

प्रपत्र संख्या 4 ब्लाक स्तरीय क्रियान्वयन योजना

Annexure IV: Block operational plan

IDCF 2016 (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 (Compiled from all PHCs):

Commodities	For distribution by ASHA	For ORS – Zinc corners	For treatment by ANM	For treatment by ASHA	For mobile teams	Requirement for IDCF	Current stock in block	To indent
	A	B	C	D	E	$C = A + B + C + D$	E	$F = E - C$
ORS (formula for calculation)	Under 5 population X 1	No. of ORS Zinc corners X 100	No. of ANM X 20	No. of ASHA X 20	No. of mobile teams X 200			
ORS (calculate)								
Zinc (formula for calculation)		No. of ORS Zinc corners X 700	No. of ANM X 140	No. of ASHA X 140	No. of mobile teams X 140			
Zinc (calculate)								

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ORS - Zinc corners plan:

Facilities	Number	Planned ORS - Zinc corners	For display		
			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 IDCE:

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	Hand-washing poster			
3	Leaflet on ORS - Zinc			
4	Leaflet breastfeeding			
5	Leaflet on complimentary feeding			

Requirement of formats

Sr. No	Formats	Number

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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

Supportive supervision from block level

Sr. No	Names	Designation	Phone No	Village / slum / hard - to- reach	Date of visit

Signature of Block Medical Officer: _____