
# STOP Diarrhoea 2025 Campaign

**"Diarrhoea ki Roktham, Safai aur ORS se rakhen apna dhyaan"**
**"डायरिया की रोकथाम, सफाई और ओआरएस से रखें अपना ध्यान"**

**2nd June – 15th June, 2025 (Preparatory Phase)**

**16th June – 31st July 2025 (Implementation Phase)**

# *OPERATIONAL GUIDELINES*

**Ministry of Health & Family Welfare**
**Government of India**

## Contents

## 1. INTRODUCTION

Reduction of childhood mortality to 23 per 1,000 live births by 2025 is one of the prime goals of National Health Policy. Childhood diarrhoeal diseases continue to be a major killer among under-five children in many states, contributing to 4.8 percent of under five deaths in the country (Cause of Death Statistics 2019-21, Sample Registration System of Registrar General of India). Diarrhoeal deaths are usually clustered in summer and monsoon months and the worst affected are children from poor socio-economic situations.

Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Almost all the deaths due to diarrhoea can be averted by preventing and treating dehydration by using ORS (Oral Rehydration Solution) and administration of Zinc tablets along with adequate nutritional intake by the child during diarrhoea. Diarrhoea can be prevented by exclusive and continued breastfeeding, timely introduction of appropriate and safe complementary feeding, use of safe drinking water, handwashing, sanitation and immunization.

In response, the Ministry of Health and Family Welfare (MoHFW), Government of India, rebranded its nationwide effort as the **"STOP Diarrhoea Campaign"** with the slogan:

**"डायरिया की रोकथाम, सफाई और ओआरएस से रखें अपना ध्यान"**
**("Diarrhoea ki Roktham, Safai aur ORS se rakhen apna dhyaan")**

STOP Diarrhoea Campaign consists of a set of activities to be implemented in an intensified manner during campaign period for prevention and control of deaths due to dehydration from diarrhoea across all States/UTs. These activities mainly include - intensification of advocacy & awareness generation activities for diarrhoea management utilising inter-convergence of various departments, strengthening service provision for diarrhoea case management, establishment of ORS-Zinc corners, prepositioning of ORS and Zinc by ASHA in households with under-five children, awareness generation activities for hygiene and sanitation.

## 2. RATIONALE

The diarrhoeal mortality in India remains high in under-five children. Timely and appropriate treatment by ORS and Zinc can save many lives. At the national level, ORS coverage improved from 50.6 percent (NFHS IV, 2015-16) to 60.6

percent (NFHS V, 2019-21) and Zinc coverage from 20.3 percent (NFHS IV, 2015-16) to 30.5 percent (NFHS V, 2019-21). Under the VIKSIT BHARAT mandate, the target for both ORS and Zinc coverage has been fixed to 90 percent by the year 2029.

For ready reference of the States / UTs, the prevalence of childhood diarrhoea and coverage of ORS & Zinc as per NFHS -V (2019-21) is given in Annexure 1.

## 3. OBJECTIVE AND STRATEGY

### 3.1 Goal of STOP Diarrhoea Campaign

**The ultimate goal is to reach zero child deaths due to diarrhoea.**

### 3.2 Objectives

"**STOP Diarrhoea Campaign** is a preparedness activity to address potentially high incidence of diarrhoea during the summer/monsoon season and floods / natural calamity.

The objectives are:

- To ensure high coverage of ORS and Zinc usage in children with diarrhoea throughout the country
- Inculcating appropriate behaviour in care givers for diarrhoea prevention & management of under-five children,

Special focus needs to be accorded to the high priority areas (slums, drought/flood prone areas) and vulnerable communities.

### 3.3 Strategy

The focus is on delivery of simple proven interventions that have large impact towards control of childhood diarrhoeal morbidity and mortality. The strategy is four folds, as below:

1) Improved availability and use of ORS and Zinc at household level
2) Facility level strengthening to manage cases of dehydration
3) Enhanced advocacy and communication on prevention and control of diarrhoea through Information, Education and Communication (IEC)/Social Behaviours Change Communication (SBCC) campaign
4) Intersectoral convergence of relevant ministries and stakeholders for preventive measures

## 4. OVERVIEW OF ACTIVITIES IN 2025

- At community / village level
    - Distribution of ORS (2 packets) and Zinc (14 tablets) to households (pre-positioning) and demonstration of preparation of ORS

- Establishment of ORS and Zinc corners for treatment of diarrhoea at the Anganwadi Centre (AWC) level
- Inter Personal Communication (IPC) activities by health department (MOs, Staff Nurses, CHOs, ANMs, ASHAs) in close coordination with other departments such as Women & Child Development, Rural Development, Urban Development, Jal Jeevan Mission, Panchayati Raj, Food and Public Distribution, Education, Information & Broadcasting on diarrhoea prevention and management
- Hand washing demonstration in schools, out-reach sessions, VHNSD/UHSND and AWCs and ensuring relevant hand washing posters are displayed
- Special health teams for urban slums and hard to reach terrains in tribal, hilly and coastal areas for diarrhoea control activities.

- At health facility level
  - Establishment of ORS and Zinc corners for treatment of diarrhoea (up to Ayushman Aarogya Mandir - Health and Wellness centre)
  - Promote standard case management of diarrhoeal cases through capacity building and display of treatment protocols
  - Assessment of facilities that provide treatment of cases of diarrhoea with severe dehydration.
  - Cleaning of water tanks in health facilities and provisioning of 24 x 7 clean drinking water at facility for staff, patients, including the attendants
  - Implementation of drinking water quality monitoring and surveillance as per guidelines.

## 5. PRE-CAMPAIGN PLANNING (Preparatory Phase: 2nd – 15th June)

### 5.1 Setting up of the committees

#### 5.1.1 Coordination committee

A Central Coordination Committee is established at the highest level in the MoHFW, Government of India to oversee the implementation of this campaign.

Similar committees are to be established at State and District level. At the State level, Principal Secretary (Health & Family Welfare) and at the District level, District Magistrate shall chair the coordination committee meeting.

➢ **5.1.1a Steering Committee meeting**: The lead official from State and District shall call a meeting of the Committee *before, during and after* the campaign period to ensure effective implementation.

- **Departments to be invited for the meeting:** Health and Family Welfare, Medical Services, Medical Education, State Health Resource Centre / ASHA Resource Centre, Women and Child Development, Panchayati Raj, Water and Sanitation, Public health Engineering department (PHED), Rural Development, Urban Development, Education, Tribal Welfare, Social justice, Municipalities, Information & Broadcasting / Publication Bureau etc.
- **Partners to be invited for the meeting:** IAP, IMA, Drug and Chemist Association, UNICEF, USAID, NIPI, IPE Global, PATH, John Snow International (JSI), Nutrition International, Save the Children, Lions, Rotary, NCC, NSS and other local partners at the State / District. NGOs that work with street children, migrants, labourers etc should also be invited.

➢ **5.1.1b Orientation of district level officials**: Continuous efforts of orientation of district officials through meetings or video conference should be conducted by State National Health Mission (NHM) to sensitize for planning of STOP Diarrhoea Campaign.

➢ **5.1.1c Continued Medical Education (CME) session for private practitioners:** With support from IAP, NNF, IMA and other professional bodies, CMEs should be organized on STOP Diarrhoea Campaign related activities with explanation of their role in the program.

## 5.2 STOP Diarrhoea Campaign orientation/ capacity building

A one-day orientation workshops of various categories of stakeholders need to be carried out.

| **Location** | **Contents of orientation/ capacity building** | **Timeline** |
|---|---|---|
| **State/Regional level** | Managerial aspects and program planning, monitoring, and IEC of **STOP Diarrhoea Campaign** | By 6th June 2025 |
| **District level** | | |
| **Block/PHC level** | Technical orientation on diarrhoea management along with programme orientation, which involves their roles and activities during **STOP Diarrhoea Campaign** | By 10h June 2025 |

**Important Note:**

1. Line listing of Under 5 children needs to be compiled at the level of "Ayushman Aarogya Mandir Health and Wellness Centre
2. The orientation should focus on need assessment of ORS and Zinc, how to distribute ORS & Zinc as co-packaging, identification and management of diarrhoea, supportive supervision formats and IEC material and plan of activities to all frontline workers.

### 5.3 Need assessment and planning for the supplies and logistic

Special attention to availability of supplies and logistics for the campaign is critical to achieve high coverage. It is important to review the availability of ORS and Zinc well in advance and to develop an implementation and monitoring plan for the campaign.

**District requirement:**

On an average, one under-five child suffers from 1.6 episodes of diarrhoea per year. Each episode requires ORS and Zinc treatment. Each episode of diarrhoea will require on an average 2 packets of ORS and 14 tablets of Zinc *(not recommended in children less than 2 months)*. This should be taken into account for calculating annual requirement for the district for regular supply.

**The calculation of requirement is as follows for a district of 20 lakh population.**

**Total under five children:** 2 lakh (10% of total population)

**Number of ORS – Zinc corners:** Total number of OPDs and paediatric facilities in medical colleges, district hospitals and number of CHCs, PHCs and sub centres [Ayushman Arogya Mandir (AAM)] = 100 (This may vary in different districts/ States)

| **Requirement for "STOP Diarrhoea" for a district of 20 lakh population** | |
|---|---|
| **Activities** | **Quantity** |
| **Pre-positioning of ORS and Zinc** | |
| ORS | 2 lakh X 2 packet = 400,000 packets |
| Zinc | 2 lakh X 14 tablets = 28,00,000 tablets |
| **Demonstration of ORS and Zinc in VHND by ASHA and mobile team** | |
| ORS for demonstration in community | 2,00,000 packets (2000 ASHAs X 100 packets) |
| Zinc for demonstration in community | 2,00,000 tablets (2000 ASHAs X 100 tablet) |

| | |
|---|---|
| ORS for Anganwadi Centres | 2,00,000 packets (2000 AWCs X 100 packets) |
| Zinc for Anganwadi Centres | 2,00,000 tablets (2000 AWCs X 100 tablet) |
| **Treatment of childhood diarrhoea cases** | |
| ORS for ORT corners | 100 corners X 120 demonstration X 1 packet = 12,000 packets |
| Zinc for ORT corners | 100 corners X 120 demonstration X 1 tablet = 12,000 tablets |
| ORS for Staff Nurses/ ANM | 100 SNs/ANMs X 20 cases X 2 packets = 4,000 packets |
| Zinc for Staff Nurses/ ANM | 100 SNs/ANMs X 20 cases X 14 tablets = 28,000 tablets |
| ORS for special team | 5 teams X 10 cases X 2 packets = 100 packets |
| Zinc for special team | 5 teams X 10 cases X 14 tablets = 700 tablets |

**State/ UT should also procure and maintain buffer stock of 20% for ORS and Zinc*

Note:

1. For treatment of diarrhoea cases, at any given time a minimum of 20 ORS packets and 140 Zinc tablets should be made available with each ASHA and ANM throughout the year
2. The demand from the State should be calculated based actual population, number of ASHAs, AWW, ANM and mobile teams.
3. In case sufficient stocks are not available, the District or State should undertake procurement of ORS and Zinc on an urgent basis as per rate Contracts from qualified vendors, maintaining quality of supplies.
4. Dosages of Zinc in different age-group:

| **Age Group** | **Dosage of Zinc** |
|---|---|
| Less than 2 months | Not recommended |
| 2-6 months | 10 mg or half tablet of 20 mg for 14 days |
| 6 months to 5 years | One tablet of 20 mg for 14 days |

### 5.4 Strengthening and gearing up facilities

- Health Facilities (public and private) to be equipped to provide both OPD and inpatient diarrhoea management.
  - Establishing ORS – Zinc corners for ambulatory care for some dehydration
  - Inpatient care for severe dehydration in diarrhoeal cases

- Ensure standard treatment protocols for management are available at both public and private facilities

- Cleaning of water tanks in health facilities and overall sanitation and hygiene to be undertaken.
- Schools, Anganwadi Centres and Community Centres should be geared up for hand washing demonstration.
- Functional toilet facility at health facility, Schools, Anganwadi Centres and Community centres

### 5.5 Planning for IEC communication activities

The District committee would undertake:

1. Assessment of available IEC materials such as videos, hoardings, posters, pamphlets for display at ORS – Zinc Corners and placement at strategic locations, prior to the campaign.
2. Prototypes of additional IEC material are available on the website https://nhm.gov.in/. States are encouraged to use these materials widely for the campaign. If necessary, adaptation and translation/dubbing in regional language may be carried out at the local level for better awareness generation in the communities.
3. Any other media and mid-media planning for reinforcement of messages on diarrhoea prevention and control may be used.

### 5.6 Formats to be used for planning of STOP Diarrhoea Campaign:

1. State operational plan (Annexure III)
2. District operational plan (Annexure IV)
3. Block operational plan (Annexure V)

***Note:*** State should ensure development of micro-plan (activity wise), communication strategy (IEC, SBCC etc) and monitoring plan before implementation of the campaign period.

## 6. STOP DIARRHOEA CAMPAIGN

### 6.1 Target beneficiaries

The target beneficiaries for the campaign include:

1. All under-five children including their care-givers/mothers for community mobilization*(for pre-positioning ORS and Zinc)

2. Under 5 years children suffering from diarrhoea (for treating diarrhoea)

*However, for involvement of this core audience, a large number of secondary audiences that influences them should be involved such as School teachers/children, PRI members, urban local bodies members, Health & ICDS functionaries, private practitioners etc.

### 6.2 Priority populations

STOP Diarrhoea campaign is a nationwide drive; however, the focus should be to reach to the underserved, marginalized and vulnerable communities. Key locations to reach through campaign should include:

1. Areas where sub-centres (AAM) have no ANM / CHO: ANM / CHO not posted / or on long leave for more than three months
2. Within villages houses that are located in or near unsanitary conditions.
3. High risk areas (HRAs) with populations living in areas such as:
    a. Urban slums
    b. Underserved and hard to reach populations (forested and tribal populations, hilly areas etc.).
    c. Flood prone areas
    a. Migrant settlements (fisherman villages, riverine areas with shifting populations, refugees)
    b. Nomadic sites
    c. Brick kilns
    d. Construction sites
    e. Orphanage
    f. Temporary shelters
    g. Street children
4. Areas known for or with diarrhoeal outbreaks, in last two years.
5. Areas known for poor sanitation and water supply.
6. Small villages, hamlets, dhanis, purbas, basas (field huts), etc.
7. Minority populated areas
8. Areas known for poor health-seeking behaviour

Micro-plans at the village level to be compiled by ANMs / supervisor, block level by Medical Officer Incharge and at District level by CMO. Template for the micro-plan is *annexed.*

# 7. DETAIL OF ACTIVITIES DURING "STOP DIARRHOEA CAMPAIGN" (16th June – 31st July, 2025)

The following activities to be undertaken during the campaign:

## 7.1 At the community / village level

### 7.1.1 Distribution of ORS and demonstration of ORS and Zinc at the community level

- Every ASHA/USHA to distribute co-packaging of 2 ORS packets and 14 Zinc tablets to all under five children as a pre-positioning.
- During the household visit ASHA/USHA will deliver key messages to the mothers / families using MCP card as a counselling tool.
- A group demonstration for the preparation of the ORS solution will be conducted by ASHA/USHA. It would involve gathering of members from 10-12 households and demonstrating the steps for preparation of ORS solution and Zinc solution. Understanding of the caregivers must be checked after the demonstration.
- ASHA/USHA would also educate families on the importance of hygiene and sanitation.
- ASHA/USHA would undertake identification and referral of diarrhoeal cases to ANM/ health facilities and educate mothers on the danger signs.
- ASHA/ USHA would report all diarrhoeal deaths during the campaign period within 24 hours following Child Death Review (CDR) Guidelines.
- At the end of campaign, a report would be submitted by ASHA/USHA→ANM→BCM (Block DEO will compile the data) → DCM (DM&E will compile the data) → State Health Society.

**Note:**
1. Community level activities provide the last mile connectivity and complete execution of the campaign and hence must be implemented effectively.
2. Every ASHA would be provided an incentive of Rs. 1 per ORS packet distributed to a family with under five children or Rs. 100 per ASHA as per State proposal in NHM PIP 2024-26.

- **The activity of the village to be monitored by CHOs/ ANMs:**
  - ✓ *Mother's Clubs and Caregiver Meetings:* ASHA to organize regular meetings with mothers' clubs and caregivers to discuss child health,

the signs of dehydration, and proper hygiene practices to prevent diarrhoea.

✓ *Involvement of Local Influencers:* Collaborate with local influencers, such as religious leaders and respected community members, to endorse ORS and Zinc usage and spread messages on diarrhoea management.

### 7.1.2 Interpersonal activities by CHOs/ ANM on sanitation & hygiene along with management of diarrhoea.

i. During the campaign, CHOs/ ANMs should conduct meeting at Ayushman Aarogya Mandir Health and Wellness Centre and VHNSDs (as per her existing micro-plan) to disseminate information on identification, prevention & control of diarrhoea, especially involving care givers of under-five children.
ii. CHO/ ANM should start the session with key message of the STOP Diarrhoea campaign highlighting importance of ORS and Zinc, continued feeding, hand-washing in control of childhood diarrhoea and use of toilets for defecation.
iii. CHO/ ANM should carry out Participatory learning technique on sanitation & hygiene. Active participation of Jal Jeevan Mission, Panchayati Raj, Rural Development, Urban local bodies should be invited to carry out this activity.

### 7.1.3 Hand-washing demonstration in Schools/ AWCs

i. This activity needs to be carried out in all primary & middle schools (including private schools) and Anganwadi Centres
ii. Each School/ AWC should have poster pasted at the hand washing area on steps for effective hand washing.
iii. After the morning assembly / prayers, message on importance of hand washing should be delivered to all the students.
iv. Before meal, all children should be taught to wash hands with water and soap following the steps in the handwashing poster.
v. *Prabhat pheri* or rally by school children on topic of hand-washing to be carried out.

**7.1.4 Special health teams** to cover children in urban slums, migrant population, street children, juvenile homes, orphanages, shelter homes etc.

i. Special health teams should be formed, with the cooperation from Municipalities, for visiting slums, floating population etc. Coordination with relevant NGOs is desirable.
ii. There should be high visibility of activities through posters, banners, FM radio.
iii. Urban ASHA (USHA), wherever available will work as outlined for rural ASHA with engagement of MAS

## 7.2 At the facility level

### 7.2.1 Establishment of ORS- Zinc corners for treatment of diarrhoea:

i. ORS- Zinc corner should be established for the treatment of diarrhoea preferably in an easily noticeable area near the entrance of following facilities and in paediatric ward if available:
    a. All Medical Colleges (Central/ State /Railway / ESI / Municipal Hospitals)
    b. District Hospital
    c. Sub district hospital/ Taluka Hospital/ CHC/ Block PHC / PHC
    d. Sub-centre
    e. Anganwadi centres
    f. Urban health posts / health centres
    g. Private Clinics/Hospitals

ii. During the campaign and beyond, all facilities should have sufficient availability of ORS and Zinc dispersible tablets.
iii. Tertiary level facilities must be geared up for management of SAM children with diarrhoea as per GoI NRC guidelines.
iv. Arrange management of severely dehydrated cases as per IMNCI Plan C.
v. Paste and display facility appropriate treatment protocols in OPD and paediatric ward/General IPD.
vi. Promote prescription of ORS along with Zinc dispersible tablets for childhood diarrhoea by all healthcare providers.

The private paediatricians / medical practitioners through IAP / IMA should be encouraged for setting up of ORS – Zinc corners in their clinics and wards and undertake awareness generation activities.

### 7.2.2 Promote standard case management of diarrhoeal cases

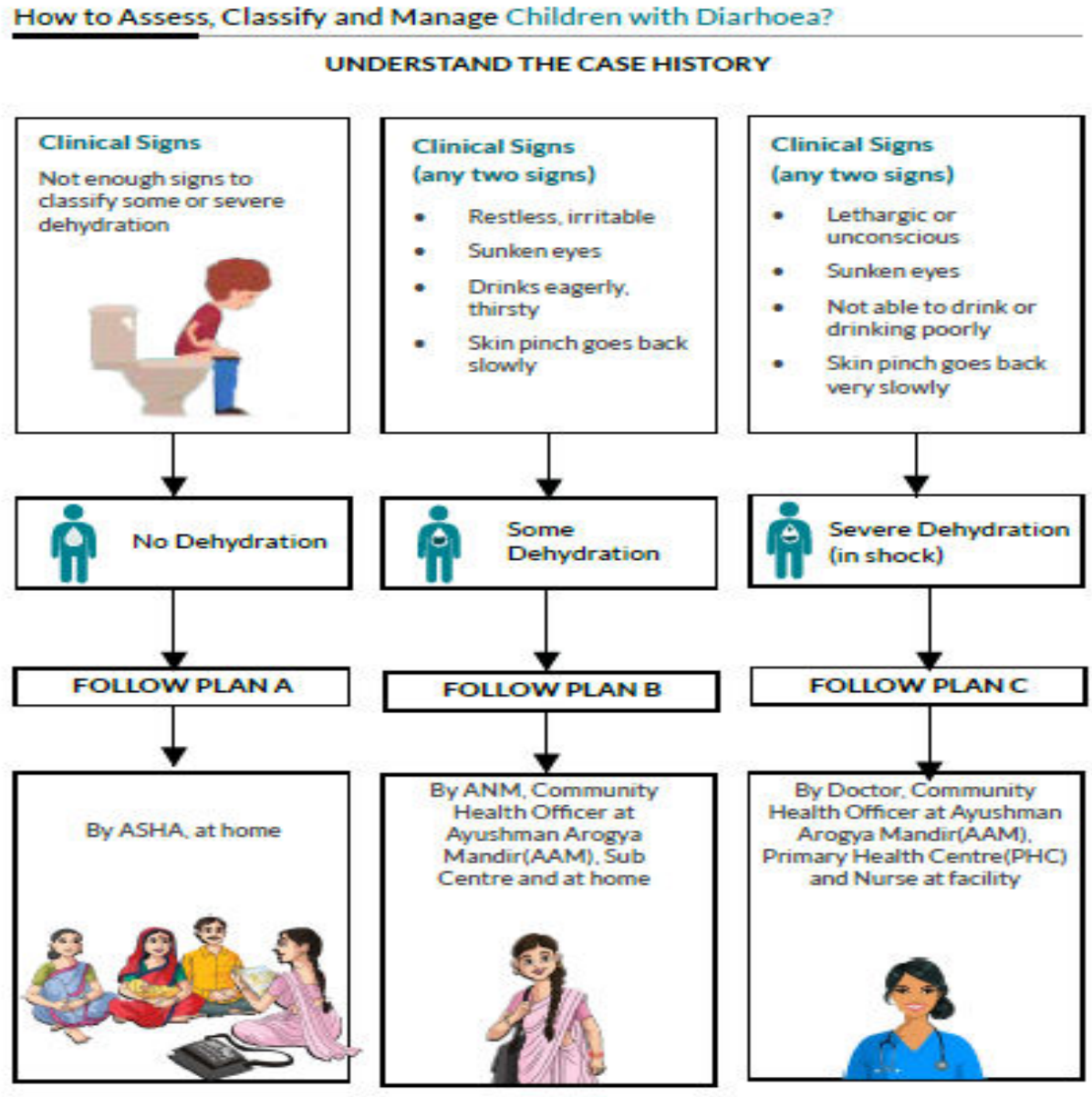
The standard treatment protocol for management of childhood diarrhoea is as per Plan A, B, and C

- ❖ Diarrhoea cases with no dehydration will be treated with ORS, extra oral fluids and Zinc as per Plan A.
- ❖ Diarrhoea cases with some dehydration will be managed for rehydration with ORS under observation as per IMNCI Plan B.

✓ The above protocols are for treatment of all diarrhoea cases managed at both public and private health facilities routinely and during "STOP Diarrhoea Campaign".

✓ Medical officers and nursing staff at health facilities to be oriented on the diarrhoea treatment plan.

✓ Pasting and display of facility appropriate treatment protocols in OPD and paediatric ward/General IPD (Plan A and Plan B in OPD; Plan A, Plan B and Plan C in wards)



## CLASSIFY DIARRHOEA FOR DEHYDRATION (0 to 2 months)

| Signs | Classify as | Identify treatment (Urgent pre-referral treatments are in bold print) |
|---|---|---|
| **Two of the following signs:**<br>• Movements only when stimulated or no movement at all<br>• Sunken eyes<br>• Skin pinch goes back very slowly | **SEVERE DEHYDRATION** | • *Give first dose of oral amoxycillin and intramuscular gentamicin.*<br>• *Refer URGENTLY to hospital[#] with the mother giving frequent sips of ORS on the way.*<br>• *Advise the mother to continue breastfeeding.*<br>• *Advise the mother how to keep the young infant warm on the way to the hospital.* |
| **Two of the following signs:**<br>• Restless, irritable<br>• Sunken eyes<br>• Skin pinch goes back slowly | **SOME DEHYDRATION** | |
| • Not enough signs to classify as some or severe dehydration | **NO DEHYDRATION** | • *Give fluids and breastfeeds to treat diarrhoea at home (Plan A).*<br>• *Advise mother when to return immediately.*<br>• *Follow-up up after 2 days if no improvement* |

## CLASSIFY DIARRHOEA FOR DEHYDRATION (2 months to 5 years)

| Signs | Classify as | IDENTIFY TREATMENT (Urgent pre-referral treatments are in bold print) |
|---|---|---|
| Two of the following signs:<br>• Lethargic or unconscious<br>• Sunken eyes<br>• Not able to drink or drinking poorly<br>• Skin pinch goes back very slowly. | **SEVERE DEHYDRATION** | • ***Refer URGENTLY to hospital[#]*** with mother giving frequent sips of ORS on the way.<br>• Advise the mother to continue breastfeeding. |
| Two of the following signs:<br>• Restless, irritable<br>• Sunken eyes<br>• Drinks eagerly, thirsty<br>• Skin pinch goes back slowly. | **SOME DEHYDRATION** | • Give fluid, zinc supplements and food for some dehydration (Plan B).<br>• Follow-up after 2 days if not improving.<br>• Advice when to return immediately |
| • Not enough signs to classify as some or severe dehydration. | **NO DEHYDRATION** | • Give fluid, zinc supplements and food to treat diarrhoea at home (Plan A).<br>• Follow-up after 5 days if not improving.<br>• Advice when to return immediately |

[#]*If referral is not possible, see the section where referral is not possible.*

### 7.3 Intensive Awareness generation

**7.3.1 State level Launch:** The STOP Diarrhoea Campaign should be launched by a Hon'ble Chief Minister/ Health Minister at State level in presence of Minister/ Senior Officials of all line departments and members from IAP, IMA etc. Hon'ble CMs / HMs may be asked to lead the movement and address the public through media with the message that 'No Child Should Die in the State/ UT due to Childhood Diarrhoea.'

**7.3.2 District level launch:** The Campaign should be launched by elected representative, District Collector in presence of Senior Officials of all line departments, members from IAP, IMA etc. and facilitated by Health Department. The launch should be widely publicised.

**7.3.3 Media and mid-media campaign:** Awareness generation during campaign using mass and mid media along with folk lore and other means of communication as per population needs should be undertaken in local language.

1. Television and Radio should be utilised to increase reach of the messaging among the target audience as mid media and outreach provide depth to the messaging but have limited reach.
2. Posters, banners, hoardings should be displayed at strategic locations.
3. All the IEC materials and reporting formats should be available with the stakeholders at least 3 days before the Campaign, preferably distributed during orientation meeting.
4. Community Radio and Public Announcements: Partner with community radio stations and use public announcement systems in local markets, bus stands, and community centres to broadcast messages about diarrhoea prevention and control.

**7.3.4 Matrix of IEC activities:**

| | **IEC activity to be undertaken** | **Key person** |
|---|---|---|
| **State level** | a) T.V/ radio advertisements<br>b) State level launch by CM/ HM<br>c) State/ District level Mass Media Campaign through Social Media platform such as Twitter, Facebook, and WhatsApp etc.<br>d) Support districts by providing IEC material prototypes shared by GoI | SNO-CH under the leadership of MD (NHM) |

| | | |
|---|---|---|
| | e) Support districts by providing other printed material-orientation material, FAQs, guidelines, supportive supervision formats<br>f) State level monitors to be sent to each district for observation and guidance of activities, especially to Aspirational districts | |
| **District Level** | a) Campaign launch by elected representative/senior-most official, to be organised jointly by CMO office and Indian Medical Association/Indian Academy of Paediatrics<br>b) Placing banners/posters at strategic locations<br>c) Social media handles of all the departments including collector/commissioner can be leveraged for the spreading the messages<br>d) Effective engagement of community radios for social mobilization and community engagement | CMO/ RCHO/ Media Officers/PROs |
| **Schools /Colleges** | a) Organise WASH activities during the Campaign in which soap, clean water is provided and hand-washing is observed before Mid-Day Meal / School lunch; Posters on Hand washing to be put in hand washing area<br>b) Organise Elocution/painting competition on diarrhoea and use of ORS and Zinc followed by a lecture by BMO/MO on Diarrhoea and ORS and Zinc<br>c) Coordinate with educational institutions in setting up ORS-Zinc corners in schools to teach children and educators about diarrhoea prevention and management. | BMO/Active MO of CHC, PHC |
| **Block Level** | a) Special session on childhood diarrhoea- ORS/Zinc in meeting of Block PRI members (Funds from PRI system)<br>b) Daily miking for key messages<br>c) Placing banners/posters at strategic locations | BMO/BHO |
| **Village level** | Wall painting in each village on use of ORS/Zinc, WASH | MO/ CHOs/ ANMs |
| | a) Goshthi/village level discussion on Diarrhoea management (can utilize VHNSD platform)<br>b) आरोग्य संवाद: दस्त निवारण के समागम at each village | |
| | Daily miking | |

| | | |
|---|---|---|
| **Others** | a) Messaging about ORS and Zinc through Nukkad Nataka/ Folk lore/ Religious places/ Garbage vans as per local needs<br>b) Mobilize faith-based organizations to incorporate diarrhoea prevention messages into religious gatherings and ceremonies | MO/ CHOs |

It is advisable to utilize Mother and Child Protection Card (diarrhoea prevention and treatment) at each level, especially at inaugurations, special sessions and discussions on diarrhoea.

### 7.4 Multi-sectoral involvement

Multi-sectoral involvement is essential for activities that generate momentum and awareness such as carrying out rallies, competitions at Schools, conducting meetings with Panchayati Raj at District/Block level, awareness generation in remote areas by involving tribal department, State and District level launch by leaders, involvement of IAP/NNF/IMA, mother meetings and demonstrations at Anganwadi Centres.

i. All line departments for launch activity: Departments such as WCD, Drinking Water and Sanitation, PHED, Rural Development, Panchayati Raj and Education along with IAP, development partners should be invited, and commitment should be extracted for STOP Diarrhoea Campaign.

ii. Department of WCD, for establishing ORS-Zinc corners in AWCs: Instruction to be issued by the department to their staff informing the STOP Diarrhoea Campaign activities and their role. AWWs should make additional home visits for feeding management during diarrhoeal episode

iii. Education department, for hand washing demonstration and competitions (such as drawing/painting/Rangoli etc. on STOP Diarrhoea Campaign theme) at schools: Instruction to be issued by the department to their staff informing the Stop Diarrhoea Campaign activities and their role.

iv. Drinking water and sanitation / rural development department, Jal Jeewan Mission: Complement their activities with Stop Diarrhoea Campaign. These activities could be disinfection of wells / water sources, ODF sustainability with focus on toilet use etc. Water testing kits for testing the drinking water available at the health facilities in coordination with PHED, during the campaign.

v. Panchayati Raj: For dissemination of key messages through Panchayati Raj Institution, block development meetings. For “Zero Tolerance of Childhood

Deaths due to Diarrhoea" with aim of achieving a diarrhoea free gram panchayat.

vi. Involvement of Indian Academy of Paediatrics (IAP) / Indian Medical Association (IMA) / development partners/NGOs/CSOs: The various activities proposed are :

- Facilitating launch though State and District Health Mission
- Organising sensitisation meeting of their members, local Practitioners, Chemists regarding ORS and Zinc use and rational use of antibiotics in case of diarrhoea. Organisation such as Lions, Rotary, NCC and NSS for awareness generation in the community.

**KEY MESSAGES FOR AWARENESS GENERATION TO BE USED DURING "STOP Diarrhoea Campaign"**

**To be used by all functionaries**

- Give ORS and extra fluids to child immediately at the onset of diarrhoea and continue till diarrhoea stops.
- Give Zinc for 14 days to children suffering from diarrhoea, even if diarrhoea stops.
- Use of ORS and Zinc during diarrhoeal episodes among children is a safe treatment and helps the child recover faster from diarrhoea.
- Continue feeding, including breastfeeding in those children who are being breastfed & give extra feeds during and after illness.
- Use clean drinking water after safe handling.
- Safe and quick disposal of child's faeces.
- Mother should wash her hands with soap before preparation of food, before feeding the child and after cleaning stool of child.
- Return to the health worker / centre if the child develops the following during treatment:
  - *Child becomes sicker*
  - *Not able to drink or breastfeed*
  - *Blood in stool*
  - *Drinking poorly*
  - *Develops fever*
- Contact your ASHA or ANM on any advice on diarrhoea Management.
- If there is no diarrhoea, then keep the ORS in a cool and dry place. Use the ORS when there is diarrhoea, If the ORS is past expiry date or has become solid (cake like) then do not use it. In that case obtain new ORS packet.

## 8. SUPPORTIVE SUPERVISION AND MONITORING

- National level teams will be carrying out supportive visits to oversee the implementation of the campaign and similarly the State level teams would monitor STOP Diarrhoea Campaign activities by sending dedicated personnel to monitor activity at district level with a Supportive Supervision plan in place for State level monitors/nodal officers. NPMU would carry out STOP Diarrhoea Campaign monitoring in high priority / Aspirational districts. The State/ UT need to identify few prominent institutes for spreading the campaign and supportive supervision. Engagement of academic institutions including PSM departments of Medical Colleges in supportive supervision is to be encouraged.
- The district STOP Diarrhoea Campaign committee will act as a nodal committee for all supportive supervision activities within the district. They will plan for their own supervisory visit during the campaign and also guide Block PHCs for developing supervisory plan and its proper implementation. Dedicated funds are provided for mobility support per district. A district level supportive supervision plan should be prepared and shared with State.
- The block supervisors include BMO/BHO, BHM, BCM, BCPM, AYUSH, MOIC and others. They will visit at least 10% of the AWC, ORS-Zinc corners and 2% of households provided with ORS for confirmation during the Campaign. A block level supportive supervision plan should be prepared and shared with district.
- The overall community mobilisation and the IEC activities should be monitored by the respective supervisory teams.
- The lead agency* will monitor its implementation through District Coordinators placed in HPDs/ Aspirational districts/blocks.
- **Involvement of development partners, CSOs and NGOs**: Special focus should be provided to High Priority / Aspirational Districts/blocks, other poor performing areas, remote and tribal blocks, slums, and areas prone to Diarrhoeal outbreaks based on previous year's data. Development partners, medical colleges and CSOs/NGOs working in field of diarrhoea management should also be roped in for better coverage and quality of Campaign. Technical expertise available with development partners can be used to orient State / District / Block Health Officials to conduct the programme. Involve NGOs/CBOs for reaching out to marginalised communities.

### 8.1 State level monitors:

- The state monitors need to prioritize districts for monitoring of STOP Diarrhoea Campaign. Priority should be accorded to HPDs, district that have more hard-to-reach areas, slums, migration points, flood prone, have out-break of diarrhoea in last two years.
- A supportive supervision plan needs to be chalked out at the state level for daily monitoring of the chosen districts.
- Supervisors should carry enough supportive supervision formats (annexure XII to XIV), which are:
    - District level Supportive Supervision Checklist (one for each district)
    - Block/urban level Supervision Checklist (one per block / urban area)
- During the meeting with district health officials, review the preparedness in terms of District level steering committee meetings (check whether they were chaired by District Magistrate / Collector), stock position of ORS and Zinc, IEC materials, ORS – Zinc corners in OPD and wards, trainings, formats, involvement of WCD & PRI, mobile teams.
- On a daily basis visit, one block or urban area.
    - Prioritize visit to those block / urban areas that have more hard-to-reach areas, slums, migration points (railway station, bus stops, taxi stops), minority population, flood prone areas, have out-break of diarrhoea in last two years.
    - Meet the Block Medical Officer / Municipal Medical Officer
    - For ORS – Zinc corner prioritize visit to those health facilities that have high patient load viz: Medical college, district hospital, children hospital, block level health facilities, private clinics etc
    - Visit those villages where VHNSC meeting is planned on the day of visit. Visit the schools of those villages too.
- The monitor needs to apprise the District Magistrate (DM) / District Collector (DC) of their findings. During the meeting with the DM / DC, highlight 2-3 key actions that the DM / DC needs to ensure to make "STOP Diarrhoea Campaign" a success with the goal of ZERO diarrhoea death throughout the year.
- Submit the filled formats to National and State secretariat of STOP Diarrhoea Campaign.

### 8.2 District level monitors:

- Prioritize visit to those block / urban areas that have more hard-to-reach areas, slums, migration points (railway station, bus stops, taxi stops),

flood prone areas, minority populated areas, have out-break of diarrhoea in last two years.

- Carry enough supportive supervision formats with you (annexure XII to XIV). Formats to carry are:
    - Block / urban level Supportive Supervision Checklist (one per block / urban area
- Meet the Block Medical Officer / Municipal Medical Officer to review the preparedness
- For ORS – Zinc corner prioritize visit to those health facilities that have high patient load viz: Medical college, district hospital, children hospital, block level health facilities etc
- Visit those villages where VHNSC meeting is planned on the day of visit. Visit the schools of those villages too.

## 9. REPORTING

- Each ASHA shall provide the filled monitoring formats at the end of the "STOP Diarrhoea Campaign" to the ANM (Within first two days of post Campaign).
- ANM will submit the compiled report to the PHC / Block in another one day of receiving from ASHA.
- The Block DEO will collate the reports and submit it to the district M &E officer in another two days.
- The district M&E Officer will submit the compiled duly signed copy to the State level in another two days after receiving from the Block
- State reports would be sent to National level within 2 weeks of **STOP Diarrhoea 2025 Campaign** completion.

(Reporting formats are in Annexures)

## 10. DISTRICT OPERATIONAL PLAN/TIMELINES

| S. No. | Activity | Person Responsible | Terms of Reference/ Activities | Output |
|---|---|---|---|---|
| 1. | **Formation of District/Corporation Steering Committee** | **CMHO** | • **Constitution of Steering Committee** chaired by District Collector/Municipal Commissioner to oversee the implementation<br>• **Regular meetings of Steering Committee** before, during and after the campaign for oversight, inter-sectoral coordination and reviewing progress | District ***"STOP Diarrhoea Campaign"*** Steering Committee functional |
| 2. | **Identification of District/Corporation Nodal person** | **District /Corporation Steering Committee** | • The nodal person identified for ***"STOP Diarrhoea Campaign"*** will be responsible for overall planning and implementation of activities in the district<br>• S/he will be responsible for organizing Steering Committee meeting, assessing and ensuring the supply of ORS-Zinc in the district, planning and organising District/corporation & Block sensitization workshop, development of proper micro-plans, identification of monitors and finalization of supportive supervision plan, ensuring timely availability & distribution of recording, reporting & supportive supervision formats and IEC materials | District Nodal Officer identified |
| 3. | **Assessment and replenishment of ORS and Zinc Supply** | **District Nodal person with district pharmacist & Block MO I/c** | **1. District Nodal person shall assess the requirement of the ORS and Zinc supply for pre-positioning and treatment.** | Requirement of ORS and Zinc tablet for ***"STOP*** |

| S. No. | Activity | Person Responsible | Terms of Reference/ Activities | Output |
|---|---|---|---|---|
| | | | **2. Assessing Stock position of ORS and Zinc at district and replenishing the stock based on the requirement**<br><br>**3. Replenishing ORS and Zinc stocks at Block (both facility & community level)**<br><br>4. **Distribution of ORS and Zinc to ASHAs based on micro plan provided by ASHA** | ***Diarrhoea Campaign"***<br><br>1. Stock position and estimated requirement<br>2. Blocks have sufficient supply of ORS and Zinc<br>3. ASHAs have sufficient ORS and Zinc supply |
| 4. | **Printing of formats- Recording, Reporting format** | **District Nodal person** | **Printing of recording, reporting and monitoring formats**<br>**Distribution of formats during orientation of service providers** | • Recording formats<br>• Reporting formats<br>• Supportive supervision formats |
| 5. | **Sensitization workshop** | **District Nodal person** | **1. Planning & organising District sensitization workshop**<br>a. Block Health Officials (BMOs, MOs, BPM / BHM, BCM) Representation from ICDS(CDPO), Education, PRI, local IAP, PHED and NGOs | 1. Block level sensitization meeting plan |

| S. No. | Activity | Person Responsible | Terms of Reference/ Activities | Output |
|---|---|---|---|---|
| | | | b. Orientation on activities to be implemented micro planning and reporting & monitoring mechanisms<br>c. Sensitization on diarrhoea prevention & management<br>d. Planning for block level sensitization meeting<br>e. Orientation &distribution of reporting & monitoring formats<br>f. Development of supportive supervision plan<br>g. Distribution of IEC materials<br>**2. Planning and organising Block Orientation workshop**<br>a. CHC/PHC MOs, Staff nurses, LHVs, AYUSH doctors, RBSK teams, CHOs, ICDS Supervisor, ANMs, ASHAs<br>b. Orientation on activities under ***"STOP Diarrhoea Campaign"*** and micro-planning<br>c. Orientation on diarrhoea prevention & management<br>d. Distribution of IEC materials | 2. Orientation of service providers |
| 6. | **Micro-planning** | **District Nodal person, District ASHA nodal person & Block Medical Officer** | 1. Orientation of Block health officials on importance /need of micro-planning during district sensitization meeting<br>2. Orientation of ASHAs on micro-planning during Block Orientation Workshops and finalizing timeline for submission of micro-plans by ASHAs<br>3. ASHAs to prepare and submit micro-plan to Block in-charge<br>4. Block In-charge to submit compiled micro-plans to District Nodal Officer<br>5. Review of all micro-plans | Micro-plans developed and reviewed |

| S. No. | Activity | Person Responsible | Terms of Reference/ Activities | Output |
|---|---|---|---|---|
| 7. | **IEC activities** | **District Nodal person & District IEC Officer** | 1. Printing of IEC material- Posters/ Leaflets (District should also utilise existing IEC material on Diarrhoea along with newly printed IEC material.<br>2. Distribution of IEC material to Blocks | Printed IEC material distributed |
| 8. | **Operationalizing ORS-Zinc Corners at selected health facilities** | **District Nodal person & Facility In-charges of selected facilities** | **1. Selection of public health facilities –** District Hospitals, Sub Divisional Hospitals/Civil Hospitals, CHCs, High case load PHCs<br>**2. Selection of private nursing homes/clinics in consultation with local IAP/IMA branches**<br>3. **Ensuring space, necessary infrastructure and logistics** (table/chairs, one bench/bed, ORS, Zinc tablets, supply of safe drinking water, necessary utensils like one litre vessel, spoons, glasses, bowls& cups, treatment protocols, IEC materials for display and distribution, nearby toilet & hand-washing facilities), **trained staff** for fully functional ORS-Zinc corners<br>4. **Orientation of service providers –**MOs and Staff nurses to manage the ORS-Zinc corners | No. of operational ORS-Zinc corners at health facilities |
| 9. | **Distribution of recording and reporting formats** | **District Nodal Officer, District M&E Officer, District/Block Entry Operators, District ASHA** | 1. Recording and reporting formats distributed to Blocks and ASHAs<br>2. Orientation on reporting formats and submission instructions<br>3. ASHAs to submit reports to ANM who submits compiled reports at Block level<br>4. Block DEO collates and compile block report and Block In-charge shares the compiled report with district | Distribution of all recording, reporting and monitoring formats |

| S. No. | Activity | Person Responsible | Terms of Reference/ Activities | Output |
|---|---|---|---|---|
| | | **Coordinator /BCM** | 5. CMO shares compiled district report with State | |
| 10. | ***"STOP Diarrhoea Campaign"* Supportive supervision** | **District Nodal person** | 1. Preparation of supportive supervision plan at state, district and Block level<br>a. Identification of district and block level monitors<br>b. Preparation of supportive supervision plan<br>c. Sharing of supportive supervision formats<br>2. Supportive supervision of community and facility level activities<br>3. Sharing of supportive supervision reports /feedback for necessary facilitative actions on daily basis and setting up troubleshooting mechanisms | Supportive supervision plan developed and monitors identified |
| 11. | **District Launch Meeting** | **CMO & District Nodal Officer** | 1. Organising District ***"STOP Diarrhoea Campaign"*** Launch preferably inauguration by local MLA/MP<br>2. Representation from ICDS, Education, PRI, IAP, IMA, NGOs | District ***"STOP Diarrhoea Campaign"*** launch |

## Annexure I: Prevalence of childhood diarrhoea and coverage of ORS & Zinc in States & UTs as per NFHS 4 (2015-2016) and NFHS 5 (2019-2021)

| Treatment of Childhood Diseases (children under age 5 years) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Indicators** | **Prevalence of diarrhoea in the 2 weeks preceding the survey (%)** | | **Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)** | | **Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)** | | **Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)** | |
| **States/UTs** | NFHS 5 | NFHS 4 | NFHS 5 | NFHS 4 | NFHS 5 | NFHS 4 | NFHS 5 | NFHS 4 |
| **India** | **7.3** | **9.2** | **60.6** | **50.6** | **30.5** | **20.3** | **68.9** | **67.9** |
| Andhra Pradesh | 7.2 | 6.6 | 62.5 | 47.6 | 41.8 | 30.1 | 74.3 | 72.7 |
| Andaman and Nicobar Islands | 5.6 | 5.3 | 65.0 | 65.0 | 44.1 | 8.3 | 83.3 | 53.5 |
| Arunachal Pradesh | 5.1 | 6.5 | 62.7 | 66.1 | 27.9 | 35.8 | 53.4 | 44.9 |
| Assam | 5.5 | 2.9 | 69.1 | 51.9 | 28.0 | 22.0 | 53.5 | 50.8 |
| Bihar | 13.7 | 10.4 | 58.2 | 45.2 | 25.6 | 20.1 | 64.7 | 54.9 |
| Chandigarh | 4.3 | 4.6 | NA | NA | NA | NA | NA | NA |
| Chhattisgarh | 3.6 | 9.1 | 67.3 | 67.9 | 40.0 | 28.9 | 73.8 | 71.3 |
| Dadra & Nagar Haveli and Daman & Diu | 2.6 | 4.1 | NA | 84.9 | NA | 12.9 | NA | 86.2 |
| Goa | 3.2 | 3.8 | NA | NA | NA | NA | NA | NA |
| Gujarat | 8.2 | 8.4 | 66.5 | 46.2 | 35.4 | 17.4 | 69.6 | 65.4 |
| Haryana | 4.9 | 7.7 | 46.6 | 60.6 | 26.2 | 21.9 | 76.1 | 77.3 |
| Himachal Pradesh | 4.7 | 6.6 | 73.7 | 62.7 | 19.5 | 15.0 | 67.9 | 67.7 |
| Jammu and Kashmir | 5.6 | 7.6 | 80.8 | 69.1 | 50.5 | 39.3 | 74.9 | 74.2 |
| Jharkhand | 7.2 | 6.9 | 55.6 | 44.8 | 28.9 | 19.1 | 59.7 | 56.7 |
| Karnataka | 5.3 | 4.5 | 71.3 | 52.8 | 45.5 | 34.3 | 73.4 | 69.7 |
| Kerala | 4.3 | 3.4 | 61.1 | 49.4 | 22.4 | 14.1 | 86.9 | 76.3 |
| Ladakh | 8.5 | 3.1 | 78.3 | NA | 54.5 | NA | 75.0 | NA |
| Lakshadweep | 2.3 | 6.3 | NA | NA | NA | NA | NA | NA |
| Madhya Pradesh | 6.4 | 9.5 | 65.2 | 55.2 | 35.6 | 26.6 | 65.6 | 68.2 |
| Maharashtra | 8.9 | 8.5 | 59.5 | 60.5 | 27.3 | 13.0 | 72.3 | 77.6 |
| Manipur | 5.6 | 5.8 | 69.8 | 60.2 | 26.1 | 14.1 | 48.2 | 31.2 |
| Meghalaya | 10.4 | 10.6 | 73.2 | 77.4 | 40.5 | 57.8 | 69.2 | 69.9 |
| Mizoram | 4.3 | 7.6 | 71.4 | 70.0 | 29.8 | 29.0 | 44.6 | 42.0 |

| Treatment of Childhood Diseases (children under age 5 years) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Indicators** | **Prevalence of diarrhoea in the 2 weeks preceding the survey (%)** | | **Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)** | | **Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)** | | **Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)** | |
| **States/UTs** | NFHS 5 | NFHS 4 | NFHS 5 | NFHS 4 | NFHS 5 | NFHS 4 | NFHS 5 | NFHS 4 |
| Nagaland | 3.4 | 5.1 | 54.5 | 40.3 | 9.1 | 16.0 | 31.5 | 21.8 |
| NCT of Delhi | 10.6 | 9.6 | 64.5 | 62.1 | 32.8 | 25.3 | 78.2 | 80.6 |
| Odisha | 9.7 | 9.8 | 65.7 | 68.6 | 36.9 | 17.0 | 56.2 | 68.6 |
| Puducherry | 3.7 | 11.3 | NA | 71.2 | NA | 69.6 | NA | 73.6 |
| Punjab | 4.9 | 6.6 | 60.7 | 66.2 | 27.0 | 26.7 | 78.0 | 87.2 |
| Rajasthan | 6.1 | 7.4 | 64.3 | 56.2 | 27.2 | 17.5 | 79.7 | 73.9 |
| Sikkim | 5.5 | 1.8 | 64.2 | NA | 50.0 | NA | 56.6 | NA |
| Tamil Nadu | 3.7 | 8.0 | 53.8 | 61.8 | 28.9 | 41.3 | 60.2 | 73.2 |
| Telangana | 7.4 | 8.2 | 56.3 | 56.8 | 38.5 | 31.6 | 71.9 | 74.1 |
| Tripura | 6.2 | 4.9 | 67.2 | 46.3 | 16.7 | 19.1 | 63.1 | 65.7 |
| Uttar Pradesh | 5.6 | 15.0 | 50.7 | 37.9 | 28.5 | 12.6 | 69.9 | 66.7 |
| Uttarakhand | 4.4 | 17.0 | 55.9 | 56.0 | 30.1 | 30.3 | 79.6 | 73.7 |
| West Bengal | 6.5 | 5.9 | 75.3 | 64.7 | 36.0 | 20.8 | 75.2 | 74.7 |

## Annexure II. Agenda for the STOP Diarrhoea planning meeting

1. Review progress / achievement of STOP Diarrhoea 2024 Campaign and morbidity & mortality data related to childhood diarrhoea from HMIS along with Diarrhoea outbreak reported in last 3 years.
2. Develop clarity on role of each department to make "***STOP Diarrhoea Campaign***" a success.
3. Selection and role clarity of nodal officer from each department to coordinate with other departments.
4. Micro planning: Micro plan has to be prepared to facilitate ASHA visits during the campaign. Line list available at the village level with ASHA and AWW can be used to identify the houses of under five children and prepare the visit plan during the campaign.
5. District/corporation level plan: Should contain details on ORS – Zinc Corners/ Health Facilities/ AWCs/ Schools, etc which are part of the STOP Diarrhoea Campaign; with innovative plans for reaching out to vulnerable populations.
6. Stock assessment of essential commodities viz: ORS packets and Zinc dispersible tablets
7. Display of diarrhoea treatment protocols in health facilities.
8. Stock assessment of IEC materials: already available materials on ORS – Zinc use, hand washing etc. should be listed and distribution plan prepared. Additional materials should also be used after replication and adaptation to local context. Prototypes of additional IEC materials are available on the website **https://nhm.gov.in/**
9. Involvement of mass media e.g. TV, radio, social media etc.
10. Mechanism for involvement of other sectors- WCD, Education, PRI, Water & Sanitation, IAP, IMA, private practitioners, development partners, NGOs, CSOs.
11. Chalk out daily supportive supervision and troubleshooting mechanism
12. Plan for State/District or Corporation / Block level inauguration of the Diarrhoea Campaign by Chief Minister & Health Minister (At State Level)/ elected representatives & District Collector (At District level).

## Annexure III: State operational plan - "STOP Diarrhoea 2025 Campaign"

**(To be filled by State Nodal officer that help him/her to take comprehensive preparations)**

**State: _____**

**Nodal Officer of the State: _____ Phone:_____**

**Total under five population of the State: _____**

**Male: _____ Female: _____**

**Secretariat**

| Names | Designation | Phone No | Responsibility in STOP Diarrhoea Campaign |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Supply plan for State**

**District/Corporation wise (calculated as given in supply requirement)**

| District | Commodity | Current stock in the district | Supply required by district |
|---|---|---|---|
| **A** | ORS | | |
| | Zinc | | |
| **B** | ORS | | |
| | Zinc | | |
| **Total** | | | |

**State compilation**

| Commodity | Total available Stock in State | Total required by districts |
|---|---|---|

| | | |
|---|---|---|
| ORS | | |
| Zinc | | |

**Date of STOP Diarrhoea Campaign steering committee meeting**: _____

**State level orientation plan**

**Venue:** _____ **Date:** _____

| **Participants from** | **Number** |
|---|---|
| Health department | |
| Women and Child Development | |
| Education | |
| Jal Jeevan Mission | |
| Rural Development | |
| Urban Development | |
| Information and Broadcasting | |
| IAP/IMA | |
| Development partners | |
| Others (please specify) | |

**ORS – Zinc corners plan:**

| **Facilities** | **Number** | **Planned ORS – Zinc corners** |
|---|---|---|
| Medical College (Paeds. OPD) | | |
| Medical College (Paeds. ward) | | |
| District Hospital (OPD) | | |
| District Hospital (ward) | | |
| SDH/CHC/Block CHC / PHC (OPD) | | |
| Block CHC / PHC (ward) | | |
| Additional PHC (OPD) | | |
| Additional PHC (ward) | | |
| Sub-center (OPD) | | |
| Private clinics (OPD) | | |

| | | |
|---|---|---|
| Private clinics (ward) | | |
| Anganwadi Centers | | |

**Printing of treatment protocols**

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

**Number of special VHNSD / RI session to be conducted by ANM during STOP Diarrhoea Campaign:**

**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 | Leaflet on breastfeeding | | | |
| 5 | Leaflet on complementary feeding | | | |
| 6 | MCP card | | | |

**Communication Plan**

| **Sr. No.** | **Trans-media engagement** | **Available** | **Channel/platform** | **Frequency** |
|---|---|---|---|---|
| 1 | TV Spot broadcast plan | | | |
| 2 | Radio spot broadcast plan | | | |

| | | | | |
|---|---|---|---|---|
| 3 | Plan using Social Media platforms to enhance outreach | | | |
| 4 | No of street plays, puppet shows etc. | | | |

**Advocacy and Partnership**

| Sr. No | Advocacy plan available | Stakeholder | Frequency |
|---|---|---|---|
| 1 | Advocacy plan for engaging stakeholders like medical associations, religious leaders, local influencers/social & community groups, youth clubs, NGOs etc. | | |

**Printing of formats**

| 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**

| Sr. No. | District | No. of slums / hard-to-reach areas | No. of vehicles / teams |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Supportive supervision from State level**

| Sr. No | Names | Designation | Phone No | District to be visited | Date of visit |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Annexure IV: District/Corporation operational plan – STOP Diarrhoea 2025 Campaign

(To be filled by District Health Officer that help him/her to take comprehensive preparations)

**District:** _____

**Name of Nodal Officer:** _____ **Phone No.**_____

**Total under five population of the district:** _____

**Male U5:** _____ **Female U5:** _____

**STOP Diarrhoea Campaign Secretariat**

| **Names** | **Designation** | **Phone No** | **Responsibility in STOP Diarrhoea Campaign** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Date of steering committee meeting**: _____

**District level orientation plan**

**Venue:** _____ **Date:** _____

| **Participants from** | **Number** |
|---|---|
| Health Department | |
| Women and Child Development | |
| Education | |
| Jal Jeevan Mission | |
| Rural Development | |
| Urban Development | |
| Information and Broadcasting | |
| IAP/IMA | |
| Development partners | |
| Others (please specify) | |

**Block level orientation plan (Copy and paste as per number of blocks)**

**Name of block:_____Venue:_____**

**Date:_____**

| **Participants** | **In position** | **To be trained** |
|---|---|---|
| ASHA | | |
| ANM | | |
| AWW | | |
| Staff nurse | | |
| MO | | |
| CHOs | | |
| Supervisors (LHV/ICDS supervisors | | |

**ORS – Zinc corners plan:**

| Facilities | Number | Planned ORS – Zinc corners | Number of protocols for display | | | | |
|---|---|---|---|---|---|---|---|
| | | | Plan A | Plan B | Plan B - SAM | Plan C - SAM | Plan C |
| Medical College (Paeds. OPD) | | | | | | | |
| Medical College (Paeds. ward) | | | | | | | |
| District Hospital (OPD) | | | | | | | |
| District Hospital (ward) | | | | | | | |
| Block CHC / PHC (OPD) | | | | | | | |
| Block CHC / PHC (ward) | | | | | | | |
| Additional PHC (OPD) | | | | | | | |
| Additional PHC (ward) | | | | | | | |
| Sub centre (OPD) | | | | | | | |

| Facilities | Number | Planned ORS – Zinc corners | Number of protocols for display | | | | |
|---|---|---|---|---|---|---|---|
| | | | Plan A | Plan B | Plan B - SAM | Plan C - SAM | Plan C |
| Private clinics (OPD) | | | | | | | |
| Private clinics (ward) | | | | | | | |
| Anganwadis | | | | | | | |

**Printing of treatment protocols**

| Protocol | Number to be printed |
|---|---|
| Plan A | |
| Plan B | |
| Plan C | |

**Number of special VHSND / RI session to be conducted by ANM during STOP Diarrhoea Campaign: _____**

**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 on breastfeeding | | | |
| 5 | Leaflet on complementary feeding | | | |
| | | | | |

**Communication Plan**

| Sr. No. | Trans-media engagement | Available | Channel/ platform | Frequency |
|---|---|---|---|---|
| 1 | TV Spot broadcast plan | | | |
| 2 | Radio spot broadcast plan | | | |
| 3 | Plan using Social Media platforms to enhance outreach | | | |
| 4 | No of street plays, puppet shows etc. | | | |

**Advocacy and Partnership**

| Sr. No | Advocacy plan available | Stakeholder | Frequency |
|---|---|---|---|
| 1 | Advocacy plan for engaging stakeholders like medical associations, religious leaders, local influencers/social & community groups, youth clubs, NGOs etc. | | |

**Printing of formats**

| 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**

| Sr. No. | Block | No. of slums / hard-to-reach areas | No. of vehicles / teams |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Supportive supervision from district level**

| Sr. No | Names | Designation | Phone No | Blocks / urban area | Date of visit |
|---|---|---|---|---|---|
| | | | | | |
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## Annexure V: Block operational plan – STOP Diarrhoea 2025 Campaign

**(To be filled by Block Health officer that help him/her to take comprehensive preparations)**

**Block: _____ Total under five population of the block: _____**

**Medical Officer of the block: _____ Phone No._____**

**Block level orientation plan**

**Venue: _____ Date: _____**

| **Participants** | **In position** | **To be trained** |
|---|---|---|
| ASHA | | |
| ANM | | |
| AWW | | |
| Staff nurse | | |
| MO | | |
| CHOs | | |
| Supervisors (LHV/MPS/ICDS supervisors | | |
| Others | | |

**ORS – Zinc corners plan:**

| **Facilities** | **Number** | **Planned ORS – Zinc corners** | **Number of protocols for display** | | | |
|---|---|---|---|---|---|---|
| | | | **Plan A** | **Plan B** | **Plan C** | **Any Other** |
| Block CHC / PHC (OPD) | | | | | | |
| Block CHC / PHC (ward) | | | | | | |
| Additional PHC (OPD) | | | | | | |
| Additional PHC (ward) | | | | | | |
| Sub centre | | | | | | |
| Private clinics (OPD) | | | | | | |
| Private clinics (ward) | | | | | | |
| Anganwadi Center | | | | | | |

**Number of special VHND / RI session conducted by ANM during STOP Diarrhoea Campaign where importance on diarrhoea control to be emphasised: .....**

**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 | Leaflet on breastfeeding | | | |
| 5 | Leaflet on complementary feeding | | | |
| 6 | MCP card | | | |

**Communication Plan**

| Sr. No. | Trans-media engagement | Available | Channel/platform | Frequency |
|---|---|---|---|---|
| 1 | No of street plays, puppet shows etc. | | | |

**Advocacy and Partnership**

| Sr. No | Advocacy plan available | Stakeholder | Frequency |
|---|---|---|---|
| 1 | Advocacy plan for engaging stakeholders like medical associations, religious leaders, local influencers/social & community groups, youth clubs, NGOs etc. | | |

**Requirement of formats**

| 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**

| Sr. No. | Name of slum or hard-to reach area | No. of vehicles / teams | Name of team members | Date of visit |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Supportive supervision from block level**

| Sr. No | Names | Designation | Phone No | Village / slum / hard – to-reach | Date of visit |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |

## Annexure VI: Village level plan for STOP Diarrhoea Campaign and implementation checklist

**(For ANM)**

(MOIC to ensure this format is filled for all sub-centres including vacant sub-centres)

Name of the sub-centre:_____ Block: _____ Name & Mobile no of ANM:_____

ANM visit plan during STOP Diarrhoea Campaign

| | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** | **Day 8** |
|---|---|---|---|---|---|---|---|---|
| Village/ urban area | | | | | | | | |
| VHND village (as per routine micro-plan) (Write Yes /No) | | | | | | | | |
| Name of ASHA and mobile no | | | | | | | | |
| No. of under 5 children in the village | | | | | | | | |
| No. Of Under 5 male Children in the village | | | | | | | | |
| No. Of Under 5 female Children in the village | | | | | | | | |
| | **Day 9** | **Day 10** | **Day 11** | **Day 12** | **Day 13** | **Day 14** | **Day 15** | **Day 16** |
| Village/urban area | | | | | | | | |
| VHND village (as per routine microplan) (Write Yes /No) | | | | | | | | |
| Name of ASHA and mobile no | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| No. of under 5 children in the village | | | | | | | | |
| No. Of Under 5 male Children in the village | | | | | | | | |
| No. Of Under 5 female Children in the village | | | | | | | | |
| | **Day 17** | **Day 18** | **Day 19** | **Day 20** | **Day 21** | **Day 22** | **Day 23** | **Day 24** |
| Village/urban area | | | | | | | | |
| VHND village (as per routine microplan) (Write Yes /No) | | | | | | | | |
| Name of ASHA and mobile no | | | | | | | | |
| No. of under 5 children in the village | | | | | | | | |
| No. Of Under 5 male Children in the village | | | | | | | | |
| No. Of Under 5 female Children in the village | | | | | | | | |
| | **Day 25** | **Day 26** | **Day 27** | **Day 28** | **Day 29** | **Day 30** | | |
| Village/urban area | | | | | | | | |
| VHND village (as per routine microplan) (Write Yes /No) | | | | | | | | |
| Name of ASHA and mobile no | | | | | | | | |
| No. of under 5 children in the village | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| No. Of Under 5 male Children in the village | | | | | | | | |
| No. Of Under 5 female Children in the village | | | | | | | | |
| **Note:** Kindly draft further plan according to above template | | | | | | | | |

| | List of vulnerable area to be covered (nomadic/tribal/brick kiln, tea garden, minority population etc) |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

## Annexure VII: Village level plan cum monitoring format for STOP Diarrhoea 2025 Campaign and implementation checklist

**(For ASHA)**

**District: _____ Block:_____ Village: _____ Total population:_____**

**ASHA:_____ Mob. No.:_____**

**Total under five children: _____**

| **Listing of children (to be done before the campaign – ideally 1 week before)** | | | | | | | **Home visit to be filled during the STOP Diarrhoea campaign** | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Sr. No | Father name | Mother name | **Child detail** | | | | **Date of visit** | **Distribution of ORS and Zinc with demonstration (□ if yes)** | **Does the child suffer from diarrhoea (□ if yes)** | Whether danger sign and referred **(□ if yes)** |
| | | | Name | Age | Gender | | | | | |
| | | | | | M | F | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

Signature of ASHA: _____ Signature of ANM:_____

## Annexure VIII: Mobile team plan and reporting for STOP Diarrhoea 2025 Campaign

Name of block / municipal area: _____

Name of Medical Officer I/c of STOP Diarrhoea:_____

Mobile No.: _____

| **Plan** | | | | | | | **Actuals** | | |
|---|---|---|---|---|---|---|---|---|---|
| Team No | Name of team members | Vehicle No | Mobile No. | Date of planned visit | Place of visit* | Estimated under 5 children in the place | Date of visit | No. of children distributed ORS and Zinc (Total/ M/F) | Whether danger sign and referred |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

*The places of visit should be urban slums (Without USHA/ Regular ANM), underserved and hard to reach populations (forested and tribal populations, hilly areas etc.), flood prone areas, migrant settlements (fisherman villages, riverine areas with shifting populations, refugees), nomadic sites, brick kilns, construction sites, orphanage, temporary shelters and street children

Signature of Medical Officer I/c: _____

## Annexure IX: Sub-centre reporting format

**District: _____ Block:_____ Sub center: _____**

**ANM Name:_____ Mob. No. :_____**

| **Sr. No.** | | **Number** |
|---|---|---|
| 1 | Total No. of villages | |
| 2 | No of villages where ORS and Zinc was distributed | |
| 3 | No. of under five children in the villages (Total/Male/Female) | |
| 4 | No. of children distributed with ORS and Zinc (Total/Male/Female) | |
| 5 | No. of children reported with Diarrhoea during STOP Diarrhoea Campaign (Total/Male/Female) | |
| 6 | No. of children detected with Danger signs and referred by ASHA (Total/Male/Female) | |
| 7 | No. of villages where VHNSC session on sanitation was conducted | |
| 8 | Whether ORS – Zinc corner established at sub centre (Yes / No) | |
| 9 | No. of schools where hand-washing demonstration was carried out | |
| 10 | Whether Plan A displayed in sub centre (Yes / No) | |
| 11 | Whether Plan B displayed in sub centre (Yes / No) | |

**Signature of ANM: _____**

## Annexure X: Block reporting format

**Block:**_____ **Name of BMO:**_____

| **Sr. No.** | | **Number** |
|---|---|---|
| 1 | Total No. of villages | |
| 2 | No of villages where ORS and Zinc was distributed | |
| 3 | No. of under five children in the villages (Total/Male/Female) | |
| 4 | No. of children distributed with ORS and Zinc (Total/Male/Female) | |
| 5 | No. of children reported with Diarrhoea during STOP Diarrhoea Campaign (Total/Male/Female) | |
| 6 | No. of children detected with Danger signs and referred by ASHA (Total/Male/Female) | |
| 7 | No. of villages where VHNSC session on sanitation was conducted | |
| 8 | No. of ORS – Zinc corner established (including block level) | |
| 9 | No. of ORS – Zinc corner established in private medical practitioners | |
| 10 | No. of schools where hand-washing demonstrated | |
| 11 | Number of health facilities where Plan A was displayed | |
| 12 | Number of health facilities where Plan B was displayed | |
| 13 | Number of health facilities where Plan C was displayed | |
| 14 | No. of slums / hard-to-reach areas | |
| Performance of Mobile teams | | |
| 15 | No. of mobile teams formed | |
| 16 | No. of children received ORS and Zinc from mobile teams | |
| 17 | No. of one day orientation meeting conducted at PHC | |
| 18 | No. of one day orientation meeting held at block level | |

**Signature of BMO:** _____

## Annexure XI: District and State reporting format

| | | |
|---|---|---|
| 1 | Name of State/ UT: | |
| 2 | Name of Nodal Officer Implementing **STOP Diarrhoea 2025 Campaign**<br>Email:<br>Phone: | ……<br>……<br>…… |
| 3 | Dates of STOP Diarrhoea 2025 Campaign observation | |
| 4 | State launch undertaken as per guidelines (Yes/No) | |
| 5 | No. of Districts conducted STOP Diarrhoea Campaign 2025/Total No. of Districts | ……/……. |
| 6 | No. of Districts where District launch was undertaken | |
| 7a | No. of ASHAs oriented on STOP Diarrhoea Campaign/ No. of ASHA in State/ UT | ……/…….. |
| 7b | No. of ANMs oriented on STOP Diarrhoea Campaign/ No. of ANMs in State / UT | ……/…… |
| 8 | No. of MO's oriented on STOP Diarrhoea / No. of MOs in State / UT | ……/…… |
| 9 | No. of Staff Nurses oriented on Diarrhoea management/ No. of Staff Nurses in State / UT | ……/…… |
| 10a | No. of Aspirational districts where supportive supervision was undertaken by Development Partners /Total no. of Aspirational districts | ……/……. |
| 10b | No. of Aspirational districts where supportive supervision was undertaken by State/ UT NHM Team /Total no. of Aspirational districts | ……/……. |
| 11 | No. of under five children in the State (Total/Male/Female) | |
| 12 | No. of children distributed with ORS and Zinc as a prepositioning (Total/Male/Female) | |
| 13 | No. of children reported with Diarrhoea during STOP Diarrhoea Campaign (Total/Male/Female) | |

| | | |
|---|---|---|
| 13a | No. of Diarrhoea outbreak reported in the State/ UT | |
| 13b | No. of children reported with Diarrhoea during Diarrhoea outbreak during STOP Diarrhoea Campaign period (part of 13 a) | |
| 14 | No. of children detected with danger signs and referred by ASHA (Total/Male/Female) | |
| 15 | No. of villages where VHNSD session on sanitation was conducted (Total Number of Villages ……) | |
| 16 | No. of ORS – Zinc corner established (including block / district level) (Total Number of Facilities ……) | |
| 17 | No. of ORS – Zinc corner established in private medical practitioners | |
| 18 | Number of health facilities where Plan A was displayed (Total Number of Health Facilities ……) | |
| 19 | Number of health facilities where Plan B was displayed | |
| 20 | Number of health facilities where Plan C was displayed | |
| 21 | No. of primary schools where hand washing demonstrated (Total Number of primary schools in Govt ……) | |
| 22 | No. of AWC where hand-washing demonstrated (Total Number of AWC……) | |
| **Performance of Mobile Teams** | | |
| 23 | No. of slums / hard-to-reach areas | |
| 24 | No. of mobile teams formed | |
| 25 | No. of children with Diarrhoea provided with ORS and Zinc (Total/Male/Female) by Mobile Health Team | |

**Signature of Child Health Nodal Officer (with Stamp)**

## Annexure XII: District level Supportive Supervision Checklist

**Name of monitor:**_____ **Designation:**_____

**Organization:** _____ **Mob. No:** _____

**Name of district:**_____ **Date of visit:** _____

| **Planning at district level** *(Monitor should meet DM, CMO, RCHO and other district level officers)* | |
|---|---|
| Name of CMO/RCHO/ District Nodal Person for STOP Diarrhoea Campaign and mobile nos.: | |
| Steering Committee meeting held with Chair by DM *(verify minutes)* | District operational plan available: Yes/ No |
| If Committee not formed (Specify Reason) | |
| District level orientation on STOP Diarrhoea Campaign held | Yes/ No |
| Participants / departments in district orientation on STOP Diarrhoea Campaign *(circle applicable after verification of minutes of meeting)* | H&FW (BMO / Municipal MO / BCM) / WCD / PRI / Water and Sanitation / Rural department/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:<br>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 / Weighing machine |
| District received communication regarding STOP Diarrhoea Campaign from State HQ | Yes/ No |
| District issued communication regarding Stop Diarrhoea Campaign to block | Yes/ No |
| District launch of STOP Diarrhoea Campaign by prominent person (MP/MLA/DM) | Yes/ No |

| | | | |
|---|---|---|---|
| **Financial norms for STOP Diarrhoea Campaign** | | | |
| District has clarity on financial norms for ASHA incentives for STOP Diarrhoea Campaign | Yes/ No | | |
| District received funds for STOP Diarrhoea Campaign | Yes/ No | | |
| **IEC planning** | | | |
| IEC material on STOP Diarrhoea Campaign eg. Banner, Posters, audio video clippings received from State: Yes/ No<br>District developed and printed: Yes/ No | | | |
| IEC material on STOP Diarrhoea Campaign 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 STOP Diarrhoea Campaign from district level (circle applicable) | Daily evening meeting of supervisors with CMO / Daily phone communication with supervisors / Weekly review meeting/ Monthly review meeting | | |
| **Implementation plan *(verify)*** | | | |
| No. of blocks in the district | | No. of urban areas in the district | |
| No. of blocks submitted micro-plan | | No. of urban areas submitted micro-plan | |
| No. of blocks that have constituted mobile team for STOP Diarrhoea Campaign | | No. of urban areas that have constituted mobile team for STOP Diarrhoea Campaign | |
| District officials of WCD, Education, Water & Sanitation, Rural Development, Urban Development have instructed blocks, AWCs, Schools, Water and Sanitation bodies etc. to participate in STOP Diarrhoea campaign (verify communication) | | | Circle the departme nt sent |

| | |
|---|---|
| | communication |

Signature:.....

## Annexure XIII: Block / urban level Supportive Supervision Checklist

**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 STOP Diarrhoea Campaign | 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-centre 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 diarrhoea management within last 1 month | Yes/ No |
| Plan A treatment protocol displayed | 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 diarrhoea management within last 1 month | Yes/ No |
| Plan A treatment protocol displayed | Yes/ No |
| Plan B treatment protocol displayed | Yes/ No |
| Plan C treatment protocol displayed in ward | Yes/ No |

| | | | | |
|---|---|---|---|---|
| ORS – Zinc poster displayed | | | | Yes/ No |
| Last case of diarrhoea 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 / Tribal pockets *(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 | Yes/ No | Yes/ No | Yes/ No |
| Name of ASHA and mobile no. | | | | |
| ASHA trained on her role in STOP Diarrhoea within last 1 month | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| ORS – Zinc distribution by ASHA / ANM is as per plan | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| ASHA used the STOP Diarrhoea IEC material 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 diarrhoea during the STOP Diarrhoea Campaign | | | | |

| | | | | |
|---|---|---|---|---|
| No. of houses (respondents) who known what to do if their child has diarrhoea *(seek health advise from ASHA/ AWW, ORS + Zinc)* | | | | |
| No. of houses (respondents) who know where to get ORS and Zinc from *(Health centres, ASHAs/ ANM)* | | | | |
| No. of houses (respondents) who know what can they do to prevent diarrhoea*(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_____

## Annexure XIV: Village level Supportive Supervision Checklist

**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 | Yes/ No | Yes/ No | Yes/ No |
| Name of ASHA and mobile no. | | | | |
| ASHA trained on her role in Stop Diarrhoea Campaign within last 1 month | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Knows the activities to be done in STOP Diarrhoea Campaign *[(1) Distribution of two ORS packet and 14 Zinc tablets to each mother/ care giver having children under 5 years (2) Treat child with diarrhoea 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 diarrhoea]* | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Listing of children as per format available with ASHA | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Knows definition of diarrhoea[*when the stools have changed from usual pattern and are many and watery (more water than fecal matter}]* | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Knows the danger signs of dehydration | Yes/ No | Yes/ No | Yes/ No | Yes/ No |

| | | | | |
|---|---|---|---|---|
| *[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)]* | | | | |
| Knows referral to facility in case of danger signs of diarrhoea*[as per above danger signs]* | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Knows correctly the treatment of diarrhoea 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 | Yes/ No | Yes/ No | Yes/ No |
| Knows correctly how to prepare ORS *[assessment based on demonstration of preparation of ORS]* | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Knows correctly the doses of Zinc *[2-6 months-10 mg. and 6 months to 5 years- 20 mg]* | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Knows how to administer Zinc *[to be dissolved in breast milk/ plain water]* | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| ORS – Zinc distribution by ASHA is as per plan | Yes/ No | Yes/ No | Yes/ No | Yes/ 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 | | | | |
| No. of houses (respondents) who saw any poster/ hoarding, TV commercial or radio spot on diarrhoea during the STOP DIARRHOEA CAMPAIGN | | | | |
| No. of houses (respondents) who known what to do if their child has diarrhoea*(seek health advise from ASHA/ AWW, ORS + Zinc)* | | | | |
| No. of houses (respondents) who know where to get ORS and Zinc from *(Health centres, ASHAs/ ANM)* | | | | |
| No. of houses (respondents) who know what can they do to prevent diarrhoea*(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 |

Signature:_____

## Annexure XV: Set up of ORS – ZINC CORNER

ORS - Zinc Corners are usually meant for diarrhoea with **some dehydration** to be administered ORS under supervision for **4 hours**. In addition, these corners serve the purpose of counselling for caregivers for children with no-dehydration and initiating their treatment. .

**Location**:

ORS – Zinc corners should be established **at health facilities** like Medical Colleges, District Hospitals, Block health facilities, Primary Health Centres, Sub-Centres, and Private Paediatrics facilities etc. Earmark a suitable area in the health facility for the corner. A small corner in the OPD or ward or any other suitable area in the health facility is generally enough for this purpose. The space required would depend on the case load. While earmarking such an area it should be ensured that:

- In case of hospital, the area should be close to the nursing station or the workplace of the Doctor so that assessment of the child can be carried out frequently.
- The area should have easy access to a toilet and washing facility, where mothers can clean the child and wash their hands before feeding them.
- Area should have seating arrangements to enable mothers to sit comfortably while administering ORS to their child.
- Pleasant and well-ventilated.

**Timings:**

The ORS – Zinc corners should be **functional during OPD timings and 24 hours in paediatrics ward**. A health worker, who is trained in preparation of ORS solution and Zinc solution, should be posted to manage the corner. The corner should be prominently labelled as *"ORS – Zinc Corner for treatment of diarrhoea"*

**Materials required for management of ORS – Zinc corner**

- One table where sufficient ORS packets and Zinc tablets with potable drinking water in a clean container, five glasses (200 ml), bowl / cup, soap, waste-bucket, one litre vessel, clean spoons, MCP cards and leaflets are placed..

- One chair for the health worker
- Two chairs or one bench with a back where the mother can sit comfortably while holding the child
- Shelves to hold supplies

**Counselling at the ORS – Zinc corners:**

- The doctor / health staff should counsel the mother in person using MCP card on use of ORS and Zinc.
- ORS – Zinc corner is a good place to display informative materials. Banner and poster on ORS – Zinc, hand washing and continued feeding should be displayed at the corner.

**Activities:**

- At least one litre of ORS solution should be prepared daily after washing hands with soap and water. It should be readily available to the mother when required. Replenish the solution whenever required. Discard the prepared solution after 24 hours of preparation. After the mother has washed her hands thoroughly with soap and water, provide the ORS solution in bowl / cup or glass with spoon to enable her to administer the solution.

- If there is a diarrhoeal episode during ORS administration, then the child, mother and the area should be thoroughly cleaned. After washing hands again with soap and water the mother should administer ORS.

- If the child vomits, while administering ORS, then clean the child and area, and the mother should re-administer ORS slowly, after washing hands again with soap and water.

- In case of diarrhoea with no-dehydration,
    - Administer ORS solution at the corner for some time till the child is comfortable.
    - Explain the mother on how to prepare the ORS solution, if possible demonstrate.
    - Demonstrate on how to prepare age appropriate Zinc tablet solution in a spoon.
    - Administer the first dose of Zinc tablet solution.
    - Explain when to administer ORS and Zinc.
    - Provide at least one ORS packet and 14 tablets of Zinc to take home.

- Advice on age appropriate feeding during diarrhoea
- Advice when to return

- In case of diarrhoea with some-dehydration,
  - Check whether the child has severe acute malnutrition
  - Administer ORS solution at the corner for 4 hours (5 ml / kg every 30 minutes for 2 hours and then slow rehydration over 8-10 hours for SAM)
  - Re-assess the child for status of dehydration after 4 hours.
  - If child has no dehydration, follow the steps of Plan A
  - If child has severe-dehydration, the child needs to be admitted for Plan C treatment.

## Annexure XVI: Content for VHSNC meeting to be conducted during STOP Diarrhoea 2025 Campaign

CHO/ ANM should carry out **STOP Diarrhoea Campaign** meeting with VHSNC members in her sub centre village and those villages where her VHND work-plan falls in the STOP Diarrhoea Campaign. ASHA along with Anganwadi Worker will mobilize all families with under-five children as well as VHSNC members for the session.

1. CHO/ ANM should start the session with key message of the STOP Diarrhoea campaign highlighting importance of ORS and Zinc, hand-washing and importance of Sanitation & hygiene in control of childhood diarrhoea. MCP card should be used for this purpose.

    a. After highlighting importance of hygiene and sanitation, CHO/ ANM and or ASHA should demonstrate hand-washing with soap and water.

    b. CHO/ ANM should demonstrate preparation of ORS and Zinc, importance of safe water, hand-washing.

    c. CHO/ ANM should communicate on danger signs of diarrhoea

    d. If there are cases of diarrhoea then ANM or ASHA should assess the child and provide ORS – Zinc. If child is severely dehydrated then referral should be ensured.

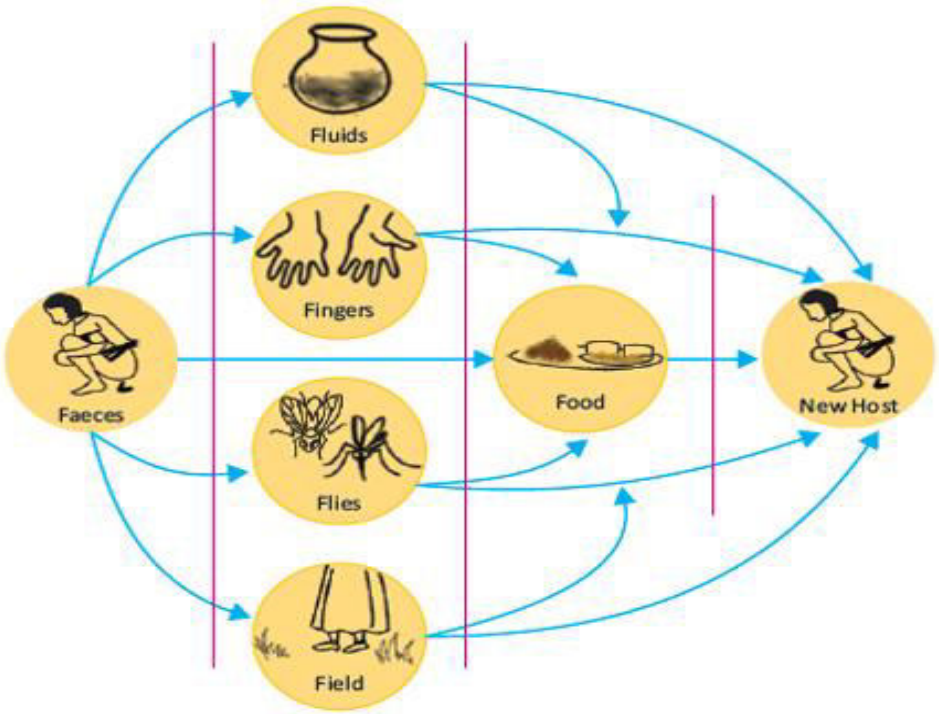
2. PLA (Participatory Learning Approach) technique to be used for advocacy around sanitation & hygiene: PLA techniques can include mapping of open defecation areas in and surrounding the village and plan for stopping open defecation, with active participation of VHSNC members and representatives from Department of Drinking Water and Sanitation.

    2.1 The ASHA / ANM will ask the participants to narrate the ailments caused due to water contamination. This could be Diarrhoea, Typhoid, Intestinal worms, Abdominal pain, Vomiting etc.

    2.2 The ASHA / ANM will ask participants to say what contaminates the water and food to cause these diseases. A relationship between human faeces, water and the diseases will be established. Focus on how faecal matter slowly recedes

into the soil. She will explain how contaminated human faeces get into water and food from open defecation through flies.

**Diagram on transmission of diarrhoeal infection**




2.3 The ASHA / ANM will ask one of the participants who had suffered from Diarrhoea, about the suffering and cost involved for treatment.

2.4 The importance of use of toilet for defecation will be emphasised.

2.5 Geographical areas within the village and it's vicinity that are used for open defecation (i.e. toilets not used for defecation) will be marked in the map. She will explain how contaminated human faeces get into water and food from open defecation through flies.

2.6 A plan will be made / updated on construction of toilets in the households of the village.

3. For the above exercise, ASHA (with the help of CHO/ ANM) may test water from its source using the field test kit that is with the gram panchayats. The result of the test is available in 24 hours. The result can be declared during the above exercise.

## Secretariat

**In case of any further information may contact:**

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**Dr Vaibhav Rastogi, Lead Consultant – CH, MoHFW (M: 7906373996)**

**Email: stopdiarrhoea.mohfw@gmail.com**

## States /UTs wise Acute Diarrheal Disease Nos of Outbreaks Reported under IDSP- 2022-2025*

| Name of State | Districts | 2022 | 2023 | 2024 | 2025 | Grand Total |
|---|---|---|---|---|---|---|
| **Andaman & Nicobar Islands** | Nicobars | | | 1 | | 1 |
| | South Andaman | 1 | 1 | | | 2 |
| **Andaman & Nicobar Islands Total** | | **1** | **1** | **1** | | **3** |
| **Andhra Pradesh** | Alluri Sitharama Raju | | | 1 | 1 | 2 |
| | Anakapalli | | | 2 | 1 | 3 |
| | Anantapur | | 1 | 5 | | 6 |
| | Annamayya | | | 1 | | 1 |
| | Bapatla | | | 2 | | 2 |
| | Chittoor | | 2 | 7 | | 9 |
| | Eluru | | 1 | 3 | | 4 |
| | Guntur | | | 2 | | 2 |
| | Kakinada | | | 3 | | 3 |
| | Konaseema | | | 1 | | 1 |
| | Krishna | 1 | | | | 1 |
| | Kurnool | 1 | 2 | 2 | | 5 |
| | Nandamuri Taraka Rama Rao (NTR) | 1 | 1 | 2 | | 4 |
| | Nandyal | 4 | 2 | 7 | 1 | 14 |
| | Palnadu | | | 4 | | 4 |
| | Parvathipuram Manyam | | | 1 | 2 | 3 |
| | SPSR Nellore | | 1 | 3 | | 4 |
| | Sri Sathya Sai | | | 3 | | 3 |
| | Srikakulam | | | 2 | | 2 |
| | Tirupati | | 1 | 3 | | 4 |
| | Visakhapatnam | | | 4 | | 4 |
| | Vizianagaram | | | 3 | 1 | 4 |
| | Y.S.R. (Yeduguri Sandinti Rajasekhara Reddy) | | 1 | 4 | | 5 |
| **Andhra Pradesh Total** | | **7** | **12** | **65** | **6** | **90** |
| **Arunachal Pradesh** | Changlang | | 1 | | | 1 |
| | Kra Daadi | 1 | | | | 1 |
| | Lepa Rada | | | 1 | | 1 |
| | Lohit | 1 | | | | 1 |
| | Papumpare | | 1 | 1 | | 2 |
| | Tawang | | 1 | 1 | | 2 |
| | Upper Siang | | 1 | | | 1 |
| | West Kameng | 1 | | | | 1 |
| **Arunachal Pradesh Total** | | **3** | **4** | **3** | | **10** |
| **Assam** | Baksa | 1 | | | | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Barpeta | | 1 | | | 1 |
| | Bongaigaon | | | 1 | 1 | 2 |
| | Cachar | | 1 | 1 | | 2 |
| | Charaideo | | 3 | 1 | | 4 |
| | Darrang | | 4 | | 1 | 5 |
| | Dhemaji | | 7 | 1 | | 8 |
| | Dhubri | | 1 | | | 1 |
| | Dibrugarh | 1 | 3 | 2 | 1 | 7 |
| | Goalpara | 1 | 1 | 2 | | 4 |
| | Golaghat | | 2 | | | 2 |
| | Hojai | | | 1 | | 1 |
| | Jorhat | | 1 | 7 | | 8 |
| | Kamrup | | 3 | 1 | | 4 |
| | Karbi Analong | 1 | 1 | 1 | | 3 |
| | Kokrajhar | | | 3 | | 3 |
| | Lakhimpur | | 3 | 4 | 2 | 9 |
| | Majuli | | 1 | 1 | 1 | 3 |
| | Marigaon | 1 | 2 | 2 | | 5 |
| | Nalbari | | 2 | 1 | | 3 |
| | Sivasagar | | 1 | 1 | | 2 |
| | Sonitpur | | 1 | 3 | 1 | 5 |
| | Udalguri | 1 | 2 | | | 3 |
| **Assam Total** | | **6** | **40** | **33** | **7** | **86** |
| **Bihar** | Arwal | | | 2 | | 2 |
| | Aurangabad | | 2 | 3 | | 5 |
| | Banka | | 1 | | | 1 |
| | Bhojpur | | | 3 | | 3 |
| | Buxar | | | 2 | | 2 |
| | Gaya | | 4 | 6 | | 10 |
| | Jamui | | 2 | 3 | | 5 |
| | Jehanabad | | 2 | 6 | | 8 |
| | Lakhisarai | | | 1 | | 1 |
| | Madhepura | | | 1 | | 1 |
| | Madhubani | | 3 | 1 | | 4 |
| | Patna | | 2 | | | 2 |
| | Purbi Champaran | 1 | | | | 1 |
| | Purnia | | | | 1 | 1 |
| | Rohtas | | 1 | | | 1 |
| | Samastipur | | 1 | 2 | | 3 |
| | Saran | | | 1 | | 1 |
| | Sitamarhi | | 1 | | | 1 |
| | Supaul | | 1 | | | 1 |
| **Bihar Total** | | **1** | **20** | **31** | **1** | **53** |
| **Chhattisgarh** | Balod | 2 | 7 | 9 | 1 | 19 |
| | Baloda Bazar | 6 | 6 | 13 | | 25 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Bastar | | 2 | 1 | | 3 |
| | Bemetara | | 3 | 8 | | 11 |
| | Bijapur | | 1 | | | 1 |
| | Bilaspur | 1 | 3 | 9 | | 13 |
| | Dantewada | 1 | | | | 1 |
| | Dhamatari | 2 | 1 | 1 | | 4 |
| | Durg | 1 | 2 | 5 | 2 | 10 |
| | Gariyaband | 2 | | 2 | | 4 |
| | Janjgir-Champa | 4 | 4 | 6 | | 14 |
| | Jashpur | 1 | | | | 1 |
| | Kabirdham | | 3 | 9 | 1 | 13 |
| | Kanker | | 2 | 2 | | 4 |
| | Khairgarh Chhuikhadan Gandai | | | 1 | | 1 |
| | Kondagaon | | 1 | | 1 | 2 |
| | Korba | | 1 | | | 1 |
| | Mahasamund | 5 | | 6 | 1 | 12 |
| | Mohla Manpur Ambagarh Chouki | | 1 | 1 | | 2 |
| | Mungeli | | | 4 | | 4 |
| | Narayanpur | | 2 | | | 2 |
| | Raigarh | 4 | 5 | 4 | | 13 |
| | Raipur | | 3 | 12 | | 15 |
| | Rajnandgaon | 2 | | 9 | | 11 |
| | Sarangarh Bilaigarh | | | 3 | | 3 |
| | Sukma | | | 2 | | 2 |
| | Surajpur | | 1 | 2 | | 3 |
| | Surguja | | | 4 | | 4 |
| **Chhattisgarh Total** | | **31** | **48** | **113** | **6** | **198** |
| **D&N Haveli** | Dadra and Nagar Haveli | | | | 1 | 1 |
| **D&N Haveli Total** | | | | | **1** | **1** |
| **Dadra and Nagar Haveli** | Dadra and Nagar Haveli | 2 | 1 | | | 3 |
| **Dadra and Nagar Haveli Total** | | **2** | **1** | | | **3** |
| **Goa** | North Goa | | | 1 | | 1 |
| | South Goa | | | | 1 | 1 |
| **Goa Total** | | | | **1** | **1** | **2** |
| **Gujarat** | Ahmedabad | 1 | 1 | 4 | 1 | 7 |
| | Amreli | | | 1 | 1 | 2 |
| | Anand | 3 | 2 | 5 | | 10 |
| | Aravalli | | 1 | 1 | | 2 |
| | Banaskantha | | 2 | | | 2 |
| | Bharuch | | 1 | | | 1 |
| | Bhavnagar | | | 1 | | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Chota Udaipur | 1 | 1 | 2 | | 4 |
| | Dohad | | 1 | 1 | | 2 |
| | Gandhinagar | 1 | 2 | 2 | | 5 |
| | Gir Somnath | | 1 | 2 | | 3 |
| | Jamnagar | | 2 | 1 | | 3 |
| | Junagarh | 1 | 4 | 1 | | 6 |
| | Kachchh | | | 1 | 1 | 2 |
| | Kheda | 1 | | 9 | | 10 |
| | Mahesana | | 3 | | 1 | 4 |
| | Mahisagar | | 1 | 1 | | 2 |
| | Morbi | | 1 | | | 1 |
| | Narmada | | | 1 | | 1 |
| | Navsari | 4 | 2 | 3 | | 9 |
| | Panchmahal | | 1 | | | 1 |
| | Patan | 1 | | | | 1 |
| | Rajkot | | 1 | 1 | | 2 |
| | Sabarkantha | | 1 | | | 1 |
| | Surat | | | 1 | | 1 |
| | Surendranagar | | 1 | | | 1 |
| | Tapi | | | 1 | | 1 |
| | Vadodara | | | 1 | | 1 |
| | Valsad | 1 | 1 | 4 | | 6 |
| **Gujarat Total** | | **14** | **30** | **44** | **4** | **92** |
| **Haryana** | Gurugram | 1 | 2 | | 1 | 4 |
| | Kaithal | | 1 | | | 1 |
| | Karnal | | | 1 | | 1 |
| | Kurukshetra | | | 1 | | 1 |
| | Panchkula | | 1 | 1 | | 2 |
| | Panipat | 1 | | | | 1 |
| | Sonipat | | 1 | | | 1 |
| | Yamunanagar | 1 | 1 | 1 | | 3 |
| **Haryana Total** | | **3** | **6** | **4** | **1** | **14** |
| **Himachal Pradesh** | Hamirpur | | 1 | 3 | | 4 |
| | Kangra | | 1 | 2 | | 3 |
| | Kinnaur | | | 1 | | 1 |
| | Mandi | 1 | 1 | 2 | | 4 |
| | Solan | | | 1 | | 1 |
| | Una | 1 | | | | 1 |
| **Himachal Pradesh Total** | | **2** | **3** | **9** | | **14** |
| **Jammu & Kashmir** | Anantnag | | 1 | 6 | | 7 |
| | Baramulla | | 1 | | | 1 |
| | Ganderbal | | | 2 | | 2 |
| | Jammu | | 1 | | | 1 |
| | Kathua | 1 | | 1 | | 2 |
| | Kulgam | | | 1 | | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Kupwara | | 1 | 2 | 1 | 4 |
| | Poonch | | | | 1 | 1 |
| | Rajouri | 1 | | 2 | | 3 |
| | Udhampur | | 1 | 2 | | 3 |
| **Jammu & Kashmir Total** | | **2** | **5** | **16** | **2** | **25** |
| **Jharkhand** | Bokaro | 1 | | 1 | | 2 |
| | Chatra | | 3 | 1 | | 4 |
| | Deoghar | | 2 | 1 | | 3 |
| | Dhanbad | | | 1 | | 1 |
| | Dumka | | | 6 | | 6 |
| | East Singhbum | 2 | | 5 | | 7 |
| | Garhwa | | 1 | 4 | | 5 |
| | Giridih | | 2 | 6 | 1 | 9 |
| | Godda | | | 2 | | 2 |
| | Gumla | | 1 | | | 1 |
| | Hazaribagh | | 1 | 2 | | 3 |
| | Jamtara | | 1 | 2 | | 3 |
| | Koderma | | | 2 | | 2 |
| | Latehar | | 1 | 1 | | 2 |
| | Lohardaga | | 2 | | | 2 |
| | Pakur | | 1 | 3 | | 4 |
| | Ramgarh | | 2 | | | 2 |
| | Ranchi | 1 | | | | 1 |
| | Sahebganj | 2 | 4 | 4 | | 10 |
| | Saraikela Kharsawan | | 2 | 2 | | 4 |
| | West Singhbhum | 1 | 1 | 4 | | 6 |
| **Jharkhand Total** | | **7** | **24** | **47** | **1** | **79** |
| **Karnataka** | Bagalkote | 2 | 2 | 1 | | 5 |
| | Ballari | 3 | 4 | 1 | | 8 |
| | BBMP | | 2 | | | 2 |
| | Belagavi | | 3 | 2 | | 5 |
| | Bellary | | 2 | | | 2 |
| | Bengaluru | | 2 | | | 2 |
| | Bengaluru Rural | | 1 | | | 1 |
| | Bengaluru Urban | 1 | 2 | 1 | 1 | 5 |
| | Bidar | | 4 | 1 | | 5 |
| | Chamarajanagar | 1 | | 1 | | 2 |
| | Chikballapura | | 1 | 2 | 2 | 5 |
| | Chikkamagaluru | 1 | 1 | 3 | | 5 |
| | Chitradurga | 1 | 3 | 2 | | 6 |
| | Dakshin Kannada | 4 | 4 | 2 | | 10 |
| | Davangere | 2 | 4 | 3 | | 9 |
| | Dharwad | 1 | 2 | 1 | | 4 |
| | Gadag | | | 1 | | 1 |
| | Hassan | 6 | 7 | 3 | | 16 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Haveri | 2 | 2 | 5 | | 9 |
| | Kalaburagi | 6 | 2 | 5 | | 13 |
| | Kolar | 1 | 1 | | | 2 |
| | koppal | 3 | 3 | 1 | | 7 |
| | Mandya | 2 | 3 | 5 | | 10 |
| | Mysore | 3 | | 1 | | 4 |
| | Raichur | 2 | 10 | 6 | | 18 |
| | Ramanagara | 1 | 2 | 1 | | 4 |
| | Shivamogga | 2 | 1 | | | 3 |
| | Tumakuru | 5 | 4 | 7 | | 16 |
| | Udupi | | 6 | 3 | | 9 |
| | Uttar Kannnada | | | 2 | 3 | 5 |
| | Vijayanagar | 3 | 3 | 3 | | 9 |
| | Vijayapura | 1 | 2 | | | 3 |
| | Yadgiri | 1 | 6 | 1 | | 8 |
| **Karnataka Total** | | **54** | **89** | **64** | **6** | **213** |
| **Kerala** | Alappuzha | 2 | | 2 | | 4 |
| | Ernakulam | 6 | 5 | 10 | | 21 |
| | Idukki | | 1 | | | 1 |
| | Kannur | | 3 | | | 3 |
| | Kasaragod | 2 | 1 | 1 | | 4 |
| | Kollam | 2 | 4 | | | 6 |
| | Kottayam | | 1 | 2 | | 3 |
| | Kozhikode | 2 | 6 | | | 8 |
| | Malappuram | | 5 | 3 | | 8 |
| | Palakkad | 4 | 5 | 10 | 1 | 20 |
| | Pathanamthitta | | 1 | 2 | | 3 |
| | Thiruvananthapuram | 6 | 3 | 6 | 1 | 16 |
| | Thrissur | 3 | 1 | 1 | | 5 |
| | Trivandrum | 3 | 1 | | | 4 |
| | Wayanad | 1 | 4 | 2 | 5 | 12 |
| **Kerala Total** | | **31** | **41** | **39** | **7** | **118** |
| **Madhya Pradesh** | Agar-Malwa | | 3 | | | 3 |
| | Alirajpur | | 1 | 1 | | 2 |
| | Anuppur | | | 2 | | 2 |
| | Ashoknagar | | | 6 | 1 | 7 |
| | Balaghat | | | 2 | | 2 |
| | Barwani | | 1 | 2 | | 3 |
| | Betul | | 1 | 2 | | 3 |
| | Bhopal | 1 | 1 | 4 | | 6 |
| | Burhanpur | | 2 | | | 2 |
| | Chhatarpur | | | 3 | | 3 |
| | Chhindwara | | 2 | 5 | | 7 |
| | Damoh | 1 | 1 | 3 | | 5 |
| | Datia | | | 2 | | 2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Dewas | | 1 | 1 | | 2 |
| | Dhar | | | 1 | | 1 |
| | Dindori | | | 6 | 1 | 7 |
| | East Nimar | | | 1 | | 1 |
| | Guna | | | 5 | | 5 |
| | Gwalior | 1 | | | | 1 |
| | Harda | | | 4 | | 4 |
| | Hoshangabad | 2 | 1 | 2 | | 5 |
| | Indore | 2 | | 1 | | 3 |
| | Jabalpur | | | 1 | | 1 |
| | Jhabua | | 1 | 1 | | 2 |
| | Katni | | 1 | 3 | | 4 |
| | Khargone | 1 | 3 | 7 | | 11 |
| | Mandla | 2 | | 3 | | 5 |
| | Mandsaur | 1 | | | | 1 |
| | Morena | 3 | 1 | 1 | | 5 |
| | Narsinghpur | 2 | 2 | | 1 | 5 |
| | Panna | | | 3 | | 3 |
| | Raisen | | 1 | 3 | 1 | 5 |
| | Rajgarh | | | 1 | | 1 |
| | Ratlam | 2 | 1 | | | 3 |
| | Rewa | 3 | 4 | 8 | | 15 |
| | Sagar | 3 | | | | 3 |
| | Satna | 1 | 3 | 15 | | 19 |
| | Sehore | 1 | | 1 | | 2 |
| | Seoni | 1 | 2 | 3 | | 6 |
| | Shahdol | | 1 | 1 | | 2 |
| | Shajapur | 1 | | 1 | | 2 |
| | Sheopur | 1 | | 3 | | 4 |
| | Shivpuri | 2 | | 5 | 1 | 8 |
| | Singrauli | | | 8 | | 8 |
| | Tikamgarh | | 1 | 2 | | 3 |
| | Ujjain | | 1 | 2 | | 3 |
| | Umaria | 1 | | 5 | | 6 |
| | Vidisha | | | 2 | | 2 |
| **Madhya Pradesh Total** | | **32** | **36** | **132** | **5** | **205** |
| **Maharashtra** | Ahmednagar | | 1 | 3 | | 4 |
| | Akola | | 1 | 3 | | 4 |
| | Amravati | 1 | 2 | 6 | 1 | 10 |
| | Aurangabad | 1 | 1 | | | 2 |
| | Bhandara | | 1 | 3 | 2 | 6 |
| | Buldhana | | | 2 | 1 | 3 |
| | Chandrapur | 3 | | 2 | | 5 |
| | Dhule | | | 3 | | 3 |
| | Gondia | | | 1 | | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Hingoli | | 1 | 3 | | 4 |
| | Jalgaon | | 2 | 1 | | 3 |
| | Jalna | | | 3 | | 3 |
| | kolhapur | 4 | | 3 | | 7 |
| | Latur | 1 | | | | 1 |
| | Nagpur | 2 | | 3 | 3 | 8 |
| | Nanded | 2 | 2 | 3 | | 7 |
| | Nandurbar | | | 4 | | 4 |
| | Nashik | | | 5 | | 5 |
| | Osmanabad | | | 1 | | 1 |
| | Palghar | | | 2 | 1 | 3 |
| | Parbhani | | 1 | 2 | | 3 |
| | Pune | 1 | 1 | 3 | | 5 |
| | Raigad | | | | 1 | 1 |
| | Sangli | 1 | 1 | 1 | | 3 |
| | Satara | | 1 | 3 | | 4 |
| | Sindhugarh | | 1 | 2 | | 3 |
| | Solapur | | 2 | | | 2 |
| | Thane | | | 5 | | 5 |
| | Wardha | | | 1 | | 1 |
| | Washim | | 1 | | | 1 |
| | Yavatmal | 2 | 5 | 1 | | 8 |
| **Maharashtra Total** | | **18** | **24** | **69** | **9** | **120** |
| **Manipur** | Bishnupur | | 1 | | | 1 |
| | Imphal West | | 1 | | | 1 |
| | Kakching | | | 1 | | 1 |
| | Tamenglong | | 1 | | | 1 |
| **Manipur Total** | | | **3** | **1** | | **4** |
| **Meghalaya** | East Jaintia Hills | 1 | 1 | | | 2 |
| | East Khasi Hills | 1 | 1 | 2 | 1 | 5 |
| | Eastern West Khasi Hills | | | 1 | | 1 |
| | Ri Bhoi | | 1 | | | 1 |
| | South Garo Hills | | | | 1 | 1 |
| | West Jaintia Hills | 2 | | | | 2 |
| **Meghalaya Total** | | **4** | **3** | **3** | **2** | **12** |
| **Mizoram** | Aizawl | 3 | | 1 | | 4 |
| | Saitual | 1 | | | | 1 |
| **Mizoram Total** | | **4** | | **1** | | **5** |
| **Nagaland** | Kiphire | 1 | | | | 1 |
| | Longleng | | 1 | | | 1 |
| | Peren | | 1 | 1 | | 2 |
| **Nagaland Total** | | **1** | **2** | **1** | | **4** |
| **Odisha** | Angul | 2 | | 2 | 1 | 5 |
| | Balangir | | 4 | 26 | | 30 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Baleswar | | 4 | | | 4 |
| | Bargarh | 2 | 5 | 10 | | 17 |
| | Bhadrak | | | 4 | | 4 |
| | Bolangir | | 3 | | | 3 |
| | Boudh | | 2 | 1 | | 3 |
| | Cuttack | 2 | 5 | 5 | 2 | 14 |
| | Deoghar | | 2 | 1 | 1 | 4 |
| | Dhenkanal | 2 | 1 | 3 | 1 | 7 |
| | Ganjam | 6 | | 12 | 1 | 19 |
| | Jagatsinghpur | | | 1 | | 1 |
| | Jajpur | | | 1 | | 1 |
| | Jharsuguda | 1 | | 4 | | 5 |
| | Kalahandi | 1 | | 4 | | 5 |
| | Kandhamal | 1 | 1 | 4 | | 6 |
| | Kendrapara | | | 1 | | 1 |
| | Keonjhar | 2 | | 1 | 1 | 4 |
| | Khordha | 1 | 1 | | | 2 |
| | Koraput | 6 | 3 | 12 | 1 | 22 |
| | Malkangiri | | | 6 | | 6 |
| | Mayurbhanj | 4 | 4 | 10 | | 18 |
| | Nabarangpur | 3 | | | | 3 |
| | Nayagarh | | | 2 | | 2 |
| | Nuapada | | 1 | 1 | | 2 |
| | Puri | | | 5 | | 5 |
| | Rayagada | | 3 | 7 | | 10 |
| | Sambhalpur | | 10 | 6 | 1 | 17 |
| | Sonepur | | 2 | 6 | | 8 |
| | Subarnapur | 3 | | | | 3 |
| | Sundergarh | | 2 | 5 | | 7 |
| **Odisha Total** | | **36** | **53** | **140** | **9** | **238** |
| **Puducherry** | Karaikal | 1 | 1 | 1 | | 3 |
| **Puducherry Total** | | **1** | **1** | **1** | | **3** |
| **Punjab** | Fatehgarh Sahib | 1 | | | | 1 |
| | Gurdaspur | 1 | 1 | | | 2 |
| | Hoshiarpur | 1 | | | | 1 |
| | Jalandhar | | | 2 | | 2 |
| | Kapurthala | 1 | | 1 | | 2 |
| | Ludhiana | | | 1 | | 1 |
| | Moga | | | 1 | | 1 |
| | Patiala | 4 | | 3 | | 7 |
| | Sahibzada Ajit Singh Nagar | 4 | 4 | 2 | | 10 |
| | Sangrur | | 1 | 1 | | 2 |
| **Punjab Total** | | **12** | **6** | **11** | | **29** |
| **Rajasthan** | Baran | | | 2 | | 2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Bhilwara | 1 | | 1 | | 2 |
| | Bikaner | 1 | | | | 1 |
| | Dausa | 2 | 1 | | | 3 |
| | Dholpur | | 1 | | | 1 |
| | Ganganagar | | | 1 | | 1 |
| | Jalore | 1 | | | 1 | 2 |
| | Jhalawar | | 2 | | | 2 |
| | Kota | 1 | | 1 | | 2 |
| | Sikar | | | 1 | | 1 |
| | Udaipur | | 2 | | | 2 |
| **Rajasthan Total** | | **6** | **6** | **6** | **1** | **19** |
| **Tamil Nadu** | Ariyalur | 2 | 2 | 1 | 1 | 6 |
| | Chengalpattu | | | 1 | | 1 |
| | Chennai | | | 2 | | 2 |
| | Coimbatore | | 2 | 2 | | 4 |
| | Cuddalore | | | 1 | | 1 |
| | Dharmapuri | 2 | | | | 2 |
| | Dindigul | 1 | | 1 | | 2 |
| | Erode | | | 2 | | 2 |
| | Kallakurichi | 3 | | 1 | 1 | 5 |
| | Kancheepuram | | | 3 | | 3 |
| | Kanniyakumari | | | 1 | | 1 |
| | Karur | | | 1 | | 1 |
| | Krishnagiri | | | 1 | 2 | 3 |
| | Madurai | | | 1 | | 1 |
| | Mayiladuthurai | | | 2 | | 2 |
| | Namakkal | | 3 | | | 3 |
| | Pudukkottai | 1 | 1 | 2 | | 4 |
| | Salem | | | 2 | | 2 |
| | Sivaganga | | | 1 | | 1 |
| | Thanjavur | 2 | 1 | 3 | | 6 |
| | Thiruvallur | | | 5 | | 5 |
| | Thiruvarur | 1 | | 2 | | 3 |
| | Tiruchirappalli | 2 | 5 | 5 | | 12 |
| | Tirunelveli | | | 1 | | 1 |
| | Tirupathur | | | 1 | | 1 |
| | Tiruppur | | | 1 | | 1 |
| | Tiruvannamalai | | | 4 | | 4 |
| | Vellore | 2 | | | | 2 |
| | Villupuram | 1 | 2 | 4 | | 7 |
| | Virudhunagar | | | | 1 | 1 |
| **Tamil Nadu Total** | | **17** | **16** | **51** | **5** | **89** |
| **Telangana** | Adilabad | 1 | 1 | | | 2 |
| | Hyderabad | 2 | 2 | | | 4 |
| | Jangoan | 1 | | | | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Jogulamba Gadwal | 2 | | | | 2 |
| | Kumuram Bheem Asifabad | 2 | | 1 | | 3 |
| | Medak | 3 | | | | 3 |
| | Nalgonda | 1 | | | | 1 |
| | Narayanpet | | 1 | | | 1 |
| | Nirmal | 1 | | 1 | | 2 |
| | Peddapalli | | | 1 | | 1 |
| | Ranga Reddy | | | 1 | | 1 |
| | Siddipet | | 1 | | | 1 |
| | Suryapet | | | 1 | | 1 |
| | Vikarabad | 1 | | | | 1 |
| | Wanaparthy | | 1 | | | 1 |
| | Warrangal | 1 | | | | 1 |
| **Telangana Total** | | **15** | **6** | **5** | | **26** |
| **The Dadra And Nagar Haveli And Daman And Diu** | Dadra and Nagar Haveli | | | 1 | | 1 |
| | Daman | | | 1 | | 1 |
| **The Dadra And Nagar Haveli And Daman And Diu Total** | | | | **2** | | **2** |
| **Tripura** | Khowai | | | 1 | | 1 |
| | North Tripura | | | 1 | | 1 |
| | Sepahijala | 1 | | | | 1 |
| | South Tripura | | 1 | | | 1 |
| | Unakoti | | 2 | 2 | | 4 |
| **Tripura Total** | | **1** | **3** | **4** | | **8** |
| **Uttar Pradesh** | Auriaya | | | 1 | | 1 |
| | Ballia | | | 1 | | 1 |
| | Balrampur | | | | 2 | 2 |
| | Barabanki | | | 1 | | 1 |
| | Bhadohi | | 4 | | | 4 |
| | Chandauli | 1 | 9 | 2 | | 12 |
| | Chitrakoot | 2 | | | | 2 |
| | Deoria | 1 | | | | 1 |
| | Farrukhabad | 1 | | | | 1 |
| | Fatehpur | | 1 | 3 | | 4 |
| | Gautam Buddha Nagar | | | 2 | 1 | 3 |
| | Ghaziabad | | 1 | 1 | | 2 |
| | Ghazipur | 1 | | | | 1 |
| | Gonda | | | 2 | | 2 |
| | Hardoi | 1 | | | | 1 |
| | Kannuaj | | | 1 | | 1 |
| | Kasganj | | | 1 | | 1 |
| | Kaushambi | 3 | | 2 | | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Kushi Nagar | | | 1 | | 1 |
| | Lalitpur | | 4 | 9 | | 13 |
| | Lucknow | | | 1 | | 1 |
| | Mathura | 1 | | | | 1 |
| | Meerut | | | 1 | | 1 |
| | Mirzapur | 13 | 6 | 6 | 1 | 26 |
| | Pilibhit | | 1 | | | 1 |
| | Prayagraj | | | 4 | | 4 |
| | Rae Bareli | | 1 | 1 | | 2 |
| | Sant Ravi Das Nagar | 1 | | | | 1 |
| | Shravasti | | | 1 | | 1 |
| | Siddharth Nagar | 1 | 2 | 1 | | 4 |
| | Sonbhadra | 1 | 4 | 6 | | 11 |
| **Uttar Pradesh Total** | | **27** | **33** | **48** | **4** | **112** |
| **Uttarakhand** | Almora | | 1 | 3 | | 4 |
| | Dehradun | 1 | | | | 1 |
| | Nainital | | 2 | 3 | | 5 |
| | Rudraprayag | 2 | | | | 2 |
| | Tehri Garhwal | | 1 | | | 1 |
| | Udham Singh Nagar | 3 | | | | 3 |
| **Uttarakhand Total** | | **6** | **4** | **6** | | **16** |
| **West Bengal** | 24 Parganas South | | | 3 | | 3 |
| | Bardhaman | 2 | | | | 2 |
| | Birbhum | | 3 | 8 | 2 | 13 |
| | Coochbehar | | 1 | | | 1 |
| | Diamond Harbour | | 1 | | | 1 |
| | Dinajpur Dakshin | | 1 | | | 1 |
| | Hooghly | 1 | 1 | 3 | | 5 |
| | Howrah | 1 | | 3 | 1 | 5 |
| | Medinipur East | | | | 1 | 1 |
| | Medinipur West | | | 2 | 2 | 4 |
| | Murshidabad | | | 1 | | 1 |
| | Nadia | | 2 | 2 | | 4 |
| | North 24 Parganas | 3 | 2 | | | 5 |
| | Paschim Medinipur | 1 | 1 | | | 2 |
| | Purba Bardhaman | | 1 | 9 | 1 | 11 |
| | Purulia | | 5 | 17 | | 22 |
| | South 24 Parganas | 4 | 1 | | | 5 |
| **West Bengal Total** | | **12** | **19** | **48** | **7** | **86** |
| **Grand Total** | | **356** | **539** | **999** | **85** | **1979** |

## States /UTs wise Acute Diarrheal Disease Cases & Deaths Reported in Outbreaks under IDSP- 2022-2025*

| Name of State | Districts | 2022 | | 2023 | | 2024 | | 2025 | | Total C | Total D |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | C | D | C | D | C | D | C | D | | |
| **Andaman & Nicobar Islands** | Nicobars | | | | | 76 | 0 | | | 76 | 0 |
| | South Andaman | 23 | 0 | 18 | 0 | | | | | 41 | 0 |
| **Andaman & Nicobar Islands Total** | | **23** | **0** | **18** | **0** | **76** | **0** | | | **117** | **0** |
| **Andhra Pradesh** | Alluri Sitharama Raju | | | | | 11 | 0 | 14 | 0 | 25 | 0 |
| | Anakapalli | | | | | 55 | 0 | 22 | 0 | 77 | 0 |
| | Anantapur | | | 32 | 1 | 78 | 2 | | | 110 | 3 |
| | Annamayya | | | | | 28 | 0 | | | 28 | 0 |
| | Bapatla | | | | | 67 | 0 | | | 67 | 0 |
| | Chittoor | | | 74 | 0 | 291 | 0 | | | 365 | 0 |
| | Eluru | | | 93 | 0 | 138 | 2 | | | 231 | 2 |
| | Guntur | | | | | 281 | 1 | | | 281 | 1 |
| | Kakinada | | | | | 70 | 0 | | | 70 | 0 |
| | Konaseema | | | | | 14 | 0 | | | 14 | 0 |
| | Krishna | 30 | 0 | | | | | | | 30 | 0 |
| | Kurnool | 5 | 0 | 128 | 0 | 58 | 0 | | | 191 | 0 |
| | Nandamuri Taraka Rama Rao (NTR) | 29 | 0 | 22 | 0 | 38 | 0 | | | 89 | 0 |
| | Nandyal | 63 | 2 | 154 | 0 | 210 | 1 | 19 | 2 | 446 | 5 |
| | Palnadu | | | | | 137 | 0 | | | 137 | 0 |
| | Parvathipuram Manyam | | | | | 57 | 0 | 46 | 0 | 103 | 0 |
| | SPSR Nellore | | | 27 | 0 | 77 | 0 | | | 104 | 0 |
| | Sri Sathya Sai | | | | | 258 | 0 | | | 258 | 0 |
| | Srikakulam | | | | | 121 | 1 | | | 121 | 1 |
| | Tirupati | | | 143 | 0 | 56 | 0 | | | 199 | 0 |
| | Visakhapatnam | | | | | 142 | 0 | | | 142 | 0 |
| | Vizianagaram | | | | | 56 | 0 | 15 | 0 | 71 | 0 |
| | Y.S.R. (Yeduguri Sandinti Rajasekhara Reddy) | | | 23 | 0 | 106 | 0 | | | 129 | 0 |
| **Andhra Pradesh Total** | | **127** | **2** | **696** | **1** | **2349** | **7** | **116** | **2** | **3288** | **12** |
| **Arunachal Pradesh** | Changlang | | | 94 | 0 | | | | | 94 | 0 |
| | Kra Daadi | 20 | 0 | | | | | | | 20 | 0 |
| | Lepa Rada | | | | | 16 | 0 | | | 16 | 0 |
| | Lohit | 116 | 0 | | | | | | | 116 | 0 |
| | Papumpare | | | 115 | 0 | 19 | 2 | | | 134 | 2 |
| | Tawang | | | 17 | 0 | 16 | 0 | | | 33 | 0 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Upper Siang | | | 13 | 0 | | | | | 13 | 0 |
| | West Kameng | 37 | 0 | | | | | | | 37 | 0 |
| **Arunachal Pradesh Total** | | **173** | **0** | **239** | **0** | **51** | **2** | | | **463** | **2** |
| **Assam** | Baksa | 15 | 0 | | | | | | | 15 | 0 |
| | Barpeta | | | 22 | 0 | | | | | 22 | 0 |
| | Bongaigaon | | | | | 6 | 0 | 5 | 0 | 11 | 0 |
| | Cachar | | | 11 | 0 | 13 | 0 | | | 24 | 0 |
| | Charaideo | | | 143 | 1 | 11 | 1 | | | 154 | 2 |
| | Darrang | | | 109 | 0 | | | 28 | 0 | 137 | 0 |
| | Dhemaji | | | 343 | 0 | 15 | 0 | | | 358 | 0 |
| | Dhubri | | | 128 | 0 | | | | | 128 | 0 |
| | Dibrugarh | 18 | 0 | 63 | 0 | 76 | 0 | 19 | 0 | 176 | 0 |
| | Goalpara | 4 | 0 | 60 | 0 | 55 | 0 | | | 119 | 0 |
| | Golaghat | | | 30 | 0 | | | | | 30 | 0 |
| | Hojai | | | | | 4 | 1 | | | 4 | 1 |
| | Jorhat | | | 14 | 0 | 390 | 1 | | | 404 | 1 |
| | Kamrup | | | 210 | 0 | 38 | 0 | | | 248 | 0 |
| | Karbi Analong | 54 | 0 | 14 | 0 | 27 | 0 | | | 95 | 0 |
| | Kokrajhar | | | | | 30 | 0 | | | 30 | 0 |
| | Lakhimpur | | | 154 | 0 | 133 | 0 | 25 | 0 | 312 | 0 |
| | Majuli | | | 43 | 0 | 27 | 0 | 26 | 0 | 96 | 0 |
| | Marigaon | 15 | 0 | 63 | 0 | 12 | 0 | | | 90 | 0 |
| | Nalbari | | | 119 | 0 | 5 | 0 | | | 124 | 0 |
| | Sivasagar | | | 60 | 0 | 8 | 0 | | | 68 | 0 |
| | Sonitpur | | | 6 | 0 | 59 | 0 | 16 | 0 | 81 | 0 |
| | Udalguri | 14 | 0 | 49 | 0 | | | | | 63 | 0 |
| **Assam Total** | | **120** | **0** | **1641** | **1** | **909** | **3** | **119** | **0** | **2789** | **4** |
| **Bihar** | Arwal | | | | | 22 | 2 | | | 22 | 2 |
| | Aurangabad | | | 39 | 0 | 61 | 0 | | | 100 | 0 |
| | Banka | | | 25 | 0 | | | | | 25 | 0 |
| | Bhojpur | | | | | 64 | 0 | | | 64 | 0 |
| | Buxar | | | | | 110 | 0 | | | 110 | 0 |
| | Gaya | | | 40 | 0 | 147 | 7 | | | 187 | 7 |
| | Jamui | | | 32 | 0 | 111 | 0 | | | 143 | 0 |
| | Jehanabad | | | 21 | 0 | 126 | 3 | | | 147 | 3 |
| | Lakhisarai | | | | | 34 | 0 | | | 34 | 0 |
| | Madhepura | | | | | 14 | 0 | | | 14 | 0 |
| | Madhubani | | | 126 | 1 | 22 | 0 | | | 148 | 1 |
| | Patna | | | 46 | 1 | | | | | 46 | 1 |
| | Purbi Champaran | 72 | 0 | | | | | | | 72 | 0 |
| | Purnia | | | | | | | 8 | 0 | 8 | 0 |
| | Rohtas | | | 12 | 0 | | | | | 12 | 0 |
| | Samastipur | | | 100 | 0 | 29 | 2 | | | 129 | 2 |
| | Saran | | | | | 67 | 0 | | | 67 | 0 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sitamarhi | | | 75 | 0 | | | | | 75 | 0 |
| | Supaul | | | 50 | 0 | | | | | 50 | 0 |
| **Bihar Total** | | **72** | **0** | **566** | **2** | **807** | **14** | **8** | **0** | **1453** | **16** |
| **Chhattisgarh** | Balod | 23 | 1 | 222 | 0 | 780 | 0 | 59 | 0 | 1084 | 1 |
| | Baloda Bazar | 147 | 0 | 146 | 0 | 588 | 0 | | | 881 | 0 |
| | Bastar | | | 84 | 3 | 97 | 0 | | | 181 | 3 |
| | Bemetara | | | 149 | 0 | 413 | 0 | | | 562 | 0 |
| | Bijapur | | | 74 | 0 | | | | | 74 | 0 |
| | Bilaspur | 24 | 0 | 124 | 0 | 341 | 0 | | | 489 | 0 |
| | Dantewada | 15 | 2 | | | | | | | 15 | 2 |
| | Dhamatari | 310 | 0 | 11 | 0 | 26 | 0 | | | 347 | 0 |
| | Durg | 194 | 0 | 152 | 0 | 440 | 0 | 83 | 0 | 869 | 0 |
| | Gariyaband | 44 | 0 | | | 77 | 0 | | | 121 | 0 |
| | Janjgir-Champa | 128 | 0 | 85 | 0 | 466 | 3 | | | 679 | 3 |
| | Jashpur | 12 | 0 | | | | | | | 12 | 0 |
| | Kabirdham | | | 37 | 0 | 458 | 0 | 23 | 0 | 518 | 0 |
| | Kanker | | | 307 | 0 | 32 | 0 | | | 339 | 0 |
| | Khairgarh Chhuikhadan Gandai | | | | | 127 | 0 | | | 127 | 0 |
| | Kondagaon | | | 4 | 3 | | | 26 | 0 | 30 | 3 |
| | Korba | | | 14 | 0 | | | | | 14 | 0 |
| | Mahasamund | 120 | 0 | | | 323 | 0 | 59 | 0 | 502 | 0 |
| | Mohla Manpur Ambagarh Chouki | | | 38 | 0 | 96 | 0 | | | 134 | 0 |
| | Mungeli | | | | | 198 | 0 | | | 198 | 0 |
| | Narayanpur | | | 31 | 0 | | | | | 31 | 0 |
| | Raigarh | 152 | 0 | 227 | 0 | 129 | 0 | | | 508 | 0 |
| | Raipur | | | 115 | 0 | 563 | 0 | | | 678 | 0 |
| | Rajnandgaon | 33 | 0 | | | 234 | 0 | | | 267 | 0 |
| | Sarangarh Bilaigarh | | | | | 138 | 0 | | | 138 | 0 |
| | Sukma | | | | | 123 | 7 | | | 123 | 7 |
| | Surajpur | | | 20 | 0 | 28 | 0 | | | 48 | 0 |
| | Surguja | | | | | 97 | 0 | | | 97 | 0 |
| **Chhattisgarh Total** | | **1202** | **3** | **1840** | **6** | **5774** | **10** | **250** | **0** | **9066** | **19** |
| **D&N Haveli** | Dadra and Nagar Haveli | | | | | | | 41 | 0 | 41 | 0 |
| **D&N Haveli Total** | | | | | | | | **41** | **0** | **41** | **0** |
| **Dadra and Nagar Haveli** | Dadra and Nagar Haveli | 27 | 0 | 13 | 0 | | | | | 40 | 0 |
| **Dadra and Nagar Haveli Total** | | **27** | **0** | **13** | **0** | | | | | **40** | **0** |
| **Goa** | North Goa | | | | | 6 | 1 | | | 6 | 1 |
| | South Goa | | | | | | | 13 | 0 | 13 | 0 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Goa Total** | | | | | | **6** | **1** | **13** | **0** | **19** | **1** |
| **Gujarat** | Ahmedabad | 67 | 0 | 119 | 0 | 69 | 0 | 11 | 0 | 266 | 0 |
| | Amreli | | | | | 68 | 0 | 53 | 0 | 121 | 0 |
| | Anand | 74 | 0 | 13 | 0 | 294 | 0 | | | 381 | 0 |
| | Aravalli | | | 5 | 0 | 17 | 0 | | | 22 | 0 |
| | Banaskantha | | | 22 | 1 | | | | | 22 | 1 |
| | Bharuch | | | 35 | 0 | | | | | 35 | 0 |
| | Bhavnagar | | | | | 491 | 0 | | | 491 | 0 |
| | Chota Udaipur | 203 | 0 | 15 | 0 | 173 | 0 | | | 391 | 0 |
| | Dohad | | | 39 | 0 | 10 | 1 | | | 49 | 1 |
| | Gandhinagar | 14 | 0 | 79 | 0 | 122 | 0 | | | 215 | 0 |
| | Gir Somnath | | | 73 | 0 | 54 | 0 | | | 127 | 0 |
| | Jamnagar | | | 41 | 0 | 21 | 0 | | | 62 | 0 |
| | Junagarh | 25 | 0 | 138 | 0 | 19 | 0 | | | 182 | 0 |
| | Kachchh | | | | | 10 | 0 | 12 | 0 | 22 | 0 |
| | Kheda | 19 | 0 | | | 1362 | 0 | | | 1381 | 0 |
| | Mahesana | | | 361 | 0 | | | 8 | 0 | 369 | 0 |
| | Mahisagar | | | 6 | 0 | 9 | 0 | | | 15 | 0 |
| | Morbi | | | 77 | 0 | | | | | 77 | 0 |
| | Narmada | | | | | 5 | 0 | | | 5 | 0 |
| | Navsari | 144 | 0 | 15 | 0 | 91 | 0 | | | 250 | 0 |
| | Panchmahal | | | 29 | 0 | | | | | 29 | 0 |
| | Patan | 7 | 0 | | | | | | | 7 | 0 |
| | Rajkot | | | 18 | 0 | 222 | 0 | | | 240 | 0 |
| | Sabarkantha | | | 43 | 0 | | | | | 43 | 0 |
| | Surat | | | | | 44 | 0 | | | 44 | 0 |
| | Surendranagar | | | 119 | 0 | | | | | 119 | 0 |
| | Tapi | | | | | 8 | 0 | | | 8 | 0 |
| | Vadodara | | | | | 86 | 0 | | | 86 | 0 |
| | Valsad | 34 | 0 | 10 | 0 | 159 | 0 | | | 203 | 0 |
| **Gujarat Total** | | **587** | **0** | **1257** | **1** | **3334** | **1** | **84** | **0** | **5262** | **2** |
| **Haryana** | Gurugram | 6 | 0 | 136 | 0 | | | 59 | 0 | 201 | 0 |
| | Kaithal | | | 11 | 0 | | | | | 11 | 0 |
| | Karnal | | | | | 43 | 0 | | | 43 | 0 |
| | Kurukshetra | | | | | 30 | 0 | | | 30 | 0 |
| | Panchkula | | | 151 | 1 | 141 | 0 | | | 292 | 1 |
| | Panipat | 6 | 0 | | | | | | | 6 | 0 |
| | Sonipat | | | 37 | 0 | | | | | 37 | 0 |
| | Yamunanagar | 25 | 0 | 42 | 0 | 34 | 0 | | | 101 | 0 |
| **Haryana Total** | | **37** | **0** | **377** | **1** | **248** | **0** | **59** | **0** | **721** | **1** |
| **Himachal Pradesh** | Hamirpur | | | 40 | 0 | 752 | 0 | | | 792 | 0 |
| | Kangra | | | 112 | 0 | 220 | 0 | | | 332 | 0 |
| | Kinnaur | | | | | 186 | 0 | | | 186 | 0 |
| | Mandi | 19 | 0 | 64 | 0 | 71 | 0 | | | 154 | 0 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Solan | | | | | 776 | 0 | | | 776 | 0 |
| | Una | 73 | 0 | | | | | | | 73 | 0 |
| **Himachal Pradesh Total** | | **92** | **0** | **216** | **0** | **2005** | **0** | | | **2313** | **0** |
| **Jammu & Kashmir** | Anantnag | | | 32 | 0 | 329 | 0 | | | 361 | 0 |
| | Baramulla | | | 79 | 0 | | | | | 79 | 0 |
| | Ganderbal | | | | | 57 | 0 | | | 57 | 0 |
| | Jammu | | | 17 | 0 | | | | | 17 | 0 |
| | Kathua | 18 | 0 | | | 27 | 0 | | | 45 | 0 |
| | Kulgam | | | | | 23 | 0 | | | 23 | 0 |
| | Kupwara | | | 22 | 0 | 113 | 0 | 8 | 0 | 143 | 0 |
| | Poonch | | | | | | | 16 | 0 | 16 | 0 |
| | Rajouri | 25 | 0 | | | 63 | 0 | | | 88 | 0 |
| | Udhampur | | | 11 | 0 | 92 | 0 | | | 103 | 0 |
| **Jammu & Kashmir Total** | | **43** | **0** | **161** | **0** | **704** | **0** | **24** | **0** | **932** | **0** |
| **Jharkhand** | Bokaro | 5 | 1 | | | 20 | 0 | | | 25 | 1 |
| | Chatra | | | 43 | 0 | 16 | 0 | | | 59 | 0 |
| | Deoghar | | | 29 | 0 | 67 | 0 | | | 96 | 0 |
| | Dhanbad | | | | | 21 | 0 | | | 21 | 0 |
| | Dumka | | | | | 123 | 0 | | | 123 | 0 |
| | East Singhbum | 36 | 1 | | | 99 | 3 | | | 135 | 4 |
| | Garhwa | | | 18 | 0 | 146 | 2 | | | 164 | 2 |
| | Giridih | | | 29 | 2 | 108 | 5 | 8 | 0 | 145 | 7 |
| | Godda | | | | | 19 | 0 | | | 19 | 0 |
| | Gumla | | | 32 | 0 | | | | | 32 | 0 |
| | Hazaribagh | | | 28 | 0 | 102 | 0 | | | 130 | 0 |
| | Jamtara | | | 67 | 0 | 62 | 0 | | | 129 | 0 |
| | Koderma | | | | | 58 | 0 | | | 58 | 0 |
| | Latehar | | | 25 | 0 | 11 | 0 | | | 36 | 0 |
| | Lohardaga | | | 16 | 0 | | | | | 16 | 0 |
| | Pakur | | | 15 | 0 | 75 | 0 | | | 90 | 0 |
| | Ramgarh | | | 17 | 0 | | | | | 17 | 0 |
| | Ranchi | 21 | 0 | | | | | | | 21 | 0 |
| | Sahebganj | 25 | 0 | 92 | 2 | 112 | 0 | | | 229 | 2 |
| | Saraikela Kharsawan | | | 23 | 0 | 27 | 0 | | | 50 | 0 |
| | West Singhbhum | 4 | 0 | 5 | 0 | 76 | 0 | | | 85 | 0 |
| **Jharkhand Total** | | **91** | **2** | **439** | **4** | **1142** | **10** | **8** | **0** | **1680** | **16** |
| **Karnataka** | Bagalkote | 136 | 0 | 52 | 0 | 18 | 0 | | | 206 | 0 |
| | Ballari | 77 | 2 | 200 | 0 | 15 | 0 | | | 292 | 2 |
| | BBMP | | | 164 | 0 | | | | | 164 | 0 |
| | Belagavi | | | 292 | 1 | 147 | 1 | | | 439 | 2 |
| | Bellary | | | 57 | 0 | | | | | 57 | 0 |
| | Bengaluru | | | 341 | 0 | | | | | 341 | 0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bengaluru Rural | | | 28 | 0 | | | | | 28 | 0 |
| | Bengaluru Urban | 104 | 0 | 24 | 0 | 5 | 0 | 32 | 0 | 165 | 0 |
| | Bidar | | | 92 | 0 | 10 | 0 | | | 102 | 0 |
| | Chamarajanagar | 26 | 0 | | | 19 | 0 | | | 45 | 0 |
| | Chikballapura | | | 17 | 0 | 59 | 0 | 33 | 0 | 109 | 0 |
| | Chikkamagaluru | 37 | 0 | 18 | 0 | 174 | 0 | | | 229 | 0 |
| | Chitradurga | 29 | 0 | 73 | 0 | 33 | 0 | | | 135 | 0 |
| | Dakshin Kannada | 74 | 0 | 331 | 0 | 190 | 0 | | | 595 | 0 |
| | Davangere | 84 | 0 | 179 | 0 | 135 | 1 | | | 398 | 1 |
| | Dharwad | 17 | 0 | 43 | 0 | 94 | 0 | | | 154 | 0 |
| | Gadag | | | | | 46 | 0 | | | 46 | 0 |
| | Hassan | 158 | 0 | 144 | 0 | 91 | 2 | | | 393 | 2 |
| | Haveri | 61 | 0 | 69 | 0 | 217 | 0 | | | 347 | 0 |
| | Kalaburagi | 106 | 0 | 21 | 0 | 197 | 0 | | | 324 | 0 |
| | Kolar | 13 | 0 | 31 | 0 | | | | | 44 | 0 |
| | koppal | 108 | 0 | 145 | 0 | 43 | 1 | | | 296 | 1 |
| | Mandya | 35 | 0 | 107 | 0 | 100 | 1 | | | 242 | 1 |
| | Mysore | 82 | 0 | | | 90 | 2 | | | 172 | 2 |
| | Raichur | 363 | 3 | 353 | 1 | 165 | 0 | | | 881 | 4 |
| | Ramanagara | 15 | 0 | 176 | 0 | 36 | 0 | | | 227 | 0 |
| | Shivamogga | 130 | 0 | 178 | 0 | | | | | 308 | 0 |
| | Tumakuru | 82 | 0 | 154 | 0 | 260 | 1 | | | 496 | 1 |
| | Udupi | | | 61 | 2 | 34 | 0 | | | 95 | 2 |
| | Uttar Kannnada | | | | | 104 | 1 | 71 | 0 | 175 | 1 |
| | Vijayanagar | 205 | 1 | 134 | 0 | 110 | 0 | | | 449 | 1 |
| | Vijayapura | 54 | 0 | 82 | 0 | | | | | 136 | 0 |
| | Yadgiri | 40 | 1 | 200 | 3 | 27 | 0 | | | 267 | 4 |
| **Karnataka Total** | | **2036** | **7** | **3766** | **7** | **2419** | **10** | **136** | **0** | **8357** | **24** |
| **Kerala** | Alappuzha | 170 | 0 | | | 88 | 0 | | | 258 | 0 |
| | Ernakulam | 150 | 0 | 202 | 0 | 913 | 0 | | | 1265 | 0 |
| | Idukki | | | 27 | 0 | | | | | 27 | 0 |
| | Kannur | | | 102 | 0 | | | | | 102 | 0 |
| | Kasaragod | 76 | 1 | 0 | 0 | 43 | 0 | | | 119 | 1 |
| | Kollam | 124 | 0 | 107 | 0 | | | | | 231 | 0 |
| | Kottayam | | | 18 | 0 | 50 | 0 | | | 68 | 0 |
| | Kozhikode | 142 | 0 | 654 | 0 | | | | | 796 | 0 |
| | Malappuram | | | 184 | 0 | 46 | 0 | | | 230 | 0 |
| | Palakkad | 202 | 0 | 138 | 0 | 294 | 0 | 10 | 0 | 644 | 0 |
| | Pathanamthitta | | | 42 | 0 | 54 | 0 | | | 96 | 0 |
| | Thiruvananthapuram | 101 | 0 | 580 | 0 | 378 | 2 | 31 | 1 | 1090 | 3 |
| | Thrissur | 105 | 0 | 30 | 0 | 44 | 0 | | | 179 | 0 |
| | Trivandrum | 20 | 0 | 91 | 0 | | | | | 111 | 0 |
| | Wayanad | 22 | 0 | 185 | 0 | 47 | 0 | 162 | 0 | 416 | 0 |
| **Kerala Total** | | **1112** | **1** | **2360** | **0** | **1957** | **2** | **203** | **1** | **5632** | **4** |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| **Madhya Pradesh** | Agar-Malwa | | | 135 | 0 | | | | | 135 | 0 |
| | Alirajpur | | | 24 | 0 | 5 | 0 | | | 29 | 0 |
| | Anuppur | | | | | 54 | 0 | | | 54 | 0 |
| | Ashoknagar | | | | | 288 | 0 | 90 | 0 | 378 | 0 |
| | Balaghat | | | | | 71 | 0 | | | 71 | 0 |
| | Barwani | | | 5 | 0 | 35 | 1 | | | 40 | 1 |
| | Betul | | | 31 | 0 | 98 | 3 | | | 129 | 3 |
| | Bhopal | 32 | 0 | 23 | 0 | 104 | 0 | | | 159 | 0 |
| | Burhanpur | | | 87 | 0 | | | | | 87 | 0 |
| | Chhatarpur | | | | | 17 | 4 | | | 17 | 4 |
| | Chhindwara | | | 68 | 1 | 166 | 0 | | | 234 | 1 |
| | Damoh | 56 | 0 | 50 | 1 | 373 | 3 | | | 479 | 4 |
| | Datia | | | | | 46 | 0 | | | 46 | 0 |
| | Dewas | | | 20 | 0 | 47 | 0 | | | 67 | 0 |
| | Dhar | | | | | 26 | 0 | | | 26 | 0 |
| | Dindori | | | | | 232 | 3 | 13 | 0 | 245 | 3 |
| | East Nimar | | | | | 50 | 2 | | | 50 | 2 |
| | Guna | | | | | 104 | 0 | | | 104 | 0 |
| | Gwalior | 48 | 0 | | | | | | | 48 | 0 |
| | Harda | | | | | 137 | 1 | | | 137 | 1 |
| | Hoshangabad | 30 | 0 | 35 | 0 | 124 | 0 | | | 189 | 0 |
| | Indore | 41 | 2 | | | 10 | 0 | | | 51 | 2 |
| | Jabalpur | | | | | 27 | 1 | | | 27 | 1 |
| | Jhabua | | | 15 | 1 | 16 | 0 | | | 31 | 1 |
| | Katni | | | 7 | 0 | 86 | 3 | | | 93 | 3 |
| | Khargone | 19 | 0 | 138 | 0 | 321 | 0 | | | 478 | 0 |
| | Mandla | 11 | 0 | | | 75 | 0 | | | 86 | 0 |
| | Mandsaur | 254 | 0 | | | | | | | 254 | 0 |
| | Morena | 31 | 0 | 10 | 0 | 11 | 0 | | | 52 | 0 |
| | Narsinghpur | 156 | 2 | 40 | 0 | | | 19 | 0 | 215 | 2 |
| | Panna | | | | | 30 | 3 | | | 30 | 3 |
| | Raisen | | | 23 | 0 | 58 | 0 | 10 | 0 | 91 | 0 |
| | Rajgarh | | | | | 6 | 0 | | | 6 | 0 |
| | Ratlam | 145 | 0 | 73 | 0 | | | | | 218 | 0 |
| | Rewa | 82 | 3 | 87 | 4 | 130 | 0 | | | 299 | 7 |
| | Sagar | 90 | 0 | | | | | | | 90 | 0 |
| | Satna | 35 | 0 | 58 | 4 | 523 | 4 | | | 616 | 8 |
| | Sehore | 15 | 0 | | | 20 | 0 | | | 35 | 0 |
| | Seoni | 35 | 0 | 178 | 1 | 99 | 2 | | | 312 | 3 |
| | Shahdol | | | 5 | 0 | 7 | 2 | | | 12 | 2 |
| | Shajapur | 24 | 0 | | | 23 | 0 | | | 47 | 0 |
| | Sheopur | 56 | 0 | | | 131 | 2 | | | 187 | 2 |
| | Shivpuri | 72 | 0 | | | 97 | 0 | 184 | 0 | 353 | 0 |
| | Singrauli | | | | | 305 | 6 | | | 305 | 6 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | Tikamgarh | | | 58 | 3 | 142 | 0 | | | 200 | 3 |
| | Ujjain | | | 23 | 0 | 11 | 0 | | | 34 | 0 |
| | Umaria | 7 | 1 | | | 51 | 3 | | | 58 | 4 |
| | Vidisha | | | | | 20 | 0 | | | 20 | 0 |
| **Madhya Pradesh Total** | | **1239** | **8** | **1193** | **15** | **4176** | **43** | **316** | **0** | **6924** | **66** |
| **Maharashtra** | Ahmednagar | | | 179 | 0 | 271 | 0 | | | 450 | 0 |
| | Akola | | | 136 | 0 | 126 | 0 | | | 262 | 0 |
| | Amravati | 61 | 0 | 86 | 0 | 385 | 3 | 20 | 0 | 552 | 3 |
| | Aurangabad | 20 | 0 | 40 | 0 | | | | | 60 | 0 |
| | Bhandara | | | 49 | 0 | 88 | 0 | 45 | 0 | 182 | 0 |
| | Buldhana | | | | | 196 | 0 | 12 | 1 | 208 | 1 |
| | Chandrapur | 87 | 1 | | | 73 | 1 | | | 160 | 2 |
| | Dhule | | | | | 170 | 1 | | | 170 | 1 |
| | Gondia | | | | | 6 | 1 | | | 6 | 1 |
| | Hingoli | | | 64 | 0 | 35 | 0 | | | 99 | 0 |
| | Jalgaon | | | 90 | 0 | 115 | 0 | | | 205 | 0 |
| | Jalna | | | | | 81 | 0 | | | 81 | 0 |
| | kolhapur | 124 | 2 | | | 309 | 0 | | | 433 | 2 |
| | Latur | 21 | 0 | | | | | | | 21 | 0 |
| | Nagpur | 88 | 0 | | | 171 | 0 | 221 | 0 | 480 | 0 |
| | Nanded | 177 | 0 | 72 | 0 | 1056 | 0 | | | 1305 | 0 |
| | Nandurbar | | | | | 303 | 0 | | | 303 | 0 |
| | Nashik | | | | | 299 | 1 | | | 299 | 1 |
| | Osmanabad | | | | | 27 | 0 | | | 27 | 0 |
| | Palghar | | | | | 264 | 1 | 23 | 0 | 287 | 1 |
| | Parbhani | | | 47 | 0 | 109 | 0 | | | 156 | 0 |
| | Pune | 97 | 0 | 49 | 0 | 72 | 0 | | | 218 | 0 |
| | Raigad | | | | | | | 62 | 0 | 62 | 0 |
| | Sangli | 83 | 0 | 173 | 0 | 49 | 0 | | | 305 | 0 |
| | Satara | | | 23 | 1 | 190 | 1 | | | 213 | 2 |
| | Sindhugarh | | | 30 | 0 | 169 | 0 | | | 199 | 0 |
| | Solapur | | | 48 | 0 | | | | | 48 | 0 |
| | Thane | | | | | 312 | 1 | | | 312 | 1 |
| | Wardha | | | | | 12 | 0 | | | 12 | 0 |
| | Washim | | | 75 | 0 | | | | | 75 | 0 |
| | Yavatmal | 76 | 0 | 294 | 0 | 43 | 0 | | | 413 | 0 |
| **Maharashtra Total** | | **834** | **3** | **1455** | **1** | **4931** | **10** | **383** | **1** | **7603** | **15** |
| **Manipur** | Bishnupur | | | 23 | 0 | | | | | 23 | 0 |
| | Imphal West | | | 35 | 0 | | | | | 35 | 0 |
| | Kakching | | | | | 0 | 0 | | | 0 | 0 |
| | Tamenglong | | | 24 | 0 | | | | | 24 | 0 |
| **Manipur Total** | | | | **82** | **0** | **0** | **0** | | | **82** | **0** |
| **Meghalaya** | East Jaintia Hills | 160 | 0 | 4 | 0 | | | | | 164 | 0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | East Khasi Hills | 142 | 0 | 31 | 0 | 47 | 0 | 11 | 0 | 231 | 0 |
| | Eastern West Khasi Hills | | | | | 11 | 1 | | | 11 | 1 |
| | Ri Bhoi | | | 46 | 0 | | | | | 46 | 0 |
| | South Garo Hills | | | | | | | 9 | 0 | 9 | 0 |
| | West Jaintia Hills | 170 | 0 | | | | | | | 170 | 0 |
| **Meghalaya Total** | | **472** | **0** | **81** | **0** | **58** | **1** | **20** | **0** | **631** | **1** |
| **Mizoram** | Aizawl | 66 | 0 | | | 59 | 1 | | | 125 | 1 |
| | Saitual | 21 | 0 | | | | | | | 21 | 0 |
| **Mizoram Total** | | **87** | **0** | | | **59** | **1** | | | **146** | **1** |
| **Nagaland** | Kiphire | 76 | 0 | | | | | | | 76 | 0 |
| | Longleng | | | 48 | 0 | | | | | 48 | 0 |
| | Peren | | | 12 | 0 | 12 | 1 | | | 24 | 1 |
| **Nagaland Total** | | **76** | **0** | **60** | **0** | **12** | **1** | | | **148** | **1** |
| **Odisha** | Angul | 99 | 0 | | | 49 | 0 | 31 | 0 | 179 | 0 |
| | Balangir | | | 110 | 0 | 819 | 0 | | | 929 | 0 |
| | Baleswar | | | 81 | 0 | | | | | 81 | 0 |
| | Bargarh | 19 | 0 | 84 | 0 | 250 | 0 | | | 353 | 0 |
| | Bhadrak | | | | | 83 | 0 | | | 83 | 0 |
| | Bolangir | | | 122 | 2 | | | | | 122 | 2 |
| | Boudh | | | 94 | 0 | 42 | 0 | | | 136 | 0 |
| | Cuttack | 28 | 0 | 132 | 0 | 121 | 0 | 76 | 0 | 357 | 0 |
| | Deoghar | | | 58 | 0 | 6 | 2 | 17 | 0 | 81 | 2 |
| | Dhenkanal | 37 | 0 | 7 | 0 | 97 | 0 | 32 | 0 | 173 | 0 |
| | Ganjam | 274 | 0 | | | 253 | 0 | 15 | 0 | 542 | 0 |
| | Jagatsinghpur | | | | | 27 | 0 | | | 27 | 0 |
| | Jajpur | | | | | 8 | 0 | | | 8 | 0 |
| | Jharsuguda | 21 | 1 | | | 86 | 0 | | | 107 | 1 |
| | Kalahandi | 48 | 0 | | | 73 | 0 | | | 121 | 0 |
| | Kandhamal | 11 | 0 | 126 | 0 | 55 | 2 | | | 192 | 2 |
| | Kendrapara | | | | | 38 | 0 | | | 38 | 0 |
| | Keonjhar | 51 | 0 | | | 45 | 0 | 10 | 1 | 106 | 1 |
| | Khordha | 7 | 0 | 35 | 0 | | | | | 42 | 0 |
| | Koraput | 88 | 1 | 63 | 0 | 247 | 2 | 34 | 0 | 432 | 3 |
| | Malkangiri | | | | | 68 | 1 | | | 68 | 1 |
| | Mayurbhanj | 117 | 0 | 241 | 1 | 202 | 0 | | | 560 | 1 |
| | Nabarangpur | 35 | 0 | | | | | | | 35 | 0 |
| | Nayagarh | | | | | 50 | 0 | | | 50 | 0 |
| | Nuapada | | | 23 | 0 | 5 | 0 | | | 28 | 0 |
| | Puri | | | | | 75 | 1 | | | 75 | 1 |
| | Rayagada | | | 63 | 0 | 97 | 3 | | | 160 | 3 |
| | Sambhalpur | | | 311 | 0 | 389 | 0 | 13 | 0 | 713 | 0 |
| | Sonepur | | | 56 | 0 | 127 | 1 | | | 183 | 1 |
| | Subarnapur | 88 | 1 | | | | | | | 88 | 1 |
| | Sundergarh | | | 50 | 0 | 83 | 0 | | | 133 | 0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| **Odisha Total** | | **923** | **3** | **1656** | **3** | **3395** | **12** | **228** | **1** | **6202** | **19** |
| **Puducherry** | Karaikal | 113 | 0 | 54 | 0 | 26 | 0 | | | 193 | 0 |
| **Puducherry Total** | | **113** | **0** | **54** | **0** | **26** | **0** | | | **193** | **0** |
| **Punjab** | Fatehgarh Sahib | 6 | 0 | | | | | | | 6 | 0 |
| | Gurdaspur | 12 | 0 | 161 | 6 | | | | | 173 | 6 |
| | Hoshiarpur | 13 | 0 | | | | | | | 13 | 0 |
| | Jalandhar | | | | | 28 | 1 | | | 28 | 1 |
| | Kapurthala | 11 | 0 | | | 20 | 0 | | | 31 | 0 |
| | Ludhiana | | | | | 10 | 0 | | | 10 | 0 |
| | Moga | | | | | 34 | 0 | | | 34 | 0 |
| | Patiala | 751 | 4 | | | 237 | 1 | | | 988 | 5 |
| | Sahibzada Ajit Singh Nagar | 342 | 0 | 164 | 0 | 149 | 0 | | | 655 | 0 |
| | Sangrur | | | 66 | 0 | 20 | 0 | | | 86 | 0 |
| **Punjab Total** | | **1135** | **4** | **391** | **6** | **498** | **2** | | | **2024** | **12** |
| **Rajasthan** | Baran | | | | | 200 | 0 | | | 200 | 0 |
| | Bhilwara | 160 | 0 | | | 8 | 0 | | | 168 | 0 |
| | Bikaner | 27 | 0 | | | | | | | 27 | 0 |
| | Dausa | 137 | 0 | 236 | 0 | | | | | 373 | 0 |
| | Dholpur | | | 56 | 0 | | | | | 56 | 0 |
| | Ganganagar | | | | | 173 | 0 | | | 173 | 0 |
| | Jalore | 115 | 0 | | | | | 22 | 0 | 137 | 0 |
| | Jhalawar | | | 253 | 0 | | | | | 253 | 0 |
| | Kota | 31 | 0 | | | 24 | 0 | | | 55 | 0 |
| | Sikar | | | | | 98 | 0 | | | 98 | 0 |
| | Udaipur | | | 115 | 0 | | | | | 115 | 0 |
| **Rajasthan Total** | | **470** | **0** | **660** | **0** | **503** | **0** | **22** | **0** | **1655** | **0** |
| **Tamil Nadu** | Ariyalur | 31 | 0 | 64 | 0 | 39 | 0 | 11 | 0 | 145 | 0 |
| | Chengalpattu | | | | | 34 | 0 | | | 34 | 0 |
| | Chennai | | | | | 140 | 0 | | | 140 | 0 |
| | Coimbatore | | | 87 | 0 | 63 | 0 | | | 150 | 0 |
| | Cuddalore | | | | | 151 | 0 | | | 151 | 0 |
| | Dharmapuri | 50 | 0 | | | | | | | 50 | 0 |
| | Dindigul | 48 | 0 | | | 57 | 0 | | | 105 | 0 |
| | Erode | | | | | 82 | 3 | | | 82 | 3 |
| | Kallakurichi | 94 | 0 | | | 97 | 0 | 9 | 0 | 200 | 0 |
| | Kancheepuram | | | | | 73 | 0 | | | 73 | 0 |
| | Kanniyakumari | | | | | 21 | 0 | | | 21 | 0 |
| | Karur | | | | | 15 | 0 | | | 15 | 0 |
| | Krishnagiri | | | | | 123 | 0 | 56 | 0 | 179 | 0 |
| | Madurai | | | | | 115 | 0 | | | 115 | 0 |
| | Mayiladuthurai | | | | | 51 | 0 | | | 51 | 0 |
| | Namakkal | | | 141 | 1 | | | | | 141 | 1 |
| | Pudukkottai | 8 | 0 | 122 | 0 | 77 | 0 | | | 207 | 0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | Salem | | | | | 198 | 0 | | | 198 | 0 |
| | Sivaganga | | | | | 3 | 1 | | | 3 | 1 |
| | Thanjavur | 24 | 0 | 18 | 0 | 94 | 0 | | | 136 | 0 |
| | Thiruvallur | | | | | 181 | 0 | | | 181 | 0 |
| | Thiruvarur | 11 | 1 | | | 52 | 0 | | | 63 | 1 |
| | Tiruchirappalli | 24 | 0 | 113 | 0 | 122 | 0 | | | 259 | 0 |
| | Tirunelveli | | | | | 18 | 0 | | | 18 | 0 |
| | Tirupathur | | | | | 12 | 0 | | | 12 | 0 |
| | Tiruppur | | | | | 16 | 0 | | | 16 | 0 |
| | Tiruvannamalai | | | | | 170 | 0 | | | 170 | 0 |
| | Vellore | 30 | 0 | | | | | | | 30 | 0 |
| | Villupuram | 8 | 0 | 95 | 1 | 52 | 0 | | | 155 | 1 |
| | Virudhunagar | | | | | | | 13 | 0 | 13 | 0 |
| **Tamil Nadu Total** | | **328** | **1** | **640** | **2** | **2056** | **4** | **89** | **0** | **3113** | **7** |
| **Telangana** | Adilabad | 35 | 0 | 82 | 0 | | | | | 117 | 0 |
| | Hyderabad | 160 | 0 | 78 | 0 | | | | | 238 | 0 |
| | Jangoan | 13 | 0 | | | | | | | 13 | 0 |
| | Jogulamba Gadwal | 103 | 0 | | | | | | | 103 | 0 |
| | Kumuram Bheem Asifabad | 85 | 2 | | | 63 | 0 | | | 148 | 2 |
| | Medak | 55 | 0 | | | | | | | 55 | 0 |
| | Nalgonda | 6 | 0 | | | | | | | 6 | 0 |
| | Narayanpet | | | 64 | 0 | | | | | 64 | 0 |
| | Nirmal | 16 | 0 | | | 50 | 0 | | | 66 | 0 |
| | Peddapalli | | | | | 33 | 2 | | | 33 | 2 |
| | Ranga Reddy | | | | | 48 | 0 | | | 48 | 0 |
| | Siddipet | | | 80 | 0 | | | | | 80 | 0 |
| | Suryapet | | | | | 48 | 0 | | | 48 | 0 |
| | Vikarabad | 34 | 0 | | | | | | | 34 | 0 |
| | Wanaparthy | | | 58 | 0 | | | | | 58 | 0 |
| | Warrangal | 33 | 0 | | | | | | | 33 | 0 |
| **Telangana Total** | | **540** | **2** | **362** | **0** | **242** | **2** | | | **1144** | **4** |
| **The Dadra And Nagar Haveli And Daman And Diu** | Dadra and Nagar Haveli | | | | | 18 | 0 | | | 18 | 0 |
| | Daman | | | | | 13 | 0 | | | 13 | 0 |
| **The Dadra And Nagar Haveli And Daman And Diu Total** | | | | | | **31** | **0** | | | **31** | **0** |
| **Tripura** | Khowai | | | | | 66 | 0 | | | 66 | 0 |
| | North Tripura | | | | | 74 | 0 | | | 74 | 0 |
| | Sepahijala | 9 | 1 | | | | | | | 9 | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | South Tripura | | | 147 | 0 | | | | | 147 | 0 |
| | Unakoti | | | 87 | 0 | 16 | 0 | | | 103 | 0 |
| **Tripura Total** | | **9** | **1** | **234** | **0** | **156** | **0** | | | **399** | **1** |
| **Uttar Pradesh** | Auriaya | | | | | 22 | 2 | | | 22 | 2 |
| | Ballia | | | | | 30 | 0 | | | 30 | 0 |
| | Balrampur | | | | | | | 52 | 0 | 52 | 0 |
| | Barabanki | | | | | 31 | 0 | | | 31 | 0 |
| | Bhadohi | | | 64 | 0 | | | | | 64 | 0 |
| | Chandauli | 13 | 0 | 253 | 1 | 37 | 0 | | | 303 | 1 |
| | Chitrakoot | 62 | 2 | | | | | | | 62 | 2 |
| | Deoria | 48 | 0 | | | | | | | 48 | 0 |
| | Farrukhabad | 11 | 0 | | | | | | | 11 | 0 |
| | Fatehpur | | | 23 | 0 | 81 | 0 | | | 104 | 0 |
| | Gautam Buddha Nagar | | | | | 716 | 0 | 334 | 0 | 1050 | 0 |
| | Ghaziabad | | | 41 | 0 | 876 | 0 | | | 917 | 0 |
| | Ghazipur | 3 | 1 | | | | | | | 3 | 1 |
| | Gonda | | | | | 30 | 0 | | | 30 | 0 |
| | Hardoi | 35 | 0 | | | | | | | 35 | 0 |
| | Kannuaj | | | | | 47 | 2 | | | 47 | 2 |
| | Kasganj | | | | | 111 | 2 | | | 111 | 2 |
| | Kaushambi | 42 | 2 | | | 38 | 0 | | | 80 | 2 |
| | Kushi Nagar | | | | | 23 | 0 | | | 23 | 0 |
| | Lalitpur | | | 133 | 1 | 260 | 7 | | | 393 | 8 |
| | Lucknow | | | | | 15 | 0 | | | 15 | 0 |
| | Mathura | 27 | 0 | | | | | | | 27 | 0 |
| | Meerut | | | | | 18 | 0 | | | 18 | 0 |
| | Mirzapur | 164 | 6 | 117 | 1 | 120 | 6 | 29 | 0 | 430 | 13 |
| | Pilibhit | | | 25 | 0 | | | | | 25 | 0 |
| | Prayagraj | | | | | 81 | 1 | | | 81 | 1 |
| | Rae Bareli | | | 87 | 0 | 55 | 1 | | | 142 | 1 |
| | Sant Ravi Das Nagar | 21 | 1 | | | | | | | 21 | 1 |
| | Shravasti | | | | | 14 | 2 | | | 14 | 2 |
| | Siddharth Nagar | 30 | 1 | 39 | 0 | 14 | 1 | | | 83 | 2 |
| | Sonbhadra | 13 | 0 | 105 | 5 | 119 | 6 | | | 237 | 11 |
| **Uttar Pradesh Total** | | **469** | **13** | **887** | **8** | **2738** | **30** | **415** | **0** | **4509** | **51** |
| **Uttarakhand** | Almora | | | 97 | 0 | 73 | 0 | | | 170 | 0 |
| | Dehradun | 19 | 0 | | | | | | | 19 | 0 |
| | Nainital | | | 271 | 0 | 177 | 2 | | | 448 | 2 |
| | Rudraprayag | 24 | 0 | | | | | | | 24 | 0 |
| | Tehri Garhwal | | | 8 | 0 | | | | | 8 | 0 |
| | Udham Singh Nagar | 88 | 0 | | | | | | | 88 | 0 |
| **Uttarakhand Total** | | **131** | **0** | **376** | **0** | **250** | **2** | | | **757** | **2** |
| **West Bengal** | 24 Parganas South | | | | | 65 | 0 | | | 65 | 0 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bardhaman | 180 | 0 | | | | | | | 180 | 0 |
| | Birbhum | | | 141 | 1 | 505 | 1 | 118 | 0 | 764 | 2 |
| | Coochbehar | | | 60 | 0 | | | | | 60 | 0 |
| | Diamond Harbour | | | 97 | 0 | | | | | 97 | 0 |
| | Dinajpur Dakshin | | | 6 | 0 | | | | | 6 | 0 |
| | Hooghly | 40 | 0 | 57 | 0 | 71 | 0 | | | 168 | 0 |
| | Howrah | 37 | 0 | | | 114 | 0 | 57 | 0 | 208 | 0 |
| | Medinipur East | | | | | | | 59 | 0 | 59 | 0 |
| | Medinipur West | | | | | 129 | 0 | 29 | 0 | 158 | 0 |
| | Murshidabad | | | | | 27 | 0 | | | 27 | 0 |
| | Nadia | | | 99 | 0 | 15 | 0 | | | 114 | 0 |
| | North 24 Parganas | 1047 | 1 | 254 | 0 | | | | | 1301 | 1 |
| | Paschim Medinipur | 105 | 0 | 123 | 0 | | | | | 228 | 0 |
| | Purba Bardhaman | | | 40 | 0 | 321 | 0 | 18 | 0 | 379 | 0 |
| | Purulia | | | 136 | 0 | 694 | 0 | | | 830 | 0 |
| | South 24 Parganas | 148 | 0 | 50 | 0 | | | | | 198 | 0 |
| **West Bengal Total** | | **1557** | **1** | **1063** | **1** | **1941** | **1** | **281** | **0** | **4842** | **3** |
| **Grand Total** | | **14125** | **51** | **22783** | **59** | **42853** | **169** | **2815** | **5** | **82576** | **284** |

**End note: C→ Cases; D-→ Deaths.**

**Outbreaks Reported & Responded till week-11 ending on 13/05/2025 under IDSP.**