

## District level Supportive Supervision Checklist, Week 1 & 2

Name of monitor: \_\_\_\_\_ Designation: \_\_\_\_\_ Organization: \_\_\_\_\_ Mob. No: \_\_\_\_\_

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

<b>Planning at district level</b> (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 ( <i>verify minutes</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Committee not formed		District operational plan available <input type="checkbox"/> Yes <input type="checkbox"/> No	
District level orientation on IDCF held Yes <input type="checkbox"/> No <input type="checkbox"/>			
Participants / departments in district orientation on IDCF ( <i>circle applicable after verification of minutes of meeting</i> )		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 prior to IDCF ( <i>verify documents</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
If shortfall of ORS then, procurement of ORS done / supply received from state level <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA ( <i>Verify through register entry</i> )		If shortfall of Zinc then, procurement of Zinc done / supply received from state level <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA ( <i>Verify through register entry</i> )	
Availability and supply ensured of ( <i>circle applicable</i> ) ( <i>Verify through register entry</i> )		MCP card / MUAC tape / Weighing machine	
District received communication regarding IDCF from State HQ			<input type="checkbox"/> Yes <input type="checkbox"/> No
District issued communication regarding IDCF to block			<input type="checkbox"/> Yes <input type="checkbox"/> No
If District officer aware of ASHA microplanning for IDCF District sent communication to blocks for ASHA micro plans			
District launch of IDCF by prominent person ( <i>collect pictures of launch</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Financial norms for IDCF</b>			
District has clarity on financial norms for ASHA incentives for IDCF ( <i>check if it matches with guidelines</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
District received funds for IDCF			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is District officer aware about ASHA incentive of Rs 1 per ASHA per for ORS distribution per family of under-five children			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is District officer aware about ASHA incentive of Rs 1 per ASHA per for ORS distribution per family of under-five children			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IEC planning</b>			
IEC material on IDCF e.g. Banner, Posters, audio video clippings received from state: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> District produced			
IEC material on IDCF distributed to blocks			<input type="checkbox"/> Yes <input type="checkbox"/> No
IDCF hoarding displayed at prominent places in the district HQ			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Supportive supervision</b>			
District supportive supervision plan is in place with clear role and logistic arrangement			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supportive supervision formats printed and given to blocks			<input type="checkbox"/> Yes <input type="checkbox"/> No
Review mechanism of implementation of IDCF from district level ( <i>circle applicable</i> )		Daily evening meeting of supervisors with CMO / Daily phone communication with supervisors / review meeting after week	
<b>Implementation plan (verify)</b>			
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 ( <i>verify communication</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NRC visit</b>			
No. of NRCs in the district			
Name of NRC visited		IDCF referral children admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature \_\_\_\_\_

### Block / urban level Supportive Supervision Checklist, Week 1

Name of monitor: \_\_\_\_\_ Designation: \_\_\_\_\_ Organization: \_\_\_\_\_ Mob. No: \_\_\_\_\_

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Block / urban area level filled operational plan available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ASHA level filled listing of under children available for all villages	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Block level filled VHNSC plan available for all villages	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Block reporting format available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sub-center reporting formats distributed to all sub-centers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Funds for ASHA incentives received	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ORS – Zinc corner (prioritize visit to Medical College, District Hospital, Children Hospital, Block Hospital)				
<b>Established in OPD area</b>				
ORS available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Zinc available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drinking water available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
All of corner staff trained on diarrhea management within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Plan B treatment protocol displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ORS – Zinc poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IYCF poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Established in ward</b>				
ORS available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Zinc available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drinking water available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
All MO & nurses of ward trained on diarrhea management within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Plan C treatment protocol displayed in ward	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ORS – Zinc poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IYCF poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last case of diarrhea was prescribed Zinc during discharge (verify record)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile team				
Mobile teams required for the block	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile teams constituted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile teams have visited slums / migrant population / HTRAs (verify record)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supportive supervision				
District monitor has visited the block for monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supportive supervision plan available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisors visiting as per plan	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of ASHA and mobile no.				
ASHA trained on her role in IDCF within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ORS – Zinc distribution by ASHA is as per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				
ORS –Zinc corner established at AWC/Panchayat etc. in village	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visit to Schools	School 1	School 2	School 3	School 4
Name of school visited				
After morning assembly / prayers, importance of hand washing is communicated to students.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poster on hand-washing pasted at the hand washing area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before mid-day-meal, all children taught to wash hands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ORS –Zinc corner established in School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature \_\_\_\_\_

# Block / urban level Supportive Supervision Checklist, Week 2

Name of monitor: \_\_\_\_\_ Designation: \_\_\_\_\_ Organization: \_\_\_\_\_ Mob. No: \_\_\_\_\_

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

<b>Planning at block / urban level</b>				
Name of BMO / Municipal MO and mobile no.:				
BMO / Municipal MO attended the district level steering committee meeting on IDCF	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Block / urban level filled operational plan available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ASHA level filled children listing available for all villages	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Block level filled VHNSC plan available for all villages	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Block reporting format available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sub-center reporting formats distributed to all sub-centers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Funds for ASHA incentives received	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>ORS – Zinc corner</b>				
<b>Established in OPD area</b>				
ORS available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Zinc available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drinking water available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
All of corner staff trained on diarrhea management within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Plan B treatment protocol displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ORS – Zinc poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IYCF poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Established in ward</b>				
ORS available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Zinc available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drinking water available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
All MO & nurses of ward trained on diarrhea management within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Plan C treatment protocol displayed in ward	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ORS – Zinc poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IYCF poster displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Last case of diarrhea was prescribed Zinc during discharge (verify record)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Established at Non Health Facilities</b>				
At AWCs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
At Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any other appropriate place	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Mobile team</b>				
Mobile teams required for the block	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile teams constituted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile teams have visited slums / migrant population / HTRAs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Supportive supervision</b>				
District monitor has visited the block for monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supportive supervision plan available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisors visiting as per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Visit villages where VHNSC meeting is planned</b>	<b>Village 1</b>	<b>Village 2</b>	<b>Village 3</b>	<b>Village 4</b>
Name of village visited				
VHNSC meeting on sanitation held	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Name of ASHA and mobile no.				
ASHA trained on her role in IDCF within last 1 month	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Home visit by ASHA is as per plan	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
ASHA identifying undernourished children by	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Visible severe wasting / Bi-pedal edema	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
MUAC tape	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
MCP card	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
No with under 5 children visited by monitor (at least 3 houses already visited by ASHA)				
Of the above, # houses where IYCF counselling was done by ASHA				
Mothers' meeting organized for counselling and demonstration on IYCF at AWC or community level	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Signature\_\_\_\_\_

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of ASHA and mobile no.				
ASHA trained on her role in IDCF within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows the activities to be done in IDCF week 1 [(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]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows the activities to be done in IDCF in week 2 [(1) Counsel to mother/care giver on IYCF (2) Growth assessment (3) Referring to facility if the child is severely malnourished]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listing of children as per format available with ASHA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows definition of diarrhea (three or more watery stools in last 24 hours is called diarrhea)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows referral to facility in case of danger signs of diarrhea [as per above danger signs]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows correctly how to prepare ORS [assessment based on demonstration of preparation of ORS]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows correctly the doses of Zinc [2-6 months-10 mg. and 6 months to 5 years- 20 mg]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows how to administer Zinc [to be dissolved in breast milk/ plain water]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ORS – Zinc distribution by ASHA is as per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				
	<b>School 1</b>	<b>School 2</b>	<b>School 3</b>	<b>School 4</b>
Name of school visited				
After morning assembly / prayers, importance of hand washing is communicated to students.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poster on hand-washing pasted at the hand washing area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before mid-day-meal, all children taught to wash hands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## Village level Supportive Supervision Checklists for Week 2

For block level supervisors

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of ASHA and mobile no.				
ASHA trained on her role in IDCF within last 1 month	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows the activities to be done in IDCF week 1 [(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]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows the activities to be done in IDCF in week 2 [(1) Counsel to mother/care giver on IYCF (2) Growth assessment (3) Referring to facility if the child is severely malnourished]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listing of children as per format available with ASHA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows definition of diarrhea (three or more watery stools in last 24 hours is called diarrhea)				
Knows correctly how to prepare ORS [assessment based on demonstration of preparation of ORS]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knows correctly the doses of Zinc [2-6 months-10 mg. and 6 months to 5 years- 20 mg]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASHA identifying undernourished children by				
Visible severe wasting / Bi-pedal edema	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MUAC tape	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MCP card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 IYCF counselling was done by ASHA				
Mothers' meeting organized for counselling and demonstration on IYCF at AWC or community level	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASHA was counselling on IYCF during mothers' meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstration of nutritional recipes organized during the meeting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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