

**GOVERNMENT OF NAGALAND
HEALTH & FAMILY WELFARE DEPARTMENT
NAGALAND :: KOHIMA**

Annexure: A

No: HFW/B/VHSC/NRHM/2008

Dated Kohima the 24th Oct'13

NOTIFICATION

Keeping in view the significance of holding the Village Health Nutrition Day (VHND), all Doctors in the district (PHC, CHC, DPOs & DCMOs) excluding those posted at District Hospital shall henceforth involve in the implementation VHND with immediate effect. Similarly, the paramedical workers and support staff of various NDCPs and DPMSU/BPMSU and both the Mobile Medical Unit as well as the Mobile ICTC shall also involve in the implementation VHND.

2. The Chief Medical Officer shall constitute Teams depending on the Number of doctors available in the district. Each team shall be allocated a number of villages (Both Recognised and Non-Recognised). Similarly, villages are to be allocated to the Mobile Medical Unit as well as the Mobile ICTC.
3. The Team thus constituted shall dovetail with the existing Health Unit Teams so that each team would comprise of Doctor, Nurse, other paramedical workers and support staff of various NDCPs and DPMSU/BPMSU.
4. The VHND shall be held once every month on a fixed day in each and every village/habitat. The fixation of the day should be done in consultation with concerned Village Health Committee so as to avoid overlapping of the day. Upon compilation the CMO shall submit the VHND Plan/Calendar to the Directorate. Any change in the Plan/Calendar should be intimated accordingly.
5. The Mobility Support for 1 Nurse and 1 IV Grad staff of the concerned Health Unit shall be Rs. 150.00 and Rs. 100.00 per Head per VHND respectively under FMR: A.1.3.2. This amount which will be paid on submission of the VHND Report to the CMO on or before 5th of every month.
6. The Mobility Support for the Doctor and other paramedical workers and support staff of various NDCPs and DPMSU/BPMSU shall be as per the existing Government Rate. This amount which will be paid under mobilization fund of various programmes and also Monitoring & Evaluation when the two are dovetailed on submission of the Tour Report as given the Monitoring Check List to the CMO.
7. On the designated day, the concerned ASHAs, AWWs and VHC shall mobilize the villagers, especially women and children, to assemble at the identified venue. The VHND Team should be present on time and the VHND is held without fail.
8. The minimum service package to be delivered during the VHNDs are given in Annexure: I.
9. The concerned Health Unit shall provide the necessary Medicine, Reagents and other Consumables. To prevent stock out, the CMO should ensure regular supply from the District Store. All Programme Officers shall henceforth ensure provision of relevant Medicine, Reagents and other Consumables to all Health Units.



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Commissioner & Secretary to the Govt of Nagaland

Copy to:

1. The P.S to Hon'ble Minister of Health & Family Welfare, Nagaland, Kohima.
2. The Principal Director, Directorate of Health & Family Welfare, Nagaland, Kohima.
3. The Mission Director, NRHM Department of Health & Family Welfare, Nagaland, Kohima.
4. The Project Director, NSACS, Department of Health & Family Welfare, Nagaland, Kohima.
5. The Deputy Commissioner & Chairman of the District Health Society, Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
6. The Chief Medical Officer Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
7. The Dy Chief Medical Officer Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
8. The DPO (UIP & RCH) Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
9. The DPO (NVBDCP) Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
10. The DTO (RNTCP) Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
11. The ZLO (NLEP) Dimapur/ Kiphire/ Kohima/ Longleng/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/ Zunheboto.
12. The SMO of all CHCs.
13. The MO i/c PHC of all PHCs.
14. Office Copy / Guard File

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MINIMUM SERVICE PACKAGE TO BE PROVIDED DURING THE VHND:

1. Maternal and Child Health Care including Family Planning.

a. Antenatal Care

- Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration she should be registered and care given to her according to gestational age.
- Minimum 4 antenatal checkups and provision of complete package of services.
- Associated services like providing iron and folic acid tablets, injection Tetanus Toxoid etc (as per the "guidelines for ante-natal care and skilled attendance at birth by ANMs and LHVs) Ensure, at-least 1 ANC preferably the 3rd visit, must be seen by a doctor.
- Minimum laboratory investigations like haemoglobin, urine albumin and sugar, RPR test for syphilis.
- Identification and management of danger signs during pregnancy and labour. Timely referral of such identified cases which are beyond the capacity of management.
- Tracking of missed and left out ANC.
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.
- Referral of high risk pregnancy to First Referral Units (FRUs)/other hospitals.
- Counselling on:
Education of girls, Age at marriage, Care during pregnancy, Danger signs during pregnancy, Birth preparedness, Importance of nutrition, effects of tobacco and alcohol abuse during pregnancy, Promotion of institutional deliveries, Availability of benefits under the JSY & JSSK, Post-natal care, Advantage of Minimum 48 hours of stay after delivery, Breastfeeding and complementary feeding, Care of a newborn, Contraception

b. Intranatal Care:

- Conducting of normal deliveries.
- Appropriate Management and prompt referral for cases needing obstetric emergency care.

c. Postnatal Care:

- Ensure post- natal care for 0, 3rd, 7th & 42nd day for both mother and new-born.
- Ensure 3 additional visits for a low birth weight baby (less than 2500 gm.) on 14th day, 21st day and on 28th day.
- Initiation of early breast-feeding within one hour of birth
- Education on nutrition, hygiene, contraception, **essential new born care** (As per Guidelines of GOI on Essential new-born care)

d. Family Planning Services:

- Education, Motivation and Counseling to adopt appropriate Family planning methods.
- Information on use of contraceptives
- Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.
- Provision of contraceptives such as condoms, oral pills, emergency pills etc
- Permanent methods like IUCD Insertion/Removal, Tubal ligation and vasectomy / NSV.

- Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
- Counselling and appropriate referral for couples having infertility.

e. Child Health:

Essential Child Care:

- Registration of new births.
- Early initiation of breast feeding within one hour of birth.
- Management of neonatal hypothermia (provision of warmth / Kangaroo Mother Care (KMC), infection protection, cord care and identification of sick newborn and prompt referral.
- Routine and Emergency care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and referral of all sick newborn and sick children.
- Promotion of exclusive breast-feeding for 6 months.
- Counselling on Infant and young child feeding as per Infant and Young Child Feeding (IYCF) guidelines.
- Prevention and control of routine childhood diseases, infections like diarrhoea, pneumonia etc. and anemia etc.
- Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

Infants up to 1 year:

- Counselling for care of newborns and feeding.
- Complete routine immunization.
- Immunization for dropout children.
- First dose of Vitamin A along with measles vaccine.
- Weighing for Growth Monitoring

Children aged 1-3 years:

- Booster dose of DPT/OPV.
- Second to fifth dose of Vitamin A.
- Tablet IFA - (small) to children with clinical anaemia.
- Weighing for Growth Monitoring
- Provision of supplementary food for grades of mild malnutrition and referral for cases of severe malnutrition.

All children below 5 years:

- Tracking and vaccination of missed children by ASHA and AWW.
- Case management of those suffering from diarrhoea and Acute Respiratory Infections.
- Counselling to all mothers on home management and where to go in even of complications.
- Organizing ORS depots at the session site.
- Counselling on nutrition supplementation and balanced diet.
- Counselling on and management of worm infestations.

f. Safe Abortion Services:

- Counseling and appropriate referral for safe abortion services.
- MTP using Manual Vacuum Aspiration (MVA) technique.
- Medical Method of Abortion with linkage for timely referral to the facility approved for 2nd trimester of MTP.

- g. Management of RTI/STIs:
 - Counselling on prevention of RTI/ STIs.
 - Management & Treatment of RTI/ STIs as per National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections.
 - h. Nutrition Services:
 - Diagnosis of and nutrition advice to malnourished children, pregnant women and others.
 - Diagnosis and management of anaemia, and vitamin A deficiency.
 - Coordination with ICDS.
 - i. School Health:
 - Regular check ups including eye and dental appropriate treatment including deworming, referral and follow-ups
 - j. Adolescent Health Care:
 - Checking, management, advising, and referring for anaemia among adolescent girls.
 - Menstrual Hygiene.
 - Life style education, counseling, appropriate treatment.
2. **Promotion of Safe Drinking Water and Basic Sanitation**
 - a. Disinfection of water sources and Coordination with PHED for safe water supply.
 - b. Promotion of sanitation including use of toilets and appropriate garbage disposal.
 - c. Testing of water quality using H₂S- Strip Test (Bacteriological).
 3. **Revised National Tuberculosis Control Programme (RNTCP)**
 - a. Management & treatment as per RNTCP through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines.
 - b. Facility for Collection and transport of sputum samples should be available as per the RNTCP guidelines.
 4. **National Leprosy Eradication Programme**
 - a. Health education to community regarding Leprosy
 - b. Diagnosis and management of Leprosy and its Complications (reactions)
 - c. Training of leprosy patients having ulcers for self- care
 - d. Counselling for leprosy patients for regularity / completion of treatment and prevention of disability,
 5. **Integrated Disease Surveillance Project (IDSP)**
 - a. Weekly reporting of epidemic prone diseases in S, P & L forms and SOS reporting of any cluster of cases (formats for the data collection are added in annexure 11, 11A, 11B, 11C.)
 - b. To collect and report any unusual events information to district surveillance unit.
 - c. Appropriate preparedness and first level action in out-break situations.
 - d. Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid (Rapid Diagnostic test-Typhi Dot) and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.
 6. **National Programme for Control of Blindness (NPCB)**
 - a. The early detection of visual impairment and their referral.
 - b. Detection of cataract cases and referral for cataract surgery

- c. Provision of Basic services for Diagnosis and treatment of common eye diseases.
 - d. Awareness generation through appropriate IEC strategies for prevention and early detection of impaired vision and other eye conditions.
 - e. Greater participation /role of community in primary prevention of eye problems.
 - f. Vision Testing with Vision drum/ Vision Charts*
 - g. The provision for removal of Foreign Body*
 - h. Refraction Services*
 - i. Intraocular pressure measurement by Tonometers*
 - j. Syringing and probing*
- * Provided ophthalmic assistant is available with the team.

7. National Vector Borne Disease Control Programme (NVBDCP)

- a. Diagnosis of Malaria cases, microscopic confirmation and treatment
- b. Cases of suspected JE and Dengue to be provided symptomatic treatment, hospitalization and case management as per the protocols
- c. Complete treatment to Kala-Azar cases in Kala-Azar endemic areas as per national Policy
- d. Complete treatment of microfilaria positive cases with DEC an participation and arrangement of Mass Drug Administration (MDA) along with management of side reactions, if any. Morbidity management of Lymphoedema cases.

8. National AIDS Control Programme:

- a. IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- b. Organizing School Health Education Programme
- c. Condom Promotion & distribution of condoms to the high risk groups.
- d. Help and guide patients with HIV/AIDS receiving ART with focus on adherence.
- e. Screening of persons practicing high-risk behaviour with one rapid test to be conducted and development of referral linkages with the nearest ICTC for confirmation of HIV status of those found positive at one test stage
- f. Risk screening of antenatal mothers with one rapid test for HIV and to establish referral
- g. linkages with CHC or District Hospital for PPTCT services.
- h. Linkage with Microscopy Centre for HIV-TB coordination
- i. Pre and post-test counseling of AIDS patients

9. National Programme for Prevention and Control of Deafness (NPPCD):

- a. Early detection of cases of hearing impairment and deafness and referral
- b. Basic Diagnosis and treatment services for common ear diseases like wax in ear, otomycosis, otitis externa, Ear discharge etc.
- c. IEC services for prevention, early detection of hearing impairment/deafness and greater participation /role of community in primary prevention of ear problems.

10. National Cancer Control Programme (NCCP):

- a. IEC services for prevention of cancer and early symptoms.
- b. Early detection of cancer with warning signals.
- c. Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis.
- d. PAP smear (Desirable)

11. National Mental Health Programme (NMHP):

- a. Early identification (diagnosis)and treatment of mental illness in the community Basic Services: Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral)
- b. IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation / role of Community for primary prevention of mental disorders.

- 12. National Programme on Prevention and Control of Diabetes, CVD and Stroke (NPDCS):**
- a. Health Promotion Services to modify individual, group and community behaviour especially through
 - i. Promotion of Healthy Dietary Habits.
 - ii. Increase physical activity.
 - iii. Avoidance of tobacco and alcohol.
 - iv. Stress Management
 - b. Early detection, management and referral of Diabetes Mellitus, Hypertension through simple measures like history, measuring blood pressure, checking for blood urine sugar and ECG.
 - c. Survey of population to identify vulnerable, high risk and those suffering from disease.
- 13. National Iodine Deficiency Disorders Control Programme (NIDDCP):**
- a. IEC activities to promote the consumption of iodated salt by the people
 - b. Monitoring of Iodated salt through salt testing kits
- 14. National Programme for Prevention and Control of Fluorosis (NPPCF) (In affected (Endemic) Districts):**
- a. Referral Services.
 - b. IEC activities to prevent Fluorosis.
 - c. Clinical examination and preliminary diagnostic parameters assessment for cases of Fluorosis if facilities are available.
 - d. Monitoring of village/ community level activity
- 15. National Tobacco Control Programme (NTCP):**
- a. Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke.
 - b. Promoting quitting of tobacco in the community.
 - c. Providing Brief advice on tobacco cessation to all smokers/tobacco users
 - d. Motivation for Making tobacco free Village.
 - e. Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.
- 16. National Programme for Health Care of Elderly:**
- a. IEC activities on healthy aging
 - b. Geriatric services for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.
- 17. Oral Health:**
- a. Oral health promotion and check ups & appropriate referral on identification Primary prevention of Disabilities,
 - b. Screening, early identification and detection,
 - c. Counseling,
 - d. Basic treatments like Exercise and Heat therapy, Range of Movement exercises, referral to higher centers and follow up etc.
 - e. Community based Rehabilitation Services,
 - f. Issue of Disability Certificate for obvious Disabilities by the doctor.
- 18. Referral Services:**
- Appropriate and prompt referral of cases needing specialist care including:
- a. Stabilisation of patient
 - b. Appropriate support for patient during transport
 - c. Providing transport facilities either by PHC vehicle or other available referral transport

- d. Assuring Referral Transport Linkage to appropriate health facility for Institutional Delivery and high risk pregnancy.

19. Training:

- a. Orientation training of male and female multi purpose health workers, ASHs & other paramedical workers in various national health programmes including RCH and immunization.

20. Basic Laboratory Services:

- a. Routine urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time)
- b. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc.
- c. Sputum testing for mycobacterium (as per guidelines of RNTCP)
- d. Blood smear examination malarial.
- e. Rapid diagnostic tests (pregnancy) and RDK for Pf malaria in endemic districts
- f. Rapid tests for pregnancy.
- g. RPR test for Syphilis/YAWS surveillance (endemic districts).
- h. Rapid test kit for fecal contamination of water
- i. Estimation of chlorine level of water using ortho-toludine reagent
- j. Blood Sugar
- k. Blood Cholesterol (Desirable)
- l. ECG (Desirable).

21. Monitoring and Supervision:

- a. Monitoring and supervision of activities through Record Checking.
- b. Monitoring of all National Health Programmes
- c. Monitoring activities of ASHAs
- d. Checking for tracking of missed out and left out ANC/PNC etc. during monitoring visits and quality parameters (including using Partograph, AMTSL, ENBC etc) during delivery and post delivery.

22. IEC:

- a. Group communication activities for raising awareness about signs and symptoms of leprosy, suspected cases, and referrals.
- b. Group communication activities for elimination of breeding sites for mosquitoes, management of fever cases, i.e. importance of collection of blood film for MP and presumptive treatment.
- c. Avoidance of breeding sites for mosquitoes.
- d. Mobilization of community action for safe disposal of household refuse and garbage.
- e. Communication activities for prevention of pre-natal sex selection, illegality of pre-natal sex selection, and special alert for one daughter families.
- f. Communication on the Prevention of Violence against Women, Domestic Violence Act, 2006.
- g. Age at marriage, especially the importance of raising the age at marriage for girls.



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