** District level Supportive Supervision Checklist, July 11-23, 2016**

For State level monitors

**Name of monitor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_Organization: \_\_\_\_\_\_\_\_\_\_Mob. No: \_\_\_\_\_\_\_\_\_\_\_**

**Name of district:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Planning at district level** *(Monitor should meet DM, CMO, RCHO and other district level officers)* | | | | |
| Name of CMO/RCHO/ District Nodal Person for IDCF and mobile nos.: | | | | |
| IDCF Steering Committee meeting held with Chair by DM *(verify minutes)* | | | District operational plan available | |
| Yes NoCommittee not formed | | | Yes No | |
| District level orientation on IDCF held | | | | Yes No |
| Participants / departments in district orientation on IDCF *(circle applicable after verification of minutes of meeting)* | | | H&FW (BMO / Municipal MO / BCM) / WCD / PRI / Water and Sanitation / Tribal Welfare / Education / District IEC | |
| Assessment of requirement of ORS and Zinc done by district officials | | | | Yes No |
| If shortfall of ORS then, procurement of ORS done / supply received from state level Yes No NA | | | If shortfall of Zinc then, procurement of Zinc done / supply received from state level Yes No NA | |
| Availability and supply ensured of *(circle applicable)* | | | MCP card / MUAC tape / Weighing machine | |
| District received communication regarding IDCF from State HQ | | | | Yes No |
| District issued communication regarding IDCF to block | | | | Yes No |
| District launch of IDCF by prominent person | | | | Yes No |
| **Financial norms for IDCF** | | | |  |
| District has clarity on financial norms for ASHA incentives for IDCF | | | | Yes No |
| District received funds for IDCF | | | | Yes No |
| **IEC planning** | | | | |
| IEC material on IDCF eg Banner, Posters, audio video clippings received from state: Yes No District produced | | | | |
| IEC material on IDCF distributed to blocks | | | | Yes No |
| **Supportive supervision** | | | | |
| District supportive supervision plan is in place with clear role and logistic arrangement | | | | Yes No |
| Supportive supervision formats printed and given to blocks | | | | Yes No |
| Review mechanism of implementation of IDCF from district level (circle applicable) | | Daily evening meeting of supervisors with CMO / Daily phone communication with supervisors / review meeting after week | | |
| **Implementation plan *(verify)*** | | | | |
| No. of blocks in the district |  | | No. of urban areas in the district |  |
| No. of blocks submitted microplan |  | | No. of urban areas submitted microplan |  |
| No. of blocks that have constituted mobile team for IDCF |  | | No. of urban areas that have constituted mobile team for IDCF |  |
| District officials of WCD & Education dept. have instructed blocks, AWCs, Schools to participate in IDCF campaign (verify communication) | | | | Yes No |

Signature\_\_\_\_\_\_\_\_\_\_\_\_

 **Block / urban level Supportive Supervision Checklist, July 11-23, 2016**

For state & district level monitors

**Name of monitor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_Organization: \_\_\_\_\_\_\_\_\_\_Mob. No: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of district:\_\_\_\_\_\_\_\_\_\_Name of block / urban area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Planning at block / urban level** | | | |  | | |
| Name of BMO / Municipal MO and mobile no.: | | | | | | |
| BMO / Municipal MO attended the district level steering committee meeting on IDCF | | | | Yes No | | |
| Block / urban area level filled operational plan available | | | | Yes No | | |
| ASHA level filled listing of under children available for all villages | | | | Yes No | | |
| Block level filled VHNSC plan available for all villages | | | | Yes No | | |
| Block reporting format available | | | | Yes No | | |
| Sub-center reporting formats distributed to all sub-centers | | | | Yes No | | |
| Funds for ASHA incentives received | | | | Yes No | | |
| **ORS – Zinc corner *(prioritize visit to Medical College, District Hospital, Children Hospital, Block Hospital)*** | | | | | | |
| ***Established in OPD area*** | | | | Yes No | | |
| ORS available | | | | Yes No | | |
| Zinc available | | | | Yes No | | |
| Drinking water available | | | | Yes No | | |
| All the corner staff trained on diarrhea management within last 1 month | | | | Yes No | | |
| Plan B treatment protocol displayed | | | | Yes No | | |
| ORS – Zinc poster displayed | | | | Yes No | | |
| ***Established in ward*** | | | | Yes No | | |
| ORS available | | | | Yes No | | |
| Zinc available | | | | Yes No | | |
| Drinking water available | | | | Yes No | | |
| All MO & nurses of ward trained on diarrhea management within last 1 month | | | | Yes No | | |
| Plan C treatment protocol displayed in ward | | | | Yes No | | |
| ORS – Zinc poster displayed | | | | Yes No | | |
| Last case of diarrhea was prescribed Zinc during discharge *(verify record)* | | | | Yes No | | |
| **Mobile team** | | | |  | | |
| Mobile teams required for the block | | | | Yes No | | |
| Mobile teams constituted | | | | Yes No | | |
| Mobile teams have visited slums / orphanages / migrant population / HTRAs *(verify record)* | | | | Yes No | | |
| **Supportive supervision** | | | |  | | |
| District monitor has visited the block for monitoring | | | | Yes No | | |
| Supportive supervision plan available | | | | Yes No | | |
| Supervisors visiting as per plan | | | | Yes No | | |
| **Visit villages where VHNSC meeting is planned on day of supportive supervision** | **Village 1** | **Village 2** | **Village 3** | | | **Village 4** | |
| Name of village visited |  |  |  | | |  | |
| VHNSC meeting held on sanitation | Yes No    Y | Yes No | Yes No | | | Yes No | |
| Name of ASHA and mobile no. |  |  |  | | |  | |
| ASHA trained on her role in IDCF within last 1 month | Yes No | Yes No | Yes No | | | Yes No | |
| ORS – Zinc distribution by ASHA / ANM is as per plan | Yes No    Y | Yes No | Yes No | | | Yes No | |
| ASHA used the IDCF leaflet during counselling of mothers |  |  |  | | |  | |
| No. of houses with under 5 children visited by monitor (at least 3 houses where ASHA has already visited) |  |  |  | | |  | |
| Of the above, no. of houses where ORS was distributed by ASHA |  |  |  | | |  | |
| No. of houses (respondents) who saw any poster/ hoarding, TV commercial or radio spot on diarrhea during the IDCF |  |  |  | | |  | |
| No. of houses (respondents) who known what to do if their child has diarrhea *(seek health advise from ASHA/ AWW, ORS + Zinc)* |  |  |  | | |  | |
| No. of houses (respondents) who know where to get ORS and Zinc from *(Health centers, ASHAs/ ANM)* |  |  |  | | |  | |
| No. of houses (respondents) who know what can they do to prevent diarrhea *(hand wash, disposal of feces)* |  |  |  | | |  | |
|  | **School 1** | **School 2** | **School 3** | | | **School 4** | |
| Name of school visited |  |  |  | | |  | |
| After morning assembly / prayers, importance of hand washing is communicated to students. | Yes No | Yes No | Yes No | | | Yes No | |
| Poster on hand-washing pasted at the hand washing area | Yes No | Yes No | Yes No | | | Yes No | |
| Before mid-day-meal, all children taught to wash hands | Yes No | Yes No | Yes No | | | Yes No | |
| School activities conducted around hygiene and sanitation | Yes No | Yes No | Yes No | | | Yes No | |
| **Supportive supervision** | | | | |  | | | |
| District monitor has visited the block for monitoring | | | | | Yes No | | | |
| Supportive supervision plan available | | | | | Yes No | | | |
| Supervisors visiting as per plan | | | | | Yes No | | | |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Village level Supportive Supervision Checklists for**

For block level supervisors onitors

**Name of supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob. No: \_\_\_\_\_\_\_\_\_\_\_**

**Name of district:\_\_\_\_\_\_\_\_\_\_Name of block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Visit villages where VHNSC meeting is planned on day of supportive supervision** | **Village 1** | **Village 2** | **Village 3** | **Village 4** |
| Name of village visited |  |  |  |  |
| VHNSC meeting on sanitation held | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Name of ASHA and mobile no. |  |  |  |  |
| ASHA trained on her role in IDCF within last 1 month | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows the activities to be done in IDCF *[(1) Distribution of one ORS packet to each mother/care giver having children under 5 years (2) Treat child with diarrhea having no danger signs (3) Counsel Mothers/Care givers on feeding practices (4) Refer Child to facility in case child detected with danger signs during diarrhea]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Listing of children as per format available with ASHA | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows definition of diarrhea [*when the stools have changed from usual pattern and are many and watery (more water than fecal matter}]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows the danger signs of dehydration  *[Any two of the following for some dehydration eg. Restless/Irritable, Sunken Eyes, Drinking eagerly/Thirsty & Skin Pinch goes back slowly*  *and any two of the following for Severe Dehydration eg. Lethargic or unconscious, Sunken eyes, Not able to drink or drinking poorly & skin pinch goes back very slowly (more than 2 seconds)]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows referral to facility in case of danger signs of diarrhea *[as per above danger signs]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows correctly the treatment of diarrhea if the child has no danger signs *[(1) Give Extra Fluids/ORS (2) Give Oral Zinc Tablets (3) Continue Feeding (4) Advise Mother when to return –Child becomes sicker/not able to drink or breast feed/blood in stool/drinking poorly/develops fever]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows correctly how to prepare ORS *[assessment based on demonstration of preparation of ORS]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows correctly the doses of Zinc *[2-6 months-10 mg. and 6 months to 5 years- 20 mg]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Knows how to administer Zinc *[to be dissolved in breast milk/ plain water]* | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| ORS – Zinc distribution by ASHA is as per plan | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| No. of houses with under 5 children visited by monitor [*atleast 3 houses where ASHA has already visited]* |  |  |  |  |
| Of the above, no. of houses where ORS was distributed by ASHA |  |  |  |  |
| No. of houses (respondents) who saw any poster/ hoarding, TV commercial or radio spot on diarrhea during the IDCF |  |  |  |  |
| No. of houses (respondents) who known what to do if their child has diarrhea *(seek health advise from ASHA/ AWW, ORS + Zinc)* |  |  |  |  |
| No. of houses (respondents) who know where to get ORS and Zinc from *(Health centers, ASHAs/ ANM)* |  |  |  |  |
| No. of houses (respondents) who know what can they do to prevent diarrhea *(hand wash, disposal of feces)* |  |  |  |  |
|  | **School 1** | **School 2** | **School 3** | **School 4** |
| Name of school visited |  |  |  |  |
| After morning assembly / prayers, importance of hand washing is communicated to students. | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Poster on hand-washing pasted at the hand washing area | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| Before mid-day-meal, all children taught to wash hands | Yes No    Y | Yes No    Y | Yes No    Y | Yes No    Y |
| School activities conducted around hygiene and sanitation |  |  |  |  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_