IDCF 2015

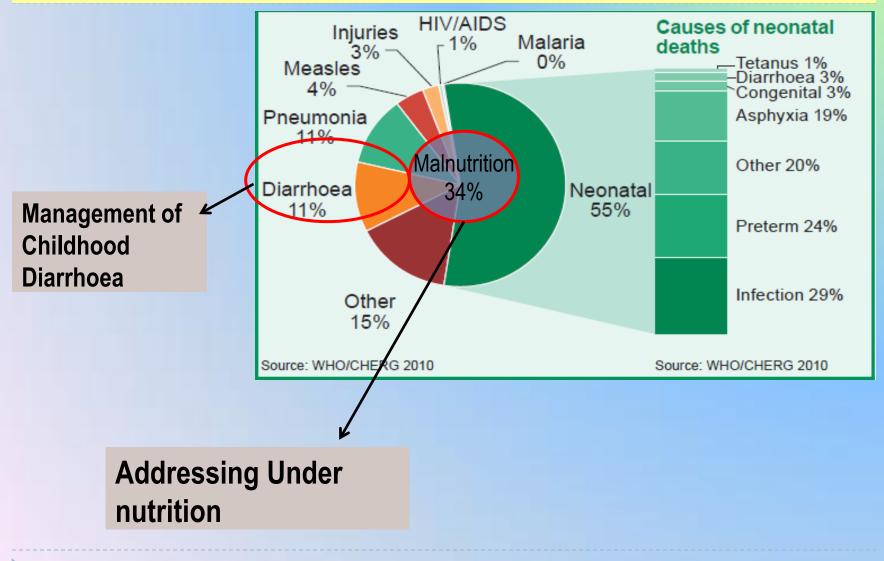
Intensified Diarrhoea Control Fortnight 27th July -8th August 2015

Child Health Division Ministry of Health and Family Welfare Government of India





Contribution of Diarrhoea and malnutrition to Child Mortality



Intensified Diarrhoea Control Fortnight (IDCF) : 27thJuly to 8th August 2015

- Aim: Intensified activities for control of deaths due to Diarrhoea across all States & UTs,
- When: 27thJuly to 8th August 2015
- Activities: intensification of advocacy activities, awareness generation activities, diarrhoea management service provision, establishing ORS-zinc demonstration sites, ORS distribution by ASHA, detection of undernourished children and their treatment, and promotion of IYCF activities

Week wise details of Intensified Diarrhoea Fortnight

Dates	Theme
27 th July- 1 st August	Week 1: Focus on Diarrhoea related activities
3 rd - 8 th August	Week 2: Focus on Infant and Young Child Feeding Practices (as
	child nutrition status is a major factor deciding occurrence and
	intensity of Diarrhoea)

ZERO CHILDHOOD DIARRHOEAL DEATHS

ACTIVTIES DURING IDCF

WEEK 1	Common Activities for week wise theme	WEEK 2	
1. ORS ditribution & counselling/home visits by ASHA to all unerfive chilren families 2. ORS-Zinc Demostration sites 3. ORS + Zinc prescriptions by providers	4. Intensive Awareness generation & BCC 5. Capacity building of all providers & 6. Multisectoral involvements- ICDS, Schools PRI	1. Home visit, for detection of undernourished children by ASHA 2. IYCF demosntration and counselling sites 3. Medical management at health facility	

PRE-PLANNING ACTIVITIES FOR IDCF

- I.---- Formation of State & District IDCF coordination committee
- 2. Orientation & capacity building for Diarrhoea and IYCF

Location	Participants	Contents of orientation	When
State/Regional level	RDD, CS, DIO, RPM, DPM, DCM	Technical insights into Diarrhoea Control programme & IYCF;	In preceding week
District level	BPO/ MOs / BCM / BHM/CDPO/MO- CHC/PHC etc	Managerial aspects of IDCF	
Block/PHC level	AYUSH, ANM, ASHA& AWW	Technical orientation of service provision on Diarrhoea and IYCF	24/25 th July

- 3. Logistic assessment:
 - **ORS/Zinc supplies (Estimated 2.1 lakh ORS packets for 1 District)**
 - IYCF related logistic- weighing scale, MCP card, job aides
- 4. Assessment of IEC materials available, replication of National level IEC material
- 5. Gearing of Facilities/ Institutions for ORS corners, demonstration sites, IYCF counseling : Health Facilities, AWCs, Schools etc

CORE ACTIVITIES WEEK I

I. Home distribution of ORS and ASHA related activities:

- a. Prophylactic ORS distribution to allunder-five children families
- b. ASHA would undertake identification and referral of Diarrhoeal cases to health facilities
- c. ASHA would report all diarrhoeal deaths during the fortnight
- d. At the end of Fortnight a report will be submitted by State Health Society

2. Establishment of ORS- Zinc demonstration sites:

- a. ORS- Zinc demonstration sites should be established at :
- \rightarrow All Health facilities \rightarrow All Schools \rightarrow All AWCs
- b. Facilities with NRCs to be geared up for management of SAM children with diarrhoea
- c. Facilities to be geared up to manage severe dehydration

3. Involvement of Indian Academy of Pediatrics (IAP)/other NGOs:: Facilitating launch

District level launch and involvement of RMPs

4. Awareness generation activities

- a. State level Launch/ District level launch and sensitization
- b. Mass media : Television and Radio
- c. Posters, banners, hoardings wall paintings to be prominently & strategically displayed
- d. Miking , local art and wall painting
- e. Material at http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/child-

CORE ACTIVITIES IN WEEK I

Hand washing Demonstration and Awareness generation in Schools

- a) To be carried out in all primary and middle schools
- b) Hand washing messages to be conveyed at morning assembly
- c) Poster of hand washing with soap to be displayed in schools
- d) Before mid day meal all children to be taught correct hand washing.

CORE ACTIVITIES WEEK II

- I. Home visitation by ASHA and detection of undernourished children : identify by visible severe wasting, bilateral pedal oedema or children in red zone in MCPC.
- 2. Referral of severe malnourished children for checkup at health facility
- 2. Setting up of IYCF demonstration and counselling sites: IYCF demonstration and counselling sites would be established at
- \rightarrow each health facility i.e SC/PHC/CHC/DH/MC and
- → Anganwadi Centres.
- \rightarrow Panchayat premises
- Site should be
- Easily visible
- Prerequisites for growth monitoring to be available
- Arrangement for Mothers meetings
- An oriented IYCF counselling provider such as ANM/SN having job aides and IEC material
- On the site, growth monitoring and counselling on feeding for all under-five children
- 3. Referral and Medical management of undernourished children at health facilities for other morbidities like TB, HIV etc
- 4. Follow up of cases: ASHA would also maintain line listing follow up for ensuring treatment.
- 6. Awareness generation activities: as in Week one based on the theme of IYCF.

COMMON ACTIVITIES FOR WEEK I& II

- Counselling by ANM on VHND (as per micro plan) on diarrhoea and IYCF
 - Demonstration of ORS preparation
 - Communication on danger signs of Diarrhoea
 - Highlight hand washing and hygiene practices
- VHSNC meeting on sanitation and hygiene
 - Mapping of open defecation(OD) areas and plan for stopping open defecation
 - Discussion on clean surrounding
- Intensive Awareness generation and mobilization. Poster banners, miking etc
- Multisectoral involvement Involvement of Schools, ICDS, PRIs etc

	IEC	C activity to be undertaken	Key perso
State	a)	T.V/ radio advertisements	MD(NRH
level	b)	State level launch of IDCF by CM/ HM by inaugurating activities in a noted General)
		Hospital	
	c)	Facilitation of Districts by providing IEC material prototypes shared by Gol	
	d)	Facilitation of Districts by providing other printed material- orientation material,	
		FAQs, IDCF guidelines, monitoring formats	
	e)	State level monitors to be sent to each District for observation of activities	
Distric	a)	Launch of IDCF to be organised jointly by CMO office and Indian Academy of	CMO
t Level		Paediatrics	
	b)	Launch of IDCF by MP/MLA	
	c)	Daily miking for key messages	
	d)	Placing Banners/Posters at Strategic locations	
	e)	Celebrating ORS Day which falls on 29 th July	
School	Scł	nool:	BMO/Act
	a)	Organise WASH Fortnight in which soap, clean water is provided and handwashing is	MO
		observed before Mid Day Meal; Banners/posters on Hand washing to be put in hand	CHC,PH
		washing area	
	b)	Organise Essay writing/Speech/painting competition on Diarrhoea and use of ORS	
		and zinc followed by a lecture by BMO/MO on Diarrhoea and ORS/Zinc use	
	c)	Rally by School children as ambassadors of ORS and zinc in community	

	IEC activity to be undertaken	Key person
Block Level	 a) Special session on Childhood Diarrhoea- ORS/Zinc in meeting of Block PRI members (Funds from PRI system) b) Similar session in BDC meeting c) Daily miking d) Display of posters and banners 	BMO/BHO
Village level	Daily demonstrations at Anganwadis in mother meetings Wall paintings , local art, display of IEC material	
	ANM counselling for IYCF related activities in mother meetings VHSNC meeting on sanitation and diaarhoea control	ANM
		ANM/ MO
Others	ORS corners at Haats/Temples/Munadis/NukadNatakas/ Folk lore	MO

Monitoring & Supervision

- National/State/District level teams for supervision & monitoring
- The block supervisors include BMO/BHO, BHM, BCM, AYUSH, MOIC and others. They will visit at least 10% of the AWW ORS-zinc sites and 10% of households provided with ORS for confirmation during the Fortnight period.
- Under RMNCH intensification, the lead agency will monitor its implementation through District coordinators placed in 184 HPDs
- Involvement of Development partners and NGOs and reaching for poor performing districts: Special focus should be provided to
 - High Priority Districts,
 - poor performing areas,
 - remote and tribal blocks,
 - slums, areas prone to Diarrhoeal outbreaks based on previous year's data.
- Technical expertise available with major development partners can be used to orient State and District Health Officials to conduct the programme.

Reports to be sent to National Officer by 14th August 2015

Reporting Mechanism for IDCF

- Easy to use ASHA reporting formats
- State reporting formats to be sent up to 14th August 2015
- Compulsory reporting of diarrhoeal deaths
- Information to be captured on:
 - No. of ORS packets distributed by ASHA
 - No. of undernourished children identified and referred for treatment by ASHA
 - State/District launches
 - Vehicles hired for supervision
 - No. of district that could implement detailed IEC activity undertaken
 - No. of diarrhoeal cases & deaths reported during fortnight
 - No. of HPD s implemented both weeks of IDCF.

(Proposed) FINANACIAL PROVISION/District

S. No.	Activity	Cost/District (Rs.)
1.	ASHA incentive: a) Week 1: for prophylactic distribution of ORS @ Rs. 1 per ORS packet delivered to family with under-five children. b) Week 2: Facilitating growth monitoring of all children in village; screening of undernourished children to Health centre; IYCF counselling to under-five children household- for completing at least 80% of household @ Rs. 100 per ASHA . [For a district with approximate 2000 ASHA @ Rs. 100 per ASHA: funds are Rs. 2 lakhs]	4,00,000
2.	Printing Costs:	18,000
3.	Procurement of ORS- for prophylactic distribution [For a district with 20 lakhs population—around 2 lakh under-five children requiring 1 packet@ Rs. 2 per packet)	4,00,000
5.	Daily Mobility Support for field level monitoring- ; 2 hired vehicles from 26 July - 8August. 2 Vehicle (Rent per day Rs. 1000/vehicle; Fuel Rs.1000/day/vehicle) =Rs. 2000*10 days	40,000
6	WASH activities in Schools (Rs. 1000 per School)	Rs. 50,000
7	IEC Costs: Banners/Posters/Pamphlets for ASHA, Munadi, Nataks	2,00,000
8	One day orientation meeting at PHC/Block levels @Rs. 50/ participants for around 3000 health care providers (apart from printing of training material.	1,50,000
	Total	Rs10,00,00

Thanks

TOWARDS ZERO CHILDHOOD DIARRHOEAL DEATHS