaths due to childhood diarrhoea.

It may be noted that the format of IDCF 2015 remains largely consistent with components of IDCF 2014, and only a few modification have been included in current guidelines are as below:

a) ANM visiting villages as per her routine VHND micro-plan, should undertake awareness generation on diarrhoea control measures and promotion of IYCF practices through Health education during VHND session. It may be emphasised that there is no extra visit of

b) For improving output of ASHA activities, a more structured and monitor-able activity has been designed for ASHA with the following components:

* A micro-plan for ASHA has been provided where she would line list the households with under-five children which would assist het to carry out planned activities during IDCF.
* The number of houses to be covered by ASHA has been has been defined i.e. 20-25 under-five children to be covered daily during the fortnight.
* The demonstration of ORS preparation and mother meeting involving 4-8 households daily has also been quantified for ASHAs for better micro-planning of efforts.

• For detecting undernourished children in the second week, the criterion has been elaborated which includes- visible wasting, bilateral pitting oedema, growth faltering and children in red zone of MCP card.

• Detailed checklist for State/District/Block level officers has been included in annexures to assist them in undertaking preparations in step by step manner.

b) It is a known fact that prevalence of diarrhoea is higher in slum areas due to compromised facility of hygiene and sanitation. Thus, a component of diarrhoea control activities in urban slums has been introduced with following components:

• High visibility of activities through posters, banners, FM radio should be undertaken.

• Mobile teams should be formed, with the cooperation from Municipalities, for visiting - slums, floating population etc.

• ORS distribution by mobile teams in slums.

• ORS – Zinc corners should be established in medical colleges, district hospital, Urban Health Post / Urban Primary Health Centres

• The private paediatricians / medical practitioners through IAP / IMA should be involved for setting up of ORS – Zinc corners in their clinics and wards.

• Urban ASHA, wherever available will work as outlined for rural ASHA.

1. **Introduction & Rationale:**

Reduction of childhood mortality is one of the prime goals of National Health Mission and Millennium Development Goals. Childhood diarrhoeal diseases continues to be a major killer among under five children in many states contributing to 10.4 percent of under five deaths in the country. Around 1.4 lakhs children are lost due to diarrhoea annually in the country. Diarrhoeal deaths are usually clustered in summer and monsoon months and worse affect malnourished children and children under two year of age.

Almost all the deaths due to diarrhoea can be averted by preventing and treating dehydration by use of ORS (Oral Rehydration Solution) and administration of Zinc tablets along with adequate nutritional intake by the child with diarrhoea. Diarrhoea can be prevented with safe drinking water, hand-washing, sanitation, immunization and breastfeeding / appropriate nutrition.

The effect of diarrhoeal mortality remains high in children and hence in continuation of the efforts in 2014, **it has been decided to organise an Intensified Diarrhoea Control Fortnight (IDCF) this year from 27th July to 8th August 2015, with the ultimate aim of zero child deaths due to childhood diarrhoea.**

1. **About Intensified Diarrhoea Control Fortnight (IDCF) 2015**

Intensified Diarrhoea Control Fortnight (IDCF) is a set of activities to be implemented in an intensified manner from 27thJuly to 8th August 2015 for control of deaths due to Diarrhoea across all States & UTs, these activities mainly include- intensification of advocacy activities, awareness generation activities, diarrhoea management service provision, establishing ORS-Zinc corners, ORS and Zinc distribution by ASHA, detection of undernourished children and their treatment, and promotion of Infant and Young Child Feeding activities.

**Goal of IDCF: Improving awareness generation for use of ORS and zinc in childhood diarrhoea, towards achieving ultimate goal of zero childhood diarrhoea deaths.**

The IDCF is divided into two phases over the two weeks to focus on dedicated thematic areas that affect diarrhoeal mortality as below:

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| **Week wise details of Intensified Diarrhoea Control Fortnight** | |
| **Dates** | **Theme** |
| 27thJuly- 1st August | Week 1: Focus on diarrhoea control related activities |
| 3rd - 8th August | Week 2: Focus on Infant and Young Child Feeding Practices  (as child nutrition status is a major factor deciding  occurrence and intensity of diarrhoea) |

1. **Elements of IDCF:**

**KEY ELEMENTS OF IDCF**

**Week I (27thJuly- 1st August):**

IDCF would focus on delivery of simple proven interventions that have large impact towards control of childhood diarrhoeal morbidity and mortality. The threekey activities are as below:

1. Home visit by ASHA- for distribution of ORS packets (prepositioning) to every households with under-five children along with group counselling and ORS and Zinc preparation demonstration.
2. Establish ORS- Zinc corners for treatment of childhood diarrhoea at health facilities
3. Promoting prescription of ORS along with Zinc dispersible tablets for childhood diarrhoea by all healthcare providers

**Week II (3rd - 8th August):**

The second week would be observed as Infant & Young Child Feeding week with three key activities as below:

1. Home visit by ASHA -for ensuring detection of undernourished children and deliver key IYCF messages to households with under-five children,
2. Organize mothers’ meetings at the Village level(PRI premises/Anganwadi Centres) for counselling on breastfeeding, and complementary feeding where IYCF is demonstrated
3. Referral and medical management of severe acute malnourished children at NRC

**Common Activities for Week I & II:**

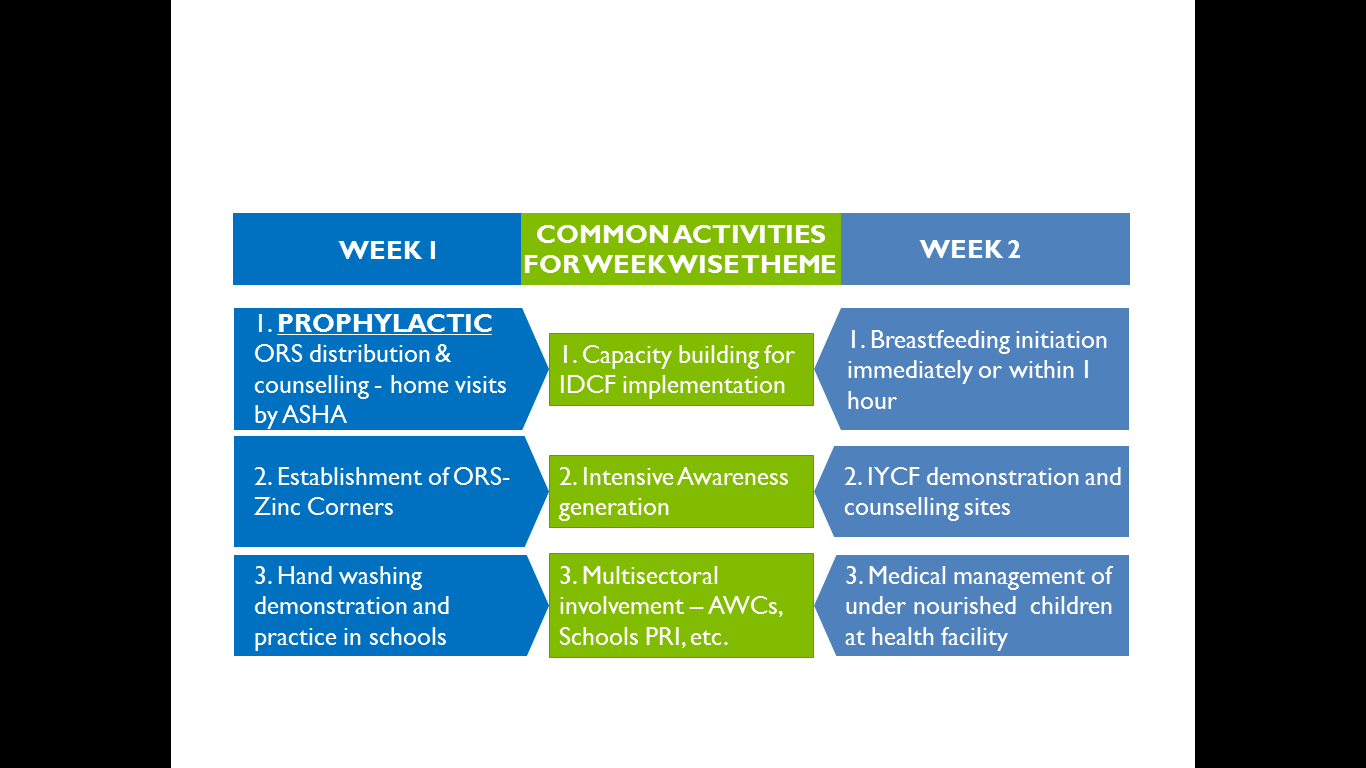
**1.** Visit by ANM to villages as per immunization / VHND microplan & conduct special session

**2.** VHSNC meeting focussing on sanitation

**3.** Intensive Awareness generationby TV, Radio, miking, banners, posters at strategic locations

**4.** Multi-sectoral involvementfor better impact such as rallies, competitions at Schools, meetings with Panchayati Raj at District/Block level, awareness generation in remote areas by involving tribal department, State and District level launch by leaders, involvement of IAP, mother meetings and demonstrations at Anganwadi Centres

**OPERATIONAL FRAMEWORK OF IDCF**



**. Planning activities, 10th to 26nd July 2015- for Week I & Week II**

Planning activities for IDCF

**1. IDCF coordination committee:**

IDCF Secretariat has been established at the MoHFW, Government of India to oversee the implementation of this fortnight. Similar structures should to be established at State and District level. At the State level, Principal Secretary Health or MD – NHM should preferably be leading the IDCF Steering Committee with support from key staff from Directorate of Health and Family Welfare. At the District level IDCF committee should be formed, preferably led by District Magistrate and with support from Chief Medical and Health Officer of the district. At both the State and District level, Program Officer for Child Health and IEC Officer should be included in the Committee.

**IDCF Steering Committee meeting**: The lead official from State and District shall call a meeting of the Committee *before, during and after* the fortnight to ensure effective implementation of the IDCF.

**Departments to be invited for the meeting:** Health and Family Welfare, State Health Resource Centre / ASHA Resource Centre, Department of Women and Child Development, Dept. of Panchayati Raj Institutions, Dept. of Water and Sanitation, Dept. of Tribal Welfare, Municipalities, State / District IEC / Publication Bureau, song and drama division, NYK, etc

**Partners to be invited for the meeting:** IAP, IMA, UNICEF, CHAI, MI and Lead Development Partners of the State in supportive supervision of RMNCHA activities.

**Suggested agenda points for meeting:**

1. Review progress / achievement of IDCF 2014
2. Clarity on role of each department to make IDCF a success
3. Selection and role clarity of nodal officer from each department to coordinate with other departments
4. Stock assessment of essential commodities viz: ORS sachets and Zinc dispersible tablets
5. Stock assessment of IEC materials: already available materials on ORS – Zinc use, hand washing, and malnutrition etc. should be listed and distribution plan prepared. Additional materials should also be used after replication and adaptation to local context. Prototypes of additional IEC materials are available on the website **www.nrhm.gov.in**
6. Involvement of mass media e.g. TV, radio, etc.
7. Mechanism for involvement of other sectors- WCD, Education, PRI, Water & Sanitation, IAP, private practitioners, noted NGOs
8. Chalk out daily supportive supervision and troubleshooting mechanism
9. Plan for State/District level inauguration of the IDCF by elected representatives in a prominent general hospital.
10. Micro planning: Micro plan has to be prepared to facilitate ASHA visits during the fortnight. Line list available at the village level with ASHA and AWW can be used to identify the houses of under five children and prepare the visit plan during the fortnight.
11. District level plan: Should contain details on ORS – Zinc Corners/ IYCF counseling sites/ Health Facilities/ Schools, etc which are part of the IDCF Fortnight.

**2. Capacity building of stakeholders:**

**A one day** orientation workshop of various categories of stakeholders need to be carried out.

**Who will be trained / oriented:**

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| **Location** | **Participants** | **Contents of orientation** | **When** |
| **State/Regional level** | RDD, CS, DIO, RPM, DPM, DCM, DSO, PO - ICDS | Managerial aspects of IDCF and planning, monitoring and IEC of IDCF. | 6-11 July 2015 |
| **District level** | BPO/ MOs / BCM / BHM/CDPO/MO- CHC/PHC etc |
| **Block/PHC level** | AYUSH Medical Officer, Nursing staff, ANM, ASHA& AWW | Technical orientation on diarrhoea management along with programme orientation of IDCF which involves their roles and activities during IDCF. | 13-23th July 2015 |

During the capacity building exercise, distribution of supportive supervision formats and IEC material should be undertaken and plan of activities should be explained to all frontline workers.

**Module for technical orientation on diarrhoea management and IYCF are in IDCF toolkit**

**3. Logistics assessment:**

Assessment of the procurement and distribution status should be done as logistic failure can lead to collapse of the IDCF and hence the State and District programme managers need to pay special attention to availability of supplies.

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| **District level requirement:**  On an average, one under-five child suffers from 2.44 episodes of diarrhoea per year. Each episode requires ORS and Zinc treatment. |

For a district of 20 lakhs population, around 2 lakhs ORS packets for distribution and aound 10,000 ORS packets and 140,000 Zinc tablets for ORS-Zinc corners are required. In case sufficient stocks are not avaibale, the District or State should undertake procurrment on an urgent **ORS and zinc**.

Similarly for the second week for IYCF, logistics such as growth monitoring equipments at all Health facilities and AWCs such as weighing scale, MUAC tape (if available with States), MCP card for plotting weight of the child should be ensured by undertaking a quick gap assessment in preceding week.

**4. Gearing up of facilities:**

* Outdoor and indoor diarrhoea treatment facilities should be geared up for establishing ORS – Zinc corners. In addition indoor diarrhoea treatment facilities should also be geared up for management of diarrhoea with severe dehydration.
* Cleaning of water tanks in health facilities and overall sanitation and hygiene should be undertaken.
* All birth facilities (institutional deliveries) should be geared up to initiate breastfeeding immediately or within one hour of birth. Dedicated IYCF counseling corners should be established at all health facilities during the second week of IDCF.
* Schools should be geared up for hand washing demonstration.
* AWCs and other health facilities should be geared up for establishing IYCF demonstration and counseling sites**.**

**5. Assessment of availability of IEC materials:**

The District IDCF committee would undertake assessment of available IEC materials such as videos, hoardings, posters, pamphlets and IEC material for free distribution at ORS – Zinc Corners and IYCF centres for placement at strategic locations, prior to the Fortnight. IEC material would be provided by National level to State offices and also available on NRHM website. Job aides for such as MCP card for will be provided for IYCF counselling by frontline workers during the second week should also be provided to every healthcare provider to be positioned at IYCF counselling and demonstration site and all ASHAs. However states are encouraged to use locally available material.

**5. Replication and adaptation of National IEC materials:**

Prototypes of additional IEC material are available on the website www.nrhm.gov.in and http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/child-health/iec-material.html.It is encouraged to use these materials widely for the IDCF campaign. If necessary, adaptation may be carried out at the local level for better awareness generation in the communities.

**5. Target Beneficiaries**

1. Mothers/Care givers of/and all under-five children.
2. Under 5 years children suffering from diarrhoea
3. Children who are malnourished

**However, for involvement of this core audience, a large number of secondary audience that influences them would be involved such as School children, PRI members, Health & ICDS functionaries etc.**

**6. Core activities during IDCF- WEEK I**

The first week of the Intensified Diarrhoea Control Fortnight would be observed promotion of use of ORS & Zinc during diarrhoea and hand-washing towards achieving zero childhood deaths due to diarrhoea:

**Activities in Week I**

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| 1. **Home distribution of ORS and ASHA related activities:**   1. Every ASHA would distribute ORS to all families with under five children along and deliver key messages to the mothers during her household visit. ASHA should distribute her workload in such a way that she covers all the households of under-five children in five days. On an average there will be 100-130 under-five children in a village, so the ASHA will have to visit 20 under-five children in a day that implies 4-8 households. Every ASHA would be provided an incentive of Rs. 1 per ORS packet distributed to a family with under five children. 2. It must be noted that ASHA would demonstrate and explain the method of ORS preparation through gathering of 4-8 households and the message of preparation must clearly be delivered to care givers. 3. ASHA would undertake identification and referral of diarrhoeal cases to health facilities 4. ASHA would report all diarrhoeal deaths during the fortnight 5. At the end of Fortnight a report will be submitted by ASHA→ANM→BCM (Block DEO will compile the data)→ DCM (DM&E will compile the data)→State Health Society   Community level activities provide the last mile connectivity and complete execution of the programme and hence must be implemented effectively.   1. **Special emphasis need to be given to remote areas and marginalized populations, flood prone districts/areas.** |
| 2. **Establishment of ORS- Zinc corners for treatment of diarrhoea:**   1. ORS- Zinc corner for treatment of diarrhoea in OPD and paediatric ward in following health facilities  * Medical Colleges * District Hospital * Block CHC / PHC * Subcenter * Private medical practitioners   At these facilities, demonstration of ORS preparation along with Zinc regimen will be done along with display of IEC material for awareness generation for all patients attending OPD for any ailment. In order to establish ORS- Zinc corner following is required: Establishment of ORS – Zinc corner.   1. During the IDCF, all facilities should have sufficient availability of ORS and Zinc dispersible tablets at all Health facilities 2. Tertiary level facilities with Nutritional Rehabilitation Centres must be geared up for management of SAM children with diarrhoea as per GoI NRC guidelines. 3. Arrangements of management of severely dehydrated cases as per IMNCI Plan C. 4. Pasting and display of facility appropriate treatment protocols in OPD and paediatric ward/General IPD. |
| **3. Hand washing demonstration in schools**   1. This activity needs to be carried out in all primary and middle schools. 2. Each school should have poster pasted at the hand washing area on steps for effective hand washing. 3. After the morning assembly / prayers, message on importance of hand washing should be delivered to all the students. 4. Before mid-day-meal, all children should be taught to wash hands following the steps in the poster with water and soap. |

**KEY MESSAGES FOR AWARENESS GENERATION TO BE USED DURING FORTNIGHT**

**-to be used by DDO/CMO/BMO/BHO/MO/Managers/ANM/ASHA/AWW:**

* 1. Give ORS and extra fluids to child immediately at the onset of diarrhoea (3 or more loose stools in one day) and continue till diarrhoea stops.
  2. Giving Zinc for 14 days, even if diarrhoea stops.
  3. Continue feeding, including breastfeeding in those children who are being breastfed & give extra feeds during and after illness.
  4. Use clean drinking water after safe handling.
  5. Mother should wash with soap before preparation of food, before feeding the child and after cleaning stool of child.
  6. Use of ORS and Zinc during diarrhoeal episodes among children is a safe treatment which makes the child recover from diarrhoea faster.
  7. Safe and quick disposal of child’s faeces.
  8. Return to the health centre if the child is not responding with Zinc and ORS at home.
  9. Your child requires immediate attention at medical facility if following symptoms prevail:
     + Many watery stools
     + Repeated vomiting
     + Marked thirst
     + Eating or drinking poorly
     + Fever
     + Blood in stool

x. Contact your ASHA or ANM on any advice on diarrhoea.

**7. Core Activities in IDCF WEEK 2**

The second week of IDCF would be observed as Infant & Young Child Feeding Practices (IYCF) week for awareness generation on correct child feeding practices, creating awareness on problem of under nutrition, detection and treatment of under nutrition and providing effective IYCF counselling services

**Activities in Week 2:**

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| **1. Home visits by ASHA and detection of undernourished children: During the second week, ASHA would conduct** home visits again to households with under-five children. ASHA would identify - undernourished children by following methods:  1. visible severe wasting or  2. bilateral pedal oedema or  3. children in red zone/showing growth faltering in MCP card (ASHA would facilitate growth monitoring through the Anganwadi Worker for all under-five children whose weight has not been plotted or their MCP card is not available. )or MUAC tape (if available) for children of 6 months to 5 years age  She will refer severe malnourished children to NRC / PHC / CHC / DH for a check up by Medical Officer. ASHA would also maintain line listing of these beneficiaries and refer these children to nearest health facility and follow up for ensuring treatment. ASHA would be provided an incentive of Rs. 100 for this activity. |
| **2. Organization of Mothers’ meeting at village level/ PRI/Angnawadi Centre for counselling and demonstration on IYCF**   * Such a site is a visible place in the facility with following in place: child weighing scale and MCP cards for growth monitoring, mock food recipe and bowls for demonstrating consistency and measurement of child feed, an oriented counselling provider such as ANM/SN having job aides, posters, pamphlets carrying IEC material for IYCF counselling. * On the site, ASHA would facilitate growth monitoring and provide feeding counselling for all under-five children visiting the centre along with awareness generation activities for visitors of the facility. * Each day in second week, ASHA would do IYCF counselling for caregivers/mothers of 20-25 under-five children in batches of 5-6 caregivers. * There should be a dedicated corner for ensuring privacy for breastfeeding for mothers coming for RI session. * Effective nutritional counselling with demonstration of recipe as per correct nutritional norm or counselling for breastfeeding, components of WASH will also be undertaken for such children. |
| **3. Referral and Medical management of undernourished children at health facilities/NRCs:**   * The undernourished children identified and referred by ASHA would be examined by Medical Officer for comorbidities such as T.B, celiac diseases, malaria, HIV, other chronic underlying diseases etc. and referral to centres where appropriate treatment is available would be done. * Treatment and management of malnutrition and anaemia among children would be provided by MO. |
| **4. Follow up of cases:** ASHA would also maintain line listing of referred cases and do follow up for ensuring treatment. |

**KEY Messages for awareness generation for Optimal IYCF practices to be used during IDCF:**

a. Early initiation of breastfeeding; immediately after birth, preferably within one hour.

b. Breast-milk alone is the best food and drink for an infant for the first six months of life. No other food or drink, not even water, is usually needed during this period. But allow infant to receive ORS, drops, syrups of vitamins, minerals and medicines when required

c. After 6 months of age, when babies should be introduced to semi-solid, soft food (complementary feeding) but breastfeeding should continue for up to two years and beyond because it is an important source of nutrition, energy and protection from illness.

d. From the age of 6–8 months a child needs to eat two to three times per day and three to four times per day starting at 9 months – in addition to breastfeeding. Depending on the child’s appetite, one or two nutritious snacks, such as fruit or bread with home-made energy dense food, may be needed between meals. The baby should be fed small amounts of food that steadily increase in variety and quantity as he or she grows.

e. During an illness, children need additional fluids and encouragement to eat regular meals, and breastfeeding infants need to breastfeed more often. After an illness, children need to be offered more food than usual to replenish the energy and nourishment lost due to the illness.

**8. Common Activities in Week 1 and 2**

The first and second week of the Intensified Diarrhoea Control Fortnight will have common activities that will lead to enhancement in promotion of use of ORS & Zinc, handwashing and appropriate IYCF practices.

Activities in Week I and II

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| 1. **Visit by ANM to villages as per immunization / VHND micro-plan & conduct special session**   ANM will visit the villages under her service area **as per routine immunization / VHND micro-plan.** At the venue of the session, the ANM will launch the IDCF campaign. ANM will provide services as per the immunization / VHND plan. ASHA will mobilize all families with under-five children for the session as well as VHSNC members. ANM should start the session with key message of the IDCF campaign highlighting importance of ORS and Zinc, hand-washing and IYCF in control of childhood diarrhoea.   1. ANM will demonstrate preparation of ORS and Zinc, importance of safe water, hand-washing and appropriate IYCF. 2. ANM will communicate on danger signs of diarrhoea 3. If there are cases of diarrhoea then assess the child and provide ORS – Zinc. If child is severely dehydrated then ensure referral of the child. 4. ANM would provide key messages on rehydration therapy and explain Plan A and dosages of ORS and Zinc. 5. After highlighting importance of hygiene and sanitation, ANM and or ASHA would demonstrate hand-washing with soap and water.   ANM and ASHA would distribute ORS to each family with under-five child who are present during the session, if they had not received earlier. In the other villages where this launch activity is not possible; ASHA will coordinate with VHSNC members to conduct the session and then do house-to-house visits. |
| 1. **VHNSC meeting focussing on sanitation**   VHNSC meeting plan will be prepared at the block level for every village and signed by BMO and SDM. A special VHNSC meeting will be conducted in each village. The VHSNC will focus on improving sanitation in and around the village. PLA (Participatory Learning Approach) techniques should be carried out such as mapping of open defecation areas in and surrounding the village and plan for stopping open defecation should be chalked out, with active participation of VHSNC members and representatives from Department of Drinking Water and Sanitation. |
| 1. **Intensive Awareness generation** 2. **State level Launch: The IDCF Fortnight should be launched by a Minister at State level and by noted political member at District and Sub District level.** Raise visibility of the Fortnight by involving Chief Ministers/MPs/MLAs/PRI members. CMs may be asked to lead the movement and address the public through media with the message that *No Child Should Die in the State due to Diarrhoea*. 3. **District level launch: The Fortnight should be launched at District level by MLA/MP which may be facilitated by IAP. The launch should be widely publicised** 4. Awareness generation fortnight using mass and mid media along with folk lore and other means of communication as per population needs should be undertaken in local language. 5. Television and Radio is used to increase reach of the messaging among the target audience, mid media and outreach provide depth to the messaging but have limited reach. Involve Doordarshan with clear messages. 6. Posters, banners, hoardings to be put at strategic locations 7. All the IEC materials & reporting formats should be available with the stake holders 3 days before the Fortnight. 8. Such material has also been developed at National level and would need to be printed at State level and distributed to all health facilities. TV and Radio spots are available on MoHFW website <http://nrhm.gov.in> . |
| **4. Multi-sectoral involvement**  **a. Launch**: Departments like WCD, Ministry of drinking water and sanitation, Rural development, PRI and Education, IAP, development partners should be invited and commitment extracted.  **b. WCD, for IYCF activities:** Instruction to be issued by the department to their staff informing the IDCF activities and their role. IYCF training could be organised jointly  **c. Education department, for handwashing demonstration and competitions at schools:** Instruction to be issued by the department to their staff informing the IDCF activities and their role.  d. **PRI:**  For assistance in IYCF counselling sites in AWCs and dissemination of key messages.  e. **Involvement of Indian Academy of Pediatrics (IAP) / Indian Medical Association (IMA) / other NGOs:**  IAP may be involved in this fortnight. The various activities proposed are :   * Facilitating launch though State and District Health Mission * Organising sensitisation meeting of Chemists, local Practioners regarding ORS and Zinc use and rational use of antibiotics in case of diarrhoea |

**Urban area strategy**

* High visibility of activities through posters, banners, FM radio should be undertaken
* Mobile teams should be formed, with the cooperation from Municipalities, for visiting - slums, floating population etc
* ORS – Zinc corners should be established in medical colleges, district hospital, Urban Health Post / Urban Primary Health Centres
* The private pediatricians / medical practitioners through IAP / IMA should be involved for setting up of ORS – Zinc corners in their clinics and wards
* Urban ASHA, wherever available will work as outlined for rural ASHA

**9. IEC ACTIVITIES:**

**Key IEC activities to be undertaken are mentioned below:**

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|  | **IEC activity to be undertaken** | **Key person** |
| **State level** | 1. T.V/ radio advertisements 2. State level launch of IDCF by CM/ HM by inaugurating activities in a noted General Hospital 3. Facilitation of Districts by providing IEC material prototypes shared by GoI 4. Facilitation of Districts by providing other printed material- orientation material, FAQs, IDCF guidelines, supportive supervision formats 5. State level monitors to be sent to each District for observation of activities 6. SMS delivery on diarrhoea control, IYCF messgaes through MCTS. | MD(NRHM) |
| **District Level** | 1. Launch of IDCF to be organised jointly by CMO office and Indian Academy of Paediatrics 2. Launch of IDCF by MP/MLA 3. Placing Banners/Posters at Strategic locations 4. Celebrating ORS Day on 29th July | CMO |
| **Schools /Colleges** | School:   1. Organise WASH Fortnight in which soap, clean water is provided and hand-washing is observed before Mid Day Meal / School lunch ; Posters on Hand washing to be put in hand washing area 2. Organise Speech/painting competition on diarrhoea and use of ORS and Zinc followed by a lecture by BMO/MO on Diarrhoea and ORS and Zinc use Colleges 3. Organise Speech competition on Diarrhoea and use of ORS and Zinc followed by a lecture by BMO/MO on Diarrhoea and ORS/Zinc use | BMO/Active MO of CHC,PHC |
| **Block Level** | 1. Special session on Childhood Diarrhoea- ORS/Zinc in meeting of Block PRI members (Funds from RPI system) 2. Similar session in BDC meeting 3. Daily miking for key messages 4. Placing Banners/Posters at Strategic locations | BMO/BHO |
| **Village level** | Wall Painting in each village on use of ORS/zinc, WASH, IYCF | PHC MO |
| Goshthi/village level discussion on Diarrhoea management | ANM/ MO |
| Daily Miking | PHC MO |
| **Others** | Messaging about ORS and Zinc through Munadis/Nukad Natakas/ Folk lore | MO |

**10. Supportive supervision plan for IDCF 2015**

* National level teams will be carrying out supportive visits to oversee the implementation of fortnight and similarlythe State would monitor IDCF activities by sending dedicated personnel to monitor activity at district level
* The district IDCF committee will act as a nodal committee for all supportive supervision activities at sub-district level. They will plan for their own supervisory visit during the fortnight and also guide Block PHCs for developing supervisory plan and its proper implementation
* The block supervisors include BMO/BHO, BHM, BCM, AYUSH, MOIC and others. They will visit at least 10% of the AWW, ORS-Zinc corners and 2% of households provided with ORS for confirmation during the Fortnight period.
* The overall community mobilisation and the IEC activities should be monitored
* Under RMNCH+A intensification, the lead agency will monitor its implementation through District coordinators placed in 184 HPDs
* **Involvement of development partners and NGOs and reaching for poor performing districts**: Special focus should be provided to High Priority Districts, other poor performing areas, remote and tribal blocks, slums, areas prone to Diarrhoeal outbreaks based on previous year’s data. Development partners and other NGOs working in field of diarrhoea management should also be roped in for better coverage and quality of Fortnight. Technical expertise available with major development partners can be used to orient State and District Health Officials to conduct the programme. Involve NGOs (eg Rotary) for reaching out in marginalised communities.

**11. Reporting**

* Each ASHA shall provide the filled monitoring formats at the end of the IDCF to the ANM (Within first two days of post Fortnight)
* ANM will submit the compiled report to the Block within the next two days of receiving from ASHA
* The Block DEO will collate the reports and submit it to the district M and E in another 2 days
* The district M&E will submit the compiled duly signed copy to the State level in another 2 days after receiving from the Block
* State IDCF reports would be sent to National level by 14th August 2015.

(Monitoring formats are placed in Annexures)

**12. Financial Guidelines for IDCF**

States/District have proposed for funds to be used for IDCF in 2015. . Following is only a suggestive structure for expenditure for one District. However, many States have made a lower estimates as the IEC materials prepared in 2015 would be utilised.

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| **S. No.** | **Activity** | **Estimated expenditure per District (Rs.)** |
| 1. | ASHA incentive:   * + - * 1. Week 1: for prophylactic distribution of ORS @ Rs. 1 per ORS packet delivered to family with under-five children.   [For 100 under-five children per village and approximate 2000 ASHA funds are Rs. 2 lakhs]  b) Week 2: Facilitating growth monitoring of all children in village; screening of undernourished children to Health centre; IYCF counselling to under-five children household- for completing at least 80% of household @ Rs. 100 per ASHA  [For a district with approximate 2000 ASHA @ Rs. 100 per ASHA: funds are Rs. 2 lakhs] | **Rs. 4,00,000 \*** |
| 2. | Printing Costs:  - monitoring formats ( Rs. 1 per page x 3000 formats)  - printing of training material (as in toolkit) @ Rs. 30 per 30 page booklet. [For 500 providers x Rs. 30= Rs. 15,000] | **Rs. 18,000 (Training material printing to be given only to ANM/MO/BMO. ASHA to use her module 6 & 7)** |
| 3. | Procurement of ORS- for prophylactic distribution  [For a district with 20 lakhs population—around 2 lakh under-five children requiring 1 packet@ Rs. 2 per packet) | **Rs. 4,00,000 \*** |
| 5. | Daily Mobility Support for field level monitoring- 2 hired vehicles from 27 July -8August  2 Vehicle  (Rent per day Rs. 1000/vehicle  Fuel Rs.1000/day/vehicle)  =Rs. 2000\*10 days | **Rs. 40,000** |
| 6 | WASH activities in Schools | **Rs. 50,000** |
| 7 | IEC material printing: Banners/Posters/Pamphlets for ASHA, Munadi, Nataks **This budget may be expended at State level as printing takes place at State level. Otherwise District may use this fund for printing. Dedicated funds should be provided for village level miking and wall paintings)** | **Rs. 2,00,000** |
| 8 | One day orientation meeting at PHC/Block levels @Rs. 50/ participants for around 3000 health care providers (apart from printing of training material. | **1,50,000** |
|  | Total | **Rs. 10,00,00 (approx.)** |

**\* This amount is for estimated population of 20 lakh for district. Approval for expenditure would be provided for actual expenditure on reported population and actual number of ASHAs.**

**Annexure I:**

**District Operational plan/TIMELINES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Activity** | **Person Responsible** | **Terms of Reference/ Activities** | **End product** | **Timeline** |
|  | **Formation of District IDCF steering committee** | **CMHO** | * **Constitution of IDCF Steering Committee** chaired by District Collector to oversee the implementation * **Regular meetings of Steering Committee** before, during and after the fortnight for oversight , inter-sectoral coordination and reviewing progress | District IDCF Steering Committee functional | 5th July 2015 |
|  | **Identification of IDCF District Nodal person** | **District Steering committee** | * The nodal person identified for IDCF will be responsible for overall planning and implementation of IDCF activities in the district * S/he will be responsible for organizing Steering Committee meeting, assessing and ensuring r the supply status of ORS-Zinc in the district, planning and organising District & Block sensitization workshop, development of proper micro-plans, identification of monitors and finalization of supportive supervision plan, ensuring timely availability & distribution of recording, reporting & supportive supervision formats and IEC materials | District Nodal Officer identified | 8th July 2015 |
|  | **Assessment of ORS and Zinc Supply and requirement** | **District Nodal person**  **District Nodal person with district pharmacist & Block MO I/c**  **Block MO I/c** | 1. **District Nodal person shall assess the requirement of the ORS and Zinc supply for pre-positioning and treatment.**   **Calculation:**  No. of ORS Packets: Total Number of under five children in the district\*1 packet (for pre-positioning[[1]](#footnote-1)) + 10,000 additional packets (for Therapeutic purpose)  Example: (only for calculation purpose) For a district with 2 lac Under five population, total ORS packet requirement would be 2,00,000 \* 1 packets + 10,000 additional packets for therapeutic purpose= Total requirement 2,10,000 packets for the district   1. **Assessing Stock position of ORS and Zinc at district and replenishing the stock based on the requirement** 2. **Replenishing ORS and Zinc stocks at Block (both facility & community level)** 3. **Distribution of ORS to ASHAs based on micro plan provided by ASHA** | 1. Requirement of ORS and Zinc tablet for IDCF 2. Stock position and estimated requirement 3. Blocks having sufficient supply of ORS and Zinc 4. ASHAs having sufficient ORS supply for pre-positioning | 10th July 2015  15th July 2015  20th July 2015  21st July 2015 |
|  | **Sensitization workshop** | **District Nodal person** | 1. **Planning & organising District sensitization workshop**     1. Block Health officials(BMOs, MOs, BPM?BHM, BCM) Representation from ICDS(CDPO), Education, PRI, local IAP, PHED and NGOs    2. Orientation on activities to be implemented micro planning and reporting & monitoring mechanisms    3. Sensitization on Diarrhoea prevention & management and IYCF practices    4. Planning for Block level sensitization meeting    5. Orientation & Distribution of reporting & monitoring formats    6. Development of Monitoring Plan    7. Distribution of IEC materials 2. **Planning and organising Block Orientation workshop**    1. CHC/PHC MOs, LHVs, AYUSH doctors, ICDS Supervisor, ANMs, ASHAs    2. Orientation on activities under IDCF and microplanning    3. Orientation on Diarrhoea prevention & management & IYCFpractices    4. Distribution of IEC materials | 1. Block level sensitization meeting plan | 15th July 2015  19th July 2015 |
|  | **Operationalizing ORS-Zn Corners at selected health facilities** | **District Nodal person & Facility In-charges of selected facilities** | 1. **Selection of public health facilities –** District Hospitals, Sub divisional Hospitals/Civil Hospitals, CHCs, High case load PHCs 2. **Selection of private nursing homes/clinics in consultation with local IAP/IMA branches** 3. **Ensuring space, necessary infrastructure and logistics**( table/chairs, one bench/bed, ORS, Zn tablets, supply of safe drinking water, necessary utensils like one litre vessel, spoons, glasses, bowls& cups, treatment protocols, IEC materials for display and distribution, nearby toilet & handwashing facilities), **trained staff** for fully functional ORS-Zn corners 4. **Orientation of service providers –**MOs and Staff nurses to manage the ORS-Zn corners | No of operational ORS-Zn corners at health facilities | 15th July onwards |
|  | **Operationalizing IYCF counselling sites at selected health facilities** | **District Nodal person & Facility In-charges of selected facilities** | 1. **Selection of public health facilities –** District Hospitals, Sub divisional Hospitals/Civil Hospitals, CHCs, High case load PHCs, SCs 2. **Ensuring space, privacy and necessary logistics(**includin**g** IEC materials, job-aids) **and trained manpower**( existing counsellor, Staff Nurse, LHV, ANM) | No of operational IYCF counselling sites | 15th July onwards |
|  | **Printing of formats-Recording, Reporting format** | **District Nodal person** | 1. **Printing of recording, reporting & monitoring formats** | * Recording formats * Reporting formats * Monitoring formats | 10th July 2015 |
|  | **Micro-planning** | **District Nodal person, District ASHA nodal person & Block Medical Officer** | 1. Orientation of Block health officials on importance /need of micro-planning during district sensitization meeting 2. Orientation of ASHAs on micro-planning during Block Sensitization Workshops and finalizing timeline for submission of micro-plans by ASHAs 3. ASHAs to prepare and submit micro-plan to Block in-charge 4. Block In-charge to submit compiled micro-plans to District Nodal officer 5. Review of all micro-plans | Microplans developed and reviewed | 12th July 2015  18th July 2015  20th July 2015  22nd July 2015 |
|  | **IEC activities** | **District Nodal person & District IEC Officer** | 1. Printing of IEC material- Posters/Leaflets (District should also utilise existing IEC material on Diarrhoea and IYCF along with newly printed IEC material. 2. Distribution of IEC material to Blocks | Printed IEC material distributed | 12th July 2015  15th July 2015 |
|  | **IDCF Supportive supervision** | **District Nodal person** | 1. Preparation of supportive supervision plan at district & Block level    1. Identification of District and Block level monitors    2. Preparation of supportive supervision plan    3. Sharing of supportive supervision formats 2. Supportive supervision of community and facility level activities 3. Sharing of supportive supervision reports /feedback for necessary facilitative actions on daily basis and setting up troubleshooting mechanisms | Monitoring Plan developed and Monitors identified | 10th July 2015  During the Fortnight |
|  | **Recording and reporting** | **District Nodal Officer, District M&E Officer, District/Block Entry Operators, District ASHA Coordinator /BCM** | 1. Recording and reporting formats distributed to Blocks and ASHAs 2. Orientation on reporting formats and submission instructions 3. ASHAs to submit reports to ANM who submits compiled reports at Block level 4. Block DEO collates and compile block report and Block In-charge shares the compiled report with district 5. CMO shares complied district report with State | Distribution of all recording, reporting and monitoring formats | 15th and 19th July 2015 |
|  | **District Launch Meeting** | **CMO & District Nodal Officer** | 1. Organising District IDCF Launch preferably inauguration by local MLA/MP 2. Representation from ICDS, Education, PRI, IAP, IMA, NGOs | District IDCF launch | 27th July 2015 |

**Annexure II**

**State operational plan - IDCF 2015 (to be filled by State IDCF officer that help him/her to take comprehensive preparations)**

**State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total under five population of the district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nodal Officer of the State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDCF Secretariat**

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| **Names** | **Designation** | **Phone No** | **Responsibility in IDCF** |
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**Supply plan for State**

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| --- | --- | --- | --- |
| **District** | **Commodity** | **Current stock in the district** | **Supply required by district** |
| **A** | ORS |  |  |
| Zinc |  |  |
| **B** | ORS |  |  |
|  | Zinc |  |  |
|  |
| **Total** |  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Commodity** | **Total available Stock in State** | **Total required by districts** |
| ORS |  |  |
| Zinc |  |  |

**Date of IDCF steering committee meeting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State level orientation plan**

**Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Participants from** | **Number** |
| Health dept (district & block level) |  |
| WCD (district & block level) |  |
| IAP |  |
| Development partners |  |
| Others |  |

**Supply plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Commodities** | **Formula** | **For ASHA** | **For ORS – Zinc corners** | **Requirement** | **Current stock in district** | **To be procured** |
| **A** | **B** | **C = A + B** | **D** | **E = D - C** |
| ORS | =Under 5 population x1 |  | 10,000 |  |  |  |
| Zinc |  |  | 140,000 |  |  |  |

**ORS – Zinc corners plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities** | **Number** | **Planned ORS – Zinc corners** | **IYCF counselling centre planned** |
|
| Medical College (OPD) |  |  |  |
| Medical College (ward) |  |  |  |
| District Hospital (OPD) |  |  |  |
| District Hospital (ward) |  |  |  |
| Block CHC / PHC (OPD) |  |  |  |
| Block CHC / PHC (ward) |  |  |  |
| Additional PHC (OPD) |  |  |  |
| Additional PHC (ward) |  |  |  |
| Sub-center (OPD) |  |  |  |
| Private clinics (OPD) |  |  |  |
| Private clinics (ward) |  |  |  |

**Number of special VHND / RI session to be conducted by ANM during IDCF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IEC plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Materials available in district and block** | **Number required** | **Number already available** | **Number to be printed (national materials)** |
| 1 | ORS – Zinc poster |  |  |  |
| 2 | Breast feeding poster |  |  |  |
| 3 | Complementary feeding poster |  |  |  |
| 4 | Hand-washing poster |  |  |  |
| 5 | Leaflet on ORS – Zinc |  |  |  |
| 6 | Leaftlet breastfeeding |  |  |  |
| 7 | Leaflet on complimentary feeding |  |  |  |
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**Printing of formats**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Formats** | **Number** |
| 1 | ASHA planning cum tally sheet |  |
| 2 | Diarrhoea cases line list (ASHA) |  |
| 3 | Block reporting format |  |
| 4 | District reporting format |  |

**Mobile team plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **District** | **No. of slums / hard-to-reach areas** | **No. of vehicles / teams** |
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**Supportive supervision from State level**

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| **Sr. No** | **Names** | **Designation** | **Phone No** | **District to be visited** | **Date of visit** |
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**Signature of MD – NHM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annexure III**

**District operational plan - IDCF 2015 (to be filled by District Health officer that help him/her to take comprehensive preparations)**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total under five population of the district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nodal Officer of the district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDCF Secretariat**

|  |  |  |  |
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| **Names** | **Designation** | **Phone No** | **Responsibility in IDCF** |
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**Date of IDCF steering committee meeting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District level orientation plan**

**Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Participants from** | **Number** |
| Health dept (district & block level) |  |
| WCD (district & block level) |  |
| IAP |  |
| Development partners |  |
| Others |  |

**Block level orientation plan (Copy and paste as per number of blocks)**

**Name of block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Participants** | **In position** | **To be trained** |
| ASHA |  |  |
| ANM |  |  |
| AWW |  |  |
| Staff nurse |  |  |
| MO |  |  |

**Supply plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Commodities** | **Formula** | **For ASHA** | **For ORS – Zinc corners** | **Requirement** | **Current stock in district** | **To be procured** |
| **A** | **B** | **C = A + B** | **D** | **E = D - C** |
| ORS | =Under 5 populationx1 |  | 10,000 |  |  |  |
| Zinc | Under 5 population X 14 |  | 140,000 |  |  |  |

**ORS – Zinc corners plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Facilities** | **Number** | **Planned ORS – Zinc corners** | **For display** | | | **IYCF counselling centre planned** |
| **Plan A protocol** | **Plan B protocol** | **Plan C protocol** |
| Medical College (OPD) |  |  |  |  |  |  |
| Medical College (ward) |  |  |  |  |  |  |
| District Hospital (OPD) |  |  |  |  |  |  |
| District Hospital (ward) |  |  |  |  |  |  |
| Block CHC / PHC (OPD) |  |  |  |  |  |  |
| Block CHC / PHC (ward) |  |  |  |  |  |  |
| Additional PHC (OPD) |  |  |  |  |  |  |
| Additional PHC (ward) |  |  |  |  |  |  |
| Subcenter (OPD) |  |  |  |  |  |  |
| Private clinics (OPD) |  |  |  |  |  |  |
| Private clinics (ward) |  |  |  |  |  |  |

**Number of special VHND / RI session conducted by ANM during IDCF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IEC plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Materials available in district and block** | **Number required** | **Number available in the district** | **Number to be printed (national materials)** |
| 1 | ORS – Zinc poster |  |  |  |
| 2 | Breast feeding poster |  |  |  |
| 3 | Complementary feeding poster |  |  |  |
| 4 | Handwashing poster |  |  |  |
| 5 | Leaflet on ORS – Zinc |  |  |  |
| 6 | Leaftlet breastfeeding |  |  |  |
| 7 | Leaflet on complimentary feeding |  |  |  |
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**Printing of formats**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Formats** | **Number** |
| 1 | ASHA planning cum tally sheet |  |
| 2 | Diarrhoea cases line list (ASHA) |  |
| 3 | Block reporting format |  |
| 4 | District reporting format |  |
| 5 | Supportive supervision format |  |

**Mobile team plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Block** | **No. of slums / hard-to-reach areas** | **No. of vehicles / teams** |
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**Supportive supervision from district level**

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| --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Names** | **Designation** | **Phone No** | **Blocks / urban area** | **Date of visit** |
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Signature of District Collector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure IV**

**Block operational plan - IDCF 2015 (to be filled by Block Health officer that help him/her to take comprehensive preparations)**

**Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total under five population of the block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Officer of the block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Block level orientation plan**

**Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Participants** | **In position** | **To be trained** |
| ASHA |  |  |
| ANM |  |  |
| AWW |  |  |
| Staff nurse |  |  |
| MO |  |  |

**Supply plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Commodities** | **Formula** | **For ASHA** | **For ORS – Zinc corners** | **Requirement** | **Current stock in block** | **To indent** |
| **A** | **B** | **C = A + B** | **D** | **E = D – C** |
| ORS | =Under 5 populationx1 |  | 1,000 |  |  |  |
| Zinc | Under 5 population X 14 |  | 14,000 |  |  |  |

**ORS – Zinc corners plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Facilities** | **Number** | **Planned ORS – Zinc corners** | **For display** | | | **IYCF counselling centre planned** |
| **Plan A protocol** | **Plan B protocol** | **Plan C protocol** |
| Block CHC / PHC (OPD) |  |  |  |  |  |  |
| Block CHC / PHC (ward) |  |  |  |  |  |  |
| Additional PHC (OPD) |  |  |  |  |  |  |
| Additional PHC (ward) |  |  |  |  |  |  |
| Subcenter (OPD) |  |  |  |  |  |  |
| Private clinics (OPD) |  |  |  |  |  |  |
| Private clinics (ward) |  |  |  |  |  |  |

**Number of special VHND / RI session conducted by ANM during IDCF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IEC plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Materials available in district and block** | **Number required** | **Number available in the block** | **Number to indent from district level(national materials)** |
| 1 | ORS – Zinc poster |  |  |  |
| 2 | Breast feeding poster |  |  |  |
| 3 | Complementary feeding poster |  |  |  |
| 4 | Hand-washing poster |  |  |  |
| 5 | Leaflet on ORS – Zinc |  |  |  |
| 6 | Leaflet breastfeeding |  |  |  |
| 7 | Leaflet on complimentary feeding |  |  |  |
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**Requirement of formats**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Formats** | **Number** |
| 1 | ASHA planning cum tally sheet |  |
| 2 | Diarrhoea cases line list (ASHA) |  |
| 3 | Block reporting format |  |
| 4 | District reporting format |  |

**Mobile team plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of slum or hard-to reach area** | **No. of vehicles / teams** | **Name of team members** | **Date of visit** |
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**Supportive supervision from block level**

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| --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Names** | **Designation** | **Phone No** | **Village / slum / hard – to- reach** | **Date of visit** |
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Signature of Block Medical Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure V**

**Village level plan for IDCF and implementation checklist- to be used by ASHA during IDCF**

**District: \_\_\_\_\_\_\_\_\_\_\_\_ Block:\_\_\_\_\_\_\_\_\_\_\_\_\_ Village: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total population:\_\_\_\_\_\_\_\_\_\_\_\_\_ Families with under 5 children: \_\_\_\_\_**

**ASHA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob. No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total under five children:** \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Listing of children (10 – 26 July) | | | | | | | Home visit (1st week, 27 July – 2 Aug) | | | | Home visit (2nd week, 3-8 Aug) | | |
| Sr. No | Father name | Mother name | Child detail | | | | Day of visit (Mon / Tue / Wed / Thurs / Fri) | Prophylactic distribution of  ORS with demonstration  (✓ if yes) | Does the child suffer from diarrhoea  (✓ if yes) | ORS & zinc given to the child with diarrhoea  (✓ if yes) | Day of visit (Mon / Tue / Wed / Thurs / Fri) | Has the family counselled on IYCF?  (✓ if yes) | Visible severe wasting or  Bilateral pedal oedema or  Red  in MCP card or MUAC tape for 6 mths to 5 yrs age  ( ✓ if yes) |
| Name | Age | Gender (✓ wherever applicable) | |
| M | F |
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| Total | | | | |  |  |  |  |  |  |  |  |  |

Signature of ASHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIgnature of ANM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure V**

**Block level VHNSC plan ( to be filled up by Block Health Officer)**

**Name of block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Name of village** | **Name of head of village** | **Mob. No.** | **Date of VHNSC planned** |
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**Signature of BMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Sub-Divisional Magistrate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annexure VI**

**Subcenter reporting format**

**District: \_\_\_\_\_\_\_\_\_\_\_\_ Block:\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANM Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob. No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Sr. No. | Week 1 reporting | Number |
| 1 | Total No. of villages |  |
| 2 | No of villages where ORS was distributed |  |
| 3 | No. of under five children in the villages |  |
| 4 | No. of children distributed with ORS |  |
| 5 | No. of children reported with Diarrhoea during IDCF |  |
| 6 | No. of children with Diarrhoea provided with ORS |  |
| 7 | No. of children with Diarrhoea provided Zinc for 14 days |  |
| 8 | No. of children detected with Danger signs and referred by ASHA |  |
| 9 | No. of villages where VHNSC session on sanitation was conducted |  |
| 10 | Whether ORS – Zinc corner established at subcenter (Yes / No) |  |
| 11 | No. of schools where handwashing demonstration was carried out |  |

|  |  |  |
| --- | --- | --- |
| Sr. No. | Week 2 reporting | Number |
| 1 | Total No. of villages |  |
| 2 | No. of villages where IYCF counselling was conducted by ASHA |  |
| 3 | No. of households visited by ASHA for IYCF counselling |  |
| 4 | No. of under five children screened by ASHA |  |
| 5 | No. of children detected by ASHA as undernourished |  |
| 6 | No. of villages where VHNSC session on sanitation was conducted |  |

**Signature of ANM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annexure VII**

**Block reporting format**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Week 1 reporting** | **Number** |
| 1 | Total No. of villages |  |
| 2 | No of villages where ORS was distributed |  |
| 3 | No. of under five children in the villages |  |
| 4 | No. of children distributed with ORS |  |
| 5 | No. of children reported with Diarrhoea during IDCF |  |
| 6 | No. of children with Diarrhoea provided with ORS |  |
| 7 | No. of children with Diarrhoea provided Zinc for 14 days |  |
| 8 | No. of children detected with Danger signs and referred by ASHA |  |
| 9 | No. of villages where VHNSC session on sanitation was conducted |  |
| 10 | No. of ORS – Zinc corner established (including block level) |  |
| 11 | No. of ORS – Zinc corner established in private medical practitioners |  |
| 12 | No. of schools where handwashing demonstration was carried out |  |
| 13 | No. of slums / hard-to-reach areas |  |
| Performance of Mobile teams | |  |
| 14 | No. of mobile teams formed |  |
| 15 | No. of children received ORS from mobile teams |  |
| 16 | No. of children with Diarrhoea provided with ORS |  |
| 17 | No. of children with Diarrhoea provided Zinc for 14 days |  |

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Week 2 reporting** | **Number** |
| 1 | Total No. of villages |  |
| 2 | No. of villages where IYCF counselling was conducted by ASHA |  |
| 3 | No. of households visited by ASHA for IYCF counselling |  |
| 4 | No. of under five children screened by ASHA |  |
| 5 | No. of children detected by ASHA as undernourished |  |
| 6 | No. of villages where VHNSC session on sanitation was conducted |  |

**Annexure VIII**

**DISTRICT AND STATE REPORTING FORMAT**

***Part A: FOR IDCF Week 1***

|  |  |  |
| --- | --- | --- |
| 1 | Name of District / State: |  |
| 2 | Name of Nodal Officer Implementing IDCF  Email:  Phone: | ………….  ………….  …………... |
| 3 | No. of Districts conducted IDCF 2015/Total No. of Districts | …../……. |
| 4 | State launch undertaken as per guidelines |  |
| 5 | No. of Districts where District launch was undertaken |  |
| 6 | No. of ASHAs oriented on IDCF/ No. of ASHA | .…../…….. |
| 7 | No. of ANMs oriented on IDCF/ No. of ANMs | ……/…… |
|  | No. of MO’s oriented on IDCF / No. of MOs | ……/…… |
| 8 | No. of Staff Nurses oriented on Diarrhoea management/ No. of Staff Nurses | ……/…… |
| 9 | Dates of IDCF week 1 observation: |  |
| 10 | No. of vehicles hired for field supportive supervision |  |
| 11 | No. of HPDs where supportive supervision was undertaken by DPs/Total no. of HPDs | …../……. |
| 12 | Total No. of villages |  |
| 13 | No of villages where ORS was distributed |  |
| 14 | No. of under five children in the villages |  |
| 15 | No. of children distributed with ORS |  |
| 16 | No. of children reported with Diarrhoea during IDCF |  |
| 17 | No. of children with Diarrhoea provided with ORS |  |
| 18 | No. of children with Diarrhoea provided Zinc for 14 days |  |
| 19 | No. of children detected with Danger signs and referred by ASHA |  |
| 20 | No. of villages where VHNSC session on sanitation was conducted |  |
| 21 | No. of ORS – Zinc corner established (including block level) |  |
| 22 | No. of ORS – Zinc corner established in private medical practitioners |  |
| 23 | No. of schools where hand-washing demonstration was carried out |  |
| Performance of Mobile Teams | | |
| 24 | No. of slums / hard-to-reach areas |  |
| 25 | No. of mobile teams formed |  |
| 26 | No. of children received ORS from mobile teams |  |
| 27 | No. of children with Diarrhoea provided with ORS |  |
| 28 | No. of children with Diarrhoea provided Zinc for 14 days |  |

**DISTRICT AND STATE REPORTING FORMAT**

**Part B: For IDCF Week 2**

|  |  |  |
| --- | --- | --- |
| 1 | Name of State: |  |
| 2 | Name of Nodal Officer Implementing IDCF Week 2  Email:  Phone: | ………….  ………….  …………... |
| 3 | No. of Districts conducted IDCF 2015 Week 2/Total No. of Districts | …../……. |
| 4 | No. of ASHAs oriented on IDCF IYCF component/ No. of ASHA | .…../…….. |
| 5 | No. of ANMs oriented on IDCF- IYCF component/ No. of ANMs | ……/…… |
| 6 | No. of MOs oriented on IDCF- IYCF component/ No. of MOs |  |
| 7 | No. of Staff Nurses oriented on IYCF component/ No. of Staff Nurses | ……/…… |
| 8 | Dates of IDCF week 2 observation: |  |
| 9 | No. of vehicles hired for field supportive supervision |  |
| 10 | No. of HPDs where supportive supervision was undertaken by DPs/Total no. of HPDs | …../……. |
| 11 | Total No. of villages |  |
| 12 | No. of villages where IYCF counselling was conducted by ASHA |  |
| 13 | No. of households visited by ASHA for IYCF counselling |  |
| 14 | No. of under five children screened by ASHA |  |
| 15 | No. of children detected by ASHA as undernourished |  |
| 16 | No. of villages where VHNSC session on sanitation was conducted |  |

**Annexure IX**

**ORS – ZINC CORNER**

ORS - Zinc Corners are usually meant for childhood diarrhoea with **some dehydration** to be administered ORS under supervision for **4 hours**. Also no-dehydration cases that come directly to facilities could be treated at the ORS – Zinc corners. When there are no diarrhea cases using the ORS – Zinc corner, the area can be used for treating other problems

**Location**:

ORS – Zinc corners should be permanently at **health facilities** like Medical Colleges, District Hospitals, Block health facilities, sub-centres, private paediatrics facilities etc. Earmark a suitable area in the health facility for the corner. A small corner in the OPD or ward or any other suitable area in the health facility is generally enough for this purpose. The space required would depend on the case load. While earmarking such an area it should be ensured that:

* In case of hospital, the area is close to the workplace of the Doctor so that assessment of the child can be carried out frequently.
* The area is near a toilet or a washing facility, where mothers can clean the child and wash their hands before feeding them.
* Mothers can sit comfortably while administering ORS to their child.
* Pleasant and well-ventilated.

**Timings:**

The ORS – Zinc corners should be functional during OPD timings and 24 hours in paediatrics ward. A health worker who is trained in preparation of ORS solution and Zinc solution, should be posted to manage the corner. The corner should be prominently labeled as *“ORS – Zinc Corner for treatment of diarrhoea”*

**Materials required for management of ORS – Zinc corner**

* One table and two chairs / one bench with a back where the mother can sit comfortably while holding the child should constitute the corner
* Shelves to hold supplies
* Sufficient ORS and Zinc tablets with potable drinking water in a clean container, five glasses (200 ml), bowl / cup, soap, waste-backet, one litre vessel, clean spoons and leaflets should be on the table.

**Counseling at the ORS – Zinc corners:**

* The doctor / staff should counsel the mother in person using MCP card and administration of Zinc for 14 days.
* ORS – Zinc corner is a good place to display informative materials. Banner and poster on ORS – Zinc, hand washing and IYCF should be displayed at the corner.

**Activities:**

* At least one litter of ORS solution should be prepared daily after washing hands with soap and water. The solution should be kept at the ORS – Zinc corner. It should be readily available to the mother when required. Replenish the solution whenever required. More than 24 hours prepared solution should be discarded and not be used. After the mother has washed her hands thoroughly with soap and water, provide the ORS solution in bowl / cup or glass with spoon to enable her to administer the solution.
* In case of a diarrheal episode during ORS administration, the child and mother and the area should be thoroughly cleaned. After washing hands again with soap and water the mother should administer ORS.
* If the child vomits, the child and mother and the area should be thoroughly cleaned. After washing hands again with soap and water the mother should administer ORS more slowly.
* In case of no-dehydration diarrhoea,
  + Administer ORS solution at the corner for some time till the child is comfortable.
  + Explain the mother on how to prepare the ORS solution, if possible demonstrate.
  + Demonstrate on how to prepare age appropriate Zinc tablet solution in a spoon.
  + Administer the first dose of Zinc tablet solution.
  + Explain when to administer ORS and Zinc.
  + Provide at least one ORS sachet and 13 tablets of Zinc to take home.
  + Advice on age appropriate feeding during diarrhoea
  + Advice when to return
* In case of some-dehydration diarrhoea,
  + Administer ORS solution at the corner for 4 hours
  + Re-asses the child for status of dehydration.
  + In case of no dehydration, follow the above steps for no-dehydration diarrhoea.
  + In case of severe-dehydration, the child needs to be admitted for Plan C treatment.

**IDCF Secretariat**

**In case of any further information may contact:**

1. **Dr. Rakesh Kumar, Joint Secretary (RCH)**

**Email: rkumar92@hotmail.com**

**Telefax: 011-23061723**

1. **Dr. Ajay Khera, Deputy Commissioner (Child Health & Immunization)**

**Email:** [**ajaykheramch@gmail.com**](mailto:ajaykheramch@gmail.com)

**Telefax: 011-23061281**

1. **Dr. Sila Deb, Deputy Commissioner (Child Health)**

**Email:** [**drsiladeb@gmail.com**](mailto:drsiladeb@gmail.com)

**Telefax: 01123061218**

**IDCF Toolkit**

Contents:

1. Orientation module
2. Communication Kit for Awareness campaign

(IDCF toolkit is a separate document provided with these guidelines)

1. [↑](#footnote-ref-1)