Assessment of Village Health Nutrition Day Sessions in Village of Sant Kabir Nagar (U.P.)

By

Banoj Kumar Mahanta

Dissertation submitted for the partial fulfillment of the

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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer Airport
Jaipur-302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

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MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.
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Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. S. D Gupta
President
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur-302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, Fax:0141-3924738,E-mail: iihmr@iihmr.edu.in,Web: www.iihmr.edu.in

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He/ She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

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Dr. Shivanand Chauhan
Zonal Monitoring and Evaluation Specialist
Gonda Zone

Zonal Off.: Gayatripuram Colony, (Near Modern City Montessori Inter College), Gonda-271001, Uttar Pradesh
Phone/Fax : 05262-232803 | Website: www.ihat.in
UPTSU : No. 505, 5th Floor, No. 20, Ratan Square, Vidhan Sabha Marg, Lucknow-226001, Uttar Pradesh
Ph.: 0522-4931777 | Fax : 0522-3931778

THE IIHMR UNIVERSITY, Jaipur

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This is to certify that the dissertation titled **Assessment of VHND sessions in Sant Kabir Nagar district, Uttar Pradesh.** and submitted by **Banoj Kumar Mahanta Enrollment** No 0134 19th Batch under the supervision of **Dr. S D Gupta, President, The IIHMR University, Jaipur, India** for award of MBA Hospital and Health Management of the university carried out during the period from **Feb - 2016** to **April - 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Banoj Kumar Mahanta
Signature

Banoj Kumar Mahanta
Roll No- 0134
MBA Hospital and Health Management
19th Batch
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Banoj Kumar Mahanta
MBA-HM 19 (A)
IIHMR, University

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ABBREVIATIONS

ANC : Ante Natal care
AWW : Anganwadi worker
ASHA : Accredited Social Health Activist
PNC : Post Natal Care
HBNC : Home Based Newborn Care
LBW : Low Birth Weight
CHW : Community Health Worker
BCS : Block Community Supervisor
DCS : District Community Specialist
GoI : Government of India
IHAT : India Health Action Trust
IIHMR : Indian Institute of Health Management and Research
IMR : Infant Mortality Rate
UP : Uttar Pradesh
UP-TSU : Uttar Pradesh-Technical Support Unit
VVM : Vaccine Vial Monitor

Dissertation

Assessment of Village Health Nutrition Day Sessions in villages of Sant Kabir Nagar (U.P)

1.1 INTRODUCTION

Health and nutrition go hand in hand, thus the concept of conducting Village Health and Nutrition Day is a very promising strategy for achieving better health through increased focus on nutritional behaviour of the people in the community. The task of inter-departmental convergence, i.e. between health and ICDS departments, and consequently improved coverage of Maternal and child health services is however a complex task and needs detailed micro-planning as well. But VHND sessions have been adopted by many states and therefore different projects are being run in these states for improving the service delivery. Government of Uttar Pradesh has also adopted the concept and guidelines have been issued regarding the planning and conduct of the sessions. The VHND can be successfully used as a platform for providing first-contact primary health care in this state, as evidence is growing that primary care strategies centred on community based interventions are effective in reducing neonatal and maternal deaths in countries with high mortality rates, even if institutional approaches are necessary to reduce them further (1). It can thus also be seen as an interface for interaction between the community and the health system. The session is organized once every month (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) at the AWC in the village. This has been planned so as to ensure uniformity in organizing the VHND. VHND if organized regularly and effectively can bring about the much needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes(7). The aim of the VHND is to create awareness about various health facilities available at village and subsequent levels, enhancing healthy behaviour practices among villagers and providing nutrition and primary health care services for women and children especially to marginalized and vulnerable communities; that will improvethe health and nutrition indicators of the state(2).

Main Objectives of VHND :

VHND was introduced with an aim that it could bring about the much needed behavioural changes in thecommunity, and can also induce health-seeking behaviour in the community leading to better health outcomes.

Main objectives are:

- To provide essential and comprehensive health &nutrition services to pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls.
- To strengthen linkages between Health & ICDS in promoting comprehensive maternal & child survival programmes.
- To ensure early registration, identification and referral of high risk children and pregnant women.
- To provide an effective platform for interaction among beneficiaries, service providers, and community members including GKS (Gaon Kalyan Samiti), Mothers Group, PRI, and SHG.
- To sensitize beneficiaries, their families and community members on health, nutrition care and services at village level through discussion of various health topics as envisaged in the Health Calendar.
- To render quality health and nutrition services to beneficiaries at door step through home visits, referrals services and follow ups.

Components
Basic components of primary healthcare services includes early registration, de-worming, counselling on early breastfeeding, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC to be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health.

1.2 Literature Review

The 1978 Alma Ata declaration highlighted the importance of Primary Health Care and the critical role played by community health workers (CHW) to link communities to the health system. The use of community members to render certain basic health services to their communities is a concept that has existed for more than 50 years. There have been innumerable experiences throughout the world with programmes ranging from large scale, national programmes to community based initiatives (6).
The data reflects that the VHND sessions are being organised as per the immunization session roaster of the villages and the services related to immunization are only being provided rather than providing basic health care services(4).
According to a rapid assessment on VHND was carried out by UNICEF in 2011 indicate that VHNDs are conducted on a designated day. However discussions and feedback from community and functionaries show that quality of interaction during VHND sessions is not up to the mark. This has an impact on the participation of the community in VHND. Quality entails a number of aspects –

a) Investment of the organisers
b) Common understanding among the stakeholders about how VHND is to be organised and services that are to be offered.
c) Pre-service mobilisation and post service follow up.
d) Publicity and preparation for the VHND.
e) Instrument and required equipment for VHND.
f) Information shared during sessions. (5)

In India, VHND is a priority intervention under the National Health Mission. Government of India which emerged from attempts to increase coverage of basic health and nutrition services in rural areas not served by health facilities. (2)
Inter-sectoral convergence between Health and Nutrition activities is the focus of the VHND program under NHM of the Ministry of Health and Family Welfare, Government of India. The ASHAs, AWWs, ANMs and PRI members work as a team to ensure that the services are provided on the VHNDs. The case can be used to discuss the challenges in convergences between different government departments in planning the services to be offered for VHND, generating demand for the services through IEC/Counselling and actually providing services on the VHND(8).

One of the study done in Cuttack ,Odisha identified the need for strengthening infrastructure and manpower to provide quality care for institutional delivery. It also emphasized the need for construction of more number of sub centre buildings which forms the backbone of rural health care delivery system. Keeping in view the workload of ANM it was suggested to provide her with laptop to enable her to prepare and send

the reports and with a two-wheeler for house to house visit. There ought to be provision of appointment of extra staff in heavy stations so that quality of work is not compromised. Mobility support should be provided to LHV to ensure good and timely supervision.

In order to bring about a proper implementation of Primary Health Care the people themselves should be aware of their problems, responsibilities and should be able to share their views in the Village Health and sanitation Committee. The ASHA's, AWW workers and ANM's play a significant role in ensuring primary health care as they form a bridge between the people and the health personnel. So co-ordination among these functionaries is highly essential for optimum utilization of available resources. Socio economic development of a country depends upon health status of its citizen and health status gets influenced by functioning and utilization of services provided by its existing health system. There are various constraints in implementation of various programme components in our health system and identification of these constraints will help in taking corrective action for effective delivery of all elements of primary care. It is critical that the public health services are provided to all sections of the population in India to meet its national goals and MDG's. Better service delivery is a prerequisite for inclusive growth.(9)

By including all three frontline health workers such as AWWS/ASHAs/ANMs, the coverage for VHNDs could be expanded to include the underserved population. Measurable improvements have been made in the no. of ANC,Child health and nutrition services provided during VHNDs.The achivements demonstrated that systems can be improved at scale with minimal additional costs resulting in better access and use of services for women and children.(10)

1.3 RATIONALE

Uttar Pradesh has one of the highest MMR of 285 maternal deaths per 100,000 live births (SRS 2011–13) in India. IMR of Uttar Pradesh i.e. 50/1000 Live Birth is higher than the national average of 40/1000 LB (SRS 2013). Prevalence of under nutrition and anaemia is very high. Several studies done have shown 30–40% prevalence of under nutrition amongst different age groups and 80–90% prevalence of anaemia amongst children, adolescent and adult population living in the state (RSOC 2014). High prevalence of common infections like Diarrhoea, and helminthic infestations indicates compromised water and sanitation facilities amongst population living in rural areas. There was evidence that lack of awareness about health, nutrition, hygiene and sanitation is responsible for such poor outcome (3). Therefore, there is a need for the assessment of VHND Sessions in the villages of Uttar Pradesh to identify the gaps in service provision on Village Health and Nutrition Day.

The present study focused on identifying the loopholes in the functioning of VHND through interaction with the staff at the VHND site and use these observations

and findings to make suggestions for a better delivery of services on VHND site. The findings can be used for improving the quality of services at the VHND site.

1.4 RESEARCH QUESTION

What is the quality of health services being delivered at VHND session sites?

1.5 OBJECTIVE

- To assess the functioning of VHND sessions in the villages of Sant Kabir Nagar, U.P .
- To assess the availability of drugs and supplies at the VHND sites.
- To assess the client satisfaction of VHND sessions.

1.6 METHODOLOGY

Study Design **:** Cross sectional Descriptive study
Study Location **:** Sant Kabir Nagar, Uttar Pradesh.
Sampling **:** Random sampling
Sample Size Calculation **:** Four blocks were selected based on the population , 2 blocks having higher population and 2 blocks which have lowest population ,From each block 15 villages are selected randomly to observe the VHND session.
Total no. of VHND sites :60
Sample Size :60
Study Duration **:** 3 months (February to April)
Data Collection Tool **:** VHND monitoring checklist of Government of India
Method of data collection **:** The methodology adopted was:

1. Participant observation
2. Site observation.

Methodology of VHND Assessment

Table 1

SL NO.	METHODS	PURPOSE
1	Observation of the VHNDs	• To observe the status of infrastructure and its environment • To observe the quality of service delivery • To observe active participation of beneficiary, service provider and community members.
2	Review of Records	• To document quantitative information on availability

		of equipment, medicines and service delivery.
3	Recording of Information	• To document information and observations for data analysis and report preparation
4	Interaction with beneficiaries	• To understand the satisfaction level of beneficiaries on quality of service delivery

Table 2. Sample Size for the Assessment

Coverage	No.
District	1
Block	4
VHND sessions	60

1.7 DATA COLLECTION AND ANALYSIS

Primary data - Data being collected from the filled monitoring checklist.
Secondary data -Total Number of blocks present in the Sant Kabir Nagar and the number of villages within each block is taken from District health Society office.

Data Analysis -
The data or information is compiled using Ms Excel . The analysis is being done using STATA appplication and different graphs and tables are being made using Ms Excel.

1.8 ETHICAL CONSIDERATIONS

- Data is collected after informed consent obtained after explaining the study objectives and procedure to the respondents.

- All information linked with personal identity of the respondents is only accessible to the principal investigator and will be removed from the data during all stages of analysis.

1.9 RESULTS

1.9.1 Percentage of VHND sessions held as per microplan

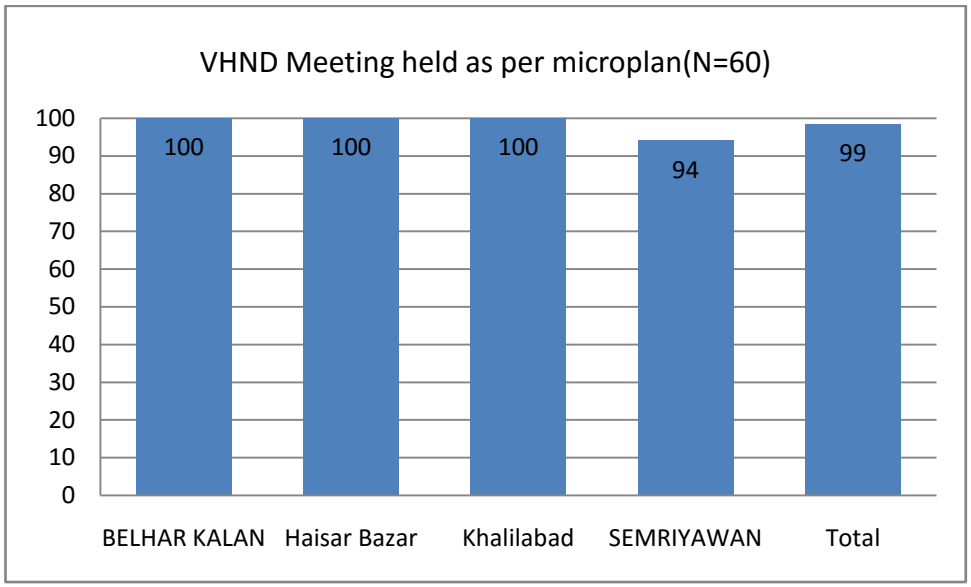

Fig.1

Mostly the VHND sessions are held as per the microplan of the blocks, Only semariyawan block have 98% of VHND sessions held as per microplan.

1.9.2 Percentage of vaccines available at VHND sites

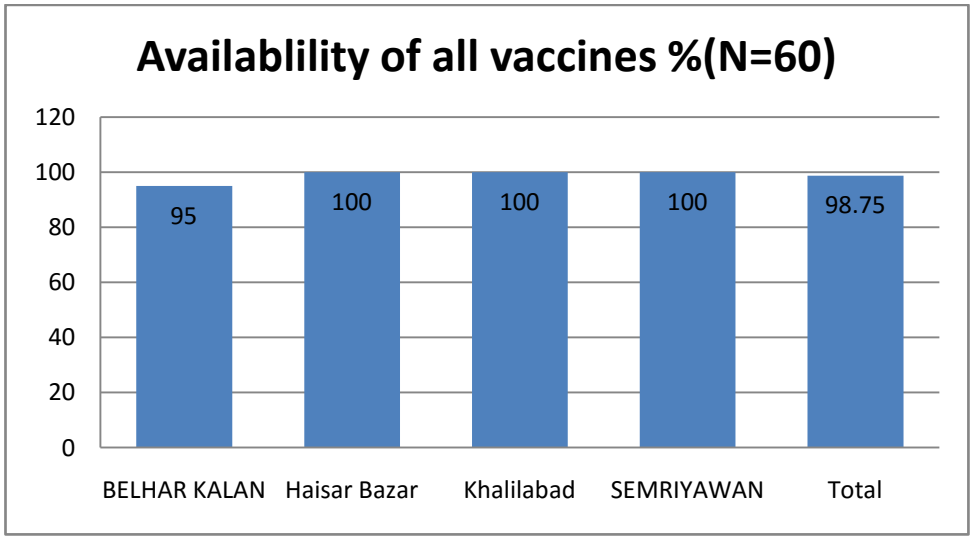

Fig.2

All blocks had 100 % vaccine availability of vaccines during VHND sessions except Belharkala block.

1.9.3 Status of VVM stage of OPV usable at VHND sessions.

Status of VVM stage of OPV Usable	
BlockName	% of Usable
BELHAR KALAN	100
Haisar Bazar	98
Khalilabad	92
SEMRIYAWAN	100
Total	97.5

Table 3

A vaccine vial monitor (**VVM**) is a thermochromic label put on vials containing vaccines which gives a visual indication of whether the vaccine has been kept at a temperature which preserves its potency. According to the study the vaccines at Belhar kala and Semariywan are usable as VVM stage but 8% and 2% are not usable as per VVM stage in Khalilabad and Haisar Bazar respectively.

1.9.4 Status of Absence of ASHA from VHND sessions

% of ASHA not present at VHND, S K Nagar	
BlockName	% not present
BELHAR KALAN	9
Haisar Bazar	0
Khalilabad	14
SEMRIYAWAN	8
Total	8

Table 4

As per study, Fourteen percent of ASHAs were absent in Khalilabad block on VHND sessions. In Haisar Bazar , all ASHAs were present during VHND sessions.

1.9.5 Status of absence of AWW during VHND sessions

% of AWW not present at VHND, S K Nagar	
BlockName	% Not Present
BELHAR KALAN	19
Haisar Bazar	15
Khalilabad	23
SEMRIYAWAN	11
Total	17

Table 5

As per study result , Seventeen percent of total AWWs are absent during VHND sessions in the district, However Belharkala and Khalilabad had very poor presence of AWW.

1.9.6 Place for VHND sites in 4 blocks of S K Nagar

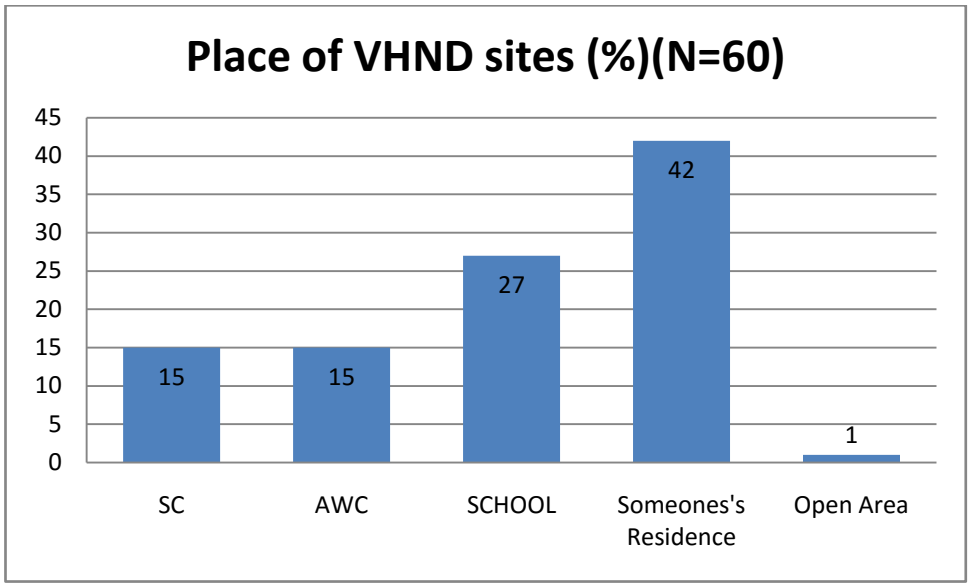

Fig 3

As per above figure, It is very clear that more than 60 percent of VHND session were conducted in places other than Subcenters and Anganwadi centers. Mostly the VHND sessions were conducted at Someone's residence.

Table 6

Availability of Toilet facility at VHND sites	
VHND sites	% of toilet facility
SC	80
AWC	30
SCHOOL	84
Someones's Residence	100
Open Area	0

Table 7

Availability of Privacy at VHND sites	
BlockName	% of sites where privacy available
SC	69
AWC	60
SCHOOL	76
Someones's Residence	95
Open Area	0

From table6 and table7 , It is evident that due to availability of Toilet facility and Privacy ,The most no. of VHND sessions were held at the Someone's residence .

1.9.7Availability of logistics at VHND sites blockwise(N=60)

Block	BP machine	Haemoblobin strip/meter	Uristix (Urine protein test)	Weighing machine (adult)	Weighing machine (child)
BELHAR KALAN	100	100	100	93.75	68.75
Haisar Bazar	100	95	95.45	90.91	68.18
Khalilabad	92	100	91.67	83.33	41.67
SEMRIYAWAN	69	85	92.31	84.62	76.92
Total	92.06	95.24	95.24	88.89	65.08

Table 8

Khalilabad and Semariyawan have some issues with logistics for VHND sessions . Mostly weighing machine for child was missing from the VHND sessions. Khalilabad block had lowest no. of weighing machine during the VHND sessions.

1.9.8 Status of ANC Checkups

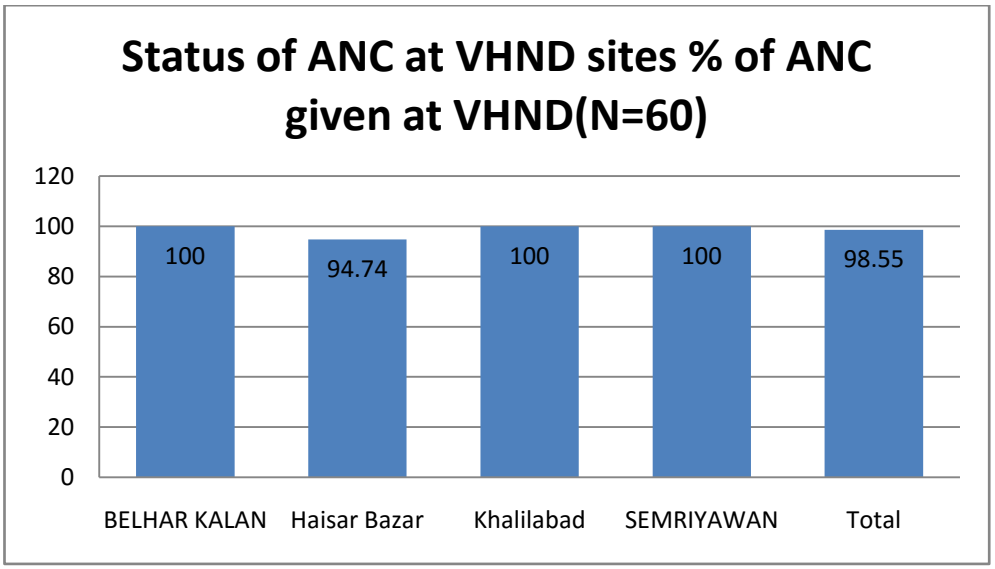

Fig 4

All ANC check ups were conducted in 3 blocks excluding Haisar Bazar .In Haisar Bazar 95% of VHND sessions had conducted all ANC checkups.

1.9.9 Status of PNC Check ups

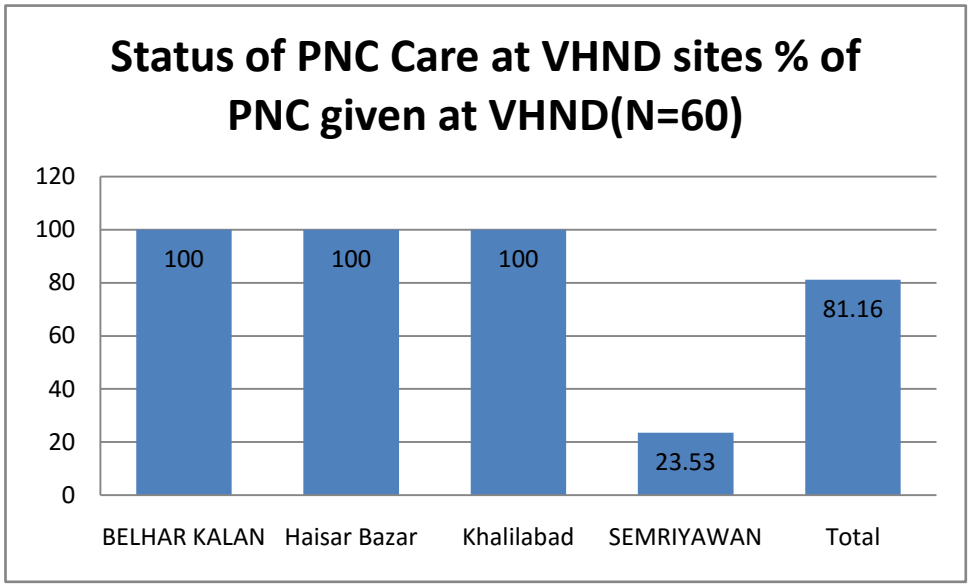

Fig 5

Three blocks have conducted all PNC check ups except Semariyawan. The Semariyawan block are poorly equipped and hence only 24 percent of VHND sessions have conducted PNC checkups.

1.9.10Status of nutrition support at VHND

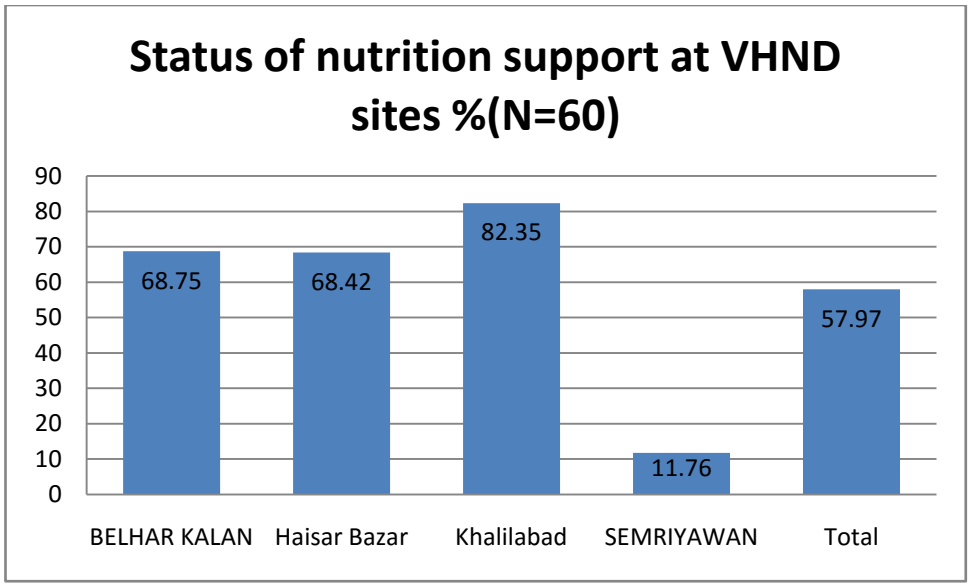

Fig 6

The status of nutrition support at VHND sessions are very poor in Semariyawan block ,However the status of other blocks were also not so good .Only in Khalilabad the status for same was found to be good in comparison to other blocks.

1.9.11Status of Family Planning services during VHND sessions

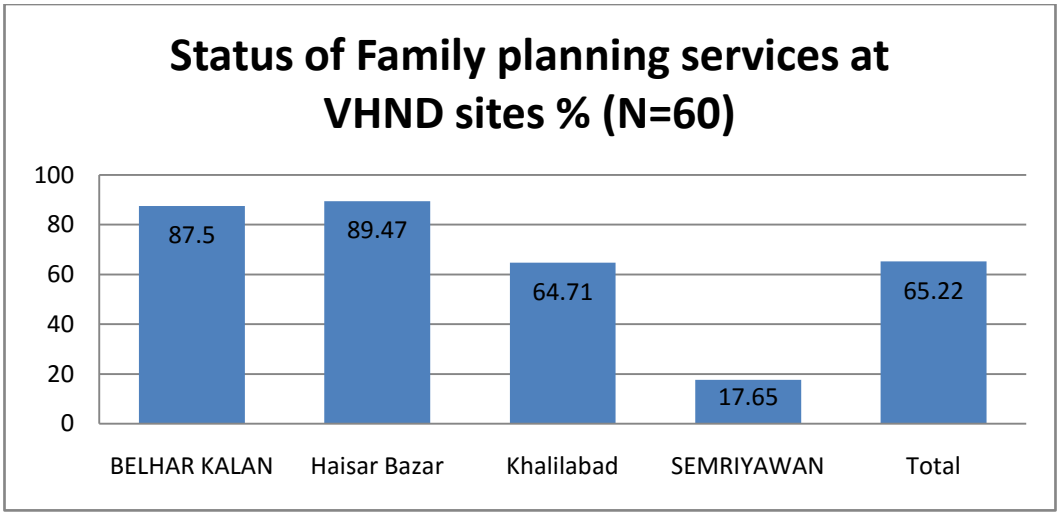

Fig 7

Also, The status for Family planning services is not so good for all four blocks. Semariyawan block had poor status for family planning services at VHND sessions. Semariyawan block had poorest status for family planning services. The beneficieries at Semariyawan were rigid for family planning services due to their religious thoughts as most of the beneficieries are muslim in this block.

1.9.12 Status of counseling for hand washing

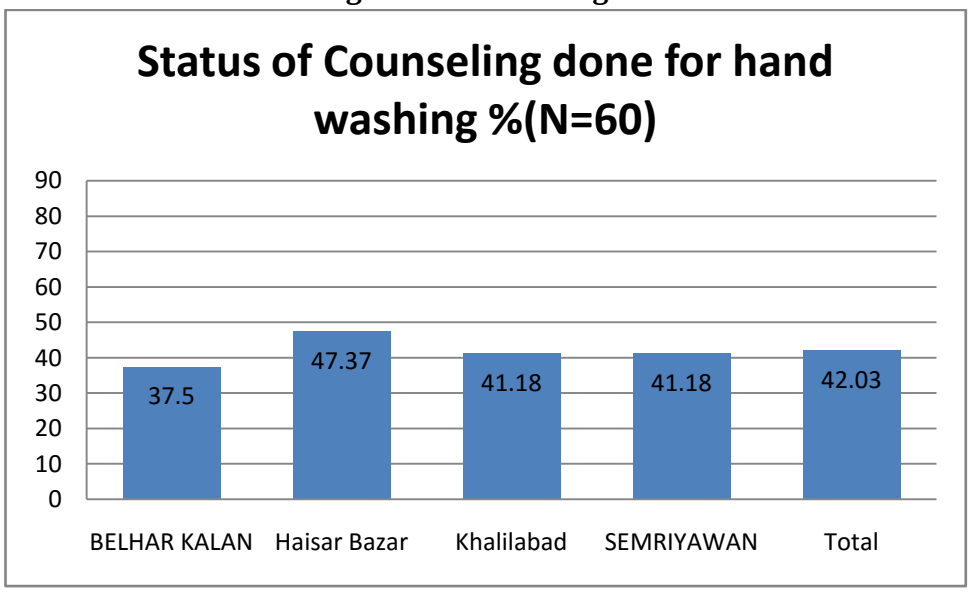

Fig 8

The status for counseling for handwashing is neglected in most of the blocks .On an average in 40 percent of VHNDs had done counseling for hand washing.

1.9.13 Status of counseling for household purification of water

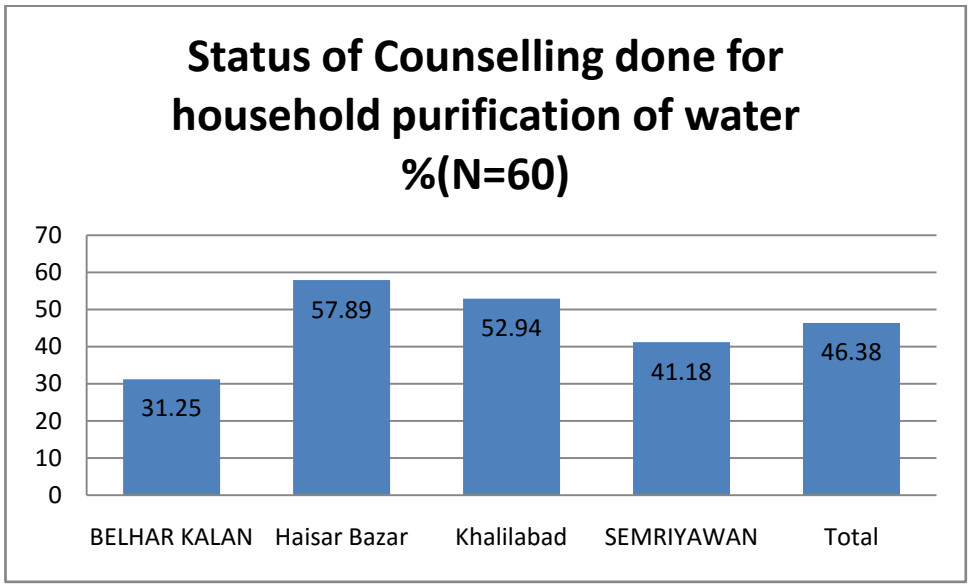

Fig 9

Also, The counseling for household purification of water is missing from most of the VHND sessions, On an average only 46 percent of VHND were had counseling sessions for household purification of water.

1.9.14 Satisfaction level of beneficieries for VHND sessions

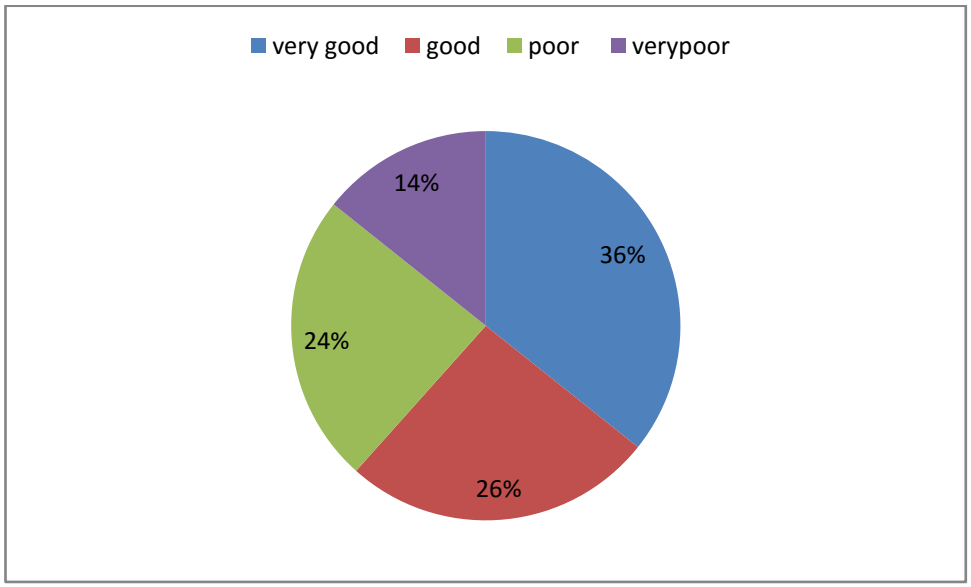

Fig 10

As per the given pie chart , Almost 60 percent of beneficieries are satisfied with present VHND sessions in 4 blocks.

1.10 Suggestions

1.Proper privacy and toilet facility is required to improve the coverage of beneficieries for VHND sessions.
2.Logistic support is required for the Semariyawan block for proper and effective VHND sessions.
3.Proper and timely monitoring of VHND is required by MOICs and BPMs of the respective blocks
4.Logistic availability are needed to be insured before conducting the VHND sessions at any site.
5.Counseling sessions are needed to be given importance during VHND sessions.
6.Proper counseling for family planning services are needed to be done during VHND sessions to the pregnant women.
7.Proper counselings regarding sanitation should be given during VHND sessions.
8.All beneficieries should be involved during discussions during VHND. The communication should be in 2two way.

1.11 LIMITATIONS OF THE STUDY

- This Study is done in 4 blocks of the Sant Kabir Nagar district.
- Time constraints for the various activities of the Project.

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2 Annexures

2.1 Questionnaire

VHND MONITORING CHECKLIST

District_____ Block-_____
Village-_____ Sub Center-_____
Date of visit_____

S/No.	Questions	Responses
Q1	VHND held as per the micro plan	YES/NO
Q2	No. of ASHAs supposed to be present (mention #)	
Q3	No. of ASHAs actually present (mention #)	
Q4	No. of AWWs supposed to be present (mention #)	
Q5	No. of AWWs actually present (mention #)	
Q6	Place of VHND - 1. SC, 2. AWC, 3. Panchyatbhawan, 4. School, 5. Someone's residence, 6. Open area	
Q7	Toilet facility available	YES/NO
Q8	Adequate place available for waiting the beneficiaries	YES/NO
Q9	Privacy available for ANC	YES/NO
Q10a	Availability of logistics - MCP card	YES/NO
Q10b	Availability of logistics - BP apparatus	YES/NO
Q10c	Availability of logistics - Hemoglobin strip / meter	YES/NO
Q10d	Availability of logistics - Uristix (urine protein test)	YES/NO
Q10e	Availability of logistics - Weighing machine (adult)	YES/NO
Q10f	Availability of logistics - Weighing machine (child)	YES/NO
Q11_1a	Availability of due lists - Routine immunization (OPV, BCG, DPT, measles, JE)	YES/NO
Q11_1b	Services provided - Routine immunization (OPV, BCG, DPT, measles, JE)	YES/NO
Q11_2a	Availability of due lists - Antenatal care (TT, IFA)	YES/NO

Q11_2b	services provided - Antenatal care (TT, IFA)	YES/NO
Q11_3a	Antenatal checkup (BP, HB, urine albumin)	YES/NO
Q11_4a	Availability of due lists - Postnatal care (counselling, checkup of mother & baby)	YES/NO
Q11_4b	Service provided - Postnatal care (counselling, checkup of mother & baby)	YES/NO
Q11_5a	Availability of due lists - Nutrition support (counselling, services-THR)	YES/NO
Q11_5b	Service provided - Nutrition support (counselling, services-THR)	YES/NO
Q11_6a	Availability of due lists - Family planning (counselling, services)	YES/NO
Q11_6b	Service provided - Family planning (counselling, services)	YES/NO
Q12	Birth planning prepared by ASHA is reviewed by ANM	YES/NO
Q13	Line listing of high risk pregnancies available with ANM	YES/NO