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# Annexure IV: District operational plan - IDCF 2018

(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: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Supply requirement:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Commodities** | **For distribution by ASHA and mobile teams** | **For demonstration of ORS and Zinc by ASHA and mobile teams** | **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** | **F** | **G = A + B + C + D + E + F** | **H** | **I = G –H** |
| ORS  (formula for calculation) | Under 5 population X 1 packet | No. of VHND sessions X 1 | No. of ORS Zinc corners X 50 cases X 2 | No. of ANM X 10 cases X 2 packets | No. of ASHA X 10 cases X 2 packets | No. of mobile teams X 10 cases X 15 days X 2 packets |  |  |  |
| ORS (calculate) |  |  |  |  |  |  |  |  |  |
| Zinc (formula for calculation) |  | No. of VHND sessions X 1 | No. of ORS Zinc corners X 50 cases X 14 | No. of ANM X 10 cases 140 tablets | No. of ASHA X 10 cases 14 tablets | No. of mobile teams X 10 cases X 15 days X 14 tablets |  |  |  |
| Zinc (calculate) |  |  |  |  |  |  |  |  |  |

**ORS – Zinc corners plan:**

| **Facilities** | **Number** | **Planned ORS – Zinc corners** | **For display** | | |
| --- | --- | --- | --- | --- | --- |
| **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) |  |  |  |  |  |
| Sub centre (OPD) |  |  |  |  |  |
| Private clinics (OPD) |  |  |  |  |  |
| Private clinics (ward) |  |  |  |  |  |

**Printing of treatment protocols**

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| --- | --- |
| **Protocol** | **Number to be printed** |
| **Plan A** |  |
| **Plan B** |  |
| **Plan B – SAM** |  |
| **Plan C** |  |
| **Plan C - SAM** |  |

**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 | Hand-washing poster |  |  |  |
| 3 | Leaflet on ORS – Zinc |  |  |  |
| 4 | Leaftlet breastfeeding |  |  |  |
| 5 | Leaflet on complimentary feeding |  |  |  |
|  |  |  |  |  |

**Printing of formats**

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| --- | --- | --- |
| **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**

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**