

**A STUDY ON**  
**SUPPLY AND USE OF MCP CARD**  
**IN ASSAM**



**NATIONAL INSTITUTE OF PUBLIC COOPERATION  
AND CHILD DEVELOPMENT  
REGIONAL CENTER GUWAHATI**

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## **ABBREVIATIONS**

ANM: Auxiliary Nurse Midwife

ASHA: Accredited Social Health Activist

AWW: Anganwadi Worker

ICDS: Integrated Child Development Services Scheme

IGMSY: Indira Gandhi Matritva Sahayog Yojna

IMR: Infant Mortality Rate

MCP: Mother and Child Protection

MDG: Millenium Development Goal

MMR: Maternal Mortality Rate

NHM: National Health Mission

NIPCCD: National Institute of Public Cooperation and Child Development.

PHC: Primary Health Center

SRS: Sample Registration System

U5MR: Under Five Mortality Rate

UN: United Nations.

VHND: Village Health and Nutrition day

## EXECUTIVE SUMMARY

The Mother and Child Protection (MCP) card is a unique and a versatile intervention tool in ICDS for community/families/individuals to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children below 3 years. It has a great potential to bring a marked improvement on nutrition and health status of expecting mothers and children 0-3 years particularly in a situation as that of Assam, which has high incidences (above national average) of neonatal deaths, infant and under 5 mortality and maternal deaths (AHS, 2012 -13).

Keeping in view the crucial importance of adequate supply and proper utilization of MCP Card in strengthening care practices of pregnant women, lactating mothers and children, NIPCCD Regional Center Guwahati conducted the study on Supply and Use of MCP Card in the state of Assam with the following objectives:

- a) to find out the status of supply of MCP Card among the selected ICDS projects of Assam;
- b) to identify the status of distribution of MCP card among the beneficiaries in ICDS in Assam;
- c) to evaluate the knowledge, attitude and practices of ICDS functionaries on usage of MCP cards in ICDS;
- d) to assess the skills of AWWs on suitable usage of MCP card
- e) to study the awareness and utilization of the MCP card among the community (women particularly pregnant women, lactating mothers and mothers of children under 3 years of age) ; and
- f) to identify the problems and difficulties in effective use of MCP card.

The study was carried out in nine randomly selected projects from nine districts of Assam. A total of 349 pregnant women, 283 lactating women and 433 mothers of children in the age group of 6 month to 3 years were interviewed. In addition to this the service providers comprising of nine CDPOs, 36 ICDS Supervisors, 90 AWWs, 36 ANMs, 29 ASHAs and nine District and Block Health Authorities were interviewed for the study. Interview Schedules were used to collect data. The obtained data were analysed using simple statistical measures such as frequencies (f), percentages (%) and ranges. Data are also presented graphically using bar diagrams, pie diagram, line etc.

The results of the study revealed that:

- Out of the nine sample districts, four district health authorities reported insufficient stock of MCP card for distribution to the periphery level.
- Insufficient stock of MCP card for distribution was reported by 30.6 per cent of the sub-centers
- Data reveals that only four PHCs could distribute MCP card to all the registered pregnant women (100 %) in the FY 2015-16.
- Data collected from 36 ANM in nine ICDS projects revealed that a total of 3611 pregnant women were registered by them in the FY 2015-16 of whom 3431 (95.01 %) women could be provided with MCP Cards
- Data from respondent beneficiaries revealed that all lactating women and mothers of children 6 months to 3 years have received the MCP card whereas in case of pregnant women only 83.7 were found to have received the MCP card.

- The MCP card was received by most of the respondent beneficiaries at the time of first registration at sub center or AWC. There were some (9.7 per cent pregnant women, 15.9 per cent lactating women and 20.1 per cent mother of children 6 months to 3 years) who have received the MCP card few days after registration.
- The timing of first registration of pregnancy either in the sub center or AWC is within the first trimester for 94.8 per cent pregnant women, 98.9 per cent lactating mothers and 97 per cent mothers of children (6 months to 3 years).
- The MCP card in majority of cases were found to be distributed by the ANMs and followed by ASHAs.
- Service providers namely ANM (83.3 %) and AWW (80 %) reported that MCP cards are distributed to all pregnant women by ANM at the time of their registration of pregnancy either at Sub Center or AWC.
- MCP card was found to be self-retained by most of the pregnant women (86.6%), lactating Mothers (91.9%) and mothers of children 6 months to 3 years (94.2%).
- Data revealed that many AWWs (37.9%), Supervisors (36.4 %), CDPOs (55.6%) as well as ANM (16.7%) are yet to receive any orientation on the MCP card.

### **Knowledge, Attitude of and Practices of ICDS Functionaries on Use of MCP Cards in ICDS**

- ICDS functionaries, particularly CDPOs were found to have very limited knowledge on the numerous uses of the MCP Card. Supervisors comparatively were found to be better oriented. Large majority of

Supervisors (86.2%) knows that MCP card can be used for immunization records of children. The use of MCP Card by Pregnant women to avail health services was known to 83.3 per cent Supervisors. However, very few supervisors could say that, it can be used as a monitoring tool (8.3%) and to keep record of postnatal services received by a new born child and his/her mother (16.7%). The knowledge that the MCP card can be used by family members to know about the nutritional and psychosocial care practices for children was exhibited by only 19.4 per cent of the respondent supervisors.

- Most of the CDPOs (66.7%) and Supervisors (91.7%) know that the MCP card is given to pregnant women at the time of first registration of pregnancy at AWC or Sub Center.
- It was found that 55.6 per cent CDPOs and 66.7 per cent Supervisors have the knowledge that AWW and ANM must jointly explain the use of MCP card to the beneficiaries.
- CDPOs (55.6% and 44.4% respectively) explain the MCP card to Supervisors as well as AWWs either during their visit to AWC or at review meeting.
- Supervisors (69.4 %) were also found to explain the use of MCP card to AWWs. This was found to be done during visit to AWC (52.8 %), at review meeting (30.6 %), at Sneha Shivir (13.9 %), at Mothers Meeting (33.3 %) or on VHND day (61.1 %)
- The MCP card is reported as helpful for beneficiaries by all CDPOs (100 %) and most Supervisors (94.4%)
- Majority of CDPOs (55.6 %) and Supervisors (63.9) cited the reason that MCP card is helpful to beneficiaries because it helps them to avail the

various services from health as well as ICDS. They also cited reasons like beneficiaries can obtain information on health care practices during pregnancy; MCP Card help to know about child care practices for optimum health and nutrition and to keep records etc.

- The CDPOs (77.8%, 55.6% & 88.9% respectively) stated that they monitor and supervise the supply of MCP cards to the beneficiaries, provision of services by ANM as well as availing of services by beneficiaries. Further, Supervisors (94.4%,66.7% & 80.9% respectively) also reported supervision of supply of MCP cards to the beneficiaries, provision of services by ANM as well as availing of services by beneficiaries
- Cent per cent CDPOs and 87.5 per cent supervisors were found to verify availing of services and its recording in the MCP card in connection with IGMSY.
- The nature of supervision by majority of CDPOs (77.8 %) was mainly giving verbal instructions on use of the MCP card whereas majority of supervisors (86.1%) mostly checked the use of MCP card.

### **Skill of AWW on suitable use of MCP Card**

- Most of the AWWs (95.6 %) explain the use of MCP Card to the pregnant women. It was seen that AWWs (81.1 %) mostly explain only the relevant sections of the MCP card to beneficiaries, which is generally according to the stage of the their pregnancy or motherhood.
- Most of the AWWs (88.9 % & 86.7% respectively) were found to explain the Antenatal care and Nutritional Care portion of the MCP card. Very least percentages of AWWs (13.3%, 11.1%, 7.8%, 6.7% & 6.7%) were found to

explain the remaining portions of the MCP card like danger signs during pregnancy and of new born, infant feeding, post natal care, new born care and early childhood stimulation.

- Filling up in the MCP card by most (60% and 51.1% respectively) of the AWWs was found to be limited to weight record of children in the Growth Chart and recording of weight gain by pregnant women.
- The study found that AWWs mostly use the MCP card among beneficiaries on VHN Day (87.8%) followed by Home Visit (67.8%) and during the time of Growth Monitoring of Children (58.9%).
- Nearly 63 per cent of AWWs were found to plot the weight of Children in the Growth Chart of MCP Card.
- MCP card is reported to be used for referral services by more than half of the sample AWWs (54.4%). It is opined by 46.7 per cent AWWs that the card helps in getting referral services.
- It is opined by AWWs that beneficiary mostly carry the MCP card on the day of VHN Day (98.9 %) as well as at the time of visiting Sub centre (98.9) for availing Health Services
- Most AWW are found to be aware of the six basic services that a women must receive during pregnancy, which include registration of pregnancy (95.6 %); provision of antenatal care services (93.3%); regular blood pressure, blood and urine test (85.6 %), regular checking of weight gain by the pregnant women (81.1 %), provision of TT injection (97.8 %) and provision of IFA tablet for 100 days (93.3%).
- Most AWWs (97.8%) could say that during pregnancy a variety of food must be consumed. Again nearly 87 per cent AWWs were aware that pregnant

women should consume more than normal diet and take at least two hours rest during day.

- Most AWWs (77.8%, 56.7% and 53.3% respectively) knew headache, blurring of vision, fits, swelling all over the body; bleeding during pregnancy and severe anaemia as danger signs. However, danger signs like bursting of water bag without labour pain; excessive bleeding during and after delivery and labour pain for than 12 hours are known to only 24.4 per cent, 23.3 per cent and 11.1 per cent AWWs respectively. A meagre 8.9 per cent AWWs only could identify high fever within 30 days of delivery as a danger sign.
- Highest percentage of AWWs (51.1%) could identify fever as a danger sign for new born, followed by other danger signs like Yellow palms and soles (44.4 %) and weak sucking or refusal to breastfeed (40 %). Very negligible number of AWWs (8.9 %) could say that convulsions, lethargy or unconsciousness in baby are also danger signs.
- Findings of the study reveal that only 55.6 per cent AWWs accurately know all the five steps in growth monitoring.
- Many AWWs (63.3% & 63.3% respectively) could say that playing and communicating with children helps them to grow and develop well and parents/caretakers must give children clean safe items to handle and things to make sound with.
- More than 80 per cent of AWWs were found to know that breast feeding must be started immediately after birth – within one hour; exclusive breast feeding must be done for six months and on completion of six month complementary food must be given. However AWWs were found to have limited knowledge on other important feeding practices like increasing the

quantity, thickness, frequency of food gradually; ensuring hand wash and helping children after 2 years to feed themselves.

- Most of the AWWs (94.4 %) know that children by three month can smile in response, track a ribbon bow, and begin to make sound. Around 93 per cent AWWs were found to have the knowledge that a one year old child can more or less stand without support, wave and say mama papa.
- The study revealed that most AWWs (88.9%) have the knowledge that if danger signs are seen in new born or pregnant women as given in the MCP Card, the patient must immediately visit the doctor.
- Majority of AWWs (82.2%) think that the MCP card is helpful as Immunization and other records can be maintained in the card.
- More than half of the respondent CDPOs and Supervisors are of the opinion that all their AWWs are skilled on use of the MCP card.

### **Awareness and Utilization of MCP Card among the Community**

- The study revealed that only 68.8 per cent of respondent pregnant women were explained about the utilization of MCP card. However higher percentages of lactating mothers and mothers of children from 6 month to 3 years (89.8 % & 86.6 % respectively) were found to have been explained about the utilization of the card.
- In case of pregnant women respondents, it was seen that ANMs (40.1%) mostly engage in explaining the card, whereas in case of lactating mothers and mothers of children from 6 month to 3 years, it was mostly the AWWs (58.7 % & 56.6% respectively) who explain the card.

- The study found that in case of 81.7 per cent of the respondent pregnant women and 91.5 per cent Mothers of Children (6m to 3 years) the first page of the MCP card was filled up. All Lactating Mothers were found to possess MCP Cards with the first page filled up.
- Findings reveal that, the issues mostly discussed with beneficiaries were care during pregnancy and nutritional care of children. The issues found to be least discussed were preparation for institutional delivery followed by psycho social care of children.
- The MCP card is found to be kept in safe custody by most of the beneficiaries. Very few (0.3 % pregnant women, 2.8 % lactating women and 12.7 % mothers of children 6 month to 3 years) failed to keep the MCP Card in safe custody.
- Records of registration of pregnancy was found recorded in the MCP Cards of majority of the pregnant women (83.4%), lactating women (97.2%) and mothers of children 6 months to 3 years (87.3%). Comparatively lesser number of beneficiaries has record of availing services of growth monitoring of children, NHed and Counseling.
- Antenatal Visit Examination records were mostly found in the MCP cards (54.7 % lactating women and 64.4 % mothers of children 6 month to 3 years)
- Very negligible percentage of beneficiaries (<1%) had records of Obstetric Complication, Past History, Examination, Optional Investigations in the MCP Card.
- Beneficiaries mostly (>80 %) carry the MCP Card for availing services on VHND day as well as to Sub Centre

- The study found that 25.5 per cent of pregnant women, 43.5 per cent lactating women and 42 per cent mothers of children 6 month to 3 years have read the MCP Card at least for once after receiving it.
- According to majority of pregnant women (64%), the important benefit of MCP card is that it helps in availing services like ANC, TT Injection, TFA tablet etc. Majority of lactating women (76 %) and mothers of children of 6 months to 3 years (72.1 %) identified that MCP card helps in remembering the due dates for immunization.
- Most pregnant women knew that they should consume a variety of food (86.3%), take at least two hours of rest during the day (72.9%) and consume more than normal diet (60.6%).
- Most pregnant women did not have adequate knowledge of the danger signs during pregnancy as indicated in the MCP card. Only 40 per cent of pregnant women had the knowledge that headache, blurring of vision, fits and swelling all over the body is a danger sign during pregnancy. Very few women had the knowledge of other danger signs like bleeding during pregnancy (28.3%), high fever during pregnancy (28%), severe anaemia (21.1%) and excessive bleeding during and after delivery (13.7%). Very negligible number of women had the knowledge that high fever within 30 days of delivery (6%) and labour pain for more than 12 hours (2%) are signs of danger during pregnancy.
- Most mothers (83% and 79.9 % respectively) knew that a new born baby needs to be kept warm and that a baby should not be given bath for the first 48 hours. Less than half of the women (49.1%) knew that the cord must be kept dry and around one third of the women (26.5%) knew that the child must

be weighed at birth. Very less percentage (9.2%) of women knew that if the child weighs less than 2.5 kg, he/she needs special care.

- Very few lactating women (1.4% and 6% respectively) had the knowledge that the colour pink in the immunization section of the MCP Card indicates the due date for immunization and white is the actual date of immunization in the MCP Card.
- More than 50 per cent lactating women as well as mothers of children (6 months to 3 years) had poor knowledge regarding the importance of play and communication for their children while they are growing up.
- Most lactating women (83.6%) and mothers of children (6months to 3 years) are aware that children must be weighed every month. However, less than one third of them knew that children must gain weight every month.
- Majority of lactating mothers (90.8%) knew that breast feeding must be started immediately after birth – within one hour. Around 84 per cent mothers have the knowledge of exclusive breast feeding upto six months. They (81.5%) also knew that complementary feeding should start on completion of six months after birth. However, less than half of the mothers only (44.5% and 41% respectively) could say that breast feeding must be done day and night and that it must be done as many times the child wants. Least number of mothers (18.7%) were found to have the knowledge that the quantity, thickness and frequency of complementary feeding must be gradually increased.
- Most mothers of children 6 months to 3 years (92.6%) knew that complementary food must be started on completion of six months of the child. The study further revealed that 88.2 per cent of the mothers have the

knowledge that breast feeding should be continued upto 2 years of age of the child and even beyond. But only 44.1 per cent have the knowledge that the quantity, thickness and frequency of complementary food must be increased gradually as children grow.

### **Problems in effective use of MCP Card**

- Most of the CDPOs (66.67%), Supervisors (86.1%) and AWWs (83.2%) pointed out that due to lack of extensive training on MCP Card for both ANM and AWW, most of these two important grass root functionaries are not fully aware of the numerous uses of the card.
- It was unanimously suggested by many respondent service providers that joint training of both ANM and AWW on the use of the card would give the two prime grass-root service provider the requisite skill thereby ensuring its utilization to the maximum potential. It was also suggested that the card should be sufficiently available for distribution right at the time of registration itself. They also suggested that, the MCP card should have clear indication about the role of the AWW and ANM in the card itself so that there is no confusion. Further, the blank portion of the MCP card that needs to be filled up should also have clear indications about the person responsible to fill that up. Another important suggestion that emerged from the study was that the card should be made more pictorial so that even the illiterate and less educated women can understand

### **RECCOMENDATIONS**

1. The MCP card has immense un-trapped potential for achieving, monitoring and sustaining vaccination coverage, antenatal and post natal service

utilization, feeding practices and monitoring of growth and development in children. The Card must be sufficiently available for distribution at all levels through out the year. Improved utilization of the MCP Card by the service providers in terms of explaining the proper use of the card to beneficiaries, provision of services and its recording can create more value for users, increase retention and ultimately leading to real impact.

2. MCP card is designed to ensure a continuum of care throughout pregnancy till the child is born and until the child has attained three years in all areas of health, nutrition and psychosocial care in one platform that is the AWC or the sub centre by both health as well as ICDS functionaries. But unfortunately, the study found that the MCP card is not used as it was intended and designed to. Hence it was felt that a mechanism needs to be devised to ensure proper usage of the MCP card so that continuum of care could be provided to the intended beneficiaries.
3. It is important as well as necessary that every pregnant woman at the time of first registration is handed over a MCP card and counsel her on its proper use. But the study found that all pregnant women are not provided with the MCP card mainly due to shortage of supply. It is, therefore, recommended that regularity in timely distribution of MCP card should be maintained.
4. Through the study, it has come to light that the mechanism of supply and distribution of the MCP Card from the district to the block as well as from the block to sub-center level varies from place to place. Therefore an uniform mechanism for supply and distribution of the MCP card through designated channels needs to be established so that there is accountability and monitoring as well as supervision becomes easy.

5. The study found that MCP card and delivery of its services is mostly considered as job of the ANM and Health Department. The MCP card is a joint venture of both ICDS and Health Services. It is, therefore, to be made an integral part of service delivery by both Health as well as ICDS.
6. Linkages with referral services need to be facilitated. Service deliver should be backed by supportive supervision from both ICDS and Health service providers.
7. The data from the MCP Card have the potential to generate basic service delivery statistics and increase the ability to track progress. During the study, the researcher therefore felt that accuracy of entries in the MCP card need to be established so that if it is linked it up with the information system, it can generate vital statistics for policy makers.
8. As per the MCP Guideline, entry in the sections of Past History in Pre Natal Care are supposed to done only if there are any complications as mentioned in the MCP Card. Therefore, it is recommended that recording of past history may be done as nil, if there is no history of complications in previous pregnancy. Thereby it can be ascertained whether the tests and examinations are done or not; beneficiaries history was taken or not. This would also make monitoring of service delivery convenient.

## Chapter 1

### INTRODUCTION

Every year, an estimated 26 millions of children are born in India (Children in India, 2012). In 2011 the total number of children in India in the age- group 0 – 6 years is reported as 158.79 million, making India home to the largest number of children in the world (Census of India). Accountable to the well being of these children, India has put in place strong constitutional and legislative provisions to safeguard the rights of these children, thus ensuring overall growth and development of every child since conception. However, even though there are, a range of national plans and programmes in place, yet the scenario of maternal and child health and nutrition in the country is not very encouraging. NFHS – 4 (2015-106) highlighted that nearly every third young child in India is undernourished (35.7% of children under 5 years); every second child is anemic(58.4%); and every second women (15-49 years) was anemic (53.1%). The current Infant Mortality Rate (IMR) of India, as per the NFHS 4 is 41 per 1,000 live births while the Under-5 Mortality Rate (U5MR) is 50 per 1,000 live births. The situation is no different in case of maternal mortality and morbidity. Although maternal deaths in the country have declined significantly from 212 deaths per 100,000 live births in 2007-09 to 178 in 2010-12, yet India is far behind in the global scenario of maternal death.

IMR and MMR are two important indicators of a state's general public health status which further have a strong impact on the sustainable development of a country. Maternal, neonatal, infant mortality and morbidity and their nutritional status is therefore a concern and its reduction a priority for our country.

Research has indicated with ample evidence that reduction in infant and maternal mortality and morbidity is a formidable challenge although many of its causes are well known. Among the reasons cited for the poor state of infant and child health in India are inadequate neonatal care, insufficient breastfeeding, malnutrition, low immunity and high incidence of communicable diseases (Sharma, 2008). These reasons to poor health can be counteracted upon by simple, reliable and affordable interventions, which have the potential to save the lives of many children. The only challenge is to ensure that these remedies are provided through a continuum of maternal, newborn and child health care and reach the children and families who, so far, have been passed by (SOWC 2008). The interventions aimed at solutions to the problem need to reach the doorstep of the pregnant women, the new mother and their family members so that they are empowered to take informed and timely decisions for both care and treatment.

### **1.1 The Mother and Child Protection Card: Some Details**

In order to link maternal, newborn and child care holistically by integrating health, nutrition and development, the Ministry of Health and Family Welfare and Ministry of Women and Child Development, GoI jointly introduced the Mother and Child Protection (MCP) card, both in ICDS and NHM with effect from 1<sup>st</sup> April 2010. The card aims at strengthening care practices of pregnant women, lactating mothers and children below three years of age. Jointly operated by AWW and ANM, the MCP card is a home based card that educates beneficiaries about maternal and child care and have the potential to ensure tracking of mother child cohort for health purposes. It can, therefore, be called the entitlement card as well as a tool for counseling and family empowerment.

The MCP Card is a tool for Community/families/individuals to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children. It is so designed that families will know about various types of services which they should access and utilise to ensure the overall health and wellbeing of women and children. The card can thereby empower family members to make decisions at crucial points to provide necessary and timely care for improved health and nutritional status of young children. Service providers can also use it as a tool to monitor the health and nutritional status of the pregnant women. The multifunctional card thus ensures a continuum of care to the pregnant women until the child has attained three years of age and it can make a significant dent on outcome of pregnancy, maternal mortality & morbidity, infant and under-three mortality and morbidity and malnutrition amongst children.

The card can be used by all: pregnant women, lactating mothers, family members, village groups like Village Health and Sanitation Committee, and service providers. Pregnant women, lactating mothers and family members can use the card to gain knowledge related to health and nutritional care during pregnancy; to know about the danger signs in pregnancy, when and where to seek help; gaining knowledge related to children's health, nutrition and development; for using all available health and nutrition services, for practicing optimum care behavior(s) and for monitoring and promoting growth and development of children. Similarly, service providers like ANM/AWW/ASHA and Health/ICDS Supervisors can use the card as a tool for nutrition and health education, for recording information and for promoting good child care practices.

Even village groups like Village Health Sanitation and Nutrition Committee can use the card as a tool for discussion and monitoring of services.

The MCP card is given to all pregnant women at the time of registration of pregnancy either at health center or AWC, by the ANM or AWW respectively. The card is retained by the women until her child attains three years of age. Families are advised to bring the card along whenever they visit AWC, Sub center, Health Center or a hospital.

The MCP card is jointly maintained by ANM and AWW. It has several sections, and information on each of these sections is supposed to be filled up either by AWW or ANM based on whoever provides the particular service. The several sections of the card include Family Identification, Pregnancy Record, Birth Record and Institutional Identification; essential check-up during pregnancy; care during pregnancy; Antenatal care, past History and various examinations carried out during the gestation period; preparation for emergency, danger signs; Post natal care; growth charts separately for boys and girls, immunization records; danger signs during infancy and psychosocial care, which includes age-wise nutritional care, developmental milestones, simulative activities that parents and other care takers should carry out at home. The card also has important messages for families to ensure growth and development in children. This page must be filled up before giving the card to pregnant women. The various sections of the card should also be explained before handing over the card to the beneficiaries.

## 1.2 Some Studies

The efficacy and utility of such home based maternal and child records as a tool for improving maternal and child health had been studied in India and elsewhere. A study on the role of home-based records in the establishment of a continuum of care for mothers, new-borns, and children in Indonesia, Keiko Osaki *et. al.* (2013) found that pre- and post-natal home-based record use may be effective for ensuring service utilisation. In addition, the study also suggested that the handbook on home-based record could be an effective tool for promoting the continuum of MNCH care in Indonesia as it can be efficiently used throughout children's life courses. Another study on home based maternal records (Shah PM, 1988) has shown that home-based maternal and child records can be an important tool in the promotion of self-reliance and family participation in health care. In addition, home-based records can be used for the implementation of primary health care at the local level, and serve as a resource for data collection. A WHO collaborative study on the Evaluation of Home Based Maternal Record (Shah PM S. B., 1993) showed that use of the HBMR had a favourable impact on utilization of health care services and continuity of the health care of women during their reproductive period. Apart from local adaptation of the HBMR, the training and involvement of health personnel (including those at the second and tertiary levels) from the start of the HBMR scheme influenced its success in promoting maternal and child health care. It also improved the collection of community-based data and the linking of referral networks.

A study by NIPCCD, Regional Center, Bengaluru (2014) found that beneficiaries of ICDS in Andhra Pradesh and Kerala were utilizing the MCP card

for availing services. The MCP card is so designed that pregnant and lactating mothers can comprehend the illustrations and messages on all aspects of care during pregnancy and child birth. A study conducted by NIPCCD (2009) found that after using the card for two months there was a significant gain in knowledge of mothers regarding early identification of danger signs during pregnancy and after delivery, and the gain was more so in case of pregnant mothers. The card also enables a large network of ASHAs, AWWs, and ANMs to converge their efforts and utilize the critical contact opportunities like the VHNDs more effectively to accelerate reduction of such occurrences of mortality and morbidity. Another study conducted by NIPCCD (2013) on the evaluation of functioning of ASHAs in ICDS related activities found that almost all the ASHAs, ANMs and AWWs were aware about the MCP card and had helped the mothers in procuring them.

NIPCCD, (2013) reported that the MCP Card was used for explaining about ANC services; danger signs during pregnancy; preparation for delivery; dangers in new born; weighing, plotting and counselling after weighing; childhood illnesses; as also for advising about nutrition, immunisation, JSY, etc.

Another study by an ICMR Task Force on Home Based Mothers Card found that the Home Based Mother Card was acceptable to the mothers, as well as, to the health workers, as a tool for improving the quality and coverage of Maternal and Child Health (MCH) services being rendered by the Primary Health Centre (Abraham S., et al., 1991). A WHO collaborative study to evaluate the home-based maternal record (HBMR) showed that use of the HBMR contributed substantially to an increase in the quality and quantity of antenatal, postnatal and inter-pregnant care of mothers. It also provided better neonatal health care. It also improved the mother's knowledge about helpful practices, as well as early

identification of risk factors during and after pregnancy, referral of high-risk mothers and infants (Shah, P. M., et-al., 1993)

### **1.3 The State of Assam: Maternal and Child Health Scenario**

Assam is the largest state in North East India in terms of population. It has a population of 3.12crore including approximately 46 lakh children below 6 years (Census 2011). The state with its composite inhabitants of caste and tribal groups presents a numbers of issues of concern with regards to maternal and child health.

Within India, the situation of maternal and infant mortality is grim in the state of Assam. In Assam, of every 1000 live births, 48 children die before reaching one year of age and 56 children die before reaching five years of age. Although, Infant Mortality rate has decreased from 66 in 2005-06 to 48 in 2015-16 (NFHS, 2015-16) yet, this figure is above the national IMR average of 39 (SRS, 2016). Another matter of concern is that mortality rate in rural Assam is significantly higher than the urban areas(NFHS 4). Kokrajhar district of the state with IMR and U5MR of 74 and 101 tops the chart, among districts in Assam, where occurrences of deaths of children is above the state average.

The picture in terms of indicators in maternal health is also grim. As per the NFHS 4 data, nearly 82 per cent of pregnant women in the state are deprived of full antenatal care. On the contrary 96.3 per cent women registered their pregnancies for which they received Mother and Child Protection (MCP) card. Further, according to NFHS 4 less than 50 per cent women had at least 4 antenatal care visits, only 32 per cent women consumed iron folic acid for 100 days or more when they were pregnant; and 54 per cent women had received

postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery. Incidentally, safe deliveries too remain a challenge in the State for as many as 32 percent of pregnant women in rural Assam, who go for non institutional delivery while the corresponding figure for all India is 25 percent.

#### **1.4 The MCP Card: Assam Adaptation**

In the state of Assam, the Mother and Child Protection card is an adaptation of the national prototype. MCP card in Assamese was first introduced in 2011, which was a simple translation of the national proto-type with addition of a counter foil which is supposed to be retained by ANM for reference and a separate space for referral. For convenience of handling and maintenance, it was developed in book form. The card has recently been revised and contextualized to Assam situation and accordingly incorporations were done. The new card has eight pages with 16 sides and a threefold counterfoil attached to the last page of the booklet.

In the introduction page of the new card, a special icon in red colour is placed in order to identify the high risk pregnancies. The criteria of identifying high risk pregnancy are anemia, low blood pressure, low weight gain during pregnancy, short stature and pregnant women having a bad obstetric history. Pregnant women identified as high risk pregnancy is given special care. The second page which has information on services during pregnancy, apart from six services as in the national prototype, two more services are included. These are counselling on breastfeeding and consumption of IFA tablet up to 180 days after delivery. The Assam version of the MCP card has recording provisions in immunization up to 16 years of age of the child. In the immunization section, instructions are given for the

vaccination of a new born with BCG, first dose of OPV and Hep B within 24 hours of birth. Instructions are also given regarding filling up of dates of immunization in the relevant boxes. Further modifications include, the three doses of Pentavalent vaccine, two doses of Measles, two doses of Japanese Encephalitis, nine doses of vitamin A, nine doses of Albendazole, DPT booster and two doses of TT booster. In the section on care of the child, two tables are inserted for recording Hospital Based Neonatal Care and Integrated Management of Neonatal and Childhood Illnesses separately for birth to two months and two months to five years. In this portion of the card ANM, AWW or ASHA can illustrate the identified childhood illness or problem with date and the status of referral. A separate space is also given to enter new born identification number.

In the section on psychosocial care, an oath to follow the advice is written where the mother of the child has to sign or give thumb impression after taking the pledge. Separate Charts for growth monitoring of both boys and girls are given in the end and weight can be entered upto five years of the child. At the end of the growth chart pictorial assistance to identify severely undernourished child is given. A table is also added in both the sections of growth monitoring for entering examination details of severely undernourished children. Here, if severely undernourished children are identified, their MUAC measurement (if less than 11.5 cm) and signs of oedema needs to be written along with the date of examination. A message to referrer such children to the nearest NRC are also given.

Lastly, a counter foil in three fold is added, which is supposed to be retained by the ANM for record and information. This section has provision to record the family identification details; pre-natal examinations; post natal examinations;

examinations of the new born and IMNCI records; immunization records and space to record dropped out vaccinations with reasons of drop out. The new card is presently in circulation in three languages: Assamese, Bengali and English.

### **1.5 Rationale of the Study**

The Mother and Child Protection (MCP) card is a unique and a versatile intervention tool in ICDS for Community/families/individuals to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children below 3 years. It has a great potential to bring a marked improvement on nutrition and health status of expecting mothers and children 0-3 years particularly in a situation as that of Assam. However, monitoring visits to ICDS projects and the review sessions in the various ICDS training programmes at NIPCCD, has brought to light that variation exists in supply and availability of MCP Cards within the state. Utilization of MCP cards by the beneficiaries in the state of Assam so far is not documented and hence its extent of use is still not known clearly. Also the roll out of the MCP card has not been very smooth and even throughout the state. Although MCP card is a joint planning, there existed several lacunas as observed by UNICEF (2012), which include lack of pooling of budgets, lack of monitoring of supplies, MCP card not receiving its due priority from both the departments, lack of training of grass root functionaries, etc.

Keeping in view the crucial importance of adequate supply and proper utilization of MCP Card, a comprehensive knowledge of the distribution and effective use of MCP Card is critical to inform the policy makers and other stake holders responsible for its implementation. Hence, the study was conducted in the state of Assam, which has high incidences (above national average) of neonatal

deaths (37), infant (55) and under 5 mortality (71) and maternal deaths (301), (AHS, 2012 -13).

### **1.6 Objectives of the Study**

The proposed research entitled '*A study on supply and use of MCP card in ICDS in Assam*' is designed with the following objectives:

- a) to find out the status of supply of MCP Card among the selected ICDS projects of Assam;
- b) to identify the status of distribution of MCP card among the beneficiaries in ICDS in Assam;
- c) to evaluate the knowledge, attitude and practices of ICDS functionaries on usage of MCP cards in ICDS;
- d) to assess the skills of AWWWS on suitable usage of MCP card
- e) to study the awareness and utilization of the MCP card among the community (women particularly pregnant women, lactating mothers and mothers of children under 3 years of age) ; and
- f) to identify the problems and difficulties in effective use of MCP card.

## Chapter 2

### METHODOLOGY

#### 2.1 Institutional Review Board

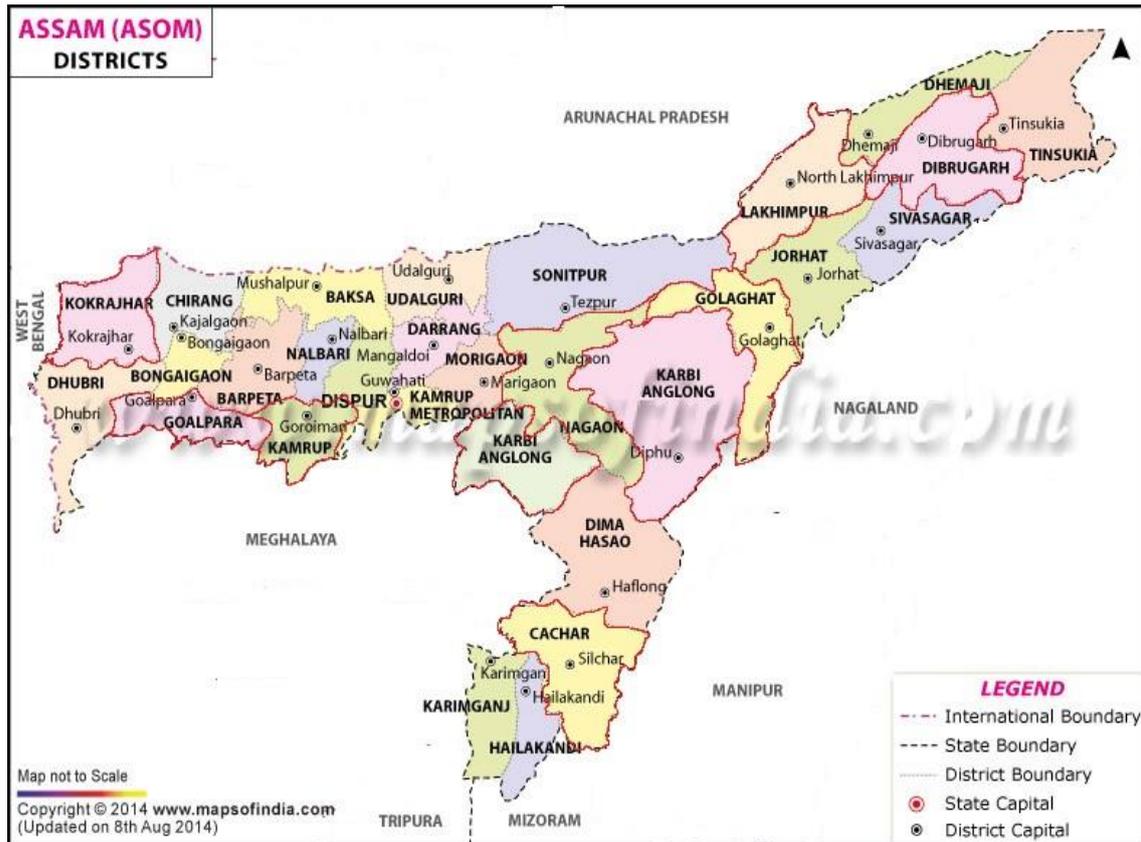
The design of the research study was presented before the Institutional Review Board for approval. Modifications were carried out based on suggestions offered by the Committee on the design and methodology of the study.

#### 2.2 Study Area

The study was conducted in nine districts of Assam out of 32 districts (as in 2015). The state of Assam is a conglomerate of varied geographical terrain, ethnic diversity, demographic profile and administrative setup. Hence, districts were purposively selected in order to generate a more representative picture of the whole state. Accordingly, Dibrugarh and Golaghat districts in the upper Assam division, with high number of tea gardens and with comparatively poor child health and maternal records in the state were selected. The district of Nagaon located at central Assam with large minority population was selected. Nagaon along with Golaghat also features in the list of high burden districts of the state. The districts of Cachar from the Barak valley and Lakhimpur from the north bank of Brahmaputra were selected for the study. The two IGMSY districts of the state *i.e* Kamrup and Goalpara were also selected. The district of Kokrajhar, which has recorded high incidences of infant and under five mortality rates was selected for the study. Karbi Anglong, one of the two hill districts of the state was also selected for the study. Both Karbi Anglong and Kokrajhar come under the preview of Autonomous councils and are primarily inhabited by ethnic tribal population. In all

the nine selected districts (**Figure 2.2.1**), MCP cards are being used since the introduction of MCP card in Assam in 2011

**Figure 2.2.1: Map showing the selected nine districts of the state of Assam**



From each of these nine districts, one ICDS Project was randomly selected, thus a total of nine ICDS projects were selected for the study. Further, from each project ten AWCs were randomly selected. Data collection was thus carried out in 90 AWCs from nine projects representing nine districts. The details are given at **Table 2.2.1**

**Table 2.2.1: Table showing the total number of districts, ICDS projects and AWCs covered for the study.**

<b>Sl. No</b>	<b>District</b>	<b>ICDS Project</b>	<b>Total number of AWCs covered (90)</b>
1.	Dibrugarh	Tengakhat ICDS project	10
2.	Golaghat	Kakodenga ICDS project	10
3.	Cachar	Salchapra ICDS Project	10
4.	Lakhimpur	Telahi ICDS project	10
5.	Goalpara	Lakhipur ICDS Project	10
6.	Kokrajhar	Dotoma ICDS Project	10
7.	KarbiAnglong	Howraghat ICDS Project	10
8.	Nagaon	Juria ICDS Project	10
9.	Kamrup (Rural)	Rampur	10

## **2.3 Respondents**

The study endeavoured to collect data from the service providers of MCP Card i.e both ICDS and National Health Mission as well as the its beneficiaries comprising of Pregnant Women, Lactating Women (birth to 6 months of the child) as well as mothers of children (6 month to 3 years)

### **2.3.1 Service Providers of MCP Card**

In the state of Assam MCP card is printed and supplied for distribution by National Health Mission. Hence information on mechanism and status of supply and distribution of MCP card were collected from the office of the Additional Chief Medical and Health Officer and Primary Health Center. Further, since MCP card is a joint venture of ICDS and NHM, the card is jointly maintained by ANM and AWW. They are supported by ASHA at the grass root level. Hence four ANMs and

four ASHAs were randomly selected from each ICDS project area as respondent for the present study.

The CDPOs, Supervisors and AWWs were selected as respondents from ICDS for the present study. From each ICDS project, the CDPO and four randomly selected Supervisors were interviewed. On the other hand all 90 AWWs from the 90 randomly selected AWCs were interviewed. Thus in total 9 CDPOs, 26 Supervisors and 90 AWWs were selected as respondent for the present study.

### **2.3.2 Beneficiaries of MCP Card**

Beneficiaries of MCP Card *i.e* pregnant women, lactating mothers (with children below 6 months) and mothers of children between six months to three years who are registered at AWC also constituted the study population. Effort was made to at least select fifteen beneficiaries (15) from every AWC, *i.e.* five each of pregnant women, lactating women and mother of children aged six months to three years. But during the visit to the AWCs it was found that in many AWCs registered beneficiary in each of the selected categories was less than five. Moreover, in many circumstances the registered beneficiaries were not available for interview on the day of visit. The reasons of non-availability were varied like, pregnant women leaving for parents home due to advance stage of pregnancy, pregnant and lactating women visiting doctor/family or relatives house and so on. Thus, a total of 349 pregnant women, 283 lactating women and 433 mothers of children in the age group of 6 month to 3 years could be interviewed. Thus a total of 1065 women could be covered in place of targeted 1350.

The detail coverage of respondents is given in *Table 2.3.1* below.

**Table 2.3.1: Table showing total number of respondents for the study and their method of selection**

<i>Sl. No</i>	<i>Sample</i>	<i>Method of sampling</i>	<i>Total number</i>
<b>ICDS Functionaries</b>			
1.	AWW	-	90
2.	Supervisor	Random	36
3.	CDPO	-	9
<b>Health functionaries</b>			
4.	ACMHO	-	9
5.	PHC MO	-	9
6.	ANM	Random	36
7.	ASHA	Random	29
<b>Beneficiaries</b>			
1.	Pregnant Women	Random	349
2.	Lactating Mothers with children below 6 months	Random	283
3.	Mothers with children between six months to three years	Random	433

One to one interview with the selected samples of the study was carried out to derive in depth information on the MCP card. Home visits were also carried out to interview the beneficiaries who received MCP card. The aim was to understand the perception of the beneficiaries as well as their family members on the MCP card. Further, to obtain more information on the practical use of the MCP card by the service providers (AWW, ASHA and ANM) as well as by beneficiaries, observation was carried out in the AWC on the day of VHND.

## 2.4 Field Testing and Finalization of tools

A total of ten interview schedule separately for obtaining data from the office of the Additional Chief Medical and Health Officer, sub center, ANM, ASHA, CDPO, Supervisor, AWW, Pregnant women, Lactating women and mother of children aged 6 months to three years were developed for the present study. A schedule to observe use of MCP card on the day of VHND was also developed. The tools were first presented before the faculty members of RC(G) for suggestions and advice. After incorporation of the suggested changes, the developed tools were further field tested before finalization (*Annexure I*).

## 2.5 Data Collection

The study was carried out in the period from January to October 2016. The data collection was primarily done by two Project Assistants. Before the data collection, the investigating staff were oriented to the situation of maternal and child health and nutrition in India with special reference to Assam; ICDS and NRHM and its components- JSY, JSSK, IMNCI, IYCF, NRC, New WHO Child Growth Standards, IGMSY, etc.; Mother and Child Protection Card- need, users, target groups, color codes, advantages, etc.; roles and responsibilities of ICDS and Health functionaries with regard to the MCP Card; interface proposed between the health and ICDS functionaries on the use of MCP card, orientation to tools/ guidelines for collection of data; etc. Every effort was undertaken to obtain quality data from the field. **Consent was obtained from all sample beneficiaries before seeking any personal information.** Data collection was carried out between January to October 2016.

## **2.6 Data Analysis and Summarization**

After finalization of tool, data were collected. The obtained data were coded and entered into SPSS data sheet and Excel worksheet. Apart from using simple statistical measures such as frequencies (f), percentages (%) and ranges, an attempt was also made to present the data graphically using bar diagrams, pie diagram, line etc.

## Chapter 3

### RESULTS

#### 3.1 Profile of Respondent Beneficiaries

##### 3.1.1 Age wise Distribution

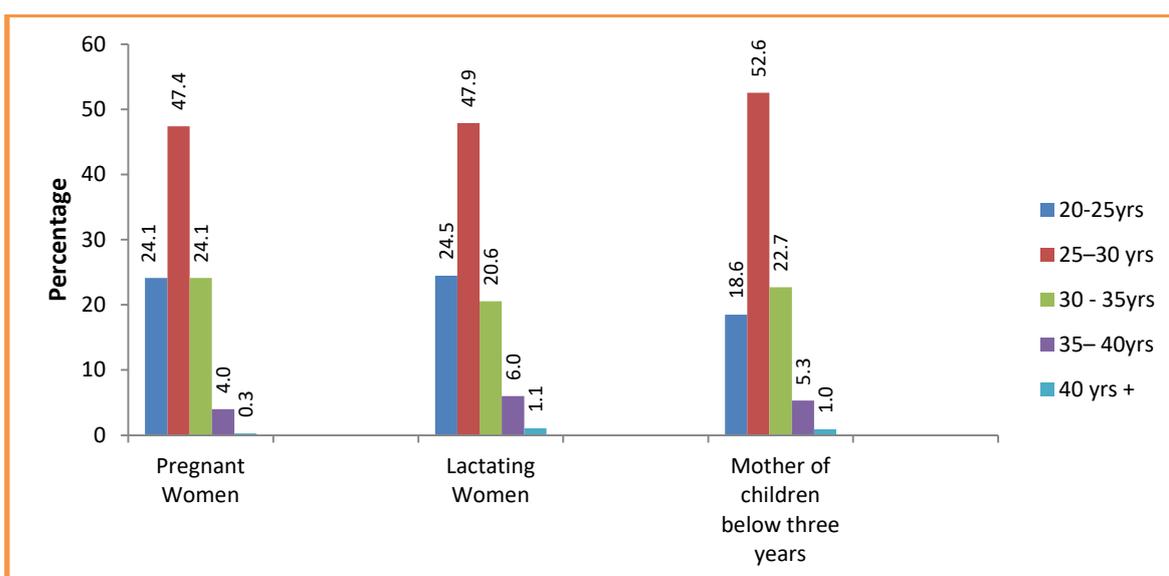
Data regarding utilization of the MCP card was gathered from Pregnant women, Lactating mothers and Mothers of children (6 months to three years) who were registered in AWCs of selected nine ICDS Projects. Most of the respondents in all three categories were in the age group of 25 to 30 years as shown in **Figure 3.1.1**. Equal percentages of pregnant women (24.1 %) were in the age group of 20 – 25 years and 30 – 35 years. Similarly among the lactating women, 24.5 per cent were in the age group of 20 – 25 years and 20.6 per cent were in the age group of 30 – 35 years. Approximately 19 per cent mothers of children below three years were in the age group of 20 – 25 years and 22.7 per cent were in the age group of 30 -35 years. Less percentage of pregnant women (4%), lactating women (6 %) and mothers of children below 3 years were in the age group of 35 – 40 years. Data revealed that negligible percentage of women beneficiaries availing services of MCP card were in the age group of 40 years and above. (**Table 3.1.1**).

**Table 3.1.1: Age-wise distribution of Respondent Beneficiaries**

Sl. No	Respondent	N	20-25yrs (%)	25-30 yrs (%)	30 - 35yrs (%)	35- 40yrs (%)	40 yrs + (%)
1.	Pregnant Women	348	84 (24.1)	165 (47.4)	84 (24.1)	14 (4.0)	1 (0.3)
2.	Lactating Women	282	69 (24.5)	135 (47.8)	58 (20.6)	17 (6.0)	3 (1.1)
3.	Mother of children below three years	432	80 (18.5)	227 (52.6)	98 (22.7)	23 (5.3)	4 (1.0)

Figures in parenthesis indicates percentage

**Figure 3.1.1 Age-wise distribution of Respondent Beneficiaries**



### 3.1.2 Distribution of Respondent Beneficiaries according to their Educational Qualification

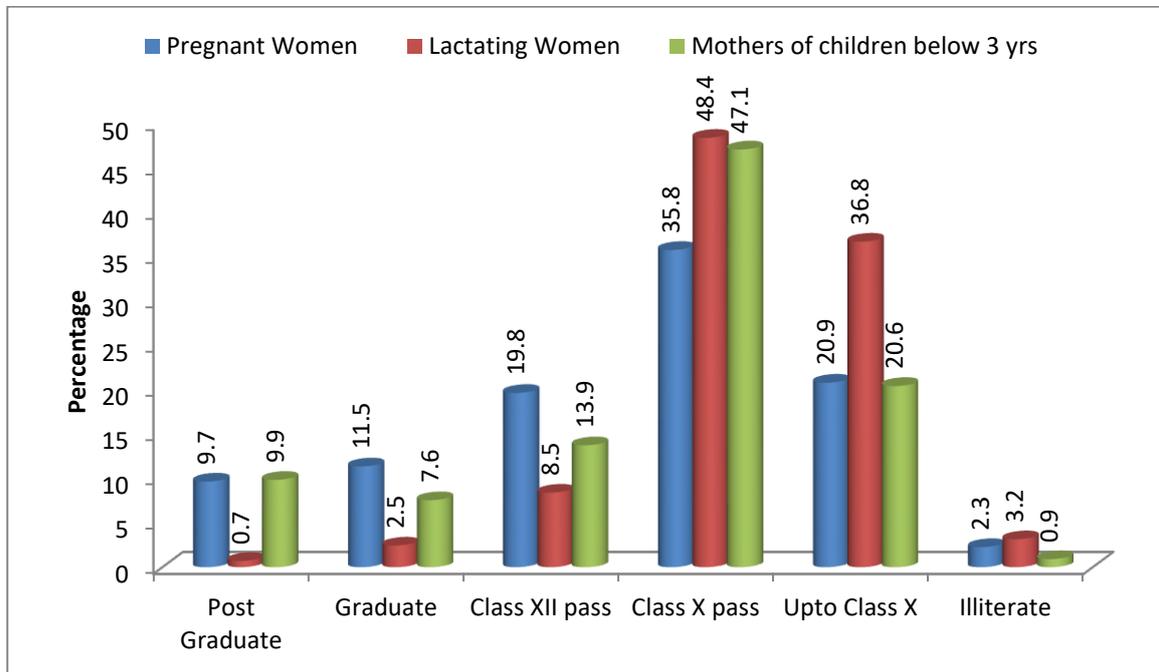
The trends of educational qualifications of respondent women were almost similar in all three categories of respondent women beneficiaries, viz. pregnant women, lactating women and mothers of children 6 month to 3 years (**Figure**

**3.1.2).** Most of the respondent beneficiaries were Class X pass. The next higher percentages of respondent women were found to have educational qualification up-to Class X, followed by women who are Class XII pass. Very least percentage of women reported as illiterate. Similarly, very less percentage of women having educational qualifications of up-to Post Graduation was found.

**Table 3.1.2 Distribution of Respondent Beneficiaries according to their Educational Qualification**

Sl. No	Educational Qualification	Pregnant Women N=349		Lactating Women N=283		Mothers of Children (6 months to 3 yrs) N=433	
		Number	%	Number	%	Number	%
1	Post Graduate	34	9.7	2	0.7	43	9.9
2	Graduate	40	11.5	7	2.5	33	7.6
3	Class XII pass	69	19.8	24	8.5	60	13.9
4	Class X pass	125	35.8	137	48.4	204	47.1
5	Upto Class X	73	20.9	104	36.8	89	20.6
6	Illiterate	8	2.3	9	3.2	4	0.9

**Figure 3.1.2 Distribution of Respondent Beneficiaries according to their Educational Qualification**



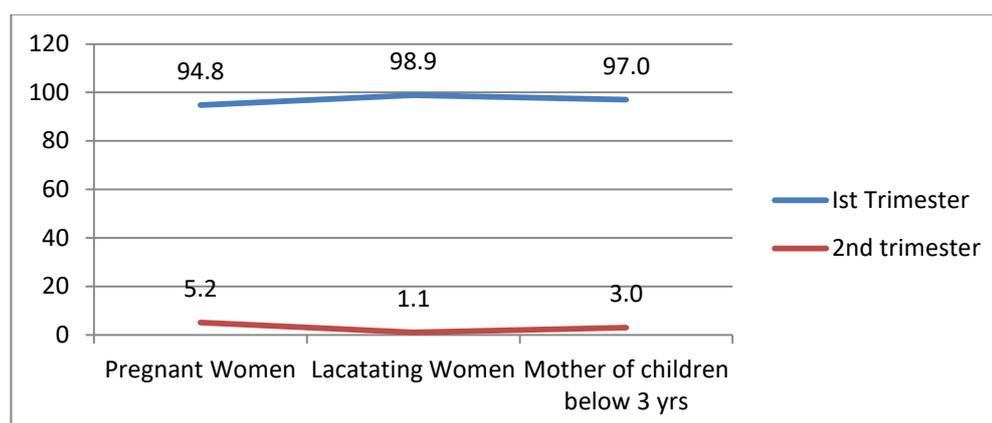
**3.1.3 Distribution of Respondent Beneficiaries according to their timing of First Registration at AWC/Sub centre**

The present study shows a very inspiring picture of women registering their pregnancy within the first three months. As shown in **Figure 3.1.3**, the timing of first registration of pregnancy either in the sub cent or AWC is within the first trimester for 94.8 per cent Pregnant women, 98.9 per cent Lactating women and 97 per cent Mothers of children (6 months to 3 years). Approximately less than 6 per cent respondent women in all three categories were found to have registered in the second trimester of pregnancy.

**Table 3.1.3 Distribution of beneficiaries according to their timing of first registration at AWC/Sub centre**

Sl. No	Educational Qualification	Pregnant Women N=349		Lactating Women N=283		Mothers of Children (6 months to 3 yrs) N=433	
		Number	%	Number	%	Number	%
1	First Trimester	331	94.8	280	98.9	420	97.0
2	Second Trimester	18	5.2	3	1.1	13	3.0

**Figure 3.1.3 Distribution of beneficiaries according to their timing of first registration at AWC/Sub centre**



## 3.2 Profile of Service Providers

### 3.2.1 Age wise distribution

Part respondent of the present study encompasses the several service providers of both ICDS and Health comprising of CDPOs, Supervisors, AWWs, ANMs and ASHAs. The age wise distribution of respondent service providers are depicted in **Table 3.2.1**. Among the service providers, all CDPOs and majority of Supervisors, AWWs, ANMs and ASHAs (63.9%, 52.2%, 63.9% and 37.9% respectively) were 40 years and above. Only a very negligible

percentage of AWWs (11.1%) and ASHAs (3.4%) were below 25 years of age. None of the Supervisors and ANMs were below 25 years of age.

**Table 3.2.1 Age-wise distribution of service providers**

Sl. No	Respondent	N	20-25 yrs (%)	25-30 yrs (%)	30 -35 yrs (%)	35-40 yrs (%)	40 yrs + (%)
1.	CDPO	9	0	0	0	0	9 (100)
2.	Supervisor	36	0	2 (5.6)	7 (19.4)	4 (11.1)	23 (63.9)
3.	AWW	90	1 (1.1)	8 (8.9)	10 (11.1)	24 (26.7)	47 (52.2)
4.	ANM	36	0	3 (8.3)	4 (11.1)	6 (16.7)	23 (63.9)
5.	ASHA	29	1 (3.4)	5 (17.3)	6 (20.7)	6 (20.7)	11 (37.9)

*Figures in parenthesis indicates percentage*

### **3.2.2 Distribution of respondent service providers according to their Educational Qualification**

The distribution of respondent service providers according to their educational qualification is shown in **Table 3.2.2**. Data revealed that the CDPOs were either graduates (44.4 %) or Post graduates (55.6 %). Majority (77.8 %) of the Supervisors were graduates. Among the AWWs nearly half (51.1%) of them were matriculate. Graduate (14.4%) and Post Graduate (1.1%) AWWs were also seen. The respondent ANM were either matriculate (58.3%) or below (41.7%).Maximum of the respondent ASHAs have studied up-to class X (41.7%). The rest 31.0 per cent of the ASHAs were matriculate, 20.7 per cent were Higher Secondary pass and mere 6.9 per cent were graduates.

**Table 3.2.2 Distribution of service providers according to their Educational Qualification**

Sl. No	Respondent	N	Educational Qualification				
			Upto class X (%)	Class X pass (%)	HS pass (%)	Graduate (%)	Post graduate (%)
1.	CDPO	9	-	-	-	4 (44.4)	5 (55.6)
2.	Supervisor	36	-	1 (2.8)	-	28 (77.8)	7 (19.4)
3.	AWW	90	9 (10.0)	46 (51.1)	21 (23.3)	13 (14.4)	1 (1.1)
4.	ANM	36	15 (41.7)	21 (58.3)	-	-	-
5.	ASHA	29	12 (41.4)	9 (31.3)	6 (20.7)	2 (6.9)	-

*Figures in parenthesis indicates percentage*

### 3.2.3 Distribution of Service Providers according to their Length of Experience

The study found that majority of the CDPO and ANM (44.4 % & 61.1 % respectively) have maximum 15 – 20 years of service experience. As shown in **Table 3.2.3** majority of respondent Supervisors, AWWs and ASHAs (35%, 37.8% & 69%) have 5 – 10 yrs of service experience.

**Table 3.2.3 Distribution of Service Providers according to their Length of Experience**

Sl. No	Respondent	N	Length of experience				
			< 5 yrs (%)	5-10 yrs (%)	10 - 15 yrs (%)	15– 20 yrs (%)	20 yrs< (%)
1.	CDPO	9	1 (11.1)	-	3 (33.3)	4 (44.4)	1 (11.1)
2.	Supervisor	36	7(19.4)	9 (35.0)	6 (16.7)	6 (16.7)	7 (19.4)
3.	AWW	90	-	34 (37.8)	21 (23.3)	18 (20.0)	17 (18.9)
4.	ANM	36	2 (5.6)	8 (22.2)	4 (11.1)	22 (61.1)	-
5.	ASHA	29	2 (6.9)	20 (69.0)	7(20.7)	1 (3.5)	-

*Figures in parenthesis indicates percentage*

### 3.2.4 Training Status of service Providers

The Table below (Table 3.2.4 and Figure 3.2.1) shows the status of training of the functionaries on the MCP card. Data revealed that many AWWs (37.8%), Supervisors (36.4 %), CDPOs (44.4%) as well as ANM (16.7%) are yet to receive any orientation on the MCP card.

**Table 3.2.4: Training status of ICDS and Health Functionaries**

Orientation on MCP card Training	ICDS Functionaries			Health
	AWW N=90	Supervisor N=36	CDPO N=9	ANM N=36
Yes (%)	56 (62.2)	14 (63.6)	5 (55.6)	33 (83.3)
No (%)	34 (37.8)	22 (36.4)	4 (44.4.)	6 (16.7)

*Figures in parenthesis indicates percentage*

**Figure 3.2.1 Training status of ICDS and Health Functionaries**



### 3.3 Supply and Distribution of MCP Card

#### 3.3.1 Availability of MCP card for Distribution (FY 2016-17)

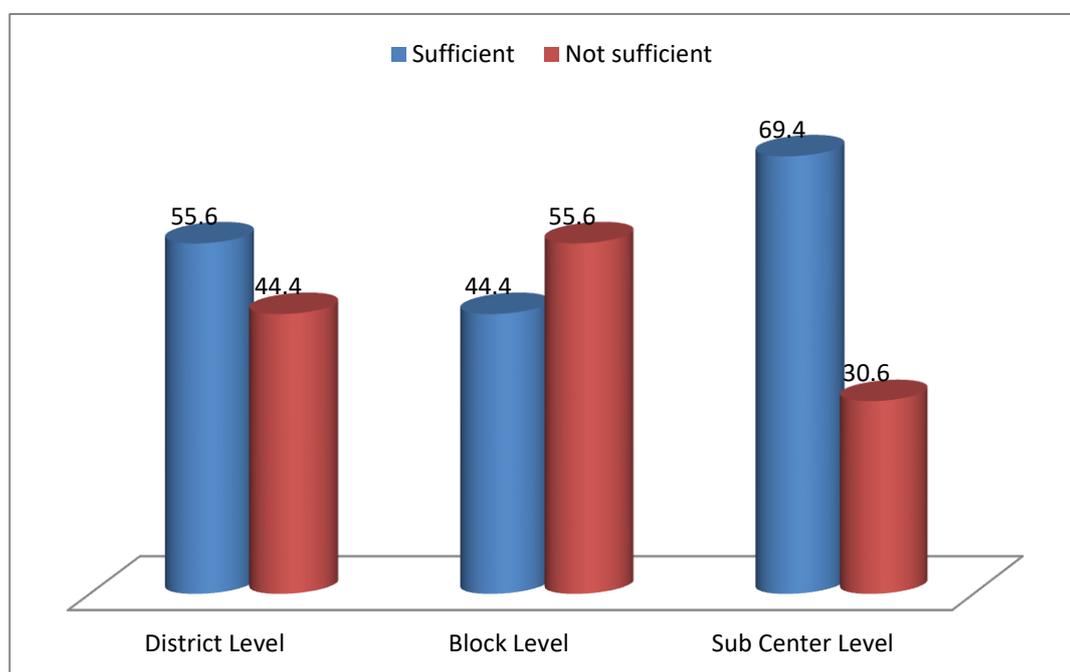
Out of the nine sample districts, four District Health Authorities namely Kamrup (R), Goalpara, Korajhar and Karbi Anglong reported insufficient stock of MCP card for distribution to the periphery level (**Table 3.3.1 & Figure 3.3.1**). The status of availability of MCP card at the block level was also not very satisfactory. The stock of MCP card for distribution was reported to be insufficient at visited PHCs of Kokrajhar, Goalpara, Dibrugarh, Nagaon and Karbi Anglong. The effect of non-availability of MCP card at the block level is seen at the Sub center level too. Insufficient stock of MCP card for distribution was reported by 30.6 per cent of the sub-centers. However, at the time of interview, majority (69.4%) of the sub-center reported sufficient availability of MCP card for distribution to pregnant women.

**Table 3.3.1: Availability of sufficient stock of MCP card for distribution at various levels**

Sl. No	Availability of MCP Card	Sufficient	Not sufficient
1	District Level	5 (55.6)	4 (44.4)
2	Block Level	4 (44.4)	5 (55.6)

*Figures in parenthesis indicates percentage*

**Figure 3.3.1: Availability of sufficient stock of MCP card for distribution at various levels**



### 3.3.2 Distribution of Total MCP card at Sub Centre (FY 2015-16)

Data (**Table 3.3.2**) reveals that only four PHCs could distribute MCP card to all the registered pregnant women (100 %) in the FY 2015-16. The distribution of MCP card was found to be more than 80 per cent at Nauboisa BPH (93.9%) of Lakhimpur district and Tengakhat BPH (83.3%) of Dibrugarh district. It is 79.2 per cent at Borkhula BPH of Cachar district followed by Lakhipur BPH (77.98%) of Goalpara district. The distribution of MCP Card was found to be lowest in Howraghat BPH (67.77 %) of Karbi Anglong.

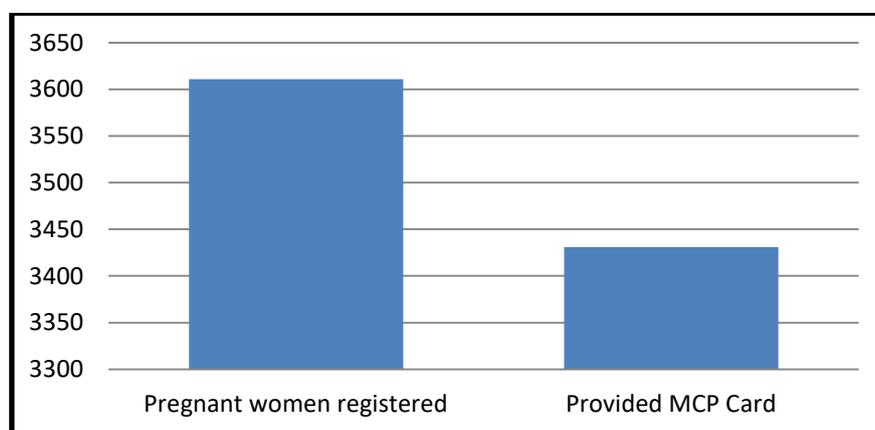
**Table3.3.2: Status of distribution of total MCP card at Sub centre (FY 2015-16)**

Sl. No	Name of PHC	Total No. of Pregnant women registered	Total number of MCP card distributed	Percentage of women receiving MCP Card(%)
1.	Borkhula BPHC Dist: Cachar	6500	5146	79.17
2.	MissamaraBPHC Dist: Golaghat	2098	2098	100.00
3.	Rampur BPHC Dist: Kamrup	1498	1498	100.00
4.	Dotma PHC Dist: KarbiAnglong	3196	3196	100.00
5.	Lakhipur BPH Dist: Goalpara	9503	7410	77.98
6.	Nauboisa BPH Dist: Lakhimpur	5283	4962	93.92
7.	Howraghat BPH Dist: KarbiAnglong	6345	4300	67.77
8.	Dohgaon PHC Dist: Nagaon	6500	6500	100.00
9.	Tengakhat PHC Dist: Dibrugarh	3975	3310	83.27

### 3.3.3 Status of Distribution of MCP card by ANM (FY 2015-16)

Data collected from 36 ANM in nine ICDS projects revealed that a total of 3611 pregnant women were registered by them in the FY 2015-16 of whom 3431 (95.01 %) women could be provided with MCP Cards. (Figure3.3.2)

**Figure 3.3.2: Status of Distribution of MCP card by ANM (FY 2015-16)**



### 3.3.4 Status of receipt of MCP card by beneficiaries (As reported by beneficiaries)

#### 3.3.4.1 Receipt of MCP card

Data as shown in **Table 3.3.3** reveals that all lactating women and mothers of children 6 months to 3 years have received the MCP card whereas in case of pregnant women only 83.7 were found to have received the MCP card.

**Table 3.3.3 Status of receipt of MCP card by beneficiaries**

Sl. No	Statement	Pregnant Women N=349		Lactating Women N=283		Mothers of Children (6 months to 3 yrs) N=433	
		Number	%	Number	%	Number	%
i.	Yes	292	83.7	283	100	433	100
ii.	No	57	16.3	-	-	-	-

#### 3.3.4.2 Time of receiving MCP Card

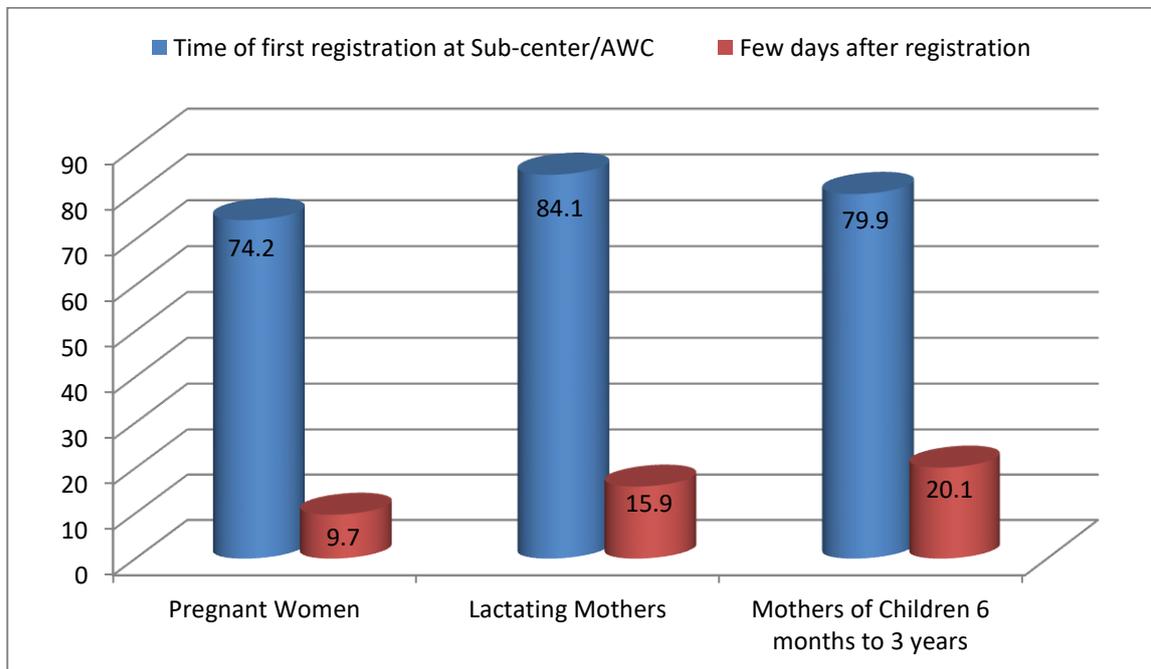
MCP card should be given to all pregnant women at the time of registration either at Sub Centre or AWC. The present study however found that, although the MCP card was received by most of the respondent beneficiaries at the time of first registration at sub center or AWC, there were some who have received the MCP card few days after registration of their pregnancies. As shown in **Table 3.3.4** and **Figure 3.3.3**, 9.7 per cent pregnant women, 15.9 per cent lactating women and 20.1 per cent mother of children 6 months to 3 years have received the MCP card few days after their first registration. This may be because of insufficient stock of MCP card for distribution. To meet the shortage of supply of MCP Card, some ANMs were found to resort to measures like distributing photocopy of the MCP

card or the counterfoil of the MCP card. Such cases were not considered as to have received the MCP card.

**Table 3.3.4 Time of receiving MCP card by beneficiaries**

Sl. No	Statement	Pregnant Women N=349		Lactating Women N=283		Mothers of Children (6 months to 3 yrs) N=433	
		Number	%	Number	%	Number	%
1.	Time of first registration at AWC/Sub center	258	74.2	238	84.1	346	79.9
2.	Few days after registration	34	9.7	45	15.9	87	20.1

**Figure 3.3.3 Time of receiving MCP card by beneficiaries**



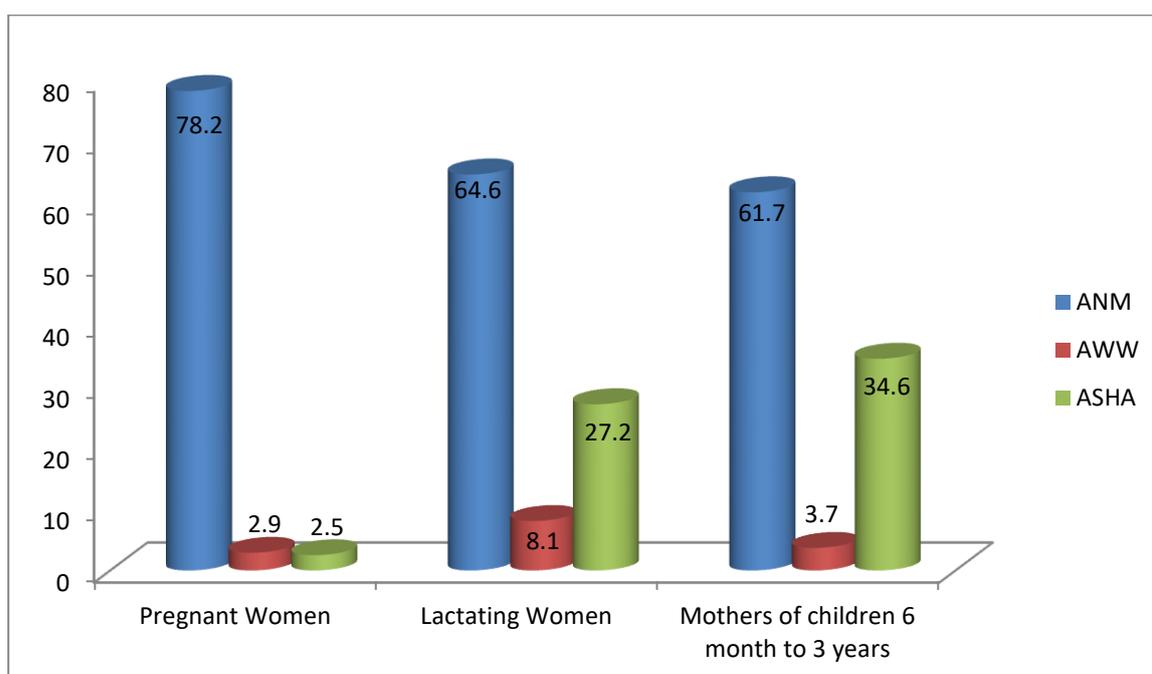
### 3.3.5 Person giving MCP card to beneficiaries

The MCP cards in majority of cases were found to be distributed by the ANM and followed by ASHAs as shown in **Table 3.3.5 and Figure 3.3.4**. This may be because printing, procurement and distribution of MCP card up-to the sub-centre level is done exclusively by Health Department. Very few beneficiaries received the MCP card from AWWs.

**Table 3.3.5 Person giving MCP card to beneficiaries**

Sl. No	MCP Card Given by (if received)	Pregnant Women N=349		Lactating Women N=283		Mothers of Children (6 months to 3 yrs) N=433	
		Number	%	Number	%	Number	%
1.	ANM	273	78.2	183	64.6	267	61.7
2.	AWW	10	2.9	23	8.1	16	3.7
3.	ASHA	9	2.5	77	27.2	150	34.6

**Figure 3.3.4 Person giving MCP card to beneficiaries**



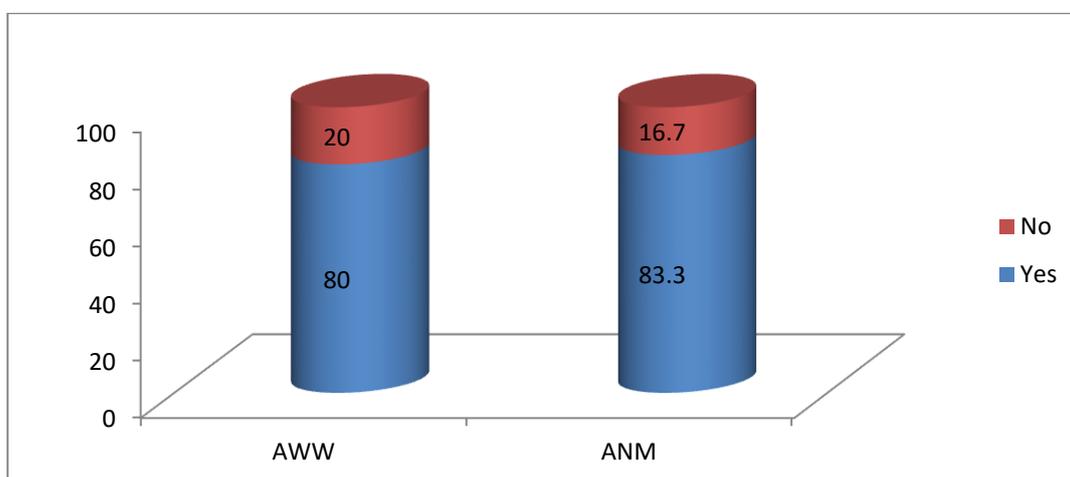
### 3.3.6 Status of receipt of MCP card by beneficiaries (As reported by service providers)

As reported by Service Providers namely ANM (83.3 %) and AWW (80 %), MCP cards are distributed to all pregnant women by ANM at the time of their registration of pregnancy either at Sub C enter or AWW. But due to non-availability of sufficient MCP Cards for distribution, 16.7 per cent ANM as well as 20 per cent AWWs reported that ANM are not able to give this card to all pregnant women at the time of registration. In those cases, it is given late through home visit or on the next VHND day either by ANM herself or AWW or ASHA. (Table 3.3.6 and Figure 3.3.5)

**Table 3.3.6 Provision of MCP card to all beneficiaries at the time of registration**

Sl. No	MCP card distributed to all at the time of registration	AWW (N=90)		ANM (N=36)	
		Number	%	Number	%
1.	Yes	72	80.00	30	83.33
2.	No	18	20.00	6	16.67

**Figure 3.3.5 Provision of MCP card to all beneficiaries at the time of registration**



### 3.3.7 Custodian of the MCP Card (As reported by beneficiaries)

MCP card is a home based card which is supposed to be retained by the beneficiary for record and reference. As shown in **Table 3.3.7**, it is encouraging to find that, MCP card is self-retained by most of the Pregnant women (86.6%), Lactating Mothers (91.9%) and Mothers of Children 6 months to 3 years (94.2%). In rest of the cases, the MCP card is retained mainly by ASHA, followed by ANM and last AWW.

**Table 3. 3.7 Custodian of the MCP card**

Sl. No	Statement	Pregnant women (N=292)		Lactating women (N=283)		Mothers of children 6 months to 3 years (N=433)	
		Number	%	Number	%	Number	%
1.	<b>Custodian of MCP card</b>						
i.	Self	253	86.6	260	91.9	408	94.2
ii.	Others	39	13.4	23	8.1	25	5.8
2.	<b>If others, then who</b>						
iii.	ANM	15	5.1	7	2.5	7	1.6
iv.	AWW	2	0.7	6	2.1	3	0.7
v.	ASHA	22	7.5	10	3.5	15	3.5

### 3.3.8 Custodian of the MCP Card (As reported by Service Providers)

The Service providers reported that the MCP card is mostly retained by the beneficiary herself or by her family members. As shown in **Table 3.3.8**, 17.8 per cent AWWs reported that the MCP card is retained by others, namely ANM, ASHA or AWW herself. They cited the reasons as to ensure fulfilment of IGMSY conditions, to timely inform the beneficiaries to come for immunization and other services and also to ensure that the MCP card is not lost. Similarly, 16.7 per cent ANMs also reported that the MCP card is retained by ASHAs for reasons like to

timely inform the beneficiaries to come for immunization and other services and also to ensure that the MCP card is not lost.

**Table 3. 3. 8 Custodian of the MCP card as reported by Service Providers**

Sl. No	Statement	AWW (N=90)		ANM (N=36)	
		Number	%	Number	%
1.	Beneficiary /family themselves	74	82.2	30	83.3
2.	Others	16	17.8	6	16.7
i.	ANM	1	1.1	-	-
ii.	AWW	3	3.3	-	-
iii.	ASHA	12	13.3	6	16.7
3.	<b>Reasons cited by Service providers for retaining the MCP Card by others</b>				
iv.	Ensure Fulfilment of IGMSY conditions	3	3.3	-	-
v.	To remind the beneficiaries to come for immunization/other services.	16	17.8	6	16.7
vi.	To ensure that the card is not lost	10	11.1	3	8.4

### **3.4 Knowledge, Attitude and Practices of ICDS functionaries on Usage of MCP Cards in ICDS**

#### **3.4.1 Knowledge on Use of MCP Card**

MCP card is a versatile card with numerous uses. It can be used by both the beneficiaries as well as service providers. But data (Table 3.4.1) revealed that ICDS functionaries, particularly CDPOs, had very limited knowledge on the use of MCP Card. Large majority of Supervisors (86.2%) knows that MCP card can be used for immunization records of children. The use of MCP Card by Pregnant women to avail health services was known to 83.3 per cent Supervisors. Next highest percentage of Supervisors (58.33%) could say that the MCP card is used to know about the nutritional and health care practices during pregnancy.

The knowledge that the MCP card can be used by family members to know about the nutritional and psychosocial care practices for children was exhibited by only 19.4 per cent of the respondent supervisors. However, very few supervisors could say that it can be used to keep record of postnatal services received by a new born child and his/her mother (16.7%) and as a monitoring tool (8.3%).

**Table 3.4.1 Knowledge of CDPOs and Supervisors on use of MCP Card**

Sl. No	Statement on use of MCP card	As reported by CDPO (N=9)		As reported by Supervisor (N=36)	
		N	%	N	%
1.	It can used by pregnant women for availing health services	5	55.67	30	83.33
2.	To know about the nutritional and health care practices during pregnancy	3	33.33	21	58.33
3.	To keep record of antenatal services received by a pregnant women	2	22.22	15	41.66
4.	To keep record of postnatal services received by a new born child and his/her mother	1	11.11	6	16.66
5.	For growth monitoring	4	44.44	15	41.66
6.	To keep record of provision immunization, deworming and vitamin A solution	3	33.33	31	86.16
7.	To know about the developmental milestones in children	2	22.22	11	30.55
8.	To know about the nutritional and psychosocial care practices for children.	2	22.22	7	19.44
9.	It can be used as a referral card	3	33.33	16	44.44
10.	It can be used as a monitoring tool	-	-	3	8.33

### 3.4.2 Time of giving MCP card

MCP card is given to pregnant women at the time of first registration of pregnancy at AWC or Sub Center. Data, as shown in Table 3.4.2, reveal that 33.3 per cent CDPOs and 8.3 per cent Supervisors do not know the exact time of giving the MCP Card to the beneficiaries.

**Table 3.4.2 Knowledge of ICDS Functionaries on time of giving MCP card**

Sl. No	Statement	As reported by CDPO (N=9)		As reported by Supervisor (N=36)	
		N	%	N	%
1.	At the time of registration	6	66.7	33	91.7
2.	Do not know/no response	3	33.3	3	8.3

### 3.4.3 Custodian and Time to Retain the MCP card

MCP is Home based Card which is supposed to be retained by the beneficiary themselves. But in practice, it has been found that sometimes the service provider *i.e.* the AWW or ANM or ASHA retain the card with them. This may be the reason for which 33.3 per cent CDPOs and 5.6 per cent Supervisors are of the assumption the custodian of the MCP Card is either AWW or ANM/ASHA. Again 44.4 per cent CDPOs and 47.2 per cent supervisors know that it is to be retained until the child has attained 5 years. Data further revealed that 33.3 per cent CDPOs and 36.1 per Supervisors have the knowledge that the MCP card has to be retained until the child has attained 3 years whereas 22.2 per CDPOs and 16.7 per cent Supervisors have no knowledge of the time to retain the MCP card by the beneficiaries. The Table below (**Table 3.4.3**) shows the status of knowledge of ICDS functionaries on the custodian and time to retain the MCP card.

**Table 3.4.3 Knowledge of ICDS Functionaries on custodian and time to retain the MCP card**

Sl. No	Custodian	As reported by CDPO (N=9)		As reported by Supervisor (N=36)	
		Frequency	%	Frequency	%
1.	Pregnant women, mothers	6	66.7	34	94.4
2.	Others (AWW, ANM, ASHA)	3	33.3	2	5.6
	<b>Time</b>				
3.	Till the child has attained 3 years	3	33.3	13	36.1
4.	Till the child has attained 5 years	4	44.4	17	47.2
5.	Do not know/no response	2	22.2	6	16.7

**3.4.4 Person responsible to explain the use of MCP card and deliver the services to the beneficiaries**

The MCP card is a joint intervention of Ministries of WCD and Health and hence it is the joint responsibility of both AWW and ANM to educate beneficiaries about its use as well as providing service to beneficiaries. Although data showed that maximum CDPO (55.6 %) and Supervisors (66.7 %) have the knowledge that AWW and ANM must jointly explain the use of MCP card to the beneficiaries yet some of them do think that AWW/ANM or ASHA must alone do the job. As shown in **Table 3.4.3**, the findings are similar in case of knowledge of CDPOs and Supervisors regarding the delivery of services to the beneficiaries, as mentioned in the MCP card.

**Table 3.4.4 Knowledge of ICDS Functionaries on Person responsible to Explain the Use of MCP card and Deliver the Services to the Beneficiaries**

Sl. No	Person responsible to explain the use of MCP card	As reported by CDPO (N=9)		As reported by Supervisor (N=36)	
		Frequency	%	Frequency	%
1.	AWW	1	11.1	4	11.1
2.	ANM	1	11.1	7	19.4
3.	Both AWW and ANM	5	55.6	24	66.7
4.	ASHA	2	22.2	1	2.8
<b>Person responsible to deliver the services of MCP card</b>					
5.	AWW	1	11.1	-	-
6.	ANM	2	22.2	7	19.4
7.	Both AWW and ANM	6	66.7	29	80.6

### 3.4.5 Practices on use of MCP Card by ICDS Functionaries

The practices on use of MCP Card by the ICDS functionaries were studied and data (as shown in Table 3.4.4) revealed that 55.56 per cent of CDPOs explain the MCP card to Supervisors as well as AWWs either during their visit to AWC (55.6 %) or at review meeting (44.4 %). Similarly, Supervisors (69.4 %) were also found to explain the use of MCP card to AWWs. This was found to be done during visit to AWC (52.8 %), at review meeting (30.6 %), at Sneha Shivir (13.9 %), at Mothers Meeting (33.3 %) or on VHND day (61.1 %)

**Table 3.4.5 Practices on use of MCP Card by ICDS Functionaries**

Sl. No	Practices of CDPO	As reported by CDPO (N=9)		As reported by Supervisor (N=36)	
		Frequency	%	Frequency	%
1.	Explain the use of MCP card to Supervisors/AWWs	5	55.56	25	69.44
<b>Time of checking use of MCP card at AWC</b>					
2.	During visit to AWC	5	55.56	19	52.78
3.	At review meeting	4	44.44	11	30.56
4.	At Sneha Shivar	-	-	5	13.89
5.	At Mothers Meeting	-	-	12	33.33
6.	On VHND Day	-	-	22	61.11

**3.4.6 Attitude towards MCP card**

The MCP card is reported as helpful for beneficiaries by all CDPOs (100%) and most Supervisors (94.4%) as shown in **Table 3.4.6**. Only a very negligible number of Supervisors (5.6%) are of the opinion that it may not be helpful to all pregnant women and mothers.

**Table 3.4.6 Attitude of ICDS Functionaries towards the MCP Card**

Sl. No	Is MCP card helpful for beneficiaries	Response		Response	
		Yes	%	No	%
1.	CDPO	9	100	-	-
2.	Supervisor	34	94.4	2	5.6

### 3.4.7 Reasons cited by CDPOs and Supervisors on why MCP Card is helpful to beneficiaries.

On the brighter side, CDPOs and Supervisors cited many reasons on why the MCP card is helpful for beneficiaries as shown in the table below (**Table 3.4.7**). Majority of CDPOs (55.6 %) and Supervisors (63.9) cited the reason that MCP card is helpful to beneficiaries because it helps them to avail the various services from health as well as ICDS. They also cited reasons like beneficiaries can obtain information on health care practices during pregnancy; MCP Card help to know about child care practices for optimum health and nutrition and to keep records etc.

**Table: 3.4.7 Reasons cited by CDPOs and Supervisors on why MCP Card is helpful to beneficiaries.**

Sl. No	Reasons	CDPO (N=9)		Supervisor (N=36)	
		No	%	No	%
i.	Health care during pregnancy	2	22.2	12	33.3
ii.	Child Care practices for health and nutrition	4	44.4	30	83.3
iii.	Availing services	5	55.6	23	63.9
iv.	Can keep records	1	11.1	18	50.0
v.	Growth monitoring of children	-	-	17	47.2
vi.	Danger signs	1	11.1	-	-

### 3.4.8 Monitoring and Supervision of MCP card

The CDPOs as shown in **Table 3.4.8** stated that they monitor and supervise the Supply of MCP cards to the beneficiaries (77.8%), provision of services by ANM (55.6%) as well as availing of services by beneficiaries (88.9%). Further, Supervisors also reported supervision of Supply of MCP cards to the beneficiaries (94.4%), provision of services by ANM (66.7%) as well as availing of services by beneficiaries (80.9%).

**Table: 3.4.8 Indicators of monitoring and supervision of the MCP card**

Sl. No	Services	CDPO (N=9)		Supervisor (N=36)	
		No	%	No	%
1.	Supply of MCP card to the beneficiaries	7	77.8	34	94.4
2.	Provisions of services by ANM	5	55.6	24	66.7
3.	Availing of services by beneficiaries	8	88.9	29	80.6

### 3.4.9 Verification of fulfilment of conditions for availing IGMSY benefits

Two IGMSY districts namely Goalpara and Kamrup were covered in the study. Findings revealed that cent per cent CDPOs and 87.5 per cent supervisors do verify availing of services and its recording in the MCP card.

**Table: 3.4.9 CDPOs and Supervisors who verify fulfilment of conditions for availing IGMSY benefits**

Sl. No	Action	CDPO	Supervisor
1.	Verify availing of services and its recording in the MCP card	2 (100)	7 (87.5)

*\*Figures within parentheses indicates percentage*

### 3.4.10 Nature of supervision on use of MCP card provided during monitoring visits

Findings, as shown in Table 3.4.9, revealed that the nature of supervision by majority CDPOs (77.8 %) was mainly giving verbal instructions on use of the MCP card whereas majority supervisors (86.1%) mostly checked the use of MCP card. Very few CDPOs and Supervisors reportedly demonstrate the usage of MCP card; provide guidance in recording information and explain about the various sections of the MCP card.

**Table: 3.4.10 Nature of supervision on use of MCP card provided during monitoring visits**

Sl No	Response	CDPO		Supervisor	
		No	%	No	%
1.	By giving verbal instruction	7	77.8	10	27.8
2.	By demonstrating the usage of MCP card	2	22.2	4	11.1
3.	Providing guidance in recording information	1	11.1	3	8.3
4.	Explaining about the various sections of the MCP card	-	-	2	5.6
5.	Check the use of MCP Card	-	-	31	86.1

### 3.5 Skill of AWWs on suitable use of MCP Card

#### 3.5.1 Explain the Use of MCP card to the beneficiaries

Effective use of the MCP card depends on the explanation of its use to the beneficiaries by the service providers. The study made an attempt to find out whether AWWs explain the card to the beneficiaries and data reveals that most of the AWWs (95.6 %) as shown in **Table 3.5.1** explain the use of MCP Card to the Pregnant women. It is seen that AWWs (81.1 %) mostly explain only the relevant sections of the MCP card to beneficiaries, which is generally according to the stage of the their pregnancy or motherhood. Only a very few AWWs (4.44%) do not to explain the MCP Card to beneficiaries. These workers cited the reason that they are not aware of the fact that the use of MCP Card has to be explained to beneficiaries.

**Table 3.5.1 Percentage of AWWs explaining the use of MCP card**

Sl. No	AWW explain the use of MCP card	Number N=90	%
1.	Yes	86	95.6
2.	No	4	4.4
<b>Way of explaining the MCP card</b>			
3.	All sections are explained before handing over	13	14.44
4.	Relevant sections are explained	73	81.11
<b>Reason for not explaining</b>			
5.	Do not know that it should be explained to beneficiaries	4	4.44

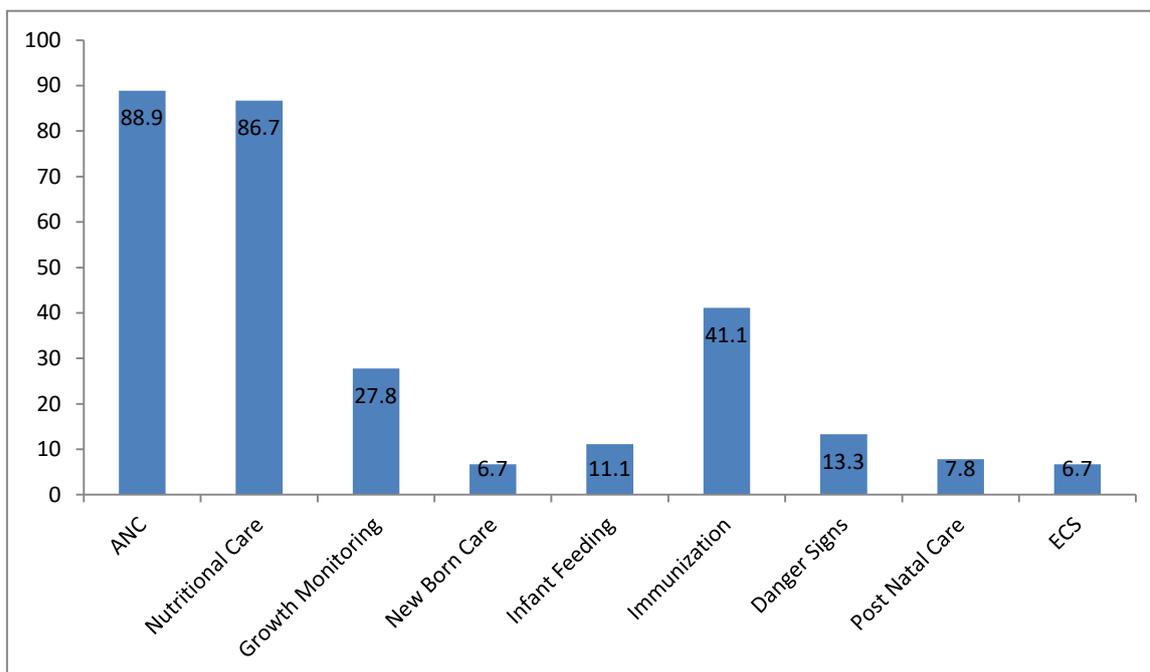
**3.5.2 Portion of the MCP card that AWW explain to the beneficiaries**

As shown in the Table below (**Table 3.5.2 & Figure 3.5.1**), most of the AWWs (88.9 % & 86.7% respectively) were found to explain the Antenatal care and Nutritional Care portion of the MCP card. Next higher percentages of AWWs (41.1 % & 27.8% respectively) were found to explain about timely Immunization of children and Growth Monitoring of children. Very least percentages of AWWs (13.3%, 11.1%, 7.8%, 6.7% & 6.7%) were found to explain the remaining portions of the MCP card like danger signs during pregnancy and of new born, infant feeding, post natal care, new born care and early childhood stimulation.

**Table 3.5.2 Portion of the MCP card that AWW explain to the beneficiaries**

Sl. No	Statement	No	%
1.	Antenatal care	80	88.9
2.	Nutritional Care during Pregnancy	78	86.7
3.	Growth Monitoring of Children	25	27.8
4.	New Born Care	6	6.7
5.	Infant Feeding	10	11.1
6.	Immunization	37	41.1
7.	Danger Signs	12	13.3
8.	Post Natal Care	7	7.8
9.	Early childhood Stimulation	6	6.7

**Figure 3.5.1 Portion of the MCP card that AWWs explain to the beneficiaries**



### **3.5.3 Portion of the MCP card that AWWs fill up**

The MCP card has provision to record many information related to service delivery and basic information on health and nutritional statuses. The service deliveries which are exclusively done by health can be recorded by health personnel only. But other services like counselling, growth monitoring etc. and certain basic information can be filled up by AWW. The findings, as shown in **Table 3.5.3** however reveal that filling up in the MCP card by most (60% and 51.1% respectively) of the AWWs is found to be limited to weight record of children in the Growth Chart and recording of weight gain by pregnant women. Less than 20 per cent of the AWWs are found to fill up certain other portions of the MCP card like family identification record, pregnancy record, birth record, and

institutional identification record, registration of pregnancy and record of provision of Iron Tablet.

**Table 3.5.3 Part of the MCP card that is filled up by AWWs**

SL. No	Record	Yes	No
1	Family identification	16 (17.8)	74 (82.2)
2	Pregnancy record	16 (17.8)	74 (82.2)
3	Birth record	15 (16.7)	75 (83.3)
4	Institutional identification	15 (16.7)	75 (83.3)
5	Registration of Pregnancy	18 (20.0)	72 (80.0)
6	Weight gain record during pregnancy	46 (51.1)	44 (48.9)
7	Provide iron tablet	16 (17.8)	74 (82.2)
8	Plotting weight of children in the Growth Chart	54 (60.0)	36 (40.0)

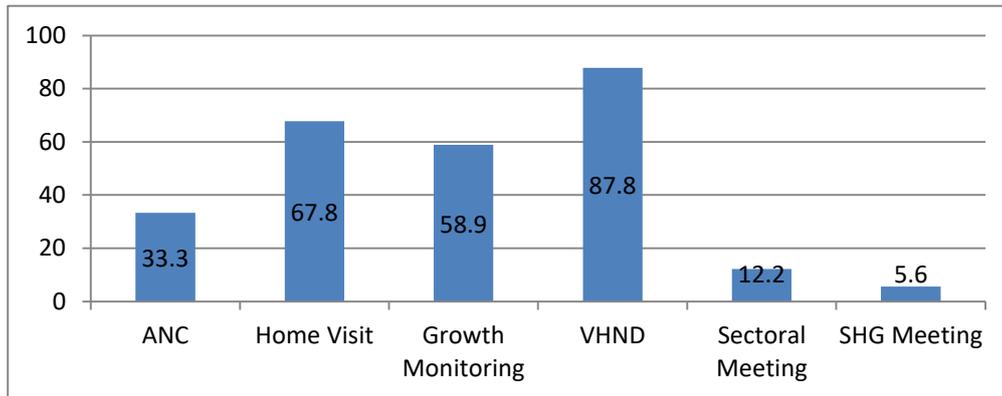
### 3.5.4 Time of Using MCP Card by AWW

The MCP card with multiple uses can be utilised on various occasions by the AWW. The study found that AWWs mostly use the MCP card among beneficiaries on VHN Day (87.8%) followed by Home Visit (67.8%) and during the time of Growth Monitoring of Children (58.9%). Very few AWWs are found to use the MCP card during other important occasions like Sectoral meeting (12.2%) or SHG meetings (5.6%) as shown in **Table 3.5.4 & Figure 3.5.2**

**Table 3.5.4 Time of use of MCP card by AWWs**

Sl. No	Time	No (N=90)	%
1.	Antenatal Care	30	33.3
2.	Home Visit	61	67.8
3.	Growth Monitoring	53	58.9
4.	VHND	79	87.8
5.	Sectoral Meeting	11	12.2
6.	SHG Meeting	5	5.6

**Figure 3.5.2 Time of use of MCP card by AWWs**



### **3.5.5 Use of MCP card by AWW for Growth Monitoring of Children**

As per guideline, the weight of all children must also be plotted in the MCP card and mothers must be counselled on the growth of their children. The practice can keep parents and family members informed about the status of their children and if counselled, they will know what to do at home, especially if the child is malnourished. But data (**Table 3.5.5**) shows that 62.2 per cent of AWWs plots the weight of Children in the Growth Chart of MCP Card. Rest 40 per cent do not plot the weight. Based on the status of weight gain, these 62.2 per cent AWWs are also found to counsel mothers with the help of MCP Card. Counselling is generally done immediately after weighing by 33.3 per cent AWWs, during home visit by 17.8 per cent AWWs and as per convenience when the Mother comes to the AWC by 11.1 per AWWs.

**Table 3.5.5 Use of MCP card by AWW for Growth Monitoring**

Sl. No	Statement	Number N=90	%
<b>A</b>	<b>Plotting of weight on the Growth Chart</b>		
1.	Yes	54	60.0
2.	No	36	40.0
<b>B</b>	<b>Counselling of Mothers</b>		
3.	Yes	56	62.2
<b>C</b>	<b>Time of Counselling</b>		
4.	Immediately after weighing	30	33.3
5.	During home visits	16	17.8
6.	When the mother comes to the AWC	10	11.1

### **3.5.6 Use of MCP card by AWW for Referral Service**

MCP card has the potential to be used as a tool for referral and accordingly provisions have been kept for recording referral. In the present study, MCP card is reported to be used for referral services by more than half of the sample AWWs (54.4%). Rest do not use the card for referral. It is opined by 46.7 per cent AWWs that the card helps in getting referral services. According to them (**Table 3.5.6**), if referred with the MCP card, beneficiaries' gets preference in the health set up (20%); there is no need to pay registration fee at Govt. Hospital (11.1 %); the card helps in identification of complications (8.9 %) and it helps in getting timely and right treatment (6.7 %). It is further seen that referral history is recorded by only 41.1 per cent AWWs.

**Table 3.5.6 Nature of Help Received during referral with MCP Card**

Sl. No	Statement	Number (N=90)	%
1.	Gets preference	18	20.0
2.	Helps in identification of complications	8	8.9
3.	Helps in getting timely and right treatment	6	6.7
4.	No need to pay registration fee at Govt Hospital	10	11.1

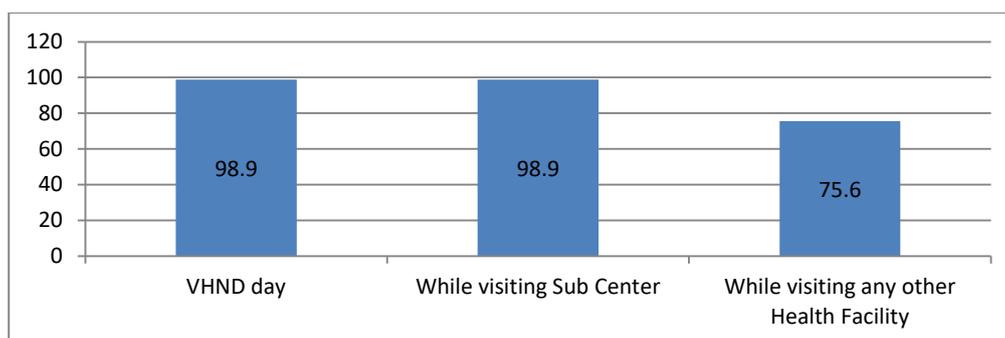
### **3.5.7 Time when beneficiaries carry the MCP card for availing services**

It is opined by AWWs that beneficiary mostly carry the MCP card on the day of VHN Day (98.9 %) as well as at the time of visiting Sub centre (98.9) for availing Health Services. Comparatively, lesser number of beneficiary are reported to carry the MCP card while visiting any other Health facility (75.6 %) as shown in **Table 3.5.7 and Figure 3.5.3.**

**Table 3.5.7 Time of carrying the MCP card for availing services**

Sl. No	Time	Number (N=90)	%
1	VHND day	89	98.9
2	While visiting Sub Center	89	98.9
3	While visiting any other Health Facility	68	75.6

**Figure 3.5.3 Time of carrying the MCP card for availing services**



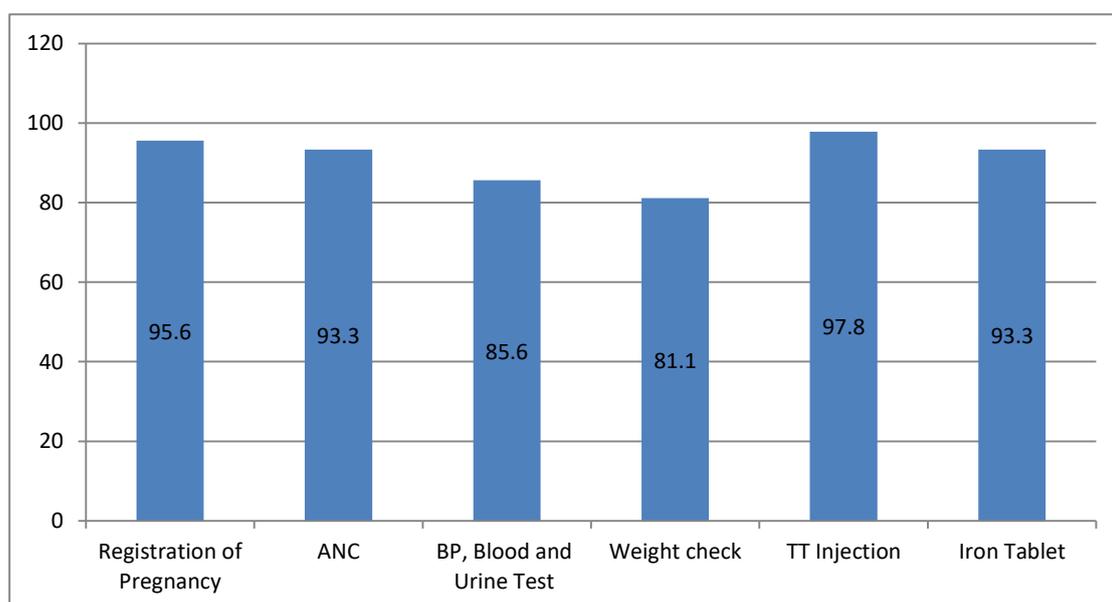
### 3.5.8 Knowledge of AWW regarding the six services that a pregnant women must be provided during pregnancy

Most AWW are found to be aware of the six basic services that a women must receive during pregnancy, which include Registration of Pregnancy (95.6 %); provision of Antenatal Care Services (93.3%); regular Blood Pressure, Blood and Urine Test (85.6 %), regular checking of weight gain by the pregnant women (81.1 %), provision of TT injection (97.8 %) and provision of IFA tablet for 100 days (93.3%). The Status is shown in **Table 3.5.8 & Figure 3.5.4**

**Table 3.5.8 Knowledge of AWW regarding the six services that pregnant women must be provided during pregnancy**

Sl. No	Time	Number	%
1	Registration of Pregnancy	86	95.6
2	ANC	84	93.3
3	BP, Blood and Urine Test	77	85.6
4	Weight check	73	81.1
5	TT Injection	88	97.8
6	Iron Tablet	84	93.3
7	Registration of Pregnancy	86	95.6

**Figure 3.5.4 Knowledge of AWW regarding the six services that pregnant women must be provided during pregnancy**



### 3.5.9 Knowledge of AWW regarding Care to be taken during Pregnancy

AWWs are found to have good knowledge on certain aspects of care during pregnancy as mentioned in the MCP card. Most AWWs (97.8%) could say that during pregnancy a variety of food must be consumed. Again nearly 87 per cent AWWs were aware that pregnant women should consume more than normal diet and take at least two hours rest during day. The requirement for consumption of regular IFA tablet is known to 70 per cent AWWs as shown in **Table 3.5.9**. However very few AWWs (30%) could say that consumption of Supplementary nutrition provided at AWC is beneficial. Only 28.9 per cent AWWs knew that consumption of Iodised Salt is important for the nutritional care of pregnant women.

**Table 3.5.9 Knowledge of AWWs on Care to be taken during Pregnancy**

Sl. No	Statement	Number N=90	%
<b>A</b>	<b>Regular care during pregnancy</b>		
1.	Consume a variety of food	88	97.8
2.	Consume more than normal diet	78	86.7
3.	Consume SN from AWC	27	30.0
4.	Take at least two hours rest during day	79	87.8
5.	Use only iodised salt	26	28.9
6.	IFA Tablets	63	70.0

### **3.5.10 Knowledge of AWWs on danger signs during Pregnancy**

As shown in **Table 3.5.10**, AWWs are found to have very limited knowledge on the danger signs during pregnancy. Most AWWs (77.8%, 56.7% and 53.3% respectively) knew headache, blurring of vision, fits, swelling all over the body; bleeding during pregnancy and severe anaemia as danger signs. Next higher percentages of AWWs (42.5% & 35.6% respectively) could say that Stomach pain and High fever during pregnancy are danger signs that require immediate referral. Danger signs like bursting of water bag without labour pain; excessive bleeding during and after delivery and labour pain for than 12 hours are known to only 24.4 per cent, 23.3 per cent and 11.1 per cent AWWs respectively. A meagre 8.9 per cent AWWs only could identify high fever within 30 days of delivery as a danger sign.

**Table 3.5.10 Knowledge of AWWs on danger signs during pregnancy**

Sl. No	Statement	Number	%
A	<b>Danger signs during pregnancy</b>		
1.	Bleeding during pregnancy	51	56.7
2.	Excessive bleeding during and after delivery	21	23.3
3.	Severe anaemia	48	53.3
4.	High fever during pregnancy	32	35.6
5.	High fever within 30 days of delivery	8	8.9
6.	Headache, blurring of vision, fits and swelling all over the body	70	77.8
7.	Labour pain for more than 12 hours	10	11.1
8.	Bursting of water bag without labour pain	22	24.4
9.	Stomach pain	30	42.5

### 3.5.11 Knowledge of AWWs regarding New Born Care

As shown in **Table 3.5.11**, it is disheartening to see that most AWWs have very poor knowledge on the care to be taken for a new born. Knowledge regarding care practices of most AWWs (96.7%, 77.8% and 68.9% respectively) are found to be limited to colostrum feeding; the need to keep baby warm and avoiding giving bath to baby in the first 48 hours. More than three fourth of the AWWs (77.8% and 76.7% respectively) could not say about the important new born care practices like the new born must be kept away from sick people and the cord must be kept dry. Other aspects of newborn care like weighing the child at birth and special care to be given if the child weighs less than 2.5 kg is found to be known to only 38.9 per cent and 37.8 per cent AWWs only.

**Table 3.5.11 Knowledge of AWWs regarding New Born Care**

Sl. No	Statement	Yes	No Response	Do not Know
<b>A.</b>	<b>Knowledge regarding care of the new born children</b>			
1.	Colostrum feeding	87 (96.7)	3 (3.3)	-
2.	A baby needs to be kept warm	70 (77.8)	19 (21.1)	1 (1.1)
3.	Baby should not be given bath for the first 48 hours	62 (68.9)	24 (26.7)	4 (4.4)
4.	The cord must be kept dry	19 (21.1)	69 (76.7)	2 (2.2)
5.	Keep the child away from people who are sick.	12 (13.3)	70 (77.8)	8 (8.9)
6.	Weigh the child at birth.	35 (38.9)	52 (57.8)	3 (3.3)
7.	Give special care if the child weighs less than 2.5 kg.	34 (37.8)	47 (52.2)	9 (10.0)

*\* Figures within parenthesis indicates percentage*

### 3.5.12 Knowledge of AWWs regarding Danger Signs in a New Born

The danger signs in a new born that calls for immediate referral are even less known to most AWWs. As shown in **Table 3.5.12** highest percentage of AWWs (51.1%) could identify fever as a danger sign for new born, followed by Yellow palms and soles (44.4 %) and weak sucking or refusal to breastfeed (40 %). Few AWWs (30 %) could say that if baby not able to cry is a danger sign. The other danger signs like Blood in stools (24 %); Baby having difficulty in breathing (20 %), baby cold to touch (18.9 %) could be identified by 24 per cent, 20 per cent and 18.9 per cent AWWs respectively. Very negligible number of AWWs (8.9 %) could say that convulsions, lethargy or unconsciousness in baby is a danger sign.

**Table 3.5.12 Knowledge regarding danger signs in a New Born**

Sl. No	Statement	Yes	No Response	Do not Know
<b>A.</b>	<b>Knowledge regarding danger signs in a new born</b>			
1.	Weak sucking or refusal to breastfeed	36 (40.0)	43 (47.8)	11 (12.2)
2.	Baby unable to cry	27 (30.0)	51 (56.7)	12 (13.3)
3.	Baby having difficulty in breathing	18 (20)	67 (74.4)	5 (5.6)
4.	Yellow palms and soles	40 (44.4)	46 (51.1)	4 (4.4)
5.	Fever	46 (51.1)	40 (44.4)	4 (4.4)
6.	Cold to touch	17 (18.9)	64 (71.1)	9 (10)
7.	Blood in stools	22 (24.4)	63 (70)	5 (5.6)
8.	Convulsions lethargic or unconscious	8 (8.9)	67 (74.4)	15 (16.7)

*\* Figures within parenthesis indicates percentage*

### **3.5.13 Knowledge regarding steps in Growth Monitoring and Immunization in MCP Card**

The knowledge of AWWs regarding the five steps in growth monitoring is shown in **Table 3.5.13**. Findings of the study reveal that only 55.6 per cent AWWs accurately know all the five steps in growth monitoring. As shown in the table most AWWs (91.1%, 83.3% & 81.1% respectively) could say how to accurately weigh the child, how to plotting the weight on the growth chart and how to follow up the child's growth with the mother. Only 60 per cent AWWs could say that interpreting the direction of the growth curve is also an important step in growth monitoring.

**Table 3.5.13 Knowledge regarding steps in Growth Monitoring**

Sl. No	Statement	Yes	%
<b>A.</b>	<b>Five steps in growth monitoring and promotion</b>		
1.	Determining correct age of the child	66	73.3
2.	Accurate weighing of the child	82	91.1
3.	Plotting the weight on the growth chart	75	83.3
4.	Interpreting the direction of the growth curve	54	60.0
5.	Discussing the child's growth and follow up action with the mother	73	81.1
6.	<b>Know all five steps</b>	<b>50</b>	<b>55.6</b>

The knowledge of the AWWs regarding filling up of the immunization chart in the MCP card was studied and the findings reveal that most AWWs (61.1%) are aware that white denotes actual date of immunization however only around 42 per cent AWWs could say that pink denotes the date for next immunization. Detailed data is presented in Table 3.5.14

**Table 3.5.14 Knowledge on recording of Immunization Dates in MCP Card**

Sl. No	Statement	Yes	%
<b>A</b>	<b>Awareness regarding immunization in the MCP card</b>		
1.	Pink indicates the date for next immunization	38	42.2
2.	White is actual date of immunization	55	61.1

### **3.5.14 Knowledge of AWW regarding importance of Play and Communication with Children**

Knowledge of AWWs regarding importance of play and communication with children and its practices is presented in Table 3.5.15. Most AWWs (87.8%) are

aware of the fact that parents/caretakers must provide ways for the child to see, hear feel and move. Many AWWs (63.3% & 63.3% respectively) could say that playing and communicating with children helps them to grow and develop well and parents/caretakers must give children clean safe items to handle and things to make sound with. Very few AWWs (24.4% & 23.3% respectively) are found to have the knowledge that simple household items can also be used as play materials for children and that children must be encouraged to talk and communicate once they are two to three years old.

**Table 3.5.15 Knowledge of AWW regarding importance of Play and Communication with Children**

Sl. No	Statement	Yes	No Response	Do not Know
<b>A.</b>	<b>Knowledge regarding play and communication</b>			
1.	Playing and communicating with children helps them to grow and develop well	57 (63.3)	25 (27.7)	8 (8.9)
2.	Parents/caretakers must provide ways for the child to see, hear feel and move.	79 (87.8)	4 (4.4)	7 (7.8)
3.	Parents/caretakers must give children clean safe items to handle and things to make sound with	57 (63.3)	26 (28.9)	7 (7.8)
4.	Simple household items can also be used as play materials for children	22 (24.4)	50 (55.6)	18 (20.0)
5.	Children must be encouraged to talk and communicate once they are two to three years old	21 (23.3)	59 (65.5)	10 (11.1)

*\* Figures within parenthesis indicates percentage*

### 3.5.15 Knowledge of AWW regarding Feeding Practices of Children

With regard to knowledge on feeding practices, it is seen that more than 80 per cent of AWWs, as shown in **Table 3.5.16**, know that breast feeding must be started immediately after birth – within one hour; exclusive breast feeding must be done for six months and on completion of six month complementary food must be given. However AWWs were found to have limited knowledge on other important

feeding practices like increasing the quantity, thickness, frequency of food gradually; ensuring hand wash and helping children after 2 years to feed themselves.

**Table 3.5.16 Knowledge regarding Feeding Practices of Children**

Sl. No	Statement	Yes	No Response	Do not Know
<b>A.</b>	<b>Knowledge regarding feeding</b>			
1.	Start breast feeding, immediately after birth – within one hour	80 (88.9)	4 (44.4)	6 (6.7)
2.	Exclusive breast feeding for six months	84 (93.3)	-	6 (6.7)
3.	Breast feed as many times the child wants.	67 (74.4)	20 (22.2)	3 (3.3)
4.	Breast feed day and night	69 (76.7)	19 (21.1)	2 (2.2)
5.	On completion of six month start complementary food	88 (97.8)	-	2 (2.2)
6.	Then increase the quantity, thickness, frequency of food gradually	24 (26.7)	52 (57.8)	14 (15.6)
7.	Continue breast feeding for 2 years and beyond	66 (73.3)	22 (24.4)	2 (2.2)
8.	After 2 years help the child to feed himself/herself	28 (31.1)	57 (63.3)	5 (5.6)
9.	Ensure hand washing	20 (22.2)	59 (65.6)	11 (12.2)

*\* Figures within parenthesis indicates percentage*

### **3.5.16 Knowledge regarding Milestones of Development in Children**

Further study on the knowledge of AWWs regarding milestones of development in children revealed that they have a fair knowledge on milestones of development in children. Most of the AWWs (94.4 %) know that children by three month can smile in response, track a ribbon bow, and begin to make sound. Around 93 per cent AWWs were found to have the knowledge that a one year old child can more or less stand without support, wave and say mama papa. Ninety per cent AWWs were found to have the knowledge that most children of three to

six month can hold head steadily when held upright and turn to a voice. Other milestones of development like children standing on one foot, saying words or imitating household work can be done by them at around two years of age at two years of age is found to be known to 84.4 per cent AWWs. On the contrary, only around 61 per cent AWWs could say that children at three year can copy and draw straight lines, wash hands by themselves and name three or four objects.

**Table 3.5.17 Knowledge regarding Milestones of Development in Children**

Sl. No	Statement	Yes	No Response	Do not Know
<b>A.</b>	<b>Knowledge about developmental milestones in children</b>			
1.	By three month most child can smile in response, track a ribbon bow, and begin to make sound	85(94.4)	1(1.1)	4 (4.4)
2.	A three to six month most children can hold head steadily when held upright, turn to a voice	81(90.0)	5(5.6)	4 (4.4)
3.	A one year old child can more or less stand without support, wave and say mama papa	84(93.3)	5(5.6)	1 ( 1.1)
4.	At two years most child can stand on one foot, say words and imitate household work.	76(84.4)	13(14.4)	1 (1.1)
5.	A three year old child can copy and draw straight lines, wash hands by her and name three or four objects.	55(61.1)	31(34.4)	4 (4.4)

*\* Figures within parenthesis indicates percentage*

### **3.5.17 Knowledge of AWWs on danger signs**

The study revealed that most AWWs (88.9%) have the knowledge that if danger signs are seen in new born or pregnant women as given in the MCP Card, the patient must immediately visit the doctor. Very few AWWs are found to lack that knowledge. According to 6 per cent of AWWs if danger signs are seen one must wait and see for some more time. A negligible 4.4 per cent AWWs said that they do not know what should be done if danger signs are seen.

**Table 3.5.18 Knowledge of AWW on Danger Signs**

Sl. No	What should one do if danger signs are seen	Yes	%
1.	Must wait and see for some more time	6	6.7
2.	Must immediately visit the doctor	80	88.9
3.	Do not know what to do	4	4.4

### **3.5.18 Attitude of AWW towards the MCP Card**

A majority of the AWWs are of the opinion that the MCP cards are helpful for beneficiaries. As shown in the Table 3.5.17, majority of AWWs (82.2%) think that the card is helpful as Immunization and other records can be maintained in the card. The card is also said to be helpful by 41.1 per cent AWWs because it gives knowledge related to child's health, nutrition and development. According to 36.7 per cent AWWs the Card gives knowledge related to the pregnant women's health, nutrition and optimum foetal development. Around 20 per cent AWWs are of the opinion that the card is helpful as it gives information about health and nutrition services for children and pregnant women. Few AWWs (14.4%) are of the opinion that the card is helpful as family members can monitor and promote growth and development of their children with the help of the card. Some of the AWWs (13.3 % & 5.6% respectively) also opined that the MCP Card is beneficial as it educates women about danger signs in pregnancy and it can be used for practicing optimum care behaviour.

**Table 3.5.19 Attitude of AWWs towards the MCP Card**

Sl. No	Statement	Yes	No Response
1.	MCP card helpful for beneficiaries		
2.	Yes	77	85.6
3.	No	2	2.2
4.	Do not know	10	11.1
5.	No response	1	1.1
<b>B</b>	<b>Reasons why MCP card is helpful</b>		
6.	It gives knowledge related to the pregnant women's health, nutrition and optimum foetal development.	33	36.7
7.	Women can know about danger signs in pregnancy.	12	13.3
8.	It gives knowledge related to child's health, nutrition and development	37	41.1
9.	The card gives information about health and nutrition services	19	21.1
10.	For practicing optimum care behaviour	5	5.6
11.	Family members can monitor and promote growth and development of children.	13	14.4
12.	Immunization and other records can be maintained	74	82.2

### **3.5.19 Use of MCP card by AWWs as a Tool for Verification of fulfilment of IGMSY conditions**

During the period of study IGMSY scheme was in operation in two districts covered by the study. It is satisfactory to find that all AWWs (100%) in these two districts have the knowledge on use of MCP Card as a tool for verification of fulfilment of conditionality by beneficiary women for availing monetary benefits.

### **3.5.20 Skill of AWWs on use of MCP card according to CDPOs and Supervisors**

As shown in the table below more than half of the respondent CDPOs and Supervisors are of the opinion that all their AWWs are skilled on use of the MCP

card whereas one third of them opined that most AWWs are skilled on the use of MCP Card. Only one CDPO opined that only some of the AWWs are skilled on the use of MCP card.

**Table 3.5.20 Opinion of CDPOs and Supervisors on skill of AWWs on use of MCP Card**

Sl. No	Skilled AWW	CDPO		Supervisor	
		Number	%	Number	%
1.	All of Them	5	55.56	25	69.44
2.	Most of them	3	33.33	11	30.56
3.	Some of them	1	11.11	-	-

### 3.6 Awareness and utilization of MCP card among the Community

#### 3.6.1 Explanation on use of MCP card to Beneficiaries

The Mother and Child Protection Card have to be explained to the beneficiaries before handing them the card so that they are acquainted with the various uses of the card, thereby ensuring effective utilization of the card by the beneficiaries. The card, as discussed earlier can contribute substantially in reducing and preventing infant and maternal mortality as well as morbidity. The study revealed that only 68.8 per cent of respondent pregnant women were explained about the utilization of MCP card. However higher percentages of lactating mothers and mothers of children from 6 month to 3 years (89.8 % & 86.6 % respectively) were found to have been explained about the utilization of the card. The findings are shown in **Table 3.6.1** below.

**Table 3.6.1 Explanation on use of MCP card to Beneficiaries**

Sl. No	Statement	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
A.	<b>MCP card Explained</b>			
1.	Yes	240 (68.8)	254 (89.8)	375 (86.6)
2.	No	52(14.9)	29 (10.35)	58 (13.4)
3.	Did not receive MCP card	57(16.3)	-	-

*Figures within parenthesis indicates percentage*

### 3.6.2 Way of explaining the MCP card to Beneficiaries

The study further tried to find out who explains the card to the beneficiaries and how. Multiple responses were obtained and it is seen that all three grass-root level functionaries namely ASHAs, ANMs and AWWs does the job of explaining the card to the beneficiaries. In case of pregnant women respondents, it is seen that ANMs (40.1%) mostly engage in explaining the card, whereas in case of lactating mothers and mothers of children from 6 month to 3 years, it is mostly the AWWs (58.7 % & 56.6% respectively) who explain the card.

As shown in the table below (**Table 3.6.2**), the study further reveals that the way of explaining the card too varied from person to person. In majority of the cases (54.4 % pregnant women, 55.5% lactating women, and 57% mothers of children 6 months to 3 years) it is seen that only the relevant sections of the card was explained to them as and when required. Few of the beneficiaries (12.9 % pregnant women, 34.3% lactating women, and 28.6% mothers of children 6 months to 3 years) were found to have been explained about the whole card once before handing it over. Although a very small percentage, yet it is important to note that some beneficiaries (1.4% pregnant women and 0.9% mothers of children, 6

months to 3 years) were explained about the card only when they enquired about it.

**Table 3.6.2 Way of explaining the MCP card to Beneficiaries**

Sl. No	Statement	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
<b>A. Card Explained by</b>				
1.	ASHA	125 (35.8)	132 (46.6)	232 (53.6)
2.	AWW	123 (35.2)	166 (58.7)	245 (56.6)
3.	ANM	140 (40.1)	130 (45.9)	199 (46.0)
4.	Supervisor	2 (0.6)	-	-
<b>B. Way of explaining the Card</b>				
5.	All sections are explained	45 (12.9)	97 (34.3)	124 (28.6)
6.	Relevant sections explained	190 (54.4)	157 (55.5)	247 (57.0)
7.	Explained when enquired about it	5 (1.4)	-	4 (0.9)

*Figures within parenthesis indicates percentage*

### **3.6.3 Filling up of MCP Card before handing over to beneficiaries and retaining of the Counter foil**

The first page of the MCP card containing basic information about the beneficiary is filled up and the filled up counterfoil is retained by the ANM or AWW before handing over the MCP card to the beneficiaries. The findings of the study (**Table 3.6.3**) reveal that in case of 81.7 per cent of the respondent pregnant women and 91.5 per cent Mothers of Children (6m to 3 years) the first page of the MCP card is filled up. All Lactating Mothers were found to possess MCP Cards with the first page filled up. It may be mentioned here that few beneficiaries were found to be provided with fresh MCP card after they have lost their original MCP card. In those cases the initial pages of the MCP card where records of services availed were not filled up again. The study further reveals that the filling up of the

MCP card is mostly done by the ANM. The counter foil too is generally retained by the ANM. Very few beneficiaries revealed about the retention of the Counter foil by AWW and ASHA. The study further found that the counterfoil was not retained in few of the beneficiaries (6.9 % pregnant women, 8.1 % lactating women and 3.7 % mothers of children 6 month to 3 years).

**Table 3.6.3 Filling up of MCP Card before handing over to beneficiaries and retaining of the Counter foil**

Sl. No	Statement	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
<b>A. MCP card filled up by</b>				
1.	AWW	-	-	3 (0.7)
2.	ANM	285 (81.7)	277 (97.9)	393 (90.8)
3.	Do not Know	-	6 (2.1)	-
4.	MCP card not Filled up	7 (2.0)	-	37(8.5)
5.	Not applicable	57 (16.3)	-	-
<b>B. Counter foil of MCP Card retained by</b>				
6.	ANM	248 (71.1)	248 (87.6)	408 (94.2)
7.	AWW	7 (2.0)	3 (1.5)	-
8.	ASHA	2 (0.6)	2 (0.7)	-
9.	Not retained	24 (6.9)	23 (8.1)	16 (3.7)
10.	Do not know	11 (3.1)	7 (2.5)	9 (2.8)

*Figures within parenthesis indicates percentage*

### **3.6.4 Educating beneficiaries on various issues by ANM/ASHA/AWW by using the MCP Card**

The women during and after pregnancy and child birth should be educated using the MCP card on various issues like care during pregnancy, preparation for emergency, danger signs during pregnancy, preparation for institutional delivery, new born care, breastfeeding, danger signs during infancy, psychosocial care and nutritional care of children. Findings reveal that, the issues mostly discussed with beneficiaries were care during pregnancy and nutritional care of children. The

issues found to be least discussed were preparation for institutional delivery followed by psycho social care of children. The details are given in **Table 3.6.4**.

**Table 3.6.4 Educating beneficiaries with the help of MCP Card**

Sl.No	Issues	Lactating Women N=283 (%)	Mothers of Children (6m to 3 yrs) N= 433 (%)
1.	Care during pregnancy	266 (94.0)	399 (92.1)
2.	Preparation for emergency	224 (79.2)	338 (78.1)
3.	Danger sign during Pregnancy	208 (73.5)	362 (83.6)
4.	Preparation for institutional delivery	105 (65.4)	308 (71.1)
5.	New born care	229 (80.9)	354 (81.1)
6.	Breastfeeding	232 (82.0)	365 (84.3)
7.	Danger signs during infancy	194 (68.6)	322 (74.4)
8.	Psycho Social care of children	182 (64.3)	314(72.5)
9.	Nutritional care of children	251 (88.7)	390 (90.1)

*Figures within parenthesis indicates percentage*

### 3.6.5 Safe custody of MCP Card

The MCP card is found to be kept in safe custody by most of the beneficiaries. However, there were few (0.3 % pregnant women, 2.8 % lactating women and 12.7 % mothers of children 6 month to 3 years) who failed to keep the MCP Card in safe custody. It has been observed that with the progress of time lesser women are keeping the MCP card in safe custody. As shown in **Table3.6.5** beneficiaries basically cited three reason of not keeping the MCP card and they are - loss of the card; that they were not told to keep the MCP card in safe custody and that they think it is no longer required.

**Table 3.6.5 Safe custody of MCP Card**

Sl. No	Statement	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
A.	<b>Reasons for not keeping the MCP Card</b>			
1.	MCP card lost	1 (0.3)	8 (2.8)	22 (5.1)
2.	Not told to do so	-	-	16 (3.7)
3.	It is not required	-	-	17 (3.9)

*Figures in parenthesis indicates percentage*

### 3.6.6 Status of Service record in MCP Cards

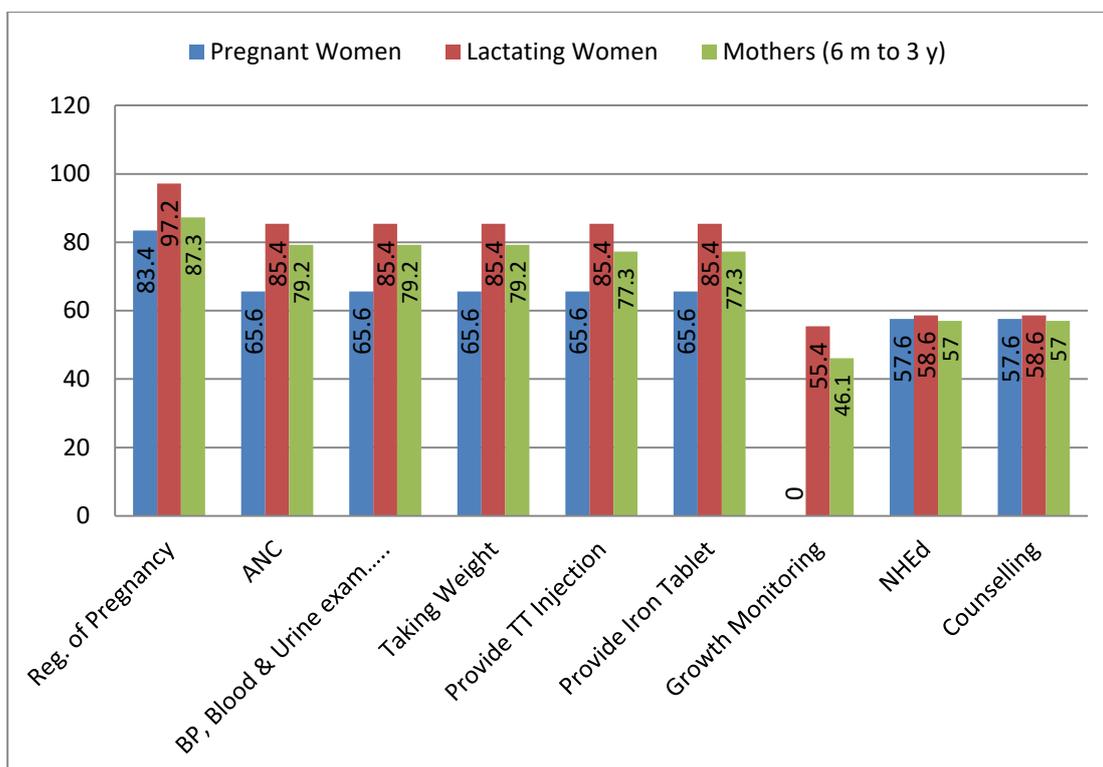
The present study made an attempt to find out availing of various services by beneficiaries as mentioned in the MCP card. As shown in the **Table 3.6.6** and **Figure 3.6.1** below, records of services availed in the area of Registration of Pregnancy, Antenatal Check-up; Examination of Blood Pressure, Blood and Urine; Checking of weight gain; Provision of TT injection and Iron Tablet; Growth Monitoring; Nutrition and Health Education and General Counseling done were verified in the MCP card of all respondent beneficiaries who possessed the MCP card. Findings reveal that the status of service record in all aforementioned services ranged between 83.4 – 57.6 per cent in case of pregnant women, in case of lactating mothers it ranged between 97.2 – 55.4 per cent and in case of mothers of children 6 month to 3 years it ranged between 87.3 – 46.1 per cent. A notable finding in availing services is that comparatively lesser number of beneficiaries has record of availing services of growth monitoring of children, NHed and Counseling.

**Table 3.6.6 Status of Service record in MCP Cards**

Sl. No	Services	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
1	Reg. of Pregnancy	291 (83.4)	275 (97.2)	378 (87.3)
2	ANC	229(65.6)	242 (85.4)	343 (79.2)
3	BP, Blood & Urine examination	229(65.6)	242 (85.4)	343 (79.2)
4	Taking Weight	229(65.6)	242 (85.4)	343 (79.2)
5	Provide TT Injection	229(65.6)	242 (85.4)	335 (77.3)
6	Provide Iron Tablet	229(65.6)	242 (85.4)	335 (77.3)
7	Growth Monitoring	-	157 (55.4)	200 (46.1)
8	NHEd	201(57.6)	166 (58.6)	247 (57.0)
9	Counselling	201(57.6)	166 (58.6)	247 (57.0)

*Figures within parenthesis indicates percentage*

**Figure 3.6.1 Status of Service record in MCP Cards**



### 3.6.7 Record in the MCP Card regarding services and examinations done by beneficiaries in the MCP card

The study further made an attempt to study the availing of care services and examinations namely antenatal, post natal and care of baby. Findings based on records in MCP card reveal that Antenatal Visit Examination records were mostly found in the MCP cards of all respondent Beneficiaries (54.7 % lactating women and 64.4 % mothers of children 6 month to 3 years) as shown in **Table 3.6.7**. This is followed by records of availing service of Abdominal Examination and Essential Investigation. Very negligible percentage of beneficiaries had records of Obstetric Complication, Past History, Examination, Optional Investigation, Post Natal Care and Care of Baby.

**Table 3.6.7 Record of services and examinations done by beneficiaries in the MCP card**

Sl. No	Services/ Examination record	Lactating Women (N=283)		Mother of Children 6m to 3 yrs (N=433)	
		Frequency	Percentage	Frequency	Percentage
1.	Obstetric Complication	1	0.4	0	0
2.	Past History	1	0.4	1	0.2
3.	Examination	1	0.4	5	1.2
4.	Antenatal Visit Examination	155	54.7	279	64.4
5.	Abdominal Examination	109	38.5	231	53.5
6.	Essential Investigation	109	38.5	267	61.7
7.	Optional Investigation	2	0.7	2	0.5
8.	Post Natal Care	7	10.6	31	10.6
9.	Care of Baby	7	10.6	31	10.6

### 3.6.8 Use of MCP card to avail services

Findings of the present study reveal that beneficiaries mostly carry the MCP Card for availing services on VHND day as well as to Sub Centre. But while visiting other health facilities like private hospitals, very few women were found to carry the card as shown in **Table 3.6.8**

**Table 3.6.8 Use of MCP card to avail services**

Sl. No	Carry MCP card for availing services	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
1.	On VHND Day	282 (80.6)	268 (94.7)	398 (91.9)
2.	While visiting Sub Center	281 (80.3)	269 (95.1)	392 (90.5)
3.	While visiting other health facilities	140 (40.0)	24 (8.5)	53 (12.2)

*Figures within parenthesis indicates percentage*

### 3.6.9 Use of MCP card for referral services

Referral of beneficiaries is done in case of any health emergency of pregnant women or new born child and developmental delay in children and it is supposed to be recorded in the MCP card. The study attempted to find out the use of MCP card for referral services and findings reveal that MCP card is used for referral as shown in **Table 3.6.9**. Beneficiaries opined that the card helps in getting referral services in ways like MCP card holder gets preference over other patients; it helps in identification of complications and also helps in getting timely and right treatment. But referral history was found to be recorded in the MCP Card of fewer beneficiaries as compared to beneficiaries referred.

**Table 3.6.9 Use of MCP card for referral services**

Sl. No	Carry MCP card for availing services	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
1.	Referred to a health facility	20 (5.7)	11 (3.69)	12 (2.8)
2.	Card helped in getting referral services	13 (3.7)	8 (2.8)	6 (1.4)
	i. MCP card Holder gets preference over other patients	1 (0.3)	1 (0.4)	-
	ii. Helps in identification of complications	11 (3.1)	2 (0.8)	4 (0.9)
	iii. Helps in getting timely and right treatment	5 (1.4)	5 (1.8)	2 (0.5)
3.	Referral History Recorded	1 (0.3)	2 (0.7)	1 (0.2)
4.	Advised to carry the MCP card during referral	12 (3.4)	5 (1.8)	3 (0.7)

*Figures within parenthesis indicates percentage*

### 3.6.10 Reading the MCP card by Beneficiaries

It was astonishing to find that majority of women beneficiaries have never read the MCP card by themselves. As shown in **Table 3.6.10** only 25.5 per cent of pregnant women, 43.5 per cent lactating women and 42 per cent mothers of children 6 month to 3 years have read the MCP Card at least for once after receiving it.

**Table 3.6.10 Reading the MCP card by Beneficiaries**

Sl. No	Reading the MCP card by Beneficiaries	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
1.	Yes	89 (25.5)	123(43.5)	182 (42.0)
2.	No	200 (57.3)	160 (56.5)	251 (58.0)
3.	No Response	3 (0.9)	-	-
4.	Not applicable	57 (16.3)	-	-

*Figures within parenthesis indicates percentage*

### **3.6.11 Benefits of Information provided through MCP Card**

The MCP card is loaded with information on health and nutritional care and services which are of importance to pregnant women and mothers. The study made an attempt to find out the awareness among the beneficiaries on these benefits in the MCP card. Findings, however, do not reveal a very encouraging picture of the same. Although beneficiaries could identify numerous benefits received through the information provided at MCP Card, the percentage of respondents who could state those benefits was low. As shown in **Table 3.6.11**, according to majority of pregnant women (64%) the important benefit of MCP card is that it helps in availing services like ANC, TT Injection, TFA tablet etc. On the other hand, majority of lactating women (76 %) and mothers of children of 6 months to 3 years (72.1 %) identified that MCP card helps in remembering the due dates for immunization. Although the MCP card has other benefits, like it gives information regarding health care practices; it gives information regarding nutritional care during pregnancy; helps to monitor growth and development of children, yet it is disappointing to find that only about one third of the beneficiaries could identify these. Less than 10 per cent of the beneficiaries stated benefits like, it can keep record of one's health status and utilization of services; helps to check developmental delays in children; give information on psychosocial care of children and gives information on the danger signs during pregnancy and of new born children.

**Table 3.6.11 Benefits of Information provided through MCP Card**

Sl. No	Benefits	Pregnant Women N=349	Lactating Women N=283	Mothers of Children (6m to 3 yrs) N= 433
1.	It gives you information regarding health care practices	109 (31.1)	84 (29.7)	139 (32.1)
2.	It gives you information regarding nutritional care during pregnancy	103 (29.4)	82 (29.0)	132 (30.5)
3.	It helps in availing services like ANC, TT injection , IFA tablets etc.	224 (64.0)	29 (10.2)	46 (10.9)
4.	It keeps record of your health status and utilization of services	28 (8.0)	10 (3.5)	29 (6.7)
5.	Helps to remember due date for immunization of children	-	215 (76.0)	312 (72.1)
6.	Helps to monitor growth and development of the children	59 (16.9)	62 (21.9)	96 (22.2)
7.	Helps to check developmental delays in child	13 (3.7)	6 (2.1)	17(3.9)
8.	Give information on psychosocial care of children	-	16 (5.7)	16 (3.7)
9.	Gives information on the danger signs during pregnancy and of new born child	28 (8.0)	20 (7.1)	40 (9.2)

*Figures within parenthesis indicates percentage*

### **3.6.12 Knowledge of Pregnant Women regarding Care during Pregnancy**

Findings revealed that pregnant women had fairly good idea about care of self during pregnancy as indicated in the MCP card. As shown in the **Table 3.6.12**, most pregnant women knew that they should consume a variety of food (86.3%), take at least two hours of rest during the day (72.9%) and consume more than normal diet (60.6%). Very few women (14%) stated about intake of iodised salt must be used during pregnancy. Also least number of pregnant women (12.6 %) considered consuming supplementary food at AWC as care during pregnancy.

**Table 3.6.12 Knowledge of Pregnant Women regarding care during pregnancy**

Sl. No	Benefits	Pregnant Women N=349	
		Frequency	Percentage
1.	Consume a variety of foods	302	86.3
2.	Consume more than normal diet	212	60.6
3.	Consume SN from AWC	44	12.6
4.	Take at least two hours rest during day	255	72.9
5.	Use only iodised salt	49	14.0

### **3.6.13 Knowledge of Pregnant Women regarding Danger Signs during Pregnancy**

Knowledge of pregnant women regarding the danger signs during pregnancy is of utmost importance in saving lives of both the unborn child as well as the mother. These danger signs call for immediate medical help and any kind of delay can be fatal. But the study revealed that most pregnant women did not have adequate knowledge of the danger signs as indicated in the MCP card. Only 40 per cent of pregnant women had the knowledge that headache, blurring of vision, fits and swelling all over the body is a danger sign during pregnancy. Very few women had the knowledge of other danger signs like bleeding during pregnancy (28.3%), high fever during pregnancy (28%), severe anaemia (21.1%) and excessive bleeding during and after delivery (13.7%). Very negligible number of women had the knowledge that high fever within 30 days of delivery (6%) and labour pain for more than 12 hours (2%) are signs of danger during pregnancy. **Table 3.6.13** below shows the knowledge of Pregnant Women regarding the Danger Signs during Pregnancy.

**Table 3.6.13 Knowledge of Pregnant Women regarding Danger Signs during Pregnancy**

Sl. No	Benefits	Pregnant Women N=349	
		Frequency	Percentage
1.	Bleeding during pregnancy	99	28.3
2.	Excessive bleeding during and after delivery	48	13.7
3.	Severe anaemia	74	21.1
4.	High fever during pregnancy	98	28.0
5.	High fever within 30 days of delivery	21	6.0
6.	Headache, blurring of vision, fits and swelling all over the body	140	40.0
7.	Labour pain for more than 12 hours	7	2.0
8.	Bursting of water bag without labour pain	37	10.6

### 3.6.14 Knowledge of Lactating Mothers regarding New Born Care

The MCP Card aims at educating mothers on the important aspects of new born care as well. Findings, as shown in **Table 3.6.14**, however reveal that all mothers are not equally aware of the important aspects of new born care. Most mothers (83% and 79.9 % respectively) knew that a new born baby needs to be kept warm and that a baby should not be given bath for the first 48 hours. Less than half of the women (49.1%) knew that the cord must be kept dry and around one third of the women (26.5%) knew that the child must be weighed at birth. The fact that the child must be kept away from people who are sick was known to 18.7 per cent. Very less percentage (9.2%) of women knew that if the child weighs less than 2.5 kg, he/she needs special care.

**Table 3.6.14 Knowledge of lactating mothers regarding new born care**

Sl. No	Benefits	Lactating Women N=283	
		Frequency	Percentage
1.	A baby needs to be kept warm	235	83.0
2.	Baby should not be given bath for the first 48 hours	226	79.9
3.	The cord must be kept dry	139	49.1
4.	Keep the child away from people who are sick.	53	18.7
5.	Weigh the child at birth.	75	26.5
6.	Give special care if the child weighs less than 2.5 kg.	26	9.2

### 3.6.15 Knowledge of Lactating Women regarding Immunization Colour Code in the MCP card

The immunization portion of the MCP card is colour coded for convenience of recording and understanding by beneficiaries where Pink indicates the due date for immunization and white as actual date of immunization. Findings, as shown in **Table 3.6.15** reveal that very few lactating women (1.4% and 6% respectively) had the knowledge that pink indicates the due date for immunization and white is the actual date of immunization in the MCP Card.

**Table 3.6.15 Knowledge of lactating women regarding immunization colour code in the MCP card**

Sl. No	Benefits	Lactating Women N=283	
		Frequency	Percentage
1.	Pink indicates the due date for immunization	4	1.4
2.	White is actual date of immunization	17	6.0

### 3.6.16 Knowledge of Lactating Women regarding Play and Communication

A child while growing up needs Care – both nutritional as well a Psycho social Care. Play and communication are two important care aspects that every parent must ensure for their growing child. The study made an attempt to find out the knowledge of mothers of children below 6 months (lactating women) regarding the importance of play and communication for their children while growing up, as mentioned in the MCP card. As shown in **Table 3.6.16** below, less than half of the respondent mothers (45.2% and 42.5% respectively) could say that parents/caretakers must give children clean safe items to handle and things to make sound with and that they must provide ways for the child to see, hear feel and move. However the fact that playing and communication with children helps them to grow and develop well was known to only 13.1 per cent of the mothers

**Table 3.6.16 Knowledge of mothers (lactating women) regarding play and communication**

Sl. No	Benefits	Lactating Women N=283	
		Frequency	Percentage
1.	Playing and communicating with children helps them to grow and develop well.	37	13.1
2.	Parents/caretakers must provide ways for the child to see, hear feel and move.	120	42.4
3.	Parents/caretakers must give children clean safe items to handle and things to make sound with.	128	45.2

### 3.6.17 Knowledge of Lactating Women about Growth Monitoring of Children

Growth monitoring of children holds tremendous importance in checking child malnutrition and taking steps to prevent as well as to overcome malnutrition. Therefore, knowledge of the care taker of children on growth monitoring is very important. In the present study, the knowledge of mothers (lactating women) on Growth Monitoring was studied and it reveals that most women (83.6%) are aware that children must be weighed every month. However, less than one third of the mothers know that children must gain weight every month. It was very disappointing to find that very few mothers (2.1%) know that the Pink chart is for monitoring the weight of girls and blue chart is for boys. Further, very negligible percentage of women (1.8%) could say that weight plotted in the green zone of the Growth Chart means normal, yellow and orange means moderate and severely underweight respectively (**Table 3.6.17**)

**Table 3.6.17 Knowledge of lactating women about growth monitoring**

Sl. No.	Benefits	Lactating Women N=283	
		Frequency	Percentage
1.	Children must be weighed every month after birth.	235	83.6
2.	Pink chart is for girls and blue for boys	6	2.1
3.	Weight plotted in the green means normal, yellow and orange means moderate and severely underweight respectively	5	1.8
4.	Children must gain weight every month.	82	29.0

### 3.6.18 Knowledge of lactating women regarding Infant and Young Child Feeding

The mother's knowledge on proper feeding of her child during infancy and beyond holds tremendous importance in securing the health and development of the growing child. The study found that large majority of mothers (90.8%) knew that breast feeding must be started immediately after birth – within one hour. Around 84 per cent mothers have the knowledge of exclusive breast feeding upto six months. They (81.5%) also knew that complementary feeding should start on completion of six months after birth. However, less than half of the mothers only (44.5% and 41% respectively) could say that breast feeding must be done day and night and that it must be done as many times the child wants. Least number of mothers (18.7%) were found to have the knowledge that the quantity, thickness and frequency of complementary feeding must be gradually increased.

**Table 3.6.18 Knowledge of lactating women regarding Infant and Young Child Feeding**

Sl. No	Benefits	Lactating Women N=283	
		Frequency	Percentage
1.	Start breast feeding, immediately after birth – within one hour.	257	90.8
2.	Exclusive breast feeding for six months.	240	84.4
3.	Breast feed as many times the child wants.	116	41.0
4.	Breast feed day and night.	126	44.5
5.	On completion of six month start complementary food.	230	81.5
6.	Then increase the quantity, thickness, frequency of food gradually	53	18.7
7.	Continue breast feeding for 2 years and beyond.	73	25.8

### 3.6.19 Knowledge of mothers (6 months to 3 years) regarding immunization and colour code in the MCP card

The study found that mothers of children (6 month to three years) have very limited knowledge regarding the colour code in the immunization chart of the MCP card. A very negligible number of mothers (2.1%) could say that the pink colour indicates the due date for immunization. Comparatively more number of mothers (13.9%) could say that the white colour is the actual date of vaccination.

**Table 3.6.19 Knowledge of mothers regarding immunization colour code in the MCP card**

Sl. No	Benefits	Mothers of Children (6m to 3 yrs)N= 433	
		Percentage	Percentage
3.	Pink indicates the due date for immunization	9	2.1
4.	White is actual date of immunization	60	13.9

### 3.6.20 Knowledge of mothers (6 months to 3 years) regarding play and communication

All the respondent mothers did not have much knowledge on the importance of play and communication for children while growing up. As shown in the table below most mothers (44.1%) could say that parents/caretakers must give children clean, safe items to handle and things to make sound with. The fact that simple household items can also be used as play materials for children was known to 37 per cent of the mothers. Around 33 per cent of the mothers could say that parents/caretakers must provide ways for the child to see, hear feel and move. Very least number of mothers (17.1%) know that playing and communicating with children helps them to grow and develop well.

**Table 3.6.20 Knowledge of mothers regarding play and communication**

Sl. No	Benefits	Mothers of Children (6m to 3 yrs) N= 433	
		Frequency	Percentage
1.	Playing and communicating with children helps them to grow and develop well.	74	17.1
2.	Parents/caretakers must provide ways for the child to see, hear feel and move.	143	33.0
3.	Parents/caretakers must give children clean safe items to handle and things to make sound with.	191	44.1
4.	Simple household items can also be used as play materials for children.	160	37.0
5.	Children must be encouraged to talk and communicate once they are two to three years old.	148	34.2

### **3.6.21 Knowledge of mothers (6 month to 3 years) regarding infant and young child feeding**

The knowledge of mothers with children between six months and three years regarding infant and young child feeding was studied and it was heartening to find that most mothers (92.6%) knew that complementary food must be started on completion of six months of the child. The study further revealed that 88.2 per cent of the mothers have the knowledge that breast feeding should be continued upto 2 years of age of the child and even beyond. But only 44.1 per cent have the knowledge that the quantity, thickness and frequency of complementary food must be increased gradually as the child grows. Important aspects of children feeding like ensuring hand wash and helping children after two years of age to feed themselves are known to only one third of the respondent mothers.

**Table 3.6.21 Knowledge of Mothers regarding Infant and Young Child****Feeding**

Sl. No	Benefits	Mothers of Children (6m to 3 yrs) N= 433	
		Frequency	Percentage
1.	On completion of six month start complementary food.	401	92.6
2.	Then increase the quantity, thickness, frequency of food gradually	191	44.1
3.	Continue breast feeding for 2 years and beyond.	382	88.2
4.	After 2 years help the child to feed himself/ herself.	165	38.1
5.	Ensure hand washing.	143	33.0

**3.6.22 Knowledge of mothers (6 months to 3 years) about Growth Monitoring**

The study found that most (85.6%) mothers with children of age six months to three years have the knowledge that children must be weighed every month. However, only 27 per cent of the respondent mothers knew that children must gain weight every month. A very negligible percentage of respondent mothers (4.2%) knew that weight plotted in the green zone means normal, yellow and orange zone respectively means moderate and severely underweight. Similarly only 3 per cent mothers knew that the pink chart is used for plotting the weight of girls and blue chart is used for plotting the weight of boys.

**Table 3.6.22 Knowledge of mothers (6 months to 3 years) about Growth Monitoring**

Sl. No	Benefits	Mothers of Children (6m to 3 yrs) N= 433	
		Frequency	Percentage
1.	Children must be weighed every month after birth.	368	85.6
2.	Pink chart is for girls and blue for boys.	13	3.0
3.	Weight plotted in the green means normal, yellow and orange means moderate and severe malnourishment respectively.	18	4.2
4.	Children must gain weight every month.	117	27.0

### 3.7 Problems in effective use of MCP Card and suggestions thereof

#### 3.7.1 Problems in the use of MCP Card

The study made an attempt to find out the problems in the use of MCP Card. The service providers of the card viz. CDPO, Supervisors, AWWs and ANMs identified many issues that cause difficulties in the use of MCP Card. As shown in the **Table 3.7.1**, most of the CDPOs (66.67%), Supervisors (86.1%) and AWWs (83.2%) pointed out that due to lack of exclusive training on MCP Card for both ANM and AWW, most of these two important grass root functionaries are not fully aware of the uses of the card. Apart from training, other problems in the use of MCP Card include non-explanation of the card to the beneficiaries; beneficiary women do not read the card; beneficiaries do not value the card and all sections of the card are not filled up.

**Table 3.7.1 Problems in the use of MCP Card**

Sl. No	Responses	CDPO N=9	Supervisor N=36	AWW N=90	ANM N=36
1.	Lack of exclusive training for AWW and ANM	6 (66.7)	31 (86.1)	75 (83.2)	25 (69.4)
2.	The card is not explained to beneficiaries as it should be	5 (55.6)	24 (66.7)	27 (30.0)	14 (38.9)
3.	Beneficiary women do not read the card	3 (33.3)	25 (69.4)	61 (67.8)	33 (91.7)
4.	Beneficiaries do not value the card	2 (22.2)	20 (55.6)	57 (63.3)	24 (66.7)
5.	All sections of the card not filled up	4 (44.4)	24 (66.7)	35 (38.9)	0(0.0)

*Figures in parenthesis indicates percentage*

### **3.7.2 Suggestions for effective use of MCP card**

The respondents of the study came up with numerous suggestions for effective use of the MCP card. As shown in **Table 3.7.2**, it is unanimously suggested by many respondents that joint training of both ANM and AWW on the use of the card would give the two prime grass-root service provider the requisite skill thereby ensuring its utilization to the maximum potential. It is also suggested that the card should be sufficiently available for distribution right at the time of registration itself. They also suggested the MCP card should have clear indication about the role of the AWW and ANM in the card itself so that there is no confusion. Further, the blank portion of the MCP card that needs to be filled up should also have clear indications about the person responsible to fill that up. Another important suggestion that emerged from the study is that the card should be made more pictorial so that even the illiterate and less educated women can understand

it. Finally it is also suggested that the possession of the card by beneficiaries should be made mandatory for availing all kinds of health services.

**Table 3.7.2 Suggestions for effective use of MCP Card**

<b>Sl. No</b>	<b>Responses</b>	<b>CDPO N=9</b>	<b>Supervisor N=36</b>	<b>AWW N=90</b>	<b>ANM N=36</b>
1.	Joint training of both AWW and ANM on use of MCP Card	7 (77.8)	33 (91.7)	75 (83.3)	24 (66.7)
2.	Sufficient availability of MCP Card for distribution	2 (22.2)	14 (38.9)	35 (38.9)	20 (55.6)
3.	Clear indication in the MCP card itself regarding the role of AWW and ANM	1 (11.1)	7 (19.4)	67 (74.4)	17 (47.2)
4.	More pictorial so that less educated mothers can also understand	4 (44.4)	20 (55.6)	78 (86.7)	27 (75.0)
5.	Possession of MCP card may be made mandatory for availing all health services for pregnant and lactating women and children.	2 (22.2)	12 (33.3)	43 (47.8)	26 (72.2)

*Figures in parenthesis indicates percentage*

## Chapter 4

### DISCUSSION

The study on Supply and Use of MCP Card in Assam has brought to light the status of supply and distribution of MCP card in the state. It has provided lead to understand the knowledge, attitude and practices of ICDS functionaries on the use of MCP Card in the state of Assam. It also could document the utilization of the card by Pregnant women, Lactating women and Mothers of children (6 months to 3 years) and the benefits derived from it. Though the study has shown positive results with regards to supply and distribution, still there is a huge need for creating awareness among beneficiaries about the card. An impetus to sensitize as well as building the skill of the service providers on effective utilization of the MCP card is also the need of the hour.

The study shows that majority (47.4%, 47.9 % and 52.6 % respectively) of the respondent beneficiaries comprising of Pregnant women, Lactating women and Mothers of children (6 months to 3 years) were in the age group of 25 to 30 years followed by the age group 20-25 years for Pregnant and Lactating women (24.1% and 24.5% respectively) and 30 – 35 years for Mothers of children (18.5%). Further regarding their educational qualification it was found that large majority of the respondents were Class X pass. The next higher percentage of beneficiaries have studied upto Class X. Very negligible percentage of beneficiaries were found to be illeterate. A very significant and positive finding of the study was that majority of women beneficiaries (94.8 per cent Pregnant women, 98.9 per cent Lactating women and 97 per cent Mothers of children 6 months to 3 years) were found to have registered their pregnancy in the Sub

Center or AWC within the first trimester. Only a very negligible percentage of respondent beneficiaries have registered in the second trimester.

A crucial finding of the study is the training status of these service providers. It was found that none of the functionaries have received an exclusive training on MCP Card. However, the ICDS as well as Health functionaries have received some kind of orientation on the MCP card through other training where the topic on MCP card were integrated as a one or two hour discussion. In case of ICDS functionaries, it was found to be mostly the Job training Course or the Refreshers Course and in case of the ANMs, orientation on the MCP card was integrated with trainings like immunization, IYCF, Care of Pregnant women etc. generally organized by Health Department.

### **Supply and Distribution of MCP Card**

In the state of Assam, currently procurement and distribution of MCP card up-to the block level is primarily done by the Health department. In the present study, interview with the Health functionaries on supply and distribution of MCP Card, both at the District level and Block level revealed that every block places the indent for requirement of MCP card to the district at the end of the financial year. The district further places their requirement to the state office on the basis of annual target pregnant women. Based on the indent from all districts combined and taking into consideration the decadal growth rate, MCP cards are printed at the state level and further sent down to the district level as per the districts requirement. At the district level, the Additional Chief Medical and Health officer is overall responsible for the entire immunization system which also includes the distribution of MCP card. In the nine sample districts, it was found that there is a

designated person at the district level, who may be either one of the District Programme Manager, Logistics Manager, District Drug Store Manager or the District Monitoring and evaluation officer, who ensures that the cards are distributed to the PHCs. This designated person was found to vary from district to district. From the district, the MCP cards are sent to the PHCs at block level. The mechanism of distribution of MCP card from the Block to the sub center was also found to vary from district to district. Three of the respondents reported that the MCP cards are distributed to the Sub Centers through the cold chain, along with vaccines. The rest reported that these are given to the ANMs during monthly review meeting as per her requirement or the ANM herself collects the MCP Cards from the PHCs whenever there is a requirement.

The status of MCP Card stock for distribution for year 2016-17 were studied at the district level, block level as well as sub-centre level and it was found that MCP cards were sufficiently available in only five out of nine districts. Similarly, at the block level sufficient stock of MCP cards were reported in four out of nine visited block PHCs. However at the time of interview majority (69.4%) of the sub-center reported sufficient availability of MCP card for distribution to pregnant women.

For further understanding, the status of distribution of MCP card to pregnant women at the PHC level as well as sub-center level, for the year 2015-16 were studied and it was encouraging to find that four PHCs could distribute MCP card to all its registered beneficiaries. Similarly, at the sub center level, it was encouraging to find that 95 per cent registered beneficiaries were provided with MCP card. The finding correlates with NFHS 4 data which shows 96.3 per cent coverage of registered pregnancies with MCP Card in the state of Assam.

The study further found that, among the respondent beneficiaries all lactating women and mothers of children 6 months to 3 years have received the MCP card whereas in case of pregnant women only 83.67 were found to have received the MCP card. MCP card should be given to all pregnant women at the time of registration either at Sub Centre or AWC but in the present study it was found that 11.64 per cent pregnant women, 15.90 per cent lactating women and 20.09 per cent mother of children 6 months to 3 years had received the MCP card few days after registration. This may be because of insufficient stock of MCP card for distribution. To meet the shortage of supply of MCP Card, some ANMs were even found to resort to measures like distributing photocopy of the MCP card or the counterfoil of the MCP card. The MCP cards were mostly found to be distributed by the ANM and followed by ASHAs. This may be because MCP card printing, procurement and distribution up-to the sub-centre level is done exclusively by Health Department. It was reported by the service providers that, in case if the MCP Card could not be given at the time of registration, it is given late through home visit or on the next VHND day either by ANM herself or through AWW or ASHA.

An encouraging picture emerged from the study and it shows that the MCP card is self-retained by most of the Pregnant women (86.64%), Lactating Mothers (91.87%) and Mothers of Children 6 months to 3 years (94.26%). In rest of the cases, the MCP card is retained mainly by ASHA, followed by ANM and lastly AWW. The reasons cited for retaining the card were to ensure fulfilment of IGMSY conditions, to timely inform the beneficiaries to come for immunization and other services and also to ensure that the MCP card is not lost. Field study and observation further revealed that for the ASHAs, financial benefits are involved

with the availing of services by beneficiaries and the mode of verification for that was the MCP card itself. In case, if the MCP card was lost or if the beneficiaries forget to avail the services, it meant financial loss. ASHAs cited this as one of the reason for which they keep the card safely with them. Another major finding here was that the time of retaining the card by the service provider varied from person to person. Some retained the card for months together until the services have been obtained while some retained the card for only few weeks prior to the date of availing services.

### **Knowledge, Attitude and Practices of CDPOs and ICDS Supervisors on Usage of MCP Cards in ICDS**

The study found that CDPOs and Supervisors had very limited knowledge on the use of MCP Card. Although the MCP card is a versatile card with multiple uses, the knowledge of Supervisors on use of MCP Card was found to be limited to utilization of the card for recording information on immunization and use by pregnant women for availing health services. This lack of knowledge on the various uses of the card may be attributed to the fact that none of the ICDS functionaries have received an exclusive training on MCP Card. Very few have been oriented to the MCP card while attending other trainings where the discussions on MCP card has been integrated as a one or two hour session.

The study further found out that few of the CDPOs (33.3%) and Supervisors (8.3%) did not know the exact time of giving the MCP card. This may be attributed to two important factors. First, may be lack of training and second may be because, in practice not all beneficiaries were found to have received their MCP card immediately after registration of their pregnancy at Sub Center/ AWC.

Some received the MCP card few days after registration which again may be attributed to insufficient stock of MCP card.

MCP is a Home Based Card which is supposed to be retained by the beneficiary themselves. But in practise, it has been found that sometimes the service provider i.e. the AWW or ANM or ASHA retain the card with themselves. This may be the reason for which 33.33 per cent CDPOs and 5.66 per Supervisors were of the assumption that the custodian of the MCP card was not the pregnant women or mothers but others i.e. AWW/ANM/ASHA. Further, the National Prototype of the MCP Card is so designed that it needs to be retained until the child has attained three years. But the MCP Card in Assam has been modified from the national prototype. Unlike the national prototype, in the MCP card of Assam, immunization records can be maintained beyond three years and weight in the growth charts printed on the MCP card can be maintained upto 5 years. This may be the reason for which 33.33 per cent CDPOs and 36.11 per Supervisors have the knowledge that the MCP card has to be retained until the child has attained 3 years whereas 44.44 per cent CDPOs and 47.33 per cent supervisors know that it was to be retained until the child has attained 5 years.

The effective utilization of the MCP card can be ensured through it regular use as a tool for discussion and supervision, wherein the CDPOs as well as Supervisors explain the uses of the card and accordingly ensure its utilization. It can be done in meetings like review meeting, mother meetings, NHEd meeting etc or during monitoring visit. But as the CDPOs and Supervisors themselves were found to have very limited knowledge on the numerous uses of the card, the study found that only 55.56 per cent of CDPOs explain the MCP card to Supervisors as well as AWWs either during their visit to AWC or at review

meeting. Similarly, around 69 per cent Supervisors were found to explain the use of MCP card to AWWs. This was found to be done during visit to AWC, at review meeting, at Sneha Shivar, at Mothers Meeting or on VHND day. Very few CDPOs and Supervisors reportedly demonstrated the usage of MCP card or provide guidance in recording information on the card.

The MCP card is reported as helpful for beneficiaries by all CDPOs (100 %) and most Supervisors (94.44%). However, few of the Supervisors cited their observations that the card is not helpful as uneducated and less educated beneficiaries cannot read the content and hence they give least importance to the MCP card. According to those supervisors such beneficiaries keep the card for name sake only and carry the card for availing services only after repeated appeal.

#### **Skill of AWWs on suitable use of MCP Card**

A positive revelation of the study was the finding that most AWWs (95.6%) explain the use of MCP Card to the beneficiaries. But the matter of concern was that, AWWs mostly explain the sections of Antenatal Care and Nutritional care of the MCP card. Other important sections like danger signs, infant feeding, early childhood stimulation etc. were found to be explained by very few AWWs. The study further revealed that AWWs mostly use the MCP Card on VHN Day (87.8%), during Home Visit (67.8%) or while doing Growth Monitoring (58.9%).

The utilization of MCP Card by AWWs largely depend on the knowledge that AWWs themselves have. The study found that most AWWs were aware of the six basic services that pregnant women must receive, like Registration of Pregnancy (95.6 %); provision of Antenatal Care Services (93.3%); regular Blood

Pressure, Blood and Urine Test (85.6 %), regular checking of weight gain by the pregnant women (81.1 %), provision of TT injection (97.8 %) and provision of IFA tablet for 100 days (93.3). AWWs also had relatively fair knowledge on care during pregnancy. Most AWWs (97.8%) could say that a variety of food must be consumed during pregnancy. Again most AWWs (87.8%, 86.7% & 70 % respectively) knows that a pregnant women must take at least 2 hours rest during the day, must consume more than normal diet and regularly consume IFA tablet. But their knowledge on danger signs during pregnancy were found to be limited. Very few AWWs (23.3%, 11.1% & 8.9 % respectively) knew that excessive bleeding during and after delivery; labour pain for more than 12 hours and high fever within 30 days of delivery are danger signs that calls for immediate referral. Similarly, danger signs of new born like baby having difficulty in breathing; cold to touch and convulsions, lethargic or unconsciousness are danger signs etc. were found to be known to very few AWWs (20%, 18.9% & 8.9% respectively.) Further, the AWWs had relatively fair knowledge on importance of play and communication for the development of children, infant and child feeding practices and developmental milestones in children.

Most AWWs (68.9%) were also found to weigh children and plot it in the growth charts. Of them, around 62% were found to counsel mothers on the same. But all five steps of growth monitoring were found to be known to only 55.6 % of the AWWs. Regarding filling up of the MCP Card, the study found that relatively lesser number of AWWs record service details in the MCP Card.

Filling up of the MCP Card was found to be mostly considered as job of ANM. Although many AWWs (51.1% and 60% respectively) were found to record weight gain during pregnancy and weight gain of children, less than 20 per cent of

AWWs were found to fill up other details in the MCP Card like family identification, pregnancy record, birth record etc.

The utilization of the MCP card as a tool for referral was found to be done by 54.4 per cent AWWs. According to those AWWs, if referred with the MCP card, beneficiaries' gets preference in the health set up ; there was no need to pay registration fee at Govt Hospital ; the card helps in identification of complications and it helps in getting timely and right treatment.

Most of the AWWs were of the opinion that the MCP cards are helpful for beneficiaries. A large majority of them (82.2%) think that the card was helpful as Immunization and other records can be maintained in the card. The card was also said to be helpful by 41.1 per cent AWWs because it gives knowledge related to child's health, nutrition and development.

### **Awareness and utilization of MCP card among the community**

The MCP card as discussed earlier can be utilized by the community *vis-à-vis* by the pregnant women, lactating mothers and mother of children (6 months to 3 years) in a multiple of ways. But the extent of utilization of the card depends on the level of understanding and knowledge about the card itself by the community. This can come through awareness generated by the grass root functionaries. Although, interview with the grass root service providers *i.e.* ANM, AWW and ASHA and subsequent cross validation with the beneficiaries revealed that the utilization of the card was explained to the beneficiaries, yet no uniform mechanism of sensitizing the beneficiaries by the service providers on the utilization of the card could be identified.

The status of service record in the MCP cards was studied and records of services being availed/ provided were found to range from 83.4 per cent to 46.1 per cent. A notable finding here was that from the service records it could not be ascertained whether beneficiaries did not avail the services or the services could not be provided to them. Further, the records in MCP card regarding services and examinations namely antenatal, post natal and care of baby was studied and it was found that maximum 54.7 per cent lactating woman and 64.4 per cent mothers of children 6 month to 3 years had records of Antenatal Visit Examinations. In the MCP card there are provisions for record of four mandatory antenatal visit examinations. In the present study, record of at least one visit was also considered, yet nearly half of the respondent beneficiary did not have any records of antenatal visit or record of services availed during the period. This is alarming, keeping in view that Assam has a recording number of incidences of Maternal Mortality as well as morbidity. Beside this, very negligible percentage of beneficiaries had records of Obstetric Complication, Past History and Examination. As per the Guidebook on MCP card developed by MWCD and MHFW recording in these sections of obstetric complications and past history is required only if there is any relevant history. Hence, from the records in the MCP card of beneficiaries it could not be ascertained whether there was no history or the examinations were not done by the ANM. In the sections of Post natal care too, only 10.6 per cent of the beneficiaries had records of receipt of care services. It is further to be noted that the utilization of MCP card on the VHND days were observed and it was found that AWW and ANM along with ASHA give priority to activities like registration of pregnant women, general health check-up of pregnant women, IFA tablet distribution, immunization of both children and pregnant

women, weighing of children as well as pregnant women, distribution of MCP card etc. These are the services that are to be reported and hence due time is spent in their recording too. But other activities like taking history of pregnant women, abdominal examination of pregnant women, explanation of MCP Card to beneficiaries etc. which need not be reported, seemed to receive lesser importance on the day of VNHD.

A major finding of the study was that more than half of the respondent beneficiaries (57.3% Pregnant women, 56.5% Lactating Women and 58% Mothers of Children 6 months to 3 years) have not read the MCP Card at least for once after receiving it. This may be one of the attributing factors for the limited knowledge showcased by the beneficiaries with regards to the benefits of information received through the MCP Card; danger signs during pregnancy, New Born Care etc.

### **Problems and difficulties in effective use of MCP Card**

Inadequate information on the MCP Card due to lack of training was identified as a major hurdle by most of the ICDS functionaries (66.67% CDPOs, 86.1% Supervisors and 83.2% AWWs) in the effective use of MCP card by the two important grass root level functionaries viz. AWW and ANM. Another difficulty identified was non-explanation of the card to the beneficiaries. This again may be attributed to lack of awareness among the service providers regarding the importance of explanation of the card to beneficiaries. Further factors identified as hurdle to effective utilization of the MCP card are that women beneficiary do not read the card and do not give value to the card. These factors may be interlinked and may also be attributable to the previously discussed factors of limited

knowledge of beneficiaries on the important issues like danger signs during pregnancy and new born children, checking developmental delays in children, etc.

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## Chapter 5

### CONCLUSION AND RECCOMENDATIONS

#### Profile of Respondent Beneficiaries

- Data regarding utilization of the MCP card was gathered from Pregnant women, Lactating mothers and Mothers of children (6 months to three years) who were registered in AWCs of selected nine ICDS Projects and it was found that most of the respondents in all three categories were in the age group of 25 to 30 years.
- Most of the respondent beneficiaries, in all three categories, were Class X pass (35.8 % pregnant women, 48.4% lactating women and 47.1% mothers of children 6 months to 3 years). The next higher percentages of respondent women were found to have educational qualification up-to Class X, followed by women who are Class XII pass.
- The timing of first registration of pregnancy either in the sub cent or AWC is within the first trimester for 94.8 per cent Pregnant women, 98.9 per cent Lactating women and 97 per cent Mothers of children (6 months to 3 years).

#### Profile of Service Providers

- Among the service providers, all CDPOs and majority of Supervisors, AWWs, ANMs and ASHAs (63.9%, 52.2%, 63.9% and 37.9% respectively) were 40 years and above.
- The respondent CDPOs were either Graduates (44.4 %) or Post graduates (55.6 %). Majority (77.8 %) of the Supervisors were graduates. Among the AWWs, nearly half (51.1%) of them were matriculate. Graduate (14.4%) and

Post Graduate (1.1%) AWWs were also seen. The respondent ANM were either matriculate (58.3%) or below (41.7%). Maximum of the respondent ASHAs have studied up-to class X (41.7%).

- The study found that majority of the CDPO and ANM (44.4 % & 61.1 % respectively) have maximum 15 – 20 years of service experience. Majority of Supervisors, AWWs and ASHAs (35%, 37.8% & 69%) have 5 – 10 yrs of service experience.
- Data revealed that many AWWs (37.9%), Supervisors (36.4 %), CDPOs (55.6%) as well as ANM (16.7%) are yet to receive any orientation on the MCP card.

### **Supply and Distribution of MCP Card**

- Out of the nine sample districts, four district health authorities reported insufficient stock of MCP card for distribution to the periphery level.
- Insufficient stock of MCP card for distribution was reported by 30.6 per cent of the sub-centers
- Data reveals that only four PHCs could distribute MCP card to all the registered pregnant women (100 %) in the FY 2015-16.
- Data collected from 36 ANM in nine ICDS projects revealed that a total of 3611 pregnant women were registered by them in the FY 2015-16 of whom 3431 (95.01 %) women could be provided with MCP Cards
- Data from respondent beneficiaries revealed that all lactating women and mothers of children 6 months to 3 years have received the MCP card whereas in case of pregnant women only 83.7 were found to have received the MCP card.

- The MCP card was received by most of the respondent beneficiaries at the time of first registration at sub center or AWC. There were some (9.7 per cent pregnant women, 15.9 per cent lactating women and 20.1 per cent mother of children 6 months to 3 years) who have received the MCP card few days after registration.
- The MCP cards in majority of cases were found to be distributed by the ANM and followed by ASHAs.
- Service Providers namely ANM (83.3 %) and AWW (80 %) reported that MCP cards are distributed to all pregnant women by ANM at the time of their registration of pregnancy either at Sub Center or AWC.
- MCP card was found to be self-retained by most of the Pregnant women (86.6%), Lactating Mothers (91.9%) and Mothers of Children 6 months to 3 years (94.2%).

### **Knowledge, Attitude of and Practices of ICDS Functionaries on Use of MCP Cards in ICDS**

- ICDS functionaries, particularly CDPOs were found to have very limited knowledge on the numerous uses of the MCP Card. Supervisors comparatively were found to be better oriented. Large majority of Supervisors (86.2%) knows that MCP card can be used for immunization records of children. The use of MCP Card by Pregnant women to avail health services was known to 83.3 per cent Supervisors. However, very few supervisors could say that, it can be used as a monitoring tool (8.3%) and to keep record of postnatal services received by a new born child and his/her mother (16.7%). The knowledge that the MCP card can be used by family

members to know about the nutritional and psychosocial care practices for children was exhibited by only 19.4 per cent of the respondent supervisors.

- Most of the CDPOs (66.7%) and Supervisors (91.7%) know that the MCP card is given to pregnant women at the time of first registration of pregnancy at AWC or Sub Center.
- It was found that 55.6 per cent CDPOs and 66.7 per cent Supervisors have the knowledge that AWW and ANM must jointly explain the use of MCP card to the beneficiaries.
- CDPOs (55.6% and 44.4% respectively) explain the MCP card to Supervisors as well as AWWs either during their visit to AWC or at review meeting.
- Supervisors (69.4 %) were also found to explain the use of MCP card to AWWs. This was found to be done during visit to AWC (52.8 %), at review meeting (30.6 %), at Sneha Shivir (13.9 %), at Mothers Meeting (33.3 %) or on VHND day (61.1 %)
- The MCP card is reported as helpful for beneficiaries by all CDPOs (100 %) and most Supervisors (94.4%)
- Majority of CDPOs (55.6 %) and Supervisors (63.9) cited the reason that MCP card is helpful to beneficiaries because it helps them to avail the various services from health as well as ICDS. They also cited reasons like beneficiaries can obtain information on health care practices during pregnancy; MCP Card help to know about child care practices for optimum health and nutrition and to keep records etc.
- The CDPOs (77.8%, 55.6% & 88.9% respectively) stated that they monitor and supervise the supply of MCP cards to the beneficiaries, provision of

services by ANM as well as availing of services by beneficiaries Further, Supervisors (94.4%,66.7% & 80.9% respectively) also reported supervision of supply of MCP cards to the beneficiaries, provision of services by ANM as well as availing of services by beneficiaries

- Cent per cent CDPOs and 87.5 per cent supervisors were found to verify availing of services and its recording in the MCP card in connection with IGMSY.
- The nature of supervision by majority of CDPOs (77.8 %) was mainly giving verbal instructions on use of the MCP card whereas majority of supervisors (86.1%) mostly checked the use of MCP card.

#### **Skill of AWW on suitable use of MCP Card**

- Most of the AWWs (95.6 %) explain the use of MCP Card to the Pregnant women. It was seen that AWWs (81.1 %) mostly explain only the relevant sections of the MCP card to beneficiaries, which is generally according to the stage of the their pregnancy or motherhood.
- Most of the AWWs (88.9 % & 86.7% respectively) were found to explain the Antenatal care and Nutritional Care portion of the MCP card. Very less percentage of AWWs (13.3%, 11.1%, 7.8%, 6.7% & 6.7%) were found to explain the remaining portions of the MCP card like danger signs during pregnancy and of new born, infant feeding, post natal care, new born care and early childhood stimulation.
- Filling up of the MCP card by most of the AWWs was found to be limited to weight record of children in the Growth Chart (60%) and recording of weight gain by pregnant women (51.1%).

- The study found that AWWs mostly use the MCP card among beneficiaries on VHN Day (87.8%) followed by Home Visit (67.8%) and during the time of Growth Monitoring of Children (58.9%).
- Nearly 63 per cent of AWWs were found to plot the weight of Children in the Growth Chart of MCP Card.
- MCP card is reported to be used for referral services by more than half of the sample AWWs (54.4%). It is opined by 46.7 per cent AWWs that the card helps in getting referral services.
- It is opined by AWWs that beneficiary mostly carry the MCP card on the day of VHN Day (98.9 %) as well as at the time of visiting Sub centre (98.9) for availing Health Services
- Most AWW are found to be aware of the six basic services that a women must receive during pregnancy, which include registration of pregnancy (95.6 %); provision of antenatal care services (93.3%); regular blood pressure, blood and urine test (85.6 %), regular checking of weight gain by the pregnant women (81.1 %), provision of TT injection (97.8 %) and provision of IFA tablet for 100 days (93.3%).
- Most AWWs (97.8%) could say that during pregnancy a variety of food must be consumed. Again nearly 87 per cent AWWs were aware that pregnant women should consume more than normal diet and take at least two hours rest during day.
- Most AWWs (77.8%, 56.7%and 53.3% respectively) knew headache, blurring of vision, fits, swelling all over the body; bleeding during pregnancy and severe anaemia as danger signs. However, danger signs like bursting of water bag without labour pain; excessive bleeding during and after delivery

and labour pain for than 12 hours are known to only 24.4 per cent, 23.3 per cent and 11.1 per cent AWWs respectively. A meagre 8.9 per cent AWWs only could identify high fever within 30 days of delivery as a danger sign.

- Highest percentage of AWWs (51.1%) could identify fever as a danger sign for new born, followed by other danger signs like Yellow palms and soles (44.4 %) and weak sucking or refusal to breastfeed (40 %). Very negligible number of AWWs (8.9 %) could say that convulsions, lethargy or unconsciousness in baby are also danger signs.
- Findings of the study reveal that only 55.6 per cent AWWs accurately know all the five steps in growth monitoring.
- Many AWWs (63.3% & 63.3% respectively) could say that playing and communicating with children helps them to grow and develop well and parents/caretakers must give children clean safe items to handle and things to make sound with.
- More than 80 per cent of AWWs were found to know that breast feeding must be started immediately after birth – within one hour; exclusive breast feeding must be done for six months and on completion of six month complementary food must be given. However AWWs were found to have limited knowledge on other important feeding practices like increasing the quantity, thickness, frequency of food gradually; ensuring hand wash and helping children after 2 years to feed themselves.
- Most of the AWWs (94.4 %) know that children by three month can smile in response, track a ribbon bow, and begin to make sound. Around 93 per cent AWWs were found to have the knowledge that a one year old child can more or less stand without support, wave and say mama papa.

- The study revealed that most AWWs (88.9%) have the knowledge that if danger signs are seen in new born or pregnant women as given in the MCP Card, the patient must immediately visit the doctor.
- Majority of AWWs (82.2%) think that the MCP card is helpful as Immunization and other records can be maintained in the card.
- More than half of the respondent CDPOs and Supervisors are of the opinion that all their AWWs are skilled on use of the MCP card.

### **Awareness and Utilization of MCP Card among the Community**

- The study revealed that only 68.8 per cent of respondent pregnant women were explained about the utilization of MCP card. However higher percentages of lactating mothers and mothers of children from 6 month to 3 years (89.8 % & 86.6 % respectively) were found to have been explained about the utilization of the card.
- In case of pregnant women respondents, it was seen that ANMs (40.1%) mostly engage in explaining the card, whereas in case of lactating mothers and mothers of children from 6 month to 3 years, it was mostly the AWWs (58.7 % & 56.6% respectively) who explain the card.
- The study found that in case of 81.7 per cent of the respondent pregnant women and 91.5 per cent Mothers of Children (6m to 3 years) the first page of the MCP card was filled up. All Lactating Mothers were found to possess MCP Cards with the first page filled up.
- Findings reveal that, the issues mostly discussed with beneficiaries were, care during pregnancy and nutritional care of children. The issues found to

be least discussed were, preparation for institutional delivery followed by psycho social care of children.

- The MCP card is found to be kept in safe custody by most of the beneficiaries. Very few (0.3 % pregnant women, 2.8 % lactating women and 12.7 % mothers of children 6 month to 3 years) failed to keep the MCP Card in safe custody.
- Records of registration of pregnancy was found recorded in the MCP Cards of majority of the pregnant women (83.4%), lactating women (97.2%) and mothers of children 6 months to 3 years (87.3%). Comparatively lesser number of beneficiaries has record of availing services of growth monitoring of children, NHEd and Counseling.
- Antenatal Visit Examination records were mostly found in the MCP cards (54.7 % lactating women and 64.4 % mothers of children 6 month to 3 years)
- Very negligible percentage of beneficiaries (<1%) had records of Obstetric Complication, Past History, Examination, Optional Investigations in the MCP Card.
- Beneficiaries mostly (>80 %) carry the MCP Card for availing services on VHND day as well as to Sub Centre
- The study found that 25.5 per cent of pregnant women, 43.5 per cent lactating women and 42 per cent mothers of children 6 month to 3 years have read the MCP Card at least for once after receiving it.
- According to majority of pregnant women, (64%) the important benefit of MCP card is that it helps in availing services like ANC, TT Injection, TFA tablet etc. Majority of lactating women (76 %) and mothers of children of 6

months to 3 years (72.1 %) identified that MCP card helps in remembering the due dates for immunization.

- Most pregnant women knew that they should consume a variety of food (86.3%), take at least two hours of rest during the day (72.9%) and consume more than normal diet (60.6%).
- Most pregnant women did not have adequate knowledge of the danger signs during pregnancy as indicated in the MCP card. Only 40 per cent of pregnant women had the knowledge that headache, blurring of vision, fits and swelling all over the body is a danger sign during pregnancy. Very few women had the knowledge of other danger signs like bleeding during pregnancy (28.3%), high fever during pregnancy (28%), severe anaemia (21.1%) and excessive bleeding during and after delivery (13.7%). Very negligible number of women had the knowledge that high fever within 30 days of delivery (6%) and labour pain for more than 12 hours (2%) are signs of danger during pregnancy.
- Most mothers (83% and 79.9 % respectively) knew that a new born baby needs to be kept warm and that a baby should not be given bath for the first 48 hours. Less than half of the women (49.1%) knew that the cord must be kept dry and around one third of the women (26.5%) knew that the child must be weighed at birth. Very less percentage (9.2%) of women knew that if the child weighs less than 2.5 kg, he/she needs special care.
- Very few lactating women (1.4% and 6% respectively) had the knowledge that the colour pink in the immunization section of the MCP Card indicates the due date for immunization and white is the actual date of immunization in the MCP Card.

- More than 50 per cent lactating women as well as mothers of children (6 months to 3 years) had poor knowledge regarding the importance of play and communication for their children while they are growing up.
- Most lactating women (83.6%) and mothers of children (6months to 3 years) are aware that children must be weighed every month. However, less than one third of them knew that children must gain weight every month.
- Majority of lactating mothers (90.8%) knew that breast feeding must be started immediately after birth – within one hour. Around 84 per cent mothers have the knowledge of exclusive breast feeding upto six months. They (81.5%) also knew that complementary feeding should start on completion of six months after birth. However, less than half of the mothers only (44.5% and 41% respectively) could say that breast feeding must be done day and night and that it must be done as many times the child wants. Least number of mothers (18.7%) were found to have the knowledge that the quantity, thickness and frequency of complementary feeding must be gradually increased.
- Most mothers of children 6 months to 3 years (92.6%) knew that complementary food must be started on completion of six months of the child. The study further revealed that 88.2 per cent of the mothers have the knowledge that breast feeding should be continued upto 2 years of age of the child and even beyond. But only 44.1 per cent have the knowledge that the quantity, thickness and frequency of complementary food must be increased gradually as children grow.

## **Problems in effective use of MCP Card**

- Most of the CDPOs (66.67%), Supervisors (86.1%) and AWWs (83.2%) pointed out that due to lack of extensive training on MCP Card for both ANM and AWW, most of these two important grass root functionaries are not fully aware of the numerous uses of the card.
- It was unanimously suggested by many respondent service providers that joint training of both ANM and AWW on the use of the card would give the two prime grass-root service provider the requisite skill thereby ensuring its utilization to the maximum potential. It was also suggested that the card should be sufficiently available for distribution right at the time of registration itself. They also suggested that, the MCP card should have clear indication about the role of the AWW and ANM in the card itself so that there is no confusion. Further, the blank portion of the MCP card that needs to be filled up should also have clear indications about the person responsible to fill that up. Another important suggestion that emerged from the study was that the card should be made more pictorial so that even the illiterate and less educated women can understand

## RECCOMENDATIONS

1. The MCP card has immense un-trapped potential for achieving, monitoring and sustaining vaccination coverage, antenatal and post natal service utilization, feeding practices and monitoring of growth and development in children. The Card must be sufficiently available for distribution at all levels through out the year. Improved utilization of the MCP Card by the service providers in terms of explaining the proper use of the card to beneficiaries, provision of services and its recording can create more value for users, increase retention and ultimately leading to real impact.
2. MCP card is designed to ensure a continuum of care throughout pregnancy till the child is born and until the child has attained three years in all areas of health, nutrition and psychosocial care in one platform that is the AWC or the sub centre by both health as well as ICDS functionaries. But unfortunately, the study found that the MCP card is not used as it was intended and designed to. Hence it was felt that a mechanism needs to be devised to ensure proper usage of the MCP card so that continuum of care could be provided to the intended beneficiaries.
3. It is important as well as necessary that every pregnant woman at the time of first registration is handed over a MCP card and counsel her on its proper use. But the study found that all pregnant women are not provided with the MCP card mainly due to shortage of supply. It is therefore recommended that regularity in timely distribution of MCP card should be maintained.
4. Through the study, it has come to light that the mechanism of supply and distribution of the MCP Card from the district to the block as well as from the block to sub-center level varies from place to place. Therefore an uniform

mechanism for supply and distribution of the MCP card through designated channels needs to be established so that there is accountability and monitoring as well as supervision becomes easy.

5. The study found that MCP card and delivery of its services is mostly considered as job of the ANM and Health Department. The MCP card is a joint venture of both ICDS and Health Services. It is, therefore, to be made an integral part of service delivery by both Health as well as ICDS functionaries.
6. Linkages with referral services need to be facilitated. Service deliver should be backed by supportive supervision from both ICDS and Health service providers.
7. The data from the MCP Card have the potential to generate basic service delivery statistics and increase the ability to track progress. During the study, the researcher therefore felt that accuracy of entries in the MCP card need to be established so that if it is linked it up with the information system, it can generate vital statistics for policy makers.
8. As per the MCP Guideline, entry in the sections of Past History in Pre Natal Care are supposed to done only if there are any complications as mentioned in the MCP Card. Therefore, it is recommended that recording of past history may be done as nil, if there is no history of complications in previous pregnancy. Thereby it can be ascertained whether the tests and examinations are done or not; beneficiaries history was taken or not. This would also make monitoring of service delivery convenient.

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**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for CDPO

**Recording Responses and filling boxes**

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name of the Respondent: :.....

2. Designation: :.....

3. Name of the ICDS project:.....

4. Address:.....

5. Age

- |      |                  |                          |
|------|------------------|--------------------------|
| i.   | 20 – 25 yrs      | <input type="checkbox"/> |
| ii.  | 25 – 30 yrs      | <input type="checkbox"/> |
| iii. | 30 – 35 yrs      | <input type="checkbox"/> |
| iv.  | 35 – 40 yrs      | <input type="checkbox"/> |
| v.   | 40 – 45 yrs      | <input type="checkbox"/> |
| vi.  | 45 yrs and above | <input type="checkbox"/> |

6. Educational Qualification:

- |      |                |                          |
|------|----------------|--------------------------|
| i.   | Up to class 10 | <input type="checkbox"/> |
| ii.  | Class 10 pass  | <input type="checkbox"/> |
| iii. | HS pass        | <input type="checkbox"/> |
| iv.  | Graduate       | <input type="checkbox"/> |
| v.   | Post Graduate  | <input type="checkbox"/> |

**B. TRAINING STATUS**

7. Whether received any training regarding MCP card

If yes,

Name of the training	Duration	Month/Year	Training Provider

**C. KNOWLEDGE**

8. What do you know about the use of MCP card
- i. It can used by pregnant women for availing health services
  - ii. To know about the nutritional and health care practices during pregnancy
  - iii. To keep record of antenatal services received by a pregnant women
  - iv. To keep record of postnatal services received by a new born child and his/her mother
  - v. For growth monitoring
  - vi. To keep record of provision immunization, deworming and vitamin A solution
  - vii. To know about the developmental milestones in children
  - viii. To know about the nutritional and psychosocial care practices for children.
  - ix. It can be used as a referral card
  - x. It can be used as a monitoring tool
  - xi. Specify if any other response.

9. When is the MCP Card Given

10. Who is the custodian of the MCP Card

11. Who is supposed to explain the use of MCP card to the beneficiaries

12. Who is responsible for delivering services as mentioned in the MCP card

**D. PRACTICE**

13. Is there any office order on MCP card issued by Social Welfare Department regarding office order by the AWW? (Yes-1 , No-2)

If yes, collect a copy of the same: \_\_\_\_\_

14. Do you explain the use of MCP card to Supervisor/AWW?

Yes/ No

If yes, when?

**E. ATTITUDE TOWARDS THE MCP CARD**

15. Is the MCP card helpful for beneficiaries  
(Yes 1, No 2)

16.1 If yes, give reasons how.

16.2 If no, why?

16. Are your AWW skilled on the use of MCP card

- i. All of them
- ii. Most of them
- iii. Some of them
- iv. None

**F. EXISTING INTERFACE BETWEEN SERVICE PROVIDERS**

17. Do you monitor and supervise the following(For CDPOs/Supervisors only):

Sl. No	Services (Yes -1, 2 - No)	Response (Code)
i.	Supply of MCP card to the beneficiaries	
ii.	Provisions of services by ANM	
iii.	Availing of services by beneficiaries	
iv.	Any other response	

18. Do you check the MCP card to verify fulfilment of conditions for availing IGMSY benefits?

20.i. If yes how

20.ii. If No. why

19. Nature of supervision as use of MCP card provided during monitoring visits

- i. By giving verbal instruction
- ii. By demonstrating the usage of MCP card
- iii. Providing guidance in recording information
- iv. Providing hand- on training in recording of findings in the MCP card
- v. Explaining about the various sections of the MCP card
- vi. Explaining about play and communication activities

20. Give your views regarding the difficulties in maintenance and use of MCP card by beneficiaries.

21. What are your suggestions for effective use of MCP card by ICDS functionaries?

22. Space for Investigators comments

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for Supervisor

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name Respondent: :.....

2. Designation:.....

3. Name of the ICDS

project:.....

4. Address:.....

5. Age

i. 20 – 25 yrs

ii. 25 – 30 yrs

iii. 30 – 35 yrs

iv. 35 – 40 yrs

v. 40 – 45 yrs

vi. 45 yrs and above

6. Educational Qualification:

i. Upto class 10

ii. Class 10 pass

iii. HS pass

iv. Graduate

v. Post Graduate

**B. TRAINING STATUS**

7. Whether received any training on MCP card

If yes,

Name of the training	Duration	Month/Year	Training Provider

**B. KNOWLEDGE**

8. What do you know about the use of MCP card

- i. It can be used by pregnant women for availing health services
- ii. To know about the nutritional and health care practices during pregnancy
- iii. To keep record of antenatal services received by a pregnant women
- iv. To keep record of postnatal services received by a new born child and his/her mother
- v. For growth monitoring
- vi. To keep record of provision immunization, deworming and vitamin A solution
- vii. To know about the developmental milestones in children
- viii. To know about the nutritional and psychosocial care practices for children.
- ix. It can be used as a referral card
- x. It can be used as a monitoring tool
- xi. Specify if any other response

9. When is the MCP Card Given

10. Who is the custodian of the MCP Card

11. Who is supposed to explain the use of MCP card to the beneficiaries

12. Who is responsible for delivering services as mentioned in the MCP card

**C. PRACTICE**

13. Do you explain the use of MCP card to AWW?

(1 Yes, 2 No)

If yes, when?

- i. During visit to AWC
- ii. At review meeting
- iii. Through continuing education session
- iv. Specify if any other response

**D. ATTITUDE TOWARDS THE MCP CARD**

14. Is the MCP card helpful for beneficiaries

(Yes 1, No 2)

16.1 If yes, give reasons how?

20.2 If no, why?

15. Are your AWW skilled on the use of MCP card

- i. All of them
- ii. Most of them
- iii. Some of them
- iv. None

**E. EXISTING INTERFACE BETWEEN SERVICE PROVIDERS**

16. MCP card is supposed to be jointly maintained by both Health and ICDS. How does this enhance the coordination between the two.

17. Do you monitor and supervise the following

Sl. No	Services (Yes -1, 2 - No)	Response (Code)	Remarks
i.	Supply of MCP card to the beneficiaries		
ii.	Provisions of services by ANM		
iii.	Availing of services by beneficiaries		
iv.	Any other response		

18. Do you check the MCP card to verify fulfilment of conditions for availing IGMSY benefits?

21.i. If yes how

21.ii. If No. why

19. Give your views regarding the difficulties in maintenance and use of MCP card by beneficiaries.

20. What are your suggestions for effective use of MCP card by AWWs and other ICDS functionaries?

21. Space for Investigators comments

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for Auxiliary Nurse Midwife of Health Department

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name:.....
2. Designation .....:
3. Name of Sub Center: .....
4. District.....

5. Age of respondent

- |                  |                          |
|------------------|--------------------------|
| i. 20 – 25 yrs   | <input type="checkbox"/> |
| ii. 25 – 30 yrs  | <input type="checkbox"/> |
| iii. 30 – 35 yrs | <input type="checkbox"/> |
| iv. 35 –40 yrs   | <input type="checkbox"/> |
| v. 40 – 45 yrs   | <input type="checkbox"/> |
| vi. 45 and above | <input type="checkbox"/> |

6. Length of experience:

- |                      |                          |
|----------------------|--------------------------|
| i. 1-5 yrs           | <input type="checkbox"/> |
| ii. 5-9 yrs          | <input type="checkbox"/> |
| iii. 9-14 yrs        | <input type="checkbox"/> |
| iv. 15 yrs and above | <input type="checkbox"/> |

7. Educational Qualification:

- i. 10 pass
- ii. HS pass
- iii. Graduate
- iv. Post Graduate


8. Professional Qualification, specify

**B. SUPPLY & DISTRIBUTION**

9. What is the mechanism for procurement/placing of indent against the requirement of MCP card?

10. Is the MCP card sufficiently available at your health facility for distribution?  
(Yes-1, No-2)

11. Total no. of Pregnant women who have been registered and provided MCP card in the last financial year.

Registered	Provided MCP card

12. Do you give the MCP Card to all pregnant women  
(Yes-1, No- 2, If no give reasons)

13. When is the MCP card given:

- i. At the time of first registration at AWC
- ii. At the time of first registration of pregnancy at subcentre
- iii. At the time of home visit
- iv. Any of the above, mention (1/2)


14. Who is the custodian of the MCP card:

- i. Mother/beneficiary
- ii. Other Family Members
- iii. ASHA
- iv. ANM
- v. AWW

If the answer is ASHA, ANM or AWW, specify why?

**B. TRAINING STATUS**

15. Did you receive any training on use of MCP card?

15.1 If yes, specify

Name of Training	Duration	Month/Year	Training provider

16. Give your views regarding the difficulties in maintenance of MCP card.

17. What are your suggestions for effective use of MCP card.

18. Space for investigators observation and comments if any:

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for ASHA

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name :.....
2. Designation: :.....
3. Name of the AWC:.....
4. Address:(Project Office).....

5. Age

- |      |                  |                          |
|------|------------------|--------------------------|
| i.   | 20 – 25 yrs      | <input type="checkbox"/> |
| ii.  | 25 – 30 yrs      | <input type="checkbox"/> |
| iii. | 30 – 35 yrs      | <input type="checkbox"/> |
| iv.  | 35 – 40 yrs      | <input type="checkbox"/> |
| v.   | 40 – 45 yrs      | <input type="checkbox"/> |
| vi.  | 45 yrs and above | <input type="checkbox"/> |

6. Length of experience:

- |      |                  |                          |
|------|------------------|--------------------------|
| i.   | below 5 yrs      | <input type="checkbox"/> |
| ii.  | 5 – 10 yrs       | <input type="checkbox"/> |
| iii. | 10 – 15 yrs      | <input type="checkbox"/> |
| iv.  | 15 – 20 yrs      | <input type="checkbox"/> |
| v.   | 20 yrs and above | <input type="checkbox"/> |

7. Educational Qualification:

- |      |               |                          |
|------|---------------|--------------------------|
| i.   | Upto class 10 | <input type="checkbox"/> |
| ii.  | Class 10 pass | <input type="checkbox"/> |
| iii. | HS pass       | <input type="checkbox"/> |

8. What do you know about the MCP card?

9. How are you involved with the supply of MCP card to pregnant women?

10. What is your role in the use/maintenance of MCP card?

11. Have you been told about the use of MCP card before?

(1-Yes, 2- No)

12. Are you aware whether the beneficiaries carry the MCP card on

- i. VHND session
- ii. Growth Monitoring session
- iii. SHG meeting
- iv. While visiting other health facilities

13. What are your suggestions for effective use of MCP card?

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for Anganwadi Worker

**Recording Responses and filling boxes**

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name Respondent:.....
2. Designation:.....
3. Name of the ICDS project:.....
4. Name and No of AWC.....

5. Age of respondent

- |      |                 |                          |
|------|-----------------|--------------------------|
| i.   | 20 – 25 yrs     | <input type="checkbox"/> |
| ii.  | 25 – 30 yrs     | <input type="checkbox"/> |
| iii. | 30 – 35 yrs     | <input type="checkbox"/> |
| iv.  | 35 – 40 yrs     | <input type="checkbox"/> |
| v.   | 40 – 45 yrs     | <input type="checkbox"/> |
| vi.  | 45yrs and above | <input type="checkbox"/> |

6. Length of experience:

- |      |                  |                          |
|------|------------------|--------------------------|
| i.   | below 5yrs       | <input type="checkbox"/> |
| ii.  | 5 – 10 yrs       | <input type="checkbox"/> |
| iii. | 10 – 15 yrs      | <input type="checkbox"/> |
| iv.  | 15 – 20 yrs      | <input type="checkbox"/> |
| v.   | 20 yrs and above | <input type="checkbox"/> |

7. Educational Qualification:

- i. Upto class 10
- ii. Class 10 pass
- iii. HS pass
- iv. Graduate
- v. Post Graduate


8. Total no. of beneficiaries and possession of MCP card by beneficiaries under the AWC area (2015-16):

Sl.No	Category	No. of beneficiary	No. of beneficiary having MCP card	If not received, why?
i.	Pregnant Women			
ii.	Lactating Mother			
iii.	Children from 6 month-3years			
iv.	Children from 3-5 years			

**B. TRAINING STATUS**

9. Whether received any training on MCP card

If yes,

Name of the training	Duration	Month/Year	Training Provider

**C. DISTRIBUTION OF MCP CARD**

10. Is the MCP Card given to all pregnant women

(Yes-1, No- 2, if no give reasons)

11. Who is the custodian of the MCP card:

- i. Mother
- ii. Family Members
- iii. ASHA
- iv. ANM
- v. AWW

If the answer is ASHA, ANM or AWW, specify why?

**D. PRACTICE**

12. Do you explain the use of MCP card to the beneficiaries?

(Yes-1, No-2, Do not know-3)

12.1 If explained, how

- 1. All sections are explained at the time of handing over the card
- 2. Only relevant sections are explained as and when required
- 3. Explained only when beneficiaries enquire about it
- 4. Any other response.....

12.2 If no why?

13. Are the following equipments and material available in your centre.

Sl.No	Examinations (Yes -1, 2 - No)	Response (Code)	Working condition
1.	Weighing machine for children		
2.	Weighing machine for women		
3.	MCP Cards		
4.	IEC materials for NHED		

14. Which portion of the MCP card do you explain to the beneficiary?

15. Which portion of the MCP Cardis filled by you?

Sl. No	Services	Code 1-Yes, 2-No	If no, why?
1	Family Identification		
2	Pregnancy Record		
3	Birth Record		
4	Institutional Identification		
5	Registration of pregnancy		
6	Taking Weight		
7	Provide Iron Tablet		
8	Growth Monitoring		

16. When do you use the MCP card

- i. During ANC visit
- ii. Home visit
- iii. Growth Monitoring Session
- iv. VHND session
- v. Sectoral level meeting
- vi. SHG meetings

17. Is weight of children plotted in the growth chart

18.1 If yes, are mothers counselled / adviced on growth of their children.

18.22 If yes, Timing of discussing the growth curve of the child with the mother after weighing:

- i. Immediately after weighing
- ii. During home visits
- iii. When the mother comes to the AWC
- iv. Whenever time is available

18. Is the card used for referral services?  
(Yes-1, No-2)

19.1. If yes, does the card help in getting appropriate referral services?

(Yes-1, No-2)

19.2. Nature of the help received during referrals with MCP card?

- i. MCP card holder gets preference over other patients.
- ii. Helps in identification of complications.
- iii. Helps in getting timely and right treatment.
- iv. Helps in saving life.
- v. Any other

19.3. Is referral History recorded?

19.4. If no, why?

19. Do women carry the MCP card for availing services on the

Services (1- Yes, 2-No)	Code (1/2)
VHND Day	
While visiting sub centre	
While visiting other health facilities	

## E. KNOWLEDGE ON MCP CARD

*(Please Note: Tell the Respondent that she/he will be asked certain questions from the MCP Card. She/He will have to answer without seeing the card. Investigators may give hints in between. With each correct answer respondents will score 1. This is to check knowledge of the respondent on the MCP card)*

20. The six services that a pregnant women must be provided during pregnancy?

- i. Registration
- ii. ANC
- iii. Blood Pressure, Blood and Urine Test
- iv. Weight check
- v. TT Injection
- vi. Iron Tablets

21. Regular care during pregnancy

- i. Consume a variety of foods
- ii. Consume more than normal diet
- iii. Consume SN from AWC
- iv. Take at least two hours rest during day
- v. Use only iodised salt
- vi. IFA Tablets

22. Knowledge regarding danger signs during pregnancy

- i. Bleeding during pregnancy
- ii. Excessive bleeding during and after delivery
- iii. Severe anaemia
- iv. High fever during pregnancy
- v. High fever within 30 days of delivery
- vi. Headache, blurring of vision, fits and swelling all over the body
- vii. Labour pain for more than 12 hours
- viii. Bursting of water bag without labour pain
- ix. Stomach pain

23. Knowledge regarding care of the new born children:

- i. Colostrums feeding
- ii. A baby needs to be kept warm
- iii. Baby should not be given bath for the first 48 hours
- iv. The cord must be kept dry
- v. Keep the child away from people who are sick.
- vi. Weigh the child at birth.
- vii. Give special care if the child weighs less than 2.5 kg.

24. Knowledge regarding danger signs in a new born

- i. Weak sucking or refusal to breastfeed
- ii. Baby unable to cry
- iii. Baby having difficulty in breathing
- iv. Yellow palms and soles
- v. Fever
- vi. Cold to touch
- vii. Blood in stools
- viii. Convulsions lethargic or unconscious

25. Five steps in growth monitoring and promotion:

- i. Determining correct age of the child
- ii. Accurate weighing of the child
- iii. Plotting the weight on the growth chart
- iv. Interpreting the direction of the growth curve
- v. Discussing the child's growth and follow up action with the mother

26. Awareness regarding immunization in the MCP card:

- i. Pink indicates the date for next immunization
- ii. White is actual date of immunization

27. Knowledge regarding play and communication

- i. Playing and communicating with children helps them to grow and develop well.
- ii. Parents/caretakers must provide ways for the child to see, hear feel and move.
- iii. Parents/caretakers must give children clean safe items to handle and things to make sound with.
- iv. Simple household items can also be used as play materials for children.
- v. Children must be encouraged to talk and communicate once they are two to three years old.

28. Knowledge regarding feeding

- i. Start breast feeding, immediately after birth – within one hour.
- ii. Exclusive breast feeding for six months.
- iii. Breast feed as many times the child wants.
- iv. Breast feed day and night.
- v. On completion of six months start complementary food.
- vi. Then increase the quantity, thickness, frequency of food gradually.
- vii. Continue breast feeding for 2 years and beyond.
- viii. After 2 years help the child to feed himself/ herself.
- ix. Ensure handwashing.

29. Knowledge about developmental milestones in children:

- i. By three months most child can smile in response, track a ribbon bow, and begin to make sound
- ii. A three to six months most children can hold head steadily when held upright, turn to a voice
- iii. A one year old child can more or less stand without support, wave and say mama papa
-

- iv. At two years mostchild can stand on one foot, say words and imitate household work.
- v. A three year old child can copy and draw straight lines, wash hands by  her and name three or four objects.

30. What should one do if danger signs are seen?

- i. Must wait and see for some more time
- ii. Must immediately visit the doctor
- iii. Must wait for the next check up
- iv. Do not know what to do
- v. Any other response

**ATTITUDE TOWARDS THE MCP CARD**

31. Is the MCP card helpful for beneficiaries   
(Yes 1, No 2)

32. If yes, give reasons how.

- i. It gives knowledge related to the pregnant women’s health, nutrition and optimum foetal development.
- ii. Women can know about danger signs in pregnancy and when and where to seek help.
- iii. It gives knowledge related to child’s health, nutrition and development.
- iv. The card gives information about health and nutrition services.
- v. For practicing optimum care behaviour.
- vi. Family members can monitor and promote growth and development of children.
- vii. Family members can seek services
- viii. Immunization

33. If no, Explain why.

**EXISTING INTERFACE BETWEEN SERVICE PROVIDERS**

34. Do you know that the MCP Card is the tool of verification for availing IGMSY benefits by beneficiaries?

35. Give your views regarding the difficulties in maintenance of MCP card.

36. What are your suggestions for effective use of MCP card.

37. Investigator comment

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for Additional Chief Medical & Health Officer

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name:
2. Designation:
3. Office Address:
4. District:

**B. Supply & Distribution**

5. Presently do you have sufficient cards under your disposal?
6. What is the mechanism for procurement/placing of indent against the requirement of MCP card?
7. Is there any MCP card stored in your office?
8. How do you distribute the MCP card from your office to the next level?
9. Who is the concerned officer responsible for supplying of MCP card to the PHC/ Sub centre?

10. Status of MCP card distributed during last financial year:

Sl.No.	Health facility	Total no.	Total No of Pregnant Women registered	Total no.MCP Card distributed
1	Public Health Centre			
2	Community Health Centre			
3	Mini PHC			
4	Dispensary			
5	Sub centre			

11. Whether the ANM & ASHA been given any training regarding use of MCP Card. (Yes-1 , No-2)

If yes,

Name of the training	Duration	Month and year	Training Provider

12. What are your suggestions for effective use of MCP card?

13. Space for investigators comment if any.

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT

Regional Centre, Guwahati

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

Schedule for Block PHC In-charge

**Recording Responses and filling boxes**

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name:
2. Designation:
3. Office Address:
4. District:

**B. Supply & Distribution**

5. Presently do you have sufficient cards under your disposal?
6. What is the mechanism for procurement/placing of indent against the requirement of MCP card ?
7. Is there any MCP card stored in your office?
8. How do you distribute the MCP card from your office to the next level?
9. Who is the concerned officer responsible for supplying of MCP card to the Sub centre?

10. Status of MCP card distributed during last financial year:

Sl.No.	Health facility	Total no.	Total Number registered	Total no.MCP Card distributed
1.	Sub centre			

11. Is there any specific office order on the use of MCP card? (Yes-1 , No-2)

If yes, collect a copy of the same: \_\_\_\_\_

12. Whether the ANM & ASHA been given any training regarding use of MCP Card. (Yes-1 , No-2)

If yes,

Name of the training	Duration	Month and year	Training Provider

13. Space for investigators comment if any.

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

**Schedule for Lactating Women**

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name:.....
2. Name of the ICDS project:.....
3. Name and Number of the AWC :.....
4. Address:.....  
.....

5. Age

- |                  |                          |
|------------------|--------------------------|
| i. Below 20 yrs  | <input type="checkbox"/> |
| ii. 20 – 25 yrs  | <input type="checkbox"/> |
| iii. 25 – 30 yrs | <input type="checkbox"/> |
| iv. 30 – 35 yrs  | <input type="checkbox"/> |
| v. 35 – 40 yrs   | <input type="checkbox"/> |
| vi. 40 and above | <input type="checkbox"/> |

6. Educational Qualification:

- |                        |                          |
|------------------------|--------------------------|
| i. Illiterate          | <input type="checkbox"/> |
| ii. Less than class 10 | <input type="checkbox"/> |
| iii. Up to class 10    | <input type="checkbox"/> |
| iv. Class 10 pass      | <input type="checkbox"/> |
| v. HS pass             | <input type="checkbox"/> |
| vi. Graduate           | <input type="checkbox"/> |
| vii. Post Graduate     | <input type="checkbox"/> |

7. Background Information:

7.1 No. of Children

- i. 1-6 month
- ii. 6-1 yr
- iii. 1-2 yr
- iv. 2-3 yr
- v. 3 & above

8. Did you register yourself at the Sub centre/Health Centre :

(Yes/No)

9. Timing of registration:

- i. 1<sup>st</sup> Trimester
- ii. 2<sup>nd</sup> Trimester
- iii. 3<sup>rd</sup> Trimester

**B. PRACTICE**

10. Who gave the MCP card to you

- i. ANM
- ii. AWW
- iii. ASHA
- iv. ANM & AWW
- v. Any other, specify

11. When was the MCP card given:

- i. At the time of first registration at AWC
- ii. At the time of first registration at Sub centre/PHC
- iii. Few days after registration

12. Do you keep the MCP card with yourself.

12.1 If no, who keeps the MCP card

- i. Family Members
- ii. ASHA
- iii. ANM
- iv. AWW

If the answer is ASHA, ANM or AWW, specify why?

13. Is the MCP card explained to you before handing it over   
(Yes-1 , No-2)

14. If yes who explains it:

- i. ASHA
- ii. AWW
- iii. ANM
- iv. Either AWW/ANM
- v. Any other specify

15. If explained, how

- i. All sections are explained at the time of handing over the card
- ii. Only relevant sections are explained as and when required
- iii. Explained only when beneficiaries enquire about it
- iv. Any other response.....

16. Is the first page of MCP card filled up before giving it to you:   
(Yes-1, No-2)

17. If yes, who fills up:

- i. ANM
- ii. AWW
- iii. ANM & AWW jointly

18. Who retains the counterfoil of the MCP card

- i. ANM
- ii. AWW
- iii. ASHA
- iv. Not yet retained

19. Did the ANM/AWW/ASHA tell you regarding the following by using the MCP card

Sl.No	Services (Yes-1, No -2)	Response (Code)
1.	Care during pregnancy	
2.	Preparation for emergency	
3.	Danger sign during Pregnancy	
4.	Preparation for institutional delivery	
5.	New born care	
6.	Breastfeeding	
7.	Danger signs during infancy	
8.	Psycho Social care of children	
9.	Nutritional care of children	

20. Do you maintain the MCP card properly?  
(Yes-1, No-2)

21. If no, give reasons:

- i. Losing/displacing the MCP card.
- ii. You think it is useless
- iii. It is not required for availing services
- iv. You were not told to do so
- v. Any other reason,specify.....

22. Which of the services as mentioned in the MCP card availed by you  
(Verify its recording in the MCP card)

Sl. No	Services 1-Yes, 2-No	Services availed	Recording (Verify)	Remarks
1	Registration of pregnancy			
2	Antenatal Checkup			
3	Blood Pressure, Blood & urine examination			
4	Taking Weight			
5	Provide TT Injection			
6	Provide Iron Tablet			
7	Growth Monitoring			
6	Nutrition and Health Education			
7	Counselling			

<b>A. OBSTETRIC COMPLICATIONS</b>				
<b>Sl. No</b>	<b>Complications (1=yes, 2=no)</b>	<b>History taken</b>	<b>Recorded</b>	<b>Remarks</b>
1	APH			
2	Eclampsia			
3	PIH			
4	Anaemia			
5	Obstructed labor			
6	PPH			
7	LSCS			
8	Congenital anomaly in baby			
9	Others			
<b>B. PAST HISTORY</b>				
1	Tuberculosis			
2	Hypertension			
3	Heart Disease			
4	Diabetes			
5	Asthma			
6	Others			

<b>C. EXAMINATION</b>			
<b>General Condition</b>	<b>Heart</b>	<b>Lungs</b>	<b>Breasts</b>

<b>D. ANTENANTAL VISITS</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Date				
Any complaints				
POG				
Weights				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

<b>E. ABDOMINAL EXAMINATION</b>				
Fundal height				
Weeks/cm				
Lie/presentation				
Fetal movements				
Fetal heart rate				
P/V if done				

<b>F. ESSENTIAL INVESTIGATIONS</b>				
Haemoglobin				
Urine albumin				
Urine sugar				
Sign of ANM				

Blood group & Rh Typing

Date

**G. OPTIONAL INVESTIGATIONS**

1. Urine pregnancy test:
2. Hbs Ag
3. Blood sugar

<b>A. POST NATAL CARE</b>				<b>Remarks</b>
1	Any complains			
2	Pallor			
3	Pulse rate			
4	Blood pressure			
5	Temperature			
6	Breasts soft/engorged			
7	Nipples cracked/smooth			
8	Uterus Tenderness Present/absent			
9	Bleeding P/V Excessive/normal			
10	Lochia Healthy/foul smelling			
11	Episiotomy/Tear healthy/infected			
12	Family planning Counselling			
13	Any other complications and referral			

<b>B. Care of Baby</b>			
1	Urine passed		
2	Stool passed		
3	Diarrhoea		
4	Vomiting		
5	Convulsions		
6	Activity (good/lethargic)		
7	Sucking (good/poor)		
8	Breathing (fast/difficult)		
9	Chest indrawing Present/absent		
10	Temperature		
11	Jaundice		
12	Condition of Umbilical stump		
13	Skin pustules Present/absent		
14	Any other complications		

### C. USE OF MCP CARD

23. Do you carry the MCP card for availing services on the

Services (1- Yes, 2-No)	Code (1/2)
VHND Day	
While visiting sub centre	
While visiting other health facilities	

24. Did ANM/AWW refer you to a health facility? Yes/ No
- 24.1 If yes, did the card help in getting services? Yes/ No
- 24.1.1 If yes, how?
- i. MCP card holder gets preference over other patients.
- ii. Helps in identification of complications.
- iii. Helps in getting timely and right treatment.
- 24.1. Is referral History recorded? (Yes-1, No-2) (Verify)
- 24.2 Were you advised to carry the MCP Card during referral?

### D. KNOWLEDGE ON MCP CARD

*(Check knowledge of the respondents on the following points)*

25. Did you read the MCP card once after receiving it?

(1-Yes, 2-No)

26. Is the information provided through the MCP card beneficial?

- i. It gives you information regarding health care practices
- ii. It gives you information regarding nutritional care of yourself
- iii. It helps in availing services
- iv. It keeps record of your health status and utilization of services
- v. Helps to remember due date for immunization
- vi. Helps to monitor growth and development of the children
- vii. Helps to check developmental delays in child
- viii. Give information on psychosocial of children
- ix. Gives information on the danger signs during pregnancy and of new born child
- x. Any other.

27. Knowledge regarding care of the young children:

- i. A baby needs to be kept warm
- ii. Baby should not be given bath for the first 48 hours
- iii. The cord must be kept dry
- iv. Keep the child away from people who are sick.
- v. Weigh the child at birth.
- vi. Give special care if the child weighs less than 2.5 kg.

28. Awareness regarding immunization in the MCP card:

- i. Pink indicates the date for next immunization
- ii. White is actual date of immunization

29. Knowledge regarding play and communication

- i. Playing and communicating with children helps them to grow and develop well.
- ii. Parents/caretakers must provide ways for the child to see, hear feel and move.
- iii. Parents/caretakers must give children clean safe items to handle and things to make sound with.

30. Knowledge regarding feeding

- iv. Start breast feeding, immediately after birth – within one hour.
  - v. Exclusive breast feeding for six months.
-

- vi. Breast feed as many times the child wants.
- vii. Breast feed day and night.
- viii. On completion of six month start complementary food.
- ix. Then increase the quantity, thickness, frequency of food gradually.
- x. Continue breast feeding for 2 years and beyond.

31. Knowledge about growth monitoring

- xi. Children must be weighed every month after birth.
- xii. Pink chart is for girls and blue for boys
- xiii. Weight plotted in the green means normal, yellow and orange means moderate and severe malnourishment respectively
- xiv. Children must gain weight every month.

32. Give your views regarding the difficulties in maintenance of MCP card.

33. What are your suggestions for effective use of MCP card?

34. Space for investigators comment if any.

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

**Schedule for Mothers of 6 months to 3 years**

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name:.....
2. Name of the ICDS project:.....
3. Name and Number of the AWC :.....
4. Address:.....  
.....

5. Age

- |                  |                          |
|------------------|--------------------------|
| i. Below 20 yrs  | <input type="checkbox"/> |
| ii. 20 – 25 yrs  | <input type="checkbox"/> |
| iii. 25 – 30 yrs | <input type="checkbox"/> |
| iv. 30 – 35 yrs  | <input type="checkbox"/> |
| v. 35 – 40 yrs   | <input type="checkbox"/> |
| vi. 40 and above | <input type="checkbox"/> |

6. Educational Qualification:

- |                     |                          |
|---------------------|--------------------------|
| i. Illiterate       | <input type="checkbox"/> |
| ii. Less than 10    | <input type="checkbox"/> |
| iii. Up to class 10 | <input type="checkbox"/> |
| iv. Class 10 pass   | <input type="checkbox"/> |
| v. HS pass          | <input type="checkbox"/> |
| vi. Graduate        | <input type="checkbox"/> |
| vii. Post Graduate  | <input type="checkbox"/> |

7. Background Information:

7.1 No. of Children

- i. 1-6 month
- ii. 6-1 yr
- iii. 1-2 yr
- iv. 2-3 yr
- v. 3 & above

8. Did you register yourself at the Sub centre/Health centre:

(1 Yes/ 2 No)

9. Timing of registration:

- i. 1<sup>st</sup> Trimester
- ii. 2<sup>nd</sup> Trimester
- iii. 3<sup>rd</sup> Trimester

**B. PRACTICE**

10. Who gave the MCP card to you

- i. ANM
- ii. AWW
- iii. ASHA
- iv. ANM & AWW
- v. Any other, specify

11. When was the MCP card given:

- i. At the time of first registration at AWC
- ii. At the time of first registration at sub centre
- iii. Few days after registration

12. Do you keep the MCP card with yourself.

12.1 If no, who keeps the MCP card

- i. Family Members
- ii. ASHA
- iii. ANM
- iv. AWW

13. If the answer is ASHA, ANM or AWW, specify why?

14. Is the MCP card explained to you before handing it over  
(Yes-1 , No-2)

15. If yes who explains it:

- i. ASHA
- ii. AWW
- iii. ANM
- iv. Either AWW/ANM
- v. Any other specify

16. If explained, how

- i. All sections are explained at the time of handing over the card
- ii. Only relevant sections are explained as and when required
- iii. Explained only when beneficiaries enquire about it
- iv. Any other response.....

17. Is the first page of MCP card filled up before giving it to you:  
(Yes-1, No-2)

18. If yes, who fills up:

- i. ANM
- ii. AWW
- iii. ANM & AWW jointly

19. Who retains the counterfoil of the MCP card

- i. ANM
- ii. AWW
- iii. ASHA
- iv. Not yet retained

20. Did the ANM/AWW/ASHA tell you regarding the following by using the MCP card

Sl.No	Services (Yes-1, No -2)	Response (Code)
1.	Care during pregnancy	
2.	Preparation for emergency	
3.	Danger sign during Pregnancy	
4.	Preparation for institutional delivery	
5.	New born care	
6.	Breastfeeding	
7.	Danger signs during infancy	
8.	Psycho Social care of children	
9.	Nutritional care of children	

21. Do you maintain the MCP card properly?   
 (Yes-1, No-2)

22. If no, give reasons:

- i. Losing/displacing the MCP card.
- ii. You think it is useless
- iii. It is not required for availing services
- iv. You were not told to do so
- v. Any other reason,specify.....

23. Which of the services as mentioned in the MCP card availed by you  
 (Verify its recording in the MCP card)

Sl. No	Services 1-Yes, 2-No	Services availed	Recording (Verify)	Remarks
1	Registration of pregnancy			
2	Antenatal Checkup			
3	Blood Pressure, Blood & urine examination			
4	Taking Weight			
5	Provide TT Injection			
6	Provide Iron Tablet			
7	Growth Monitoring			
8	Nutrition and Health Education			
9	Counselling			

A. OBSTETRIC COMPLICATIONS				
Sl. No	Complications (1-yes, 2-no)	History taken	Recorded	Remarks
1	APH			
2	Eclampsia			
3	PIH			
4	Anaemia			
5	Obstructed labor			
6	PPH			
7	LSCS			
8	Congenital anomaly in baby			
9	Others			

<b>B. PAST HISTORY</b>				
1	Tuberculosis			
2	Hypertension			
3	Heart Disease			
4	Diabetes			
5	Asthma			
6	Others			

<b>C. EXAMINATION</b>			
General Condition	Heart	Lungs	Breasts

<b>D. ANTENANTAL VISITS</b>				
	1	2	3	4
Date				
Any complaints				
POG				
Weights				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

<b>E. ABDOMINAL EXAMINATION</b>				
Fundal height				
Weeks/cm				
Lie/presentation				
Fetal movements				
Fetal heart rate				
P/V if done				

F. ESSENTIAL INVESTIGATIONS				
Haemoglobin				
Urine albumin				
Urine sugar				
Sign of ANM				

Blood group & Rh Typing

**G. OPTIONAL INVESTIGATIONS**

1. Urine pregnancy test:
2. Hbs Ag
3. Blood sugar

A. POST NATAL CARE				Remarks
1	Any complains			
2	Pallor			
3	Pulse rate			
4	Blood pressure			
5	Temperature			
6	Breasts soft/engorged			
7	Nipples cracked/smooth			
8	Uterus Tenderness Present/absent			
9	Bleeding P/V Excessive/normal			
10	Lochia Healthy/foul smelling			
11	Episiotomy/Tear healthy/infected			
12	Family planning Counselling			
13	Any other complications and referral			
B. Care of Baby				
1	Urine passed			
2	Stool passed			
3	Diarrhoea			
4	Vomiting			
5	Convulsions			
6	Activity (good/lethargic)			
7	Sucking (good/poor)			
8	Breathing (fast/difficult)			
9	Chest indrawing Present/absent			
10	Temperature			
11	Jaundice			
12	Condition of Umbilical stump			
13	Skin pustules Present/absent			
14	Any other complications			

**C. USE OF MCP CARD**

24. Do you carry the MCP card for availing services on the

Services (1- Yes, 2-No)	Code (1/2)
VHND Day	
While visiting sub centre	
While visiting other health facilities	

25. Did ANM/AWW refer you to a health facility? Yes/ No

25.1 If yes, did the card help in getting services? Yes/ No

25.2 If yes, how?

i.MCP card holder gets preference over other patients.

ii. Helps in identification of complications.

iii. Helps in getting timely and right treatment.

26. Is referral History recorded? (Yes-1, No-2) (Verify)

27. Were you advised to carry the MCP Card during referral?

**D. KNOWLEDGE ON MCP CARD**

*(Check knowledge of the respondents on the following points)*

28. Did you read the MCP card once after receiving it?

(1-Yes, 2-No)

28 Is the information provided through the MCP card beneficial?

i. It gives you information regarding health care practices

ii. It gives you information regarding nutritional care of yourself

iii. It helps in availing services

iv. It keeps record of your health status and utilization of services

v. Helps to remember due date for immunization

vi. Helps to monitor growth and development of the children

vii. Helps to check developmental delays in child

viii. Give information on psychosocial of children

ix. Gives information on the danger signs during pregnancy and of new born child

x. Any other.

29. Awareness regarding immunization in the MCP card:

- i. Pink indicates the date for next immunization
- ii. White is actual date of immunization

30. Knowledge regarding play and communication

- i. Playing and communicating with children helps them to grow and develop well.
- ii. Parents/caretakers must provide ways for the child to see, hear feel and move.
- iii. Parents/caretakers must give children clean safe items to handle and things to make sound with.
- iv. Simple household items can also be used as play materials for children.
- v. Children must be encouraged to talk and communicate once they are two to three years old.

31. Knowledge regarding feeding

- a. On completion of six months start complementary food.
- b. Then increase the quantity, thickness, frequency of food gradually.
- c. Continue breast feeding for 2 years and beyond.
- d. After 2 years help the child to feed himself/ herself.
- e. Ensure hand washing.

32. Knowledge about growth monitoring

- a. Children must be weighed every month after birth.
- b. Pink chart is for girls and blue for boys
- c. Weight plotted in the green means normal, yellow and orange means moderate and severe malnourishment respectively
- d. Children must gain weight every month.

33. Give your views regarding the difficulties in maintenance of MCP card.

34. What are your suggestions for effective use of MCP card?

35. Space for investigators comment if any.

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

**Schedule for Pregnant Women**

***Recording Responses and filling boxes***

1. Use Pencil, write neatly and clearly.
2. All boxes to be completed, no box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box/s only.
4. Use code **1** for Yes and **2** for No
5. Where respondents do not know the answer use code 3
6. Where there is no response use code **0**
7. For questions that are not applicable, use code – **9**
8. In multiple choice questions, probable answers may not be probed unless instructed.

**A. Background Information**

1. Name:.....
2. Name of the ICDS project:.....
3. Name and Number of the AWC :.....
4. Address:.....  
.....

5. Age

- |                  |                          |
|------------------|--------------------------|
| i. Below 20 yrs  | <input type="checkbox"/> |
| ii. 20 – 25 yrs  | <input type="checkbox"/> |
| iii. 25 – 30 yrs | <input type="checkbox"/> |
| iv. 30 – 35 yrs  | <input type="checkbox"/> |
| v. 35 – 40 yrs   | <input type="checkbox"/> |
| vi. 40 and above | <input type="checkbox"/> |

6. Educational Qualification:

- |                      |                          |
|----------------------|--------------------------|
| i. Illiterate        | <input type="checkbox"/> |
| ii. Less than 10 yrs | <input type="checkbox"/> |
| iii. Up to class 10  | <input type="checkbox"/> |
| iv. Class 10 pass    | <input type="checkbox"/> |
| v. HS pass           | <input type="checkbox"/> |
| vi. Graduate         | <input type="checkbox"/> |
| vii. Post Graduate   | <input type="checkbox"/> |

7. No. of Children
- i. 1-6 month
  - ii. 6-1 yr
  - iii. 1-2 yr
  - iv. 2-3 yr
  - v. 3 & above

8. Did you registered yourself at the Sub centre/Health Centre:  
(1 Yes/ 2 No)

9. Timing of registration:
- i. 1<sup>st</sup> Trimester
  - ii. 2<sup>nd</sup> Trimester
  - iii. 3<sup>rd</sup> Trimester

**B. PRACTICE**

10. Have you received the MCP card?  
(1 Yes, 2 No)

11. Who gave the MCP card to you?
- i. ANM
  - ii. AWW
  - iii. ASHA
  - iv. ANM & AWW
  - v. Any other, specify

12. When was the MCP card given:
- i. At the time of first registration at AWC
  - ii. At the time of first registration of pregnancy at sub centre
  - iii. Few days after registration

13. Do you keep the MCP card with yourself?
- 13.1 If no, who keeps the MCP card
- i. Family Members
  - ii. ASHA
  - iii. ANM
  - iv. AWW

If the answer is ASHA, ANM or AWW, specify why?

14. Is the MCP card explained to you before handing it over  
(Yes-1 , No-2)

14.1 If yes who explains it:

- i. ASHA
- ii. AWW
- iii. ANM
- iv. Either AWW/ANM
- v. Any other specify

14.2 If explained, how

- i. All sections are explained at the time of handing over the card
- ii. Only relevant sections are explained as and when required
- iii. Explained only when beneficiaries enquire about it
- iv. Any other response.....

15. Is the first page of MCP card filled up before giving it to you:  
(Yes-1, No-2)

16. If yes, who fills up:

- i. ANM
- ii. AWW
- iii. ANM & AWW jointly

17. Who retains the counterfoil of the MCP card

- i. ANM
- ii. AWW
- iii. ASHA
- iv. Not yet retained

18. Do you maintain the MCP card properly?  
(Yes-1, No-2)

18.1 If no, give reasons:

- i. Losing/displacing the MCP card.
- ii. You think it is useless
- iii. It is not required for availing services
- iv. You were not told to do so
- v. Any other reason,specify.....


19. Which of the services as mentioned in the MCP card are provided to you  
(Verify its recording in the MCP card)

Sl. No	Services 1-Yes, 2-No	Services provided	Recording (Verify)	Remarks
1	Registration of pregnancy			
2	Antenatal Checkup			
3	Blood Pressure, Blood & urine examination			
4	Taking Weight			
5	Provide TT Injection			
6	Provide Iron Tablet			
7	Growth Monitoring			
6	Nutrition and Health Education			
7	Counselling			

20. Do you avail all services as provided in the MCP card  
(Mostly-1 , Sometimes-2, Never 3, Specify if any other response..... )

20.1 If Never, why?

**C. USE OF MCP CARD**

21. Do you carry the MCP card for availing services on the

Services (1- Yes, 2-No)	Code (1/2)
VHND Day	
While visiting sub centre	
While visiting other health facilities	

22. Did ANM/AWW refer you to a health facility? Yes/ No

22.1 If yes, did the card help in getting services? Yes/ No

22.1.1. If yes, how?

i MCP card holder gets preference over other patients.

ii. Helps in identification of complications.

iii. Helps in getting timely and right treatment.

23. Is referral History recorded? (Yes-1, No-2) (Verify)

24. Were you advised to carry the MCP Card during referral?

**D. KNOWLEDGE ON MCP CARD**

*(Check knowledge of the respondents on the following points)*

25. Did you read the MCP card once after receiving it?

(1-Yes, 2-No)

27. Is the information provided through the MCP card beneficial? If yes, how?

i. It gives you information regarding health care practices

ii. It gives you information regarding nutritional care of yourself

iii. It helps in availing services

iv. It keeps record of your health status and utilization of services

v. Helps to monitor growth and development of the children

vi. Helps to check developmental delays in child

vii. Gives information on the danger signs during pregnancy and of new born child

viii. Any other.

28. What do you know about care to be taken during pregnancy?

- i. Consume a variety of foods
- ii. Consume more than normal diet
- iii. Consume SN from AWC
- iv. Take at least two hours rest during day
- v. Use only iodised salt

29. Do you know what are the danger signs during pregnancy

- i. Bleeding during pregnancy
- ii. Excessive bleeding during and after delivery
- iii. Severe anaemia
- iv. High fever during pregnancy
- v. High fever within 30 days of delivery
- vi. Headache, blurring of vision, fits and swelling all over the body
- vii. Labour pain for more than 12 hours
- viii. Bursting of water bag without labour pain

30. Give your views regarding the difficulties in maintenance of MCP card.

31. What are your suggestions for effective use of MCP card?

32. Space for investigators observation

Signature of Investigator:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT**  
**Regional Centre, Guwahati**

**A STUDY ON SUPPLY AND USE OF MCP CARD IN ASSAM**

**Observation Schedule**

1. Name of the AWC:.....
2. Name of Project.....
3. Date of VHND:.....
4. List of service Providers present on the day of VHND
  
5. List of Activities conducted (specify activities conducted by AWW, ANM, ASHA and others)
  
  
  
  
  
  
  
  
  
  
6. Were the Pregnant women/mothers carrying the MCP card with them.
  
  
  
  
  
  
  
  
  
  
7. Observation report.

1. What are the services as mentioned in the MCP card are provided and recorded in the MCP card

Sl. No	Services 1-Yes, 2-No	Services provided	Record maintained
<b>A. Regular check up during pregnancy</b>			
i.	Registration of pregnancy		
ii.	Antenatal Checkup		
iii.	Blood Pressure, Blood & urine examination		
iv.	Taking Weight		
v.	Provide TT Injection		
vi.	Provide Iron Tablet		

<b>B. OBSTETRIC COMPLICATIONS</b>				
Sl. No	Complications (1-yes, 2-no)	History taken	Recorded	Remarks
1	APH			
2	Eclampsia			
3	PIH			
4	Anaemia			
5	Obstructed labor			
6	PPH			
7	LSCS			
8	Congenital anomaly in baby			
9	Others			
<b>C. PAST HISTORY</b>				
1	Tuberculosis			
2	Hypertension			
3	Heart Disease			
4	Diabetes			
5	Asthma			
6	Others			

<b>D. EXAMINATION</b>			
General Condition	Heart	Lungs	Breasts

<b>E. ANTENANTAL VISITS</b>				
	1	2	3	4
Date				
Any complaints				
POG				
Weights				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

<b>F. ABDOMINAL EXAMINATION</b>				
Fundal height				
Weeks/cm				
Lie/presentation				
Fetal movements				
Fetal heart rate				
P/V if done				
<b>G. ESSENTIAL INVESTIGATIONS</b>				
Haemoglobin				
Urine albumin				
Urine sugar				
Sign of ANM				

Blood group & Rh Typing

**H. OPTIONAL INVESTIGATIONS**

1. Urine pregnancy test:
2. Hbs Ag
3. Blood sugar

A. POST NATAL CARE				Remarks
1	Any complains			
2	Pallor			
3	Pulse rate			
4	Blood pressure			
5	Temperature			
6	Breasts soft/engorged			
7	Nipples cracked/smooth			
8	Uterus Tenderness Present/absent			
9	Bleeding P/V Excessive/normal			
10	Lochia Healthy/foul smelling			
11	Episiotomy/Tear healthy/infected			
12	Family planning Counselling			
13	Any other complications and referral			
B. Care of Baby				
1	Urine passed			
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4	Vomiting			
5	Convulsions			
6	Activity (good/lethargic)			
7	Sucking (good/poor)			
8	Breathing (fast/difficult)			
9	Chest indrawing Present/absent			
10	Temperature			
11	Jaundice			
12	Condition of Umbilical stump			
13	Skin pustules Present/absent			
14	Any other complications			

