

Village Health & Nutrition Day (VHND)

During the current FY, the total VHND held is 7288 out of the proposed 15883. The reason for the low VHND performance is the inability of Health workers to reach the VHND site due to difficult terrain, Distance and the more importantly lack of mobility.

For the state of Nagaland with difficult terrain, scattered population (population density: 114 per sq km) and poor communication facilities resulting in inaccessibility to health for majority of the population (99.11% of the populace are rural), outreach activities becomes the primary means of service delivery. Therefore, the theme for the 2013-14 will be the year of VHND. Wherein, comprehensive primary health care will be each habitat and village.

However, due to the shortfall of sub-centres (requirement as per population norms: 660 & existing 396) and lack of proper communication facilities, implementation of VHND becomes difficult. To overcome the inaccessibility issues and take health care closer to the people, the state proposes to strengthen the VHNDs to enable delivery of comprehensive primary health care.

The untied fund @ Rs 10000.00 pa provided to the VHCs is utilized in the following activities- ASHA incentive for VHND (Rs 150-200/VHND per ASHA), Cleanliness Drive (2-3 times per year @ Rs. 500-800 per session), Cleaning/protection of village Well/Water Source (1-2 times per year @ Rs. 200-500 per session), Refreshment during VHC Meetings (5-6 times per years @ Rs. 100-150 per meeting), Stationeries (Rs. 100-200 per years), Assistance to Aged Persons/Hospitalized Persons, Assistance to Victims of Disaster, Furniture etc

There is no mobility support from any source for the health workers of the health unit for the VHND activities. The following activities are the proposed to strengthen the VHNDs:

Plan of Action: To smoothly organize VHND.

- a. Health Worker from the Health Unit shall go to the villages/habitats within its jurisdiction to conduct VHND. Depending on the Population the VHND frequency has been fixed (Monthly, Bimonthly and Quarterly). In Habitats with small population the VHND frequency will be bimonthly or Quarterly.
- b. Services of all the National Health Programmes as well as MMU & Mobile ICTC will be incorporated with the VHND. Since the infrastructures of these Programmes are limited, priority to devote these services with the VHND shall be given to the underserved and unserved areas.
- c. The size of VHND team (no of health workers from the concerned health unit) will depend on the population, the no of health workers will be more than one. Also for those villages far away or without communication facilities will require additional staff to accompany the ANM.
- d. All VHND team shall submit the VHND report at the end of every month to the BPMU/DPMU in line with all other monthly reports.
- e. The mobility support shall be provided only on submission of the VHND report.

