## INTENSIFIED DIARRHOEA CONTROL FORTNIGHT

District Compilation /Reporting Format (Format No.9) : UTTAR PRADESH

	of the Distric			Name of the District Nodal Officer for IDCF:									Email and phone No. :												
Wheth	er District lau	unched IDCF (	Y/N) :																1	DCF -201	6				_
	Name of Blocks including Urban		Name of the Nodal	Email and Phone Number	Is block conducted IDCF 2016 (Y=1 N=0)	number	ASHA in		Total No. of ANMs	Total No. of ANMs Oriente d on IDCF	MOs	Total No. of MOs Oriente d on IDCF	Total No. of staff Nurse		Dates of IDCF observa tion		prioirity blocks	where suppotive	Total number of villeges	No. of villages where	No. of under five children in the block	distribute d with	No. of children reported with Diarrhoea durinig IDCF	with Diarrhoea	ea
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	Total																								

Date of Reporting:

Signature of Nodal officer IDCF

Name Designation

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						Performance of Mobile team												
children detecte d with Danger signs and	villages where VHNSC session on	Zinc corner established (including blocks &	No. of ORS- Zinc corner established with private medical practitoners	No. of schools where handwashing demonstratio n was carried out	diarrhoea death during	slums/hard- to-reach	teams formed	No. of children received ORS from mobile teams	children with Diarrhoea provided with ORS	No. of children with Diarrhoea provided Zinc for 14 days	oriention meeting held	day orientation/ meeting held at	day	meeting	Number of IDCF toolkit printed	Number of monitoring format printed	incurred	Cost of local purchase of ORS and Zinc (If Any)
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