

INTENSIFIED DIARRHOEA CONTROL FORTNIGHT

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

Name of the District: _____ Name of the District Nodal Officer for IDCF: _____ Email and phone No. : _____

Whether District launched IDCF (Y/N) :					IDCF -2016																					
S. No.	Name of Blocks including Urban	U-5 target Children Population in the blocks	Name of the Nodal person	Email and Phone Number	Is block conducted IDCF 2016 (Y=1 N=0)	Total number of Sub centers	Total No. of ASHA in blocks	No. of ASHAs oriented on IDCF	Total No. of ANMs	Total No. of ANMs Oriented on IDCF	Total No. of MOs	Total No. of MOs Oriented on IDCF	Total No. of staff Nurse	Total No. of trained staff Nurse on IDCF	Dates of IDCF observation	No. of Hired vehicles for field supportive supervision	Total No. of High priority blocks	No. Of HPDs where supportive supervision was undertaken by District officials	Total number of villeges	No. of villeges where ORS was distributed	No. of under five children in the block	No. of children distributed with ORS	No. of children reported with Diarrhoea during IDCF	No. of children with Diarrhoea provided with ORS	No. of children with Diarrhoea provided with Zinc for 14 days	
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Total																										

Date of Reporting: _____

Signature of Nodal officer IDCF _____
 Name _____
 Designation _____

