

Use and Effectiveness of Mother and Child Protection Card in ICDS Projects of Delhi - A study

A Report

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FOREWORD

The Ministry of Women and Child Development and the Ministry of Health and Family Welfare, Government of India, has undertaken a lot of initiatives under the ICDS and National Health Mission (NHM) to accelerate reduction in maternal, neo-natal, infant mortality and child under-nutrition. The development and roll-out of Mother and Child Protection Card (MCPC) is one such joint initiative aimed at bringing convergence of Integrated Child Development Services Scheme (ICDS) and the Health department at grass-root level to promote safe delivery, child survival and optimal growth & development.

The adoption of MCP card as a mother-held card and as a counselling or family empowerment tool with a primary goal to involve community and create demand for services provided under ICDS through AWCs and by health department via PHCs and Govt. hospitals to upkeep maternal & child health, however, needs to be monitored and evaluated at periodic intervals.

The present study was therefore undertaken by NIPCCD, to evaluate the usage of the MCP Card by functionaries and beneficiaries at the AWC level under ICDS in Delhi, the capital of India. The objectives of the study were to -assess the knowledge and skills of ICDS functionaries on appropriate usage of MCP Card; study the awareness of women (pregnant, lactating and mothers with children below 3 years of age) about the MCP Card and its importance in maternal and child care; study the role and perception of ICDS functionaries with respect to MCP Card for better outreach of health and nutrition services; and identify the problems and bottlenecks in effective utilization of the MCP Card.

The study aims to provide valuable insights on the knowledge level of ICDS functionaries and beneficiaries on the maternal and child health issues meticulously covered in the MCP Card. It has further drawn attention towards problems that impeded the effective utilization of the card by both functionaries and beneficiaries. I am confident that this *Report* will serve to provide valuable information to policy-makers, planners, administrators, research scholars and other stakeholders to improve the current state of maternal and child health and nutrition.

Finally, I would like to acknowledge the efforts put in by Mrs. Meenakshi Jha, Research Assistant and In charge of the project, for successful and timely completion of the project with assistance from Ms. Reema Chugh and Ms. Nupur Chaurasia, Project Assistants.

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ABBREVIATIONS

ANCs	<i>Antenatal Check-ups</i>
ANM	<i>Auxiliary Nurse Midwife</i>
ASHA	<i>Accredited Social Health Activist</i>
AWCs	<i>Anganwadi Centres</i>
AWW	<i>Anganwadi Worker</i>
BCG	<i>Bacillus Calmette Guerin</i>
BP	<i>Blood pressure</i>
CDPOs	<i>Child Development Project Officers</i>
CGS	<i>Child Growth Standards</i>
DPT	<i>Diphtheria, Pertussis and Tetanus</i>
ECCE	<i>Early Childhood Care and Education</i>
EDD	<i>Expected Date of Delivery</i>
ICDS	<i>Integrated Child Development Services</i>
IFA	<i>Iron Folic Acid</i>
IGMSY	<i>Indira Gandhi Matritva Sahyog Yojana</i>
IMR	<i>Infant Mortality Rate</i>
IYCF	<i>Infant and Young Child Feeding</i>
JSSK	<i>Janani Shishu Suraksha Karyakram</i>
JSY	<i>Janani Suraksha Yojana</i>
LHVs	<i>Lady Health Visitors</i>
LMP	<i>Last Menstrual Period</i>
MCPC	<i>Mother and Child Protection Card</i>
MoHFW	<i>Ministries of Health and Family Welfare</i>
MOs	<i>Medical Officers</i>
MWCD	<i>Ministries of Women and Child Development</i>
NHM	<i>National Health Mission</i>
NIPCCD	<i>National Institute of Public Cooperation and Child Development</i>
PHC	<i>Primary Health Centre</i>
SN	<i>Supplementary Nutrition</i>
TT	<i>Tetanus Toxoid</i>
WHO	<i>World Health Organization</i>

EXECUTIVE SUMMARY

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Ministries of Women and Child Development (MWCD) and Health and Family Welfare (MoHFW), Government of India in collaboration with WHO and UNICEF organized a national workshop on the adoption of the WHO-CGS, in February 2007 which led to countrywide adoption of WHO-CGS for child growth monitoring, in ICDS and NRHM. Subsequently, the Government of India introduced WHO-CGS for growth monitoring of children less than five years, in both ICDS and NRHM, with effect from 15 August 2008, through a joint circular dated 6 August 2008. The initiative was complemented by introducing a common family- retained card known as Mother and Child Protection Card (MCPC).

Mother and Child Protection Card (MCPC) is a comprehensive multipurpose card which provides information to the parents/guardians on various types of services delivered through ICDS and NRHM, which the families can access and utilize for growth and development of their children and health of the mothers. The card is currently being rolled out in the States/UTs and joint training of frontline workers is being completed in most of the states. The MCP card is developed as a tool to monitor the health and nutrition status of the pregnant woman and thereafter the child up to three years. It is a maternal and child care entitlement card, a counseling and family empowerment tool which contains a unique identification number which is linked to the Mother Child Tracking software under NRHM.

With the increase in the outreach of ICDS as well as NHM, with the initiation of celebration of fixed Village Health and Nutrition Days, ECCE days, immunization days under mission Indradhanush, innumerable Village Health and Sanitation Committees, the common MCP Card would enable the large network of ASHAs, AWWs and ANMs to converge their efforts and utilize the critical contact opportunities more effectively. Being an entitlement card, it would ensure greater inclusion of unreached groups to demand and universalize access to key maternal and child care and health services by improving understanding of self-care.

The present study therefore is an attempt to evaluate the usage of the MCP Card by grass root level functionaries and beneficiaries at AWC level under ICDS in Delhi, the capital of India. The objective of the study were to assess the knowledge and skills of ICDS functionaries on appropriate usage of MCP Card; study the awareness of women (pregnant, lactating women and

mothers of children below 3 years) about the MCP Card and its importance in maternal and child care; study the utilization of the MCP card by the pregnant women, lactating mothers and mothers with children below three years; study the role perception of ICDS functionaries with respect to MCP Card for better outreach of health and nutrition services; and identify the problems and bottlenecks in effective utilization of MCP Card.

The study was conducted in the state of Delhi wherein out of 9 districts, 5 districts were selected purposively where MCP card is implemented. The districts namely Central, West, North west-II, North-west I, and East were included in the study. From Four districts, one block was selected randomly; however two blocks were selected from west district due to active functioning of IGMSY scheme. Knowledge and awareness of different stakeholders- ICDS (CDPO, Supervisors and AWW) and community (pregnant women, lactating women with children below six months and mothers of children between six months to three years) was assessed through interviews and supported with observations. In all, the sample comprised 88 ICDS functionaries (6 CDPOs, 22 Supervisors and 60 AWWs); 900 beneficiaries (300 pregnant women, 300 lactating women and 300 mothers of children between six months and three years).

The major findings and conclusions of the study are presented below:

1. Profile of Respondents

- The mean age of the pregnant women, lactating mothers and mothers of children (6 months-3 years) was 24.7 ± 3.8 years, 25.2 ± 3.9 years and 25.4 ± 4.2 years respectively. Majority of pregnant, lactating and mothers of children (6 months-3 years) belonged to the age group of 20-24 years followed by 25-29 years indicating high fertility in age group of 20-29 years.
- It was found that 68.6 per cent of beneficiaries completed middle school and above, 13.2 per cent were primary pass and 18.2 per cent were found to be illiterate in this study. The results of our study are consistent with the national female literacy rate of 65.4%.
- Majority of the functionaries at supervisory level were either graduate or post graduate (all CDPOs and 68.2 per cent Supervisors) and majority of AWWs were at least 12th pass (73.3 per cent).

2. Status of training received by ICDS functionaries (CDPO, Supervisor and AWW) on MCP Card

- The status of training was found to be poor as merely 6 AWWs, none of the Supervisors and 3 CDPOs received training on use of MCP Card.

3. Distribution and Maintenance of MCP Card as reported by Beneficiaries

- Majority of the cards were issued by AWWs (51.7 per cent). However, functionaries of health department like ANM (41.3 per cent) and ASHA (3.8 per cent) also played an important role in distribution of MCP Card to the beneficiaries at various levels.
- The card was held by beneficiaries in majority of the cases (95.2 per cent) and all of them reported that they keep their card safely as it is an important document.

4. Procurement, Distribution, Availability and Maintenance of MCP Card as per Functionaries

- Majority (73.5 per cent) of the ICDS functionaries reported that CDPO is the depot holder for MCP cards, which were distributed to Anganwadi Centres (AWCs) through Supervisors (87.4 per cent). However, a few (15.1 per cent) functionaries also reported that they received the cards through Medical officer of their area.
- About half of the functionaries felt that maintenance of MCP Card is a joint responsibility of ICDS and health department.
- During the study, 65.0 per cent of AWWs reported the availability of MCP Card in their centre which was also validated during observation.

5. Awareness of Beneficiaries and Functionaries about Validity and Purpose of MCP Card

- Awareness about correct validity i.e., 3 years was known to only about 6 per cent of beneficiaries and 11.7 per cent of AWWs and 18.2 per cent of Supervisors. As far as CDPOs are concerned 3 out of 6 correctly answered that the validity of the MCP card as 3 years.
- Majority (63.3 per cent AWWs and 86.4 per cent Supervisors) of the functionaries revealed that the main purpose of the MCP Card is to monitor the health and nutritional status of the pregnant women and thereafter of the child. Whereas most beneficiaries

(38.1 per cent) reported that the main purpose of MCP Card is to keep immunization records.

6. Awareness of Functionaries about Usage of MCP Card

- It was found that all the functionaries were using the MCP card. Majority (46.7 per cent) of the AWWs felt that their role with respect to MCP Card involves recording of information in the card and counselling the beneficiaries. Among Supervisors, 22.7 per cent felt that explaining AWWs about MCP Card is their main role. However, the knowledge of functionaries regarding various uses of MCP card was poor.

7. Knowledge of beneficiaries and functionaries regarding various sections of MCP card

- Knowledge of pregnant women regarding pregnancy related information elicited in MCP card was found to be satisfactory as around 40.0 per cent of the pregnant women were aware of the fact that ANC related details are being recorded in MCP Card and 56.7 per cent of the beneficiaries reported that MCP Card provides information on danger signs during pregnancy.
- Both lactating women and mothers of children aged 6 months to 3 years had poor knowledge regarding most sections of MCP card, across all districts. Their awareness was way less than 50 per cent for almost all sections except for the section on feeding, playing and communication.
- Distribution of responses of functionaries with regards to information elicited in the MCP card shows that awareness level of AWWs was better on most sections of the MCP card except for record of delivery related details and new born care practices.
- However, the overall difference between the knowledge about MCP Card among Anganwadi workers (grassroot level functionaries) and Supervisors & CDPOs (supervisory level functionaries) was found to be statistically insignificant.

8. Association of educational status of beneficiaries with awareness about various sections of MCP Card

- Education level was found to be a major factor influencing awareness regarding various sections of MCP Card. The difference between awareness level of the above high school vs below high school for all sections of the card namely record of ANC, danger signs of pregnancy, delivery preparation, record of PNC, newborn care, danger signs in new born,

childhood illnesses, feeding, playing and communication, growth monitoring was found to be statistically significant at $p=0.001$.

9. Effect of implementation of IGMSY scheme on knowledge level of beneficiaries regarding various sections of MCP Card

- It was observed that for all sections of the card, beneficiaries' residing in IGMSY districts has high awareness level as compared to non-IGMSY districts and the result was found to be statistically significant for sections namely record of ANC, record of PNC, newborn care, danger signs in new born, feeding, playing and communication, growth monitoring and validity of the card.

10. Knowledge and Practices of Pregnant Women and functionaries regarding Care during Pregnancy and Danger signs during pregnancy needing referral

- About 91.3 per cent of pregnant women were aware of their Last Menstrual Period (LMP) whereas only 56.6 per cent were able to tell their Expected Date of Delivery (EDD). The reasons for low awareness of EDD among pregnant women were that most of them were not informed about EDD by health or ICDS functionaries, and some did not remember the date.
- About 60 per cent of the pregnant women got themselves registered at AWC during their 1st trimester which shows their knowledge regarding importance of early registration at AWC. However, only 19.3 per cent of women were aware about the minimum no. of antenatal check-ups required during pregnancy.
- As regards to the knowledge about investigations done in an ANC visit, pregnant women reported that blood pressure (85.0 per cent); blood and urine examination (87.0 per cent); immunization during pregnancy (78.0 per cent); weight check-up (88.0 per cent); abdominal examination (71.3 per cent); ultrasound (61.3 per cent) and distribution of IFA tablets (82.6 per cent) are being carried out during ANC visits.
- It was unfortunate to note that, only 42 per cent pregnant women carried their MCP Card along during regular check-ups.
- It was encouraging to note that 76.6 per cent of pregnant women were aware that two doses of Tetanus Toxoid are administered during pregnancy.
- About 71.3 per cent of pregnant women reported that they were aware about the reasons for conducting abdominal examination and pointed the following reasons: to see the

child's growth (8.2 per cent); to check the child's condition (56.3 per cent); to check foetal movement (18.7 per cent); to check the heart rate of the foetus (10 per cent); to check baby's position (5.2 per cent); and to check the optimal health of both mother and child (1.3 per cent).

- Regular distribution and consumption of IFA tablets has been reported by 90 per cent and 87.7 per cent of pregnant women respectively however merely 26.3 per cent were aware of the routine for consuming 100 tablet in 100 days.
- Further, only 38 per cent of the pregnant women were aware of the normal weight gain during pregnancy i.e., 10-12 kg and 70.6 per cent of women were aware about the minimum no. of hours required for rest during pregnancy.
- It was revealed that 56.7 per cent pregnant beneficiaries were aware of the fact that the MCP card contains information with respect to danger signs during pregnancy and of those only 42.3 per cent could tell that the 'words written in red colour or in red box' indicates danger sign.
- As far as functionaries are concerned, the knowledge of functionaries regarding investigations done during an ANC visit was assessed where majority of functionaries reported that blood pressure (90.0 per cent AWWs; 95.5 per cent Supervisors), weight measurements (85.0 per cent AWWs; 72.7 per cent Supervisors), Haemoglobin (93.3 per cent AWWs; 86.4 per cent Supervisors) & Urine examination (86.7 per cent AWWs; 77.3 per cent Supervisors) are done during an ANC visit.
- Most functionaries (83.1 per cent) could fairly recall the danger signs listed in MCP card. Excessive bleeding during and after delivery, high fever, severe anaemia, headache, fits, blurring of vision & swelling all over the body were most commonly reported as danger signs during pregnancy by AWWs, Supervisors, and CDPOs.

11. Awareness and Practices regarding care during and after delivery

- Most beneficiaries i.e., 90.5 per cent opted for institutional delivery either in government, private hospital or PHC over home delivery. This practice was found to be influenced by educational status. Beneficiaries with low educational status i.e., illiterate and primary pass were found to be opting for home delivery. This result was highly statistically significant with chi square value of 29.34 ($p < 0.001$).

- Most lactating women beneficiaries who have undergone institutional delivery were aware of the pre preparations to be done in case of institutional delivery i.e., advance identification of the hospital and arrangement for transportation (57.4 per cent) and contact ASHA/ANM/AWW (56.3 per cent). Only 17.5 per cent of mothers of children (6 months – 3 years) who opted for institutional delivery could list all the pre preparations points (contact ASHA/ANM/AWW, register under JSY and obtain benefit under it, advance identification of the hospital and arrangement for transportation, ensure family care and support) listed in the card.
- Around one fifth of the mothers of children (6 months – 3 years) were registered under JSY, of which 85.5% confirmed receipt of cash incentives under the scheme.
- About 65.0 per cent of the AWWs were aware that the requisite no. of post-natal visits they are required to make are 4, despite that only 13.8 per cent of the lactating women and 13.4 per cent of mothers of children (6 months – 3 years) received the requisite number of four postnatal visits by AWWs.
- Further, it was observed that 46 out of 60 AWWs and 21 out of 22 Supervisors knew that delivery related details are recorded in the MCP Card, however they were rarely aware of the details being recorded.

12. Awareness and practices regarding danger signs in new born

- About 40.0 per cent beneficiaries knew that MCP Cards provides information on danger signs of new born. Most commonly reported danger signs were yellow palms and soles (51.8 per cent) followed by fever (45.9 per cent), weak suck or refusal to breastfeed (33.1 per cent) whereas convulsion as danger sign was known to merely 5 per cent of the beneficiaries.
- MCP Card elicits details about care of newborn and danger signs were known to 83.3 per cent AWWs and 77.3 per cent Supervisors. Most commonly reported danger signs by AWWs were yellow palms and soles (68 per cent) followed by baby unable to cry (48 per cent), fever (34 per cent), weak suck or refusal to breastfeed (34 per cent) whereas according to Supervisors, blood in stool (76.5 per cent), baby unable to cry (52.9 per cent), weak sucking or refusal to breastfeed (35.3 per cent) were most common danger signs in new-borns.

- As regards to referral in case danger signs appeared, most women (83.7 per cent) preferred to go to a doctor followed by AWWs (9.8 per cent), ASHA (5.0 per cent), ANM (1.2 per cent).

13. Knowledge of beneficiaries and functionaries regarding Immunization

- Over 61 per cent of lactating mothers and 64.7 per cent mothers of children (6 months-3 years) were aware about the immunization given to the child at the time of birth. However, time of administration of vitamin A and biannual deworming was not known to most beneficiaries indicating poor awareness regarding immunization schedule.
- It was encouraging to note that around 80 per cent of functionaries knew about the three vaccines that are given to a child at the time of birth and frequency of deworming for children above one year of age.
- Only 21 out of 60 AWWs (35 per cent), 10 out of 22 Supervisors (45 per cent) and 2 out of 6 CDPOs were aware of the fact that pink box in the immunization is for recording due date.

14. Knowledge and Practices regarding feeding practices

- It was encouraging to note that 95.3 per cent lactating women and 94.3 per cent mothers of children (6 months - 3 years) were aware about duration of exclusive breastfeeding.
- Regarding practices associated with feeding most beneficiaries fed colostrum to their babies {lactating women 95 per cent; mothers of children (6 months -3 years) 91.7 per cent}, started complementary feeding at correct age i.e., at the 7 month {lactating women 83.3 per cent; mothers of children (6 months - 3 years) 70.0 per cent, initiated breastfeeding within 1 hour of the child birth { lactating women 31.6 per cent and mothers of children (6 months - 3 years) 36.4 per cent} and about 50 per cent of beneficiaries did feed their babies pre lacteals such as honey, jaggery, infant formula, ajwain water, etc. in first six months.
- Over 90 per cent of the functionaries irrespective of their designation were aware of the infant and young child feeding practices. However, the knowledge level of the functionaries is needed to be improved regarding the fact that an infant of less than 6 months does not need extra water during summers.

15. Knowledge of beneficiaries regarding play and communication with children below 3 years

- It is interesting to note that despite this section was explained by AWWs, information retained by beneficiaries for activities that can be performed by a child under 6 months of age ranged from an average of 5.6 per cent (Hold head steady when held upright) to 60.1 per cent (Smile in response); for age group 6-12 months it was 58.2 per cent for 'say papa/mama' and 9.5 per cent for 'wave out to people'.
- Similarly in age group 1-2 years most beneficiaries could retain 'walking' (73 per cent) as an activity whereas least remembered activity was 'put three pebbles in a cup' (6.3 per cent) and for age group 2-3 years a maximum of 60 per cent beneficiaries could retain 'feed self, spilling little' in comparison to 'copy and draw straight line' which was reported by only 12 per cent.
- This lack of recall on the part of beneficiaries can be attributed to their inability to use the MCP Card optimally and a need for repeated counselling of the mothers on the same during Mahila Mandals, ECCE days, VHNDs so that the retention is better.
- As regards to the awareness about ways to promote development of children 'Smile and laugh at your child, look into child's eyes and talk to your child' was mostly suggested by both lactating women (24.8 per cent) and mothers of children aged 6 months - 3 years (25.0 per cent) for promoting development among under 6 months; for age group 6-12 months, more than 50 per cent of mothers and more than 40 per cent lactating women reported that 'telling the child names of things and people' is a better way of promoting development in children. As for age category 1-2 years and 2-3 years, most beneficiaries were not aware of the ways for development promotion.
- Knowledge regarding age appropriate developmental milestones was found to be better for CDPOs and Supervisors in comparison to AWWs.
- Of the 7 activities asked, about 55.0 per cent of Supervisors could correctly indicate correct age group for at least 4 activities in comparison to 50.0 per cent of AWWs. Among CDPOs, 4 out of 5 gave correct response for at least 4 activities.
- As regards to the advice to be given in case mother does not have enough time to provide care for development, play and communication, majority (54.9 per cent) of functionaries reported that combining playing and communicating activities during feeding, bathing,

dressing or others like family members can help mothers manage their time well to look after the developmental needs of the child. Further, majority (55.0 per cent) of functionaries agreed that in case of non-availability of toys, clean and safe household items like spoon and bowl can be given to child for playing.

16. Knowledge regarding Growth Monitoring and Promotion

- Over 90.0 per cent beneficiaries got their child weighed at birth irrespective of the place of delivery, suggesting a positive practice among the communities residing in Delhi. However, knowledge about frequency of getting child weighed during first 6 months was less (nearly 50 per cent) and within first one month was even scarce.
- Nearly 40.0 per cent beneficiaries were aware that MCP card contains growth charts for growth monitoring. Further, of those who knew that MCP Card contains two growth charts, majority (89.3 per cent) of beneficiaries could correctly indicate pink colour for girls and blue colour for boys, with lactating women outnumbering mothers of children (6 months – 3 years).
- About 60.0 per cent of the beneficiaries could correctly suggest that green band in the growth chart signifies normal growth, 57.8 per cent knew that a declining growth curve is very dangerous. However, knowledge regarding orange band was poor.
- Functionaries had fair theoretical knowledge about growth monitoring. The reason for two different growth charts in MCP Card was known to 78.2 per cent AWWs, 90.8 per cent Supervisors and of these 45.8 per cent AWWs, and 45.4 per cent Supervisors could tell that due to difference in growth pattern of girls and boys two different charts are given in MCP Card.

17. Contribution of MCP Card in better outreach and utilization of health services

- It was encouraging to see that over 90 per cent of beneficiaries believed that having MCP card equips them to take better care of their child.
- Majority of AWWs (95.0 per cent) and Supervisors (95.4 per cent) felt that MCP Card has contributed in better outreach and utilization of health services by facilitating better understanding of self-care, and facilitating uptake of services.
- About 86.4 per cent Supervisors also felt that MCP Card helps them monitoring the activities of AWWs.

18. Role of MCP Card in improving the existing interface among AWW/ASHA/ANM

- About 95 per cent ICDS functionaries were of the view that health department has an important role to play with respect to MCP Card.
- It was encouraging to see that 83.6 per cent of ICDS functionaries agreed that MCP Card has contributed towards improving the interface between health and ICDS functionaries.
- The ways in which MCP Card enables better interface between health and ICDS are by facilitating sharing and exchange of information about services availed by beneficiaries, facilitating discussion among ANM, ASHA and AWW on health issues & services, ensuring convergence of the health and ICDS department, better record keeping, timely completion of immunization etc. as reported by them.

19. Level of satisfaction of beneficiaries after using MCP Card

- In all, 42.6 per cent of pregnant women; 57.7 per cent of lactating women and 59.7 per cent of mothers of children (6 months-3 years) were satisfied with the usage and content of MCP card.

20. Problems encountered by AWWs while using MCP Card

- Delay in getting MCP Card at centre (13.3 per cent), poor availability of MCP Card (5.0 per cent), card supplied being in English (5.0 per cent), no training on usage (11.7 per cent), recording details in MCP Card felt as extra work (5.0 per cent), women losing/misplacing the Card (5.0 per cent), beneficiaries being illiterate (1.7 per cent) are some of the common problem suggested by AWWs.

21. Suggestions by beneficiaries and ICDS functionaries for effective utilization of MCP Card

- Almost all the functionaries (91.6 per cent) unanimously suggested that there is a dire need for joint training of health and ICDS functionaries.
- About 40 per cent functionaries reported that the information given in the card is complete and does not need any improvement.
- Around 27.0 per cent functionaries suggested that it would have been better if the cards printed in Hindi language are made available to workers.
- Other suggestions made by functionaries include further simplification of the information with the help of pictures, concising the information of the card in form of a booklet or

pamphlet as there are too many folds which if not ordered properly, adds to confusion, improving distribution, reducing burden on AWWs by avoiding duplication in record keeping etc.

- About 60.0% of the beneficiaries were satisfied with the content and services provided through MCP Card and did not make any suggestions.
- Some beneficiaries suggested that it would be better if the cards are printed in Hindi to ensure better understanding of the content, Government should ensure regular supply of these cards, other important information like important help line numbers can be added, card should be issued as a separate booklet and should not be mixed with health services, more pictures and enlarged pictures should be added are some of the suggestions made by the beneficiaries.

22. Recommendations

Based on the results of the undertaken study, the recommendations drawn are:

Based on the results of the study, the recommendations drawn are as follows:

- Irregular supply of MCP Cards at AWCs and Health Centres of Delhi is one the major problems hindering its optimal usage therefore supply of the cards at these centres should be ensured as a part of APIP of ICDS and PIP of Health department.
- Periodic visits should be conducted by the officials of the ICDS and health department on a regular basis to keep a check on the availability and proper usage of the Mother and Child Protection Card. Joint visits may also be made to improve convergence.
- As per the findings of the study, the real purpose and use of the MCP Card has not been understood by ICDS functionaries. Integration of ICDS services with health services in MCP Card, which are out of the services of ICDS along with use of some medical terminologies has caused some lack of understanding. Hence, it is recommended that joint vertical trainings with NHM by pooling budgets should be carried whenever feasible.
- The study also revealed that majority of AWWs were unaware that counseling and explaining the various sections of the card is their responsibility. So, this further strengthens the need to have special skill based training on MCP card. Therefore, there is

need to give Joint training sessions to AWW, ANM and ASHA on various sections of the card with special emphasis on filling the information in the card.

- Linkage of MCP Card with various CCT Schemes, such as the JSY, IGMSY, etc. has contributed towards better acceptance of MCP Card at the community level, which can be scaled up in all districts. Further efforts should be directed to popularize the card in such a way that its importance is realized even in the absence of any cash incentive scheme.
- Roles and responsibilities with respect to MCP card should be informed to all the ICDS and health functionaries to avoid overlap of the responsibilities and to increase the efficacy of the card which will help in effective implementation and utilization of services provided by the cards to the beneficiaries.
- It was also observed that most of the AWW's were not properly trained in Growth monitoring so there is need to train the workers on plotting the growth chart according to the new WHO child growth standards.
- All efforts should be made to ensure that the functionaries explain the MCP Card in totality to the beneficiaries, so that they are better aware of the benefits and services that can be availed using this Card, which in turn will increase service demand.
- Pictorial presentation in the MCP card have been found to help beneficiaries to understand the information presented in the card but the purpose for displaying the pictures was still lacking as most of the illiterate beneficiaries were found misinterpreting the pictures. Therefore, it is recommended that information in the card may be re-organized to allow space for enlarged and better quality pictures or AWWs must explain the details of the card with the help of pictorial presentation depicted in the card to ensure understanding and better usage of the services provided by the card.
- Use of MCP Card as a counseling tool should be promoted.
- The study revealed that grandmother is most often the primary care giver in many families. Active involvement of mother-in-law to the MCP card counselling session is highly recommended to ensure better child care. This will further help yield better acceptance for MCP Card as the family members will also be involved.
- Use of MCP card as a monitoring tool during VHND and ECCE days should be promoted. The card can also be used during Mahila mandals for counseling the women about various mother and child related issues.

- It was observed that few beneficiaries were issued 2 cards separately from AWC and dispensaries/govt. hospitals whereas most of them were denied a MCP card due to shortage of the cards and many were given a Xerox copy of the incomplete card. So it is recommended that the functionaries of ICDS and health department should work in convergence to evolve an effective system for distribution of MCP card to avoid the mishandling of the resources thus ensuring availability of cards to all beneficiaries.
- The MCP card should be made mandatory and replace all other cards which are still in use like *Jachcha Bachcha* cards, *Teeka karan* cards, etc. This will simplify the process of availing maternal and child's health services available at ICDS and health Centres and tracking service delivery.
- The section on feeding, play and communication is a new addition in the health/immunization card used in health and ICDS schemes. Inability of the mothers to correctly identify the appropriate age for a developmental milestone suggests that there is a need for repeated counselling of mothers on this section to gain maximum benefit.
- More information such as important helpline numbers, details of family planning may be included to increase its coverage.
- Changing the format of the card from a leaflet to a durable booklet (maintaining the paper quality as that of current leaflet) is recommended to ensure longevity without the concern of spoiling and to avoid confusion that may arise due to unordered folding.
- Addition of growth of children upto 5 years along with child assessment sheets for 3-4 , 4-5, 5-6 years may be made to make it a comprehensive ECCE Card/ ICDS Card

1

Introduction

INTRODUCTION

The concept of healthy mother and child is an important aspect of any nutrition and health care programme. In a country like India, foremost menace to both social and economic progress is a daunting hindrance in achieving the optimal health and nutritional status of women and children. Problems like inadequate dietary intake, poverty, gender discrimination, less spacing between the births, illiteracy, lack of awareness regarding infant and young child feeding practices, undernutrition take a toll of mother's health and that of breast-fed infant and under-5 aged children. These measures leading to undernutrition often predate the child birth; results in low birth weight babies (NIPCCD Delhi, 2014).

After the birth of the child, the first three years of life play a critical role in defining a child's physical and cognitive development that has an impact on the potential attainments in adult life. Good health and nutritional status, stimulating home environment of the child is very important in these formative years. The disadvantaged children are more likely to drop out of school, have reduced economic opportunity that spirals into intergenerational transmission of poverty (Mc Gregor S et al, 2007)

Thus, it needs special emphasis in the first 1000 days of life since it has a lifelong adverse impact on growth and development and a much greater impact on mortality. Similarly undernutrition in the adolescent and young woman has an adverse impact, not only on growth and development in this generation, but also in the next (NIPCCD 2014, Bangalore).

1.1 Maternal and Child Health in India

As per World Health Organization, maternal death is defined as the death of a woman during pregnancy or in the first 42 days after the birth of the child due to a cause directly or indirectly linked with pregnancy and not by accidental or incidental causes. So, the data on maternal mortality is considered as an important indicator of overall health system. Pregnancy and childbirth are physiological events in the life of a woman. Though most pregnancies result in normal birth, it is estimated that about 15 per cent may develop complications, which cannot be predicted. Majority of these complications can be averted by preventive care, skilled care during birth, early detection of risk, appropriate and timely management of obstetric

complication and postnatal care. However, It was estimated that globally, approximately 830 women die every day due to preventable causes related to pregnancy and childbirth out of which 20 per cent of these women are from India and annually about 55,000 women die in India due to preventable pregnancy-related causes (<https://unicef.in/Whatwedo/1/Maternal-Health>). India's goal is to lower maternal mortality to less than 100 per 100,000 live births but this is still far away despite its programmatic efforts and rapid economic progress over the past two decades (Vora et al, 2009). As per latest surveys, infant mortality rate is 39/1000 live births (SRS, 2016), neonatal mortality is 28/1000 live births and maternal mortality ratio is 167/100,000 live births (SRS, 2013). MMR and IMR share an intrinsic relationship. Studies have shown that the survival of babies beyond 2 years of life is directly linked to survival of mothers post-delivery i.e., surviving first 6 weeks after delivery (<http://www.unfpa.org/maternal-health>). Therefore, safe motherhood practices and child survival programmes are critically important in a country i.e., experiencing high infant, child and maternal mortality. Realizing the importance of maternal and child health care services, the programmes and initiatives like Integrated Child Development Services (ICDS), National Health Mission (NHM), Indira Gandhi Matritva Sahyog Yojana (IGMSY), Rajiv Gandhi National Crèche Scheme, Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), Village Health and Nutrition Day; Web Enabled Mother and Child Tracking System; Tracking of Severe Anaemia During Pregnancy & Child Birth By Subcentres and Primary Health Centres; A Joint Mother and Child Protection (MCP) Card, etc., have been launched by the Government of India from time to time.

Out of all, one major initiative for accelerating reduction in maternal, neonatal and infant mortality and child under nutrition has been the adoption of WHO Child Growth Standards, with effect from 15 August 2008 in both ICDS and introduction of a common Mother and Child Protection Card for both ICDS and NHM, to strengthen the continuum of care for pregnant mothers and children under-three years of age, universalize key interventions for child health and nutrition and monitor them using common Mother Child Protection card incorporating the new WHO Child Growth Standards (www.wcd.nic.in).

1.2 Situational Analysis of the State under Study (Delhi)

The Population of Delhi according to the 2011 census stands at 1.68 crores, of which male and female are 8,987,326 and 7,800,615 respectively making it the 18th most populated state in India. The Union territory of Delhi is the capital of the country of India and as a result is home to considerable amount of population and therefore the population of Delhi forms 1.39 per cent of India in 2011. The literacy rate in the state is about 86% a figure that has always been high due to the city being the country's capital and home to some of the most important educational institutions. The child sex ratio (CSR) in Delhi is 871 per 1000 males, leaves a lot to be desired as it is much below the national average CSR (918) of the country. The under 5 mortality rate of Delhi is 26/1000 compared to 49/1000 in the country (SRS, 2013). Infant mortality rate (IMR) in Delhi is 20/1000 live birth compared to national estimate of 39 (SRS, 2014). The statistics in the Delhi Census 2011 reveal facts that can be instrumental in planning for a better development plan for the state (Census, 2011).

1.3 Implementation of MCP card in Delhi

Unlike other states, MCP Card in the state of Delhi was implemented later i.e., around 2013. As per the report of RSOC (2013-2014) 72.6% of beneficiaries has received mother and child protection card at the time of pregnancy registration and 92.6% of beneficiaries with children aged 12 –23 months reported to have either Immunization or MCP card.

1.4 Mother and Child Protection Card (MCPC)

Mother and Child Protection (MCP) Card is a joint initiative of ICDS and NRHM; with effect from 1st April, 2010. It was to progressively replace the earlier *Jachcha Bachcha* Card from 1st April, 2010 (NIPCCD Delhi, 2014). It is a comprehensive multipurpose card which provides information to the parents/guardians on various types of services delivered through ICDS and NRHM, which the families can access and utilize for growth and development of their children and health of the mothers. The card is currently being rolled out in the States/UTs and joint training of frontline workers is being completed in most of the states. The MCP card is

developed as a tool to monitor the health and nutrition status of the pregnant woman and thereafter the child up to three years. It is a maternal and child care entitlement card, a counseling and family empowerment tool which contains a unique identification number which is linked to the Mother Child Tracking software under NHM. The card also contains the code of the Anganwadi Centres (AWCs), along with detailed information about the AWC and the worker would ensure tracking of mother child cohort for health purposes (WCD Department, Government of Orissa).

Besides, it is meant to promote key family care behaviors, highlights danger signs and links families to the referral system. The MCPC would enable gender disaggregated tracking, to ensure optimal care of the girl child (MCP Guidebook, 2012). The card also helps the beneficiaries to know about various types of services which they should access and utilize to ensure the overall health and wellbeing of women and children. In a number of states the Card has been in use for tracking nutritional status of children in ICDS, while under NHM the card is used to track health status of pregnant women and children. The Ministries of Women and Child Development and Health and Family Welfare recognized the importance of a single universal card for tracking all pregnant women and children up to five years. In March 2010, the two Ministries took a policy decision to adopt the Mother and Child Protection Card as a 'Joint Card'. In view of this two new sections- antenatal and postnatal care were appended to include critical health parameters in the card. The New WHO Growth Standards (weight for age) for boys and girls has also been included in the card along with simple pictorial illustrations. Thus, the card empowers families to make decisions for improved health and nutritional status, outcomes during pregnancy, and development of healthy young children on a continual basis (MCPC Guidebook, 2012).

1.5 Card utilization

The target groups of the MCP card are pregnant women, lactating women, families of children under 3 years of age and it could be used by the following individuals and groups (MCPC Guidebook, 2012).

Family members	Village groups/Women (Mahila Mandal) groups	Auxiliary Nurse Midwife (ANM) / Anganwadi Worker (AWW)	Health and ICDS Supervisors
For gaining knowledge related to children's health, nutrition and development	As a discussion tool in the meetings	For educating families about optimal health, nutrition and care practices	The card is introduced to the targeted families
For using all available services and practicing optimal care behaviors	Monitoring effective service delivery in the area	For recording information on utilization of services	Its use is properly explained to the families with support materials
For monitoring and promoting growth and development of children		For appropriate referrals	There is effective and efficient delivery of services to the target families

1.6 Recording of Information

The ANM / AWW should record the desired information in the place provided in the card. It is necessary to record weights of children in the growth charts at the AWC. The information recorded in the card does not replace any of the routine information recorded by the workers in their registers (MCPC Guidebook, 2012).

1.6.1 Different Sections of the MCP Card

There are three main sections in the MCP card which has been placed in such a way that begins at conception till child turns 3 years and both the beneficiaries & functionaries get knowledge

about maternal and child health issues and are informed about correct practices that must be followed to ensure good health of both mother and child.

1.6.1.1 Maternal Care

The various components under the maternal care include:

- **Essential obstetric care:** Essential obstetric care include registration of pregnancy, four antenatal check-ups including registration, recording of blood pressure, blood and urine examination, and weight, administering 2 doses of Tetanus Toxoid (TT) injection and consumption of iron folic acid (IFA) tablets (one tablet a day for at least three months i.e. 100 days)
- **Care during pregnancy:** Care during pregnancy depicts message and illustrations related to nutritional needs, use of iodised salt and taking at least two hours of rest during the day
- **Danger signs during pregnancy, child birth and after delivery:** Danger signs during pregnancy, child birth and after delivery includes bleeding during pregnancy, excessive bleeding during delivery or after delivery, severe anaemia with or without breathlessness, high fever during pregnancy or within one month of delivery, convulsions or fits, blurring of vision, headache, vomiting, sudden swelling of feet, labour pain for more than 12 hours and bursting of water bag without labour pain;
- **Preparation for institutional delivery:** It includes contacting Accredited Social Health Activist (ASHA)/ANM/AWW, registering under JSY, availing benefits of JSY schemes, prior identification of hospital, advancement arrangement of ambulance and staying in hospital premises for at least 48 hours after delivery.
- **Preparation for home delivery:** Preparation for home delivery depicts the 5Cs i.e., clean hands, clean surface and surroundings, clean blade, clean umbilical cord, clean thread to tie the cord; after delivery, adoption of family planning; and dealing with an emergency, arranging for transport, and identifying hospital in advance, for taking the mother in case of an emergency.

1.6.1.2 Child Care

The various components under the child care include:

- **New-born care:** Messages on new-born care which include keeping the baby warm, starting breastfeeding immediately after birth and ensuring exclusive breastfeeding, not to

bathe the child for 7 days, keeping the child away from people who are sick, weighing child at birth, and need for special care if the child is less than 2.5kg.

- **Care during illness:** This section covers illnesses like diarrhoea, fever and Acute Respiratory Infection, their home management and whom to refer in case of no improvement.
- **Danger signs in a child:** Danger signs in a child that need immediate attention of health workers such as weak suck or refusal to breastfeed; baby unable to cry/ difficult breathing; yellow palm and soles; cold to touch and convulsions.
- **Immunization schedule:** Immunization schedule till 3 years of age covering vaccination against Bacillus Calmette Guerin (BCG), Diphtheria, Pertussis and Tetanus (DPT), polio, measles and Hepatitis B vaccine and administration of vitamin A solution.
- **Growth chart:** Growth chart for monitoring of growth of boys and girls as per WHO weight for age standards till 3 years of age has been placed in the card, some colour indicators as recommended by WHO growth standards i.e. Pink chart for girls and blue chart for boys have been used.

1.6.1.3 Development Milestones and Care Practices

- Care refers to the behaviour and practices of caregivers (mothers, siblings, fathers and family members) that provide food, health care, stimulation, and emotional support necessary for children's health growth and development. These practices translate food and health care resources in good nutrition, responsive psychosocial care and adequate health for a child. Not only the practices themselves, but also the way they are performed – with affection, with responsiveness and consistency – are critical to children's survival, growth and development. *The 'care aspect' is a new addition in this card, compared to the other existing cards in the health and ICDS system like Jachcha Bachcha card or Shishu Teeka Karan Card.*
- The illustration and messages on developmental milestones and care practices have been classified age-wise i.e., 0-6 months (0-3 months, 3-6 months); 6-12 months, 1-2 years and 2-3 years. It has messages on 'feeding behaviour', 'what mothers can do to promote growth and development in their child to develop to his/her full potential and what most children can do, tells what milestones children reach in that particular age.

In short MCP card is a complete guide book for care during pregnancy, delivery, post-delivery and newborn and early childhood care, where all relevant information has been conceded in form of an interactive, colorful seven leaf leaflets (MCPC Guidebook, 2012).

1.7 Rationale of the Study

The Ministries of Women and Child Development (MWCD) and Ministries of Health and Family Welfare (MoHFW), Government of India in collaboration with WHO and UNICEF organized a national workshop on the adoption of the WHO-Child Growth Standards (CGS), in February 2007. This workshop led to a national consensus on the countrywide adoption of WHO-CGS for child growth monitoring, in ICDS and NRHM and on the operational modalities for its rollout. Subsequently, the Government of India introduced WHO-CGS for growth monitoring of children less than five years, in both ICDS and NRHM, with effect from 15 August 2008, through a joint circular dated 6 August 2008. In order to facilitate in the roll-out of new WHO-CGS, a manual has been developed (NIPCCD, 2010). The above mentioned initiative was complemented by another decision of both the Ministers- to universally introduce a common family- retained, Mother and Child Protection Card (MCPC), which incorporates the WHO-CGS , in both ICDS and NRHM for strengthening the continuum of care from pregnancy till the child is three years old.

It was envisaged that with the increase in the outreach of ICDS as well as NHM, with the initiation of celebration of fixed Village Health and Nutrition Days (VHNDs), Early Childhood Care and Education (ECCE) days, immunization days under mission Indradhanush, innumerable Village Health and Sanitation Committees, the common MCP Card would enable the large network of ASHAs, AWWs and ANMs to converge their efforts and utilize the critical contact opportunities more effectively. Being an entitlement card, it would ensure greater inclusion of unreached groups to demand and universalize access to key maternal and child care and health services by improving understanding of self-care. The present study is therefore an attempt to evaluate the usage of the MCP Card by grass root level functionaries and beneficiaries at AWC level under ICDS in Delhi, the capital of India.

1.8 Objectives

The objectives of the study were to:

- i. Assess the knowledge and skills of ICDS functionaries on appropriate usage of MCP Card;
- ii. Study the awareness of women (pregnant, lactating and mothers of children below 3 years) about the MCP Card and its importance in maternal and child care;
- iii. Study the utilization of the MCP card by the pregnant women, lactating women and mothers of children below three years;
- iv. Study the role perception of ICDS functionaries with respect to MCP Card for better outreach of health and nutrition services; and
- v. Identify the problems and bottlenecks in effective utilization of MCP Card.

2

Review of Literature

REVIEW OF LITERATURE

Introduction of the MCP Card with an aim to improve awareness among the parents/ guardian on various types of health and nutrition services delivered through ICDS and NHM, is valued as a crucial initiative bringing about the convergence of Ministry of Women and Child Development and Ministry of Health and Family Welfare. Since the Card has been in use from past 5 years only, few studies have been carried out to assess the usage of MCP in ICDS projects and its effectiveness in improving the awareness and access of nutrition and health services by the mothers and children. In this chapter an attempt has been made to appraise the available literatures, which have focused on the MCP Card.

2.1 Procurement and Distribution of MCP Card

2.1.1 Availability and Maintenance of MCP Card

UNICEF (2012) carried out a study to assess the status of roll out of WHO-CGS and common MCP Card, in ICDS and NRHM in 13 states of India, namely, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and West Bengal. The study found that the MCP Card was available at the community level in at least 75 per cent districts of most of the sample states except in UP, Rajasthan, MP and Maharashtra.

Similarly, NIPCCD, Regional Centre, Bengaluru (2014) conducted a study in Andhra Pradesh and Kerala with an objective to evaluate the status of implementation of MCP Card and review the extent of functional convergence of the services provided for maternal and child health by different stakeholders. The study revealed that supply and distribution of MCP Card was adequate in majority (81 per cent) of AWCs in Andhra Pradesh and Kerala. It was observed that all those who had received the MCP Card, were using the card to avail the services and the MCP Card was distributed by AWWs in Kerala and by ANM in Andhra Pradesh.

Further, NIPCCD, Delhi (2014) evaluated the distribution and maintenance of the MCP Card in six districts of six different states namely Assam, Jharkhand, Maharashtra, Haryana, Kerala and

Madhya Pradesh and observed that the distribution of MCP Card was 100 per cent at AWCs and Sub-centre level and was being maintained properly in over 87 per cent of AWCs. The major reasons reported for the MCP Card not being maintained properly were lack of training on the usage of the MCP Card (45.5 per cent); followed by lack of skills in using the MCP Card (18.2 per cent); indifferent attitude of beneficiaries (18.2 per cent); non- availability of the MCP Card (18.2 per cent); and losing/misplacing the MCP Card by the beneficiaries (9.1 per cent).

2.1.2 Barriers in the Roll Out of MCP Card

The major barriers in the roll out of the MCP Card have been poor joint planning, lack of pooling of budgets and lack of monitoring of supplies. Apart from these, main barrier was rolling out of MCP Card was not identified as a priority by both the departments, namely Health & ICDS in UP, by Health Department in Maharashtra and by ICDS in Bihar and MP (UNICEF, 2012). Other barriers includes delay in printing of MCP Cards, lack of understanding of the responsibility of distribution of the Card - ANM/AWW, joint training of MCP Card has not been conducted yet and the Card is not being visualized as mother held Card.

2.2 Training on the MCP Card

NIPCCD, Regional Centre, Bengaluru (2014) found that only 48 per cent of AWWs, 70 per cent of ANMs, 45 per cent of ASHAs, 50 per cent of ICDS Supervisors and 37 per cent of Child Development Project Officers (CDPOs) had requisite training to carry out their responsibilities especially for implementation of MCP Card in the sample states.

On the other hand, NIPCCD, Delhi (2014) study revealed that only 21.9 per cent of AWWs, 16.7 per cent of Supervisors and 58.3 per cent of CDPOs had received some kind of orientation training on MCP Card. The training was imparted mainly during the sectoral meetings or was integrated into other ongoing trainings (WHO-CGS; Infant and Young Child Feeding, etc.). The duration of orientation training also varied across the respondents from half a day to five day duration.

2.3 Awareness about the MCP Card

In a study conducted by NIPCCD (2013) on the evaluation of functioning of ASHAs in ICDS related activities, it was found that almost all the ASHAs, ANMs and AWWs were aware about the MCP Card and had helped the mothers in procuring them.

Similar results were observed in a study by NIPCCD, Delhi (2014), where over 90 per cent of AWWs, ANMs, and ASHAs were aware about MCP Card. Further, the study also assessed the awareness about MCP Card among the beneficiaries and found that the awareness level was better among the mothers of children less than 6 months and in majority of the cases the AWW was the source of information.

2.4 Usage of MCP Card

NIPCCD, Delhi (2014) revealed that MCP Card was largely used by grass root level health and ICDS functionaries for explaining about ANC services, preparation for delivery, growth monitoring and services provided by ICDS. About 96 per cent each of AWWs, ANMs; 83 per cent of lady health visitors (LHVs) and 90 per cent of ASHAs confirmed that they were using the MCP Card. However at the supervisory level, the usage of MCP Card was found to be low.

2.5 Purpose of Using the MCP Card

NIPCCD, (2013) reported that the MCP Card was used for explaining about ANC services; danger signs during pregnancy; preparation for delivery; dangers in newborn; weighing, plotting and counselling after weighing; childhood illnesses; as also for advising about nutrition, immunization, JSY, etc. Further, over 65 per cent mothers of children (6 months - 3 years); 70 per cent of pregnant and Lactating women; and more than 50 per cent family members of beneficiaries informed that they carry the MCP card during regular checkups which suggests that the usage of MCP card among the beneficiaries was moderate.

Another study on assessment of knowledge of post-natal women regarding new born care reported that about 22 per cent women considered Mother and Child Protection Card as their source of information regarding newborn care, feeding practices, immunization, growth and development etc. (Rama et al, 2014).

2.6 Factors Affecting Retention of MCP Card

Pahari et al. (2011) conducted a study to know the factors affecting retention of child health Card in 282 households with children between one to 36 months in a rural area of Nepal. The study revealed that only 45 per cent of the respondents who were issued child health card had retained it. Younger age group of the child, mothers living nearer to health facility, mothers with knowledge on use of child health card for recording immunization and recording growth monitoring and mothers who were explained child health card by health worker were found significantly higher odds of retaining it.

2.7 Awareness on Maternal and Child Health Issues

2.7.1 Care during Pregnancy

Care during pregnancy is a broad area and encompasses a range of areas such as antenatal check-ups, immunization, knowledge of danger signs of pregnancy, diet during pregnancy, need for rest, awareness about government's maternal health schemes so that women can opt for healthy choices.

2.7.1.1 Awareness about Expected Date of Delivery (EDD) and Last Menstrual Period (LMP)

The awareness and practices of pregnant women regarding care during pregnancy exhibit that the awareness about the LMP was better than EDD (97.5 per cent vs 70.8 per cent). The source of information about LMP and EDD was mainly ASHAs; followed by ANMs and AWWs (NIPCCD, Delhi, 2014).

Similar results were reported in another study of NIPCCD, Bengaluru, where majority of women (85 per cent in AP and 88 per cent in Kerala) were aware about LMP whereas only 72 per cent in AP and 85 per cent in Kerala were aware about EDD.

2.7.1.2 Antenatal Checkups

Knowledge and practices of pregnant women were studied by NIPCCD, Regional Centre, Bengaluru, 2014 in Kerala and AP and it was observed that almost all mothers were aware of

need for registration in the AWCs for availing the services and the awareness was noted to be higher among the pregnant women in AP (98 per cent) as compared to Kerala (91 per cent). The study also found that 82 per cent of pregnant women were aware of significance of antenatal check-ups. Majority of pregnant women were also aware that four antenatal check-ups are now mandatory. It was also noted that 84 per cent of pregnant women got registered themselves in the first trimester in AWCs.

Awareness and practices of the beneficiaries were further evaluated by NIPCCD, Delhi (2014) through a multicenter i.e., study and it was observed that over 96 per cent of pregnant women were registered at AWCs. However, only 60 per cent of pregnant women got registered in their first trimester which is in contrast to the observation made by NIPCCD, Regional Centre, Bengaluru (2014). Further, adherence to the norm was found to be low as only one fourth (24.6 per cent) of pregnant women had the requisite recommended four antenatal check-ups.

Another study evaluating knowledge and skills of Anganwadi workers in Hoogly District, West Bengal found that only 41.2 per cent of AWWs knew about the minimum number of ante natal checkups required by pregnant women. While, iron folic acid (IFA) supplements are needed during pregnancy was known to 59 per cent of AWWs, 82.4 per cent of AWWs had correct knowledge regarding TT immunization during pregnancy (Chattopadhyay, 2004).

As regards to the investigations done during pregnancy, over 80 per cent beneficiaries responded that their blood pressure, weight, blood and urine sample was checked. However, only 66.3 per cent of them stated that they were informed about their weight during the antenatal check-ups (ANCs). Blood pressure (BP) levels were known to majority of the pregnant women. Also about 93 per cent of pregnant women reported that they were consuming IFA tablets regularly. The knowledge about abdominal examination and normal weight gain during pregnancy was scarce as only 1/3rd and 1/5th of the beneficiaries respectively were apprised about them (NIPCCD, Delhi, 2014).

2.7.1.3 Danger Signs of Pregnancy

As the MCP Card portrays 'high risk' cases pictorially, which enables for screening, the extent of awareness among beneficiaries on these vital issues was ascertained. Over 75 per cent of mothers were able to identify that bleeding during pregnancy is a danger sign during pregnancy.

As regards anaemia, 76 per cent of pregnant women were aware of implications of severe anaemia. Seventy nine of mothers were aware of implications of high fever. Incidentally, 78 per cent of pregnant women were able to recognize two to three symptoms like blurring of vision, convulsion, headache, vomiting, swelling of foot, etc. also as danger sign during pregnancy. Further, bursting of amniotic sac without the labour pains as a complication was known to about 73 per cent of the women. The respondents were able to relate these complications as it is pictorially depicted in the MCP Card. The description given by them although was not technical, but the message was clear which indicated that the MCP Card has been able to generate interest among the women which enabled the functionaries to orient them to its content (NIPCCD, Regional Centre, Bengaluru, 2014).

In a similar study, awareness and practices of both functionaries and beneficiaries regarding danger signs were ascertained. The study revealed a low awareness level among pregnant women regarding danger signs of pregnancy. Only 22.5 per cent of pregnant women were aware of the fact that ‘red colour box or words written in red letter’ in MCP Card indicate danger signs. On an average little over 64 per cent of AWWs were aware of all the danger signs of pregnancy listed in the MCP Card. However, less than 30 per cent pregnant women could recognize signs like blurring of vision, severe headache, sudden swelling of feet, labour pain for more than 12 hours, bursting of water bag without labour pain as danger signs of pregnancy requiring referral. Awareness level of the AWW was also found to be lower than as expected (NIPCCD, Delhi, 2014).

2.7.1.4 Diet and Rest

Diet and rest are important pillars of care during pregnancy. Relation between maternal nutritional status and birth outcome is well known. Introduction of MCP Card can be seen as a valuable initiative integrating diet and rest with other care practices.

Knowledge of beneficiaries on diet and rest section of MCP Card was assessed by NIPCCD, Delhi, 2014 and it was observed that an average of 40.8 per cent pregnant women from 6 states were able to show correctly the section on diet, rest and sleep.

However, in practice, the finding was different as about 85 per cent were aware about importance of consuming a variety of foods. Almost all respondents stated that they consumed

iodized salt regularly. Further, a majority (98 per cent) of the pregnant women received Supplementary Nutrition (SN) from AWC and consumed the same. Also, nearly eighty per cent of pregnant women had knowledge on need for taking intermittent and sufficient rest during pregnancy (NIPCCD, Regional Centre, Bengaluru, 2014).

2.7.1.5 Knowledge Regarding Safe Delivery and Post-Partum Care

Safe delivery is crucial for survival of both mother and child. Awareness among beneficiaries regarding preferential safe delivery options was studied and it was observed that almost all the lactating women and mothers of children between 6 months to 3 years reported that they opted for institutional delivery consciously (NIPCCD, Regional Centre, Bengaluru, 2014). Similar results were observed by NIPCCD, Delhi, where over 90 per cent of the deliveries were institutionalized.

The data collected on postnatal visits showed that 31.5 per cent of mothers of children below 6 months and 37.2 per cent of women with children between 6 months and 3 years had at-least received requisite 4 post-natal visits by AWW/ANM/ASHA/LHV/Supervisor (NIPCCD, Delhi, 2014).

2.7.2 Child Care

The various components of child care include:

2.7.2.1 Newborn Care

Awareness among beneficiaries regarding practices related to new born care was found to be considerably low as only 25.8 per cent of mothers of children below 6 months and 50.6 per cent of mothers of children between 6 months and 3 years were aware about details written in the MCP Card regarding the care of newborn (NIPCCD, Delhi, 2014).

Another study evaluating knowledge level of post-natal women on various aspects of new born care based on information provided in MCP Card showed that 45 per cent of mothers were unaware of the precautionary measures to be taken for newborn. Whereas, only 15 per cent were reported to have adequate knowledge of new born care (Rama et al. 2014).

2.7.2.2 Danger signs of Newborn

Assessment of knowledge of grass root level health and ICDS functionaries for all danger signs in a newborn revealed that knowledge of ANMs was far better than AWWs and ASHAs for all danger signs. Further for some dangers signs such as baby unable to cry; baby having difficulty in breathing; yellow palm and soles; blood in stools; convulsions; and lethargic/unconscious the knowledge of AWWs was better than that of ASHAs (NIPCCD, Delhi, 2014).

Awareness of beneficiaries regarding danger signs in a newborn requiring referral was found to be better than for the general care of new born but awareness about red colour box or words written in red denotes danger and require immediate contact to health and ICDS functionaries was very poor as only 36.1 per cent of mothers of children below 3 years knew about it (NIPCCD, Delhi, 2014).

Further a study conducted by Rama et al. 2014 revealed that 24 per cent of the mothers (post-natal) were unaware of the danger signs and most mothers (55 per cent) reported fever and cold on touch as important danger signs of newborn.

2.7.2.3 Immunization

The skills of AWWs related to recording of immunization details in the MCP Card were assessed; only 34 per cent of AWWs mentioned that pink colour indicate the next date of immunization whereas white colour represents the actual date when the child is immunised was known to only 17 per cent of AWWs (NIPCCD, Delhi, 2014).

According to the study conducted by Madhavi et al. 2011, knowledge of AWWs with regard to immunization services was 90 per cent.

As per Rama et al. 2014, the immunization rate among children was high i.e., 93per cent as majority of the mothers (post-natal) were aware about the importance of immunization. Also names of the individual vaccines given for newborn babies were known to about 76 per cent mothers.

2.7.2.4 Infant and Child feeding

2.7.2.4.1 Breastfeeding

NIPCCD, Delhi (2014) reported that knowledge and practices of Anganwadi Workers on some of the component of child feeding was good as 91.6 per cent of AWW had knowledge that breastfeeding should be initiated within an hour of birth, 86.5 per cent knew that babies should be breast fed 8 to 10 times during day and night and 74.7 per cent knew that breastfeeding can be continued for up to 2 years and beyond.

In the same study knowledge and practices of beneficiaries i.e., mothers of children below six months and mothers of children between six months and three years was also ascertained regarding breastfeeding and complementary feeding and it was observed that about 86.0 per cent of mothers of children below six months had initiated breastfeeding within an hour after birth. Awareness about exclusive breastfeeding for mothers of children between six months and three years was 93.0 per cent. The study also revealed that the practice of giving pre-lacteal feeds; feeding colostrum; breastfeeding eight times or more; giving feeds at night; and introduction of complementary feeds after six months by mothers of children between six months and three years was 22.0 per cent; 88.0 per cent; 44.0 per cent; 95.0 per cent; and 68.0 per cent respectively.

Similar results were shown in the study conducted NIPCCD, regional centre, Bengaluru, 2014 which revealed that almost all the mothers (with children aged 0-3 years) were knowledgeable regarding breastfeeding practices such as it should be started immediately after the birth and be continued till six months without any liquids, supplementary foods should be introduced after first six months. However, in practice only 60 per cent from Andhra Pradesh and 81 per cent from Kerala had initiated breastfeeding within one hour after the delivery and only 60 to 70 per cent of mothers had introduced complementary feeding after six months in recommended proportion and quantity. Further, it was noted that whatever was being prepared for other family members, the same was fed to the child as the child turned 1 year of age. Only 26 per cent of mothers reported that they continued breastfeeding till 2 years.

However, according to the study conducted by Rama et al. 2014, only 48 per cent mothers knew that breastfeeding should start within 1 hour of child birth and 64 per cent of the mothers were not even aware of the duration of exclusive breast feeding.

As per Sondankar et al. 2014, knowledge regarding breastfeeding i.e., when to start, duration of exclusive breast feeding, importance of colostrum feeding was correct in more than 85 per cent AWWs. Contrary to these findings, correct age of exclusive breast feeding was known to only 17.6 per cent AWWs as reported by (Chattopadhyaya et al. 2004).

2.7.2.4.2 Complementary Feeding

The assessment of the ability of the beneficiaries to understand messages given in MCP Card regarding feeding of children aged 6 months to 3 years showed that nearly 50 per cent of the beneficiaries could tell clearly the information given with respect to feeding of young children upon showing the Card indicating a dire need of educating mothers on the issue of infant and young child feeding (NIPCCD, Delhi, 2014).

2.7.2.5 Playing and Communication

NIPCCD, Delhi (2014) found that the knowledge of the grass root level workers with respect to age appropriate milestones was average and needed improvement. However, majority of AWWs (80.6 per cent) correctly knew the advice to be given to a mother in case a child seems slow. In the same study knowledge of mothers regarding developmental milestones of children was also assessed and it was observed that more than 50 per cent of the beneficiaries were aware of the age appropriate play and communicating activities and about 50 per cent of the beneficiaries were aware of the ways (smiling, laughing, looking in to child's eye, and talking to the child) by which development of children below 6 months can be promoted.

In another study, it was observed that mothers were knowledgeable about some of the milestones. However, they lack awareness on the type of activities required to stimulate children and help them attain developmental milestones. Only 20 to 30 per cent of mothers were able to report that they enabled children to reach milestones (NIPCCD, Regional Centre, Bengaluru, 2014).

2.7.3 Growth Monitoring

Growth charts based on WHO child growth standards has been provided in the MCP Card to track the growth and assess early growth faltering. Growth monitoring is one of the essential services provided under ICDS and understanding of importance and plotting is a prerequisite to the success of ICDS mission (ICDS Mission book, 2012). A study by NIPCCD, Delhi (2014) revealed that majority of the AWWs were aware about the correct steps in growth monitoring. Contrary to this, a study conducted by Madhavi et al. 2011, revealed that AWWs had very poor knowledge i.e., only 16 per cent had correct knowledge of growth monitoring.

As regards to beneficiaries, ninety seven per cent of mothers reported that they got their children weighed regularly and made use of all the information that was disseminated to them. However, the awareness about the colour of the growth chart i.e., pink chart for girl was known to only 12.5 per cent of mothers of children below six months and 21.1 per cent mothers of children between 6 months and three years; blue chart for boys was known to only 16.6 per cent of mothers of children below 6 months and 21.6 per cent of mothers of children between 6 months and three years. Also, about 30 per cent of mothers of children below 6 months and 45.5 per cent of mothers of children 6 months and 3 years confirmed that the AWWs had discussed the growth chart with them (NIPCCD, Delhi, 2014).

According to Rama et al. 2014, 42 per cent of the mothers (postnatal) had adequate knowledge regarding correct interpretation of the normal growth curve which shows that growth chart has not been properly explained to the beneficiaries.

2.7.4 Contribution of MCP Card in Utilization of Health Services and Level of Satisfaction with regard to MCP Card

NIPCCD, Delhi (2014) reported that over 78 per cent of ICDS and health functionaries believed that the MCP Card has contributed in better outreach and utilization of ICDS and health services. They reported MCP Card has facilitated improved access to services, better understanding of self-care, better ANC, timely action in case of at-risk cases, early identification and seeking timely treatment, saving life of women and children and increased uptake of all services. Additionally they also informed that MCP Card has also contributed towards improving the

interface between ICDS and health functionaries. As regards the level of satisfaction, over 80.7 per cent of AWWs and 100 per cent of Supervisors expressed their satisfaction with the use of MCP Card. The Card being very informative has been reported as the main reason for satisfaction by all the functionaries.

In the same study, point of view of beneficiaries was also studied and it was observed that benefits of the MCP Card have yet not been felt by the beneficiaries as only around 50 per cent each of pregnant women, mothers of children below 6 months and mother with children between six months and 3 years felt that the MCP Card has helped in better understanding about self-care. Roughly, 40 per cent of all the beneficiaries expressed that the MCP Card has facilitated better ANC and improved access to services. Despite poor realisation of the contribution of MCP Card, 73 per cent of pregnant women; 80 per cent of mothers of children below 6 month and 66 per cent of mothers of children between 6 month and 3 years were satisfied with the MCP Card. The various reasons reported include - MCP Card was very informative; it serves as a good reminder for seeking services; it serves as a complete record of health status of the child and the mother. About one third of beneficiaries also reported that MCP Card can help in monitoring child's development and in early identification of problems and also in seeking timely help.

In another study, the satisfaction level of beneficiaries was found to be over 90 per cent. This was because the mothers were or had received the benefits under JSY, IGMSY and timely immunization (NIPCCD, Regional Centre, Bengaluru, 2014).

2.7.5 Role Perception of ICDS Functionaries with regard to MCP Card

The main responsibility of AWW workers with respect to MCP Card is recording of desired information, weight in the growth charts, and explaining various components of MCP Card to the beneficiaries with the help of support material (Guide book MCP Card, 2012). NIPCCD, Delhi, 2014 evaluated the perception of AWW regarding their role with respect to MCP Card and found that majority of AWWs perceived 'recording of information' in the following sections in MCP Card as their main role- growth monitoring and promotion (78.1 per cent); family identification (60.5 per cent), immunization and vitamin A supplementation (50.4 per cent) and playing and communicating with children (45.3 per cent). The role perception of AWWs about their own role

related to counselling and explaining to the beneficiaries about the various issues was grossly inadequate.

2.7.6 Problems with regard to Usage of MCP Card

The problems encountered by ICDS functionaries and beneficiaries in using the MCP Card have also been reported by NIPCCD, Delhi in 2014. The CDPOs (58 per cent) reported that workers were not recording the findings of check-ups in the MCP Card, as they see it as extra work. About 67 per cent of CDPOs informed that the MCP Card is not being used for counselling women. The other relevant problems encountered in usage of MCP Card include- women being illiterate, and incomprehensible illustrations in the MCP Card. Also, MCP Card has not been recognized as a passport to easy care, as anticipated and even the inadequacy of referral support has not been felt by majority of functionaries, indicating that the potential of MCP Card has not been explored completely, till then.

2.7.7 Suggestions for Effective Utilizations of MCP Card

The need for joint training of all the functionaries on the usage of MCP Card, to dispel any confusion has been suggested univocally by both ICDS and health functionaries. Further majority of CDPOs (83 per cent) felt that the Supervisor's role in monitoring of the MCP Card needs to be made clear. Regular and proper monitoring of MCP Card has been a major suggestion from CDPOs (92 per cent). The other suggestion that came forth include- popularizing the MCP Card for its better usage, monitoring the usage of the Card in conditional cash transfer, need for more use of local words in the Card, simplifying the MCP Card, etc. (NIPCCD, Delhi, 2014).

The suggestions of beneficiaries on the MCP Card were also reported in the same study and they include popularizing the Card for better usage, use of more local words in the MCP Card, simplifying the Card and providing alternate meaning of difficult words.

3

Methodology

METHODOLOGY

3.1 Introduction & Rationale for Locale Selection

Persistent high levels of undernutrition among women and children and its sluggish decline is a serious cause of concern. Therefore existing policy and programmes committed to improve mother and child health needs a thorough understanding by all stakeholders to provide necessary support and timely interventions at all critical points. Linking critical contact point is a major concern and MCP card is one of the best tools that enables in guiding convergent action at appropriate stage. While the ground has been laid for rolling out of series of activities for implementation, very few documents or appraisal so far has been carried out to study the level of convergence, which is expected to derive through MCP card. Only two or three studies have been carried out on effective usage of MCP and no study has been conducted in Delhi. The other reasons for conducting this study are as follows:

- Delay of printing of MCP cards in Delhi. The state is among the last two states to introduce MCPC in ICDS.
- Lack of understanding of the responsibility of distribution of the card - ANM/AWW.
- Joint training of usage of MCP card by NHM and ICDS functionaries has not been conducted yet and
- The card is not being visualized as mother held card.

Therefore with the increase in the outreach of ICDS and NHM at the ground level, the present study was an attempt to study the “**Use & Effectiveness of Mother and Child Protection Card in ICDS Projects of Delhi**”.

3.2 Locale & Sample Size of the Study

The study was conducted in the state of Delhi wherein out of 9 districts, 5 districts were selected purposively where MCP card is implemented. The districts namely Central, West, North west-II, North-west I, and East were included in the study. From each district, one block was selected purposively; however from West district two blocks were selected in which implementation and usage of MCP card was in good shape due to execution of IGMSY scheme while in the other districts of Delhi the usage and implementation of MCP card was at a slow pace. Knowledge and

awareness of different stakeholders- ICDS (CDPO, Supervisors and AWW) and community (pregnant women, lactating women and mothers of children between six months to three years) was assessed through interviews and supported with observations. The sampling method and number of each category of stakeholders and beneficiaries selected is given below. In all, the sample comprised 88 ICDS functionaries (6 CDPOs, 22 Supervisors and 60 AWWs); 900 beneficiaries (300 pregnant women, 300 lactating women and 300 mothers of children between six months and three years).

The Sample Selection for the Study:

S.No.	Category	Number per unit	Sampling method	Sample Size	Total no.
1.	District	9	-	5	5
2.	Block	1/District for 4 districts and 2/ district from one*	Purposive	4x1=4 2 x1=2	6
3.	AWC	10/block	Purposive	10x6=60	60
ICDS FUNCTIONARIES					
4	AWW	1/AWC	Random	1X60=60	60
5.	Supervisor	Number of supervisor in each Block	Total available	-	22
6.	CDPO	1/Block	One from each block	1x6=6	6
ICDS BENEFICIARIES					
7.	Pregnant Women	50/ Block	Random	6x50=300	300
8.	Lactating Women	50/ Block	-do-	6x50=300	300
9.	Mothers of children between six months and three years	50/ Block	-do-	6x50=300	300
*A total of 5 districts and 6 blocks were visited; 2 blocks from west districts					

3.3 Ethical Committee Approval

The ethical committee approval was taken for the research study from the Institutional Review Board committee, constituted by the Institute which included Experts from various fields of research methodology, statistics and public health. The participants were included into the study based on their willingness and after taking an informed consent from them.

3.4 Tools for the Study

For the present study, questionnaire-cum-interview schedule and observation schedule were used to elicit information regarding different sections of the MCP card such as checkups and care during pregnancy, danger signs, preparation in case of home delivery/institutional delivery, newborn care, immunization schedule for both mother and child, feeding, playing and communication with children and growth chart. The questionnaire-cum-interview method was considered for this study as data was to be collected from huge number of people in a short period of time.

The following research tools were used to collect the data for the study.

S. No.	Category	Method of data collection	Instrument used/Tools	Parameter
1-3	ICDS Functionaries (CDPO, Supervisor, AWW)	In-depth Interview	Interview-cum-Observation Schedule	<ul style="list-style-type: none">• Profile of the respondents• Training status• Procurement and distribution of MCP Card• Knowledge & Practice about the MCP Card: its various sections, colour codes, advantages, etc.• Attitude with regard to the use of MCP Card and existing interface between the ANM, AWW and ASHA• Assess the knowledge and skills in recording information and in counseling• Observations regarding the

				<p>skills of filling MCPC, growth chart and identification of different sections</p> <ul style="list-style-type: none"> • Contribution of MCP Card in outreach and utilization of health and ICDS services • Problems encountered and suggestions for effective utilization of MCP Card
4-6	<p>ICDS Beneficiaries</p> <ul style="list-style-type: none"> - Pregnant Women - Lactating women - Mothers of children between six months and two years 	In-depth Interview	Interview & Observation Schedule	<ul style="list-style-type: none"> • Profile of the respondents • Awareness about the MCP Card: its various sections, color codes, advantages, etc. • Knowledge and practice with regard to the relevant sections in the MCP Card • Changes perceived in the health, nutrition and care aspects of self and their children after the introduction of MCP card • Contribution of MCP Card in outreach and utilization of health and ICDS services • Perception about the existing interface between the ANM, AWW and ASHA with regard to the usage of MCP Card • Problems encountered and suggestions for effective utilization of MCP Card • Observations regarding the knowledge

3.5 Period of Investigation

The data collection for the study was started in January 2016 and completed in May 2016.

3.6 Criteria for Selection

The inclusion criteria for the study were:

1. The beneficiary should be the resident and availing health facility from the particular MCD area.

2. Only those beneficiaries who were issued the MCP card were to be included for the study.
3. CDPO and all supervisors currently working in a project.
4. Willingness of the beneficiaries to participate.

The exclusion criteria were:

1. Beneficiaries not present during the field work or refused to participate in the study.
2. If MCP card was issued but not available with the beneficiary at the time of interview.

3.7 Pre-Testing of the Tools

Prior to data collection, the tools proposed for the study were field tested. The tools were pre-tested with 1 CDPO, 2 Supervisors, 6 AWWs, 5 pregnant women, 5 lactating women and 5 mothers of children between six months and three years. Necessary modifications were done based on the results of pre-test.

3.8 Execution of the study

A research team was deployed for data collection in Delhi. The data for the study was collected with the help of 2 Project Assistants. Five days training was provided to the field investigators to bring uniformity for consistent data collection. Ten per cent of the field forms were randomly selected and cross-checked by the project In-charge herself in the field.

3.9 Data Processing & Analysis

- Data was collected, the quantitative and the qualitative data were entered and coded separately in excel and analysed statistical package.
- The tables for the report were produced on the basis of identified indicators.
- Apart from using simple statistical measures such as frequencies, percentages, averages and ranges, an attempt has also been made to show a significant association between the two variables via chi-square test.

3.10 Limitations of the Study

- All the districts of the study could not be included in the study due to time constraint.
- Advance information to both ICDS Workers and beneficiaries might have improved the results.
- Those who refused to participate in the study must have been dissatisfied beneficiaries.

3.11 Operational Definitions Used in the Study

1. **Knowledge:** Verbal response given by the ICDS functionaries and beneficiaries regarding MCP card to the questionnaire administered by the investigator.
2. **Attitude:** It is a hypothetical construct that represents an individual's degree of like or dislike for something, they are generally positive or negative views of a person.
3. **Practices:** Refers to the activities of the ICDS Functionaries & Beneficiaries related to MCP card.

4

Results & Discussion

RESULTS AND DISCUSSION

4.1 Profile of Projects

A total of 6 ICDS projects from 5 districts of Delhi were visited. The data was collected from 2 projects of West Delhi (*Tilak Vihar* and *Uttam Nagar*), 1 project in North West I (*Alipur*), 1 project in North West II (*Prem Nagar*), 1 project in East Delhi (*Kondli*) and 1 project in Central Delhi (*Anand Parbat*).

4.2 Profile of Respondents

4.2.1 District-wise Distribution of Respondents

Overall, the sample comprised 88 ICDS functionaries {6 Child Development Project Officers (CDPOs), 22 Supervisors and 60 Anganwadi Workers (AWWs)}; 900 beneficiaries (300 pregnant women, 300 lactating women and 300 mothers of children aged six months to three years).

4.2.2 Age-wise Distribution of Beneficiaries

Table 1 presents the age wise distribution of the beneficiaries. The mean age of the pregnant women, lactating women and mothers of children (6 months-3 years) was 24.7 ± 3.8 years, 25.2 ± 3.9 years and 25.4 ± 4.2 years respectively. Majority of pregnant, lactating and mothers of children (6 months-3 years) belonged to the age group 20-24 years (45.6 per cent) followed by 25-29 years (37.6 per cent) indicating high fertility in age group 20-29 years.

Table 1: Age wise distribution of beneficiaries

Age Categories (no.=300)	Pregnant Women no. (%)	Lactating Women no. (%)	Mothers (6m -3y) no. (%)
15-19 years	13(4.3)	5 (1.7)	4 (1.3)
20-24 years	142 (47.3)	137 (45.7)	131 (43.7)
25-29 years	110 (36.7)	111 (37)	117 (39)
30-34 years	28 (9.3)	40 (13.3)	38 (12.7)
35-39 years	6 (2)	6 (2)	7 (2.3)
40-44 years	0 (0)	1 (0.3)	1 (0.3)
45 -49 years	1 (0.3)	0 (0)	2 (0.7)

4.2.3 Distribution of Respondents by Educational Status

2.3.1 Distribution of Beneficiaries (Pregnant women, Lactating women and Mothers of children 6 month to 3 years) by Educational Status

Educational status of beneficiaries ranged from being illiterate to post graduate. Based on the results the beneficiaries' educational status was classified as illiterate, primary pass and middle school and above. It can be inferred from table 2, that 68.6 per cent of beneficiaries completed middle school and above, 13.2 per cent were primary pass and 18.2 per cent were found to be illiterate in this study. The results of our study are consistent with the national female literacy rate of 65.4 per cent (Census, 2011).

Table 2: Distribution of beneficiaries by education status

Education (n =300)	Pregnant Women no. (%)	Lactating Women no. (%)	Mothers (6months -3years) no. (%)	Total no. (%)
Illiterate	57 (19.0)	51 (17.0)	56 (18.7)	164 (18.2)
Primary (Standard 1-5)	57 (19.0)	33 (11.0)	29 (9.7)	119 (13.2)
Middle school (up to 8 th)	49 (16.3)	55 (18.3)	59 (19.7)	163 (18.1)
High school (up to 10 th)	45 (15.0)	61 (20.3)	51 (17.0)	157 (17.4)
Intermediate (up to 12 th)	50 (16.6)	56 (18.6)	64 (21.3)	170 (18.9)
Graduate	35 (11.6)	31 (10.3)	33 (11.0)	99 (11.0)
Post Graduate	7 (2.3)	13 (4.3)	8 (2.7)	28 (3.1)

2.3.2 Distribution of ICDS Functionaries (CDPO, Supervisor and AWW) by Educational Status and Experience

The distribution of ICDS functionaries by educational status and experience in ICDS has been presented in Table 3. It was comforting to see that majority of the functionaries at supervisory level were either graduate or post graduate (all CDPOs and 68.2 per cent Supervisors) and majority of AWWs were at least 12th pass (73.3 per cent). In Delhi, most functionaries were associated with ICDS for more than 1 year where in 4 out of 6 CDPOs had more than 10 years of experience as compared to 36.4 per cent Supervisors (8 out of 22) and 21.7 per cent AWWs (13 out of 60).

Table 3: Distribution of ICDS functionaries by educational status and experience

Education	SUPERVISOR (n=22)	AWW (n=60)
	no. (%)	no. (%)
High school (upto 10 th)	0 (0.0)	16 (26.7)
Intermediate (upto 12 th)	7 (31.8)	20 (33.3)
Graduate	6 (27.3)	16 (26.7)
Post Graduate	9 (40.9)	8 (13.3)
Experience in ICDS		
Upto 1 Year	0 (0.0)	0 (0.0)
2-5 Years	9 (40.9)	19 (31.7)
5-10 Years	5 (22.7)	28 (46.7)
10 Years and above	8 (36.4)	13 (21.7)

2.3.3 Status of Training Received by ICDS Functionaries (CDPO, Supervisor and AWW) on MCP Card

The status of training was found to be poor as merely 6 AWWs, none of the Supervisors and 3 CDPOs received training on use of MCP Card. Upon asking about the nature of training received, 2 CDPOs reported that they were trained on MCP Card as a part of their job training and 1 reported that she attended a special training on IGMSY, SABLA and MCP card.

Similar results were obtained in a multi-centric study conducted by NIPCCD, Delhi (2014), which reported that merely 26 out of 119 AWWs and 4 out of 24 Supervisors received training on MCP Card, suggesting dire need for investing in the training of grassroot level functionaries all across the country for better implementation of MCP Card.

4.3 Distribution and Maintenance of MCP Card as Reported by Beneficiaries

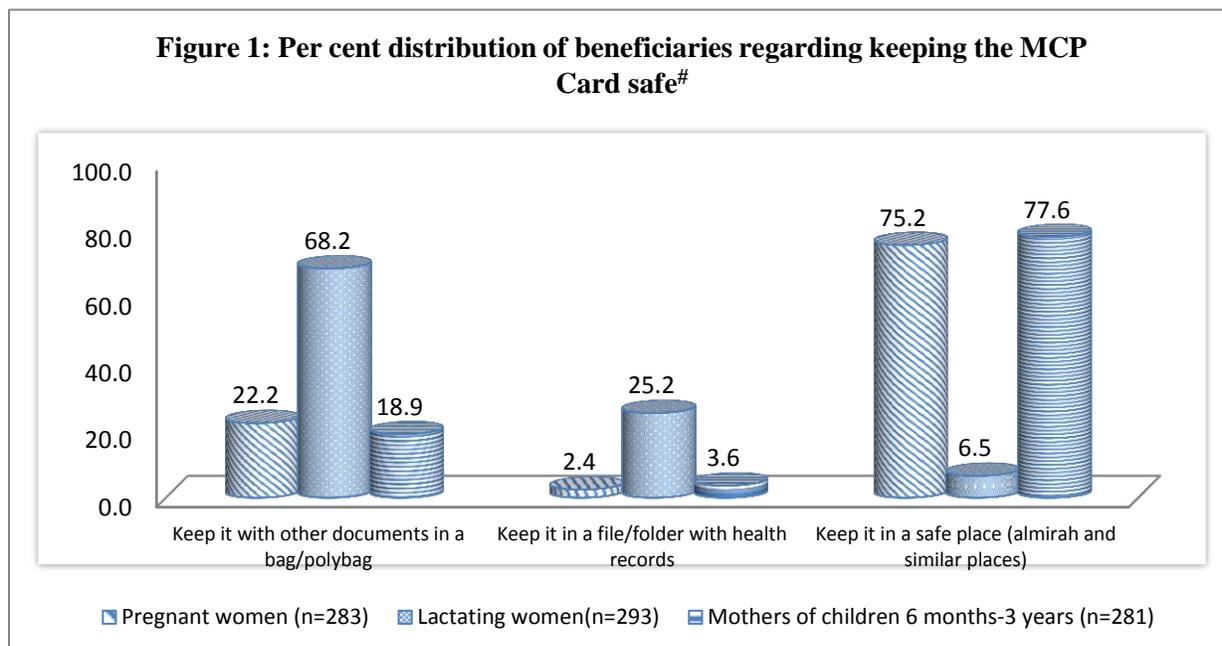
Based on the responses of the beneficiaries it can be concluded that majority of the cards were issued by AWWs (51.7 per cent). However, as shown in Table 4, functionaries of health department like ANM (41.3 per cent) and ASHA (3.8 per cent) also played an important role in distribution of MCP Card to the beneficiaries at various levels.

Unlike the results of our study, NIPCCD, Bengaluru (2014) found that in two states of South India, only one of the two departments i.e., Health department in Andhra Pradesh and ICDS in Kerala were solely responsible for distributing MCP Cards to the beneficiaries.

Table 4: Distribution of issuing authority of MCP Card as reported by beneficiaries

Issuing authority (n=300)	Pregnant Women no. (%)	Lactating Women no. (%)	Mothers (6 months -3 years) no. (%)	Total no. (%)
AWW	208 (69.3)	142 (46.6)	118 (39.3)	468 (52.0)
ASHA	4 (1.3)	21 (7.0)	9 (3.0)	34 (3.8)
ANM	87 (29.0)	118 (39.3)	167 (55.7)	372 (41.3)
Hospital/ Doctor	1 (0.3)	19 (6.3)	6 (2.0)	26 (2.9)

As far as the maintenance of MCP Card is concerned, the card was held by beneficiaries in majority of the cases (95.2 per cent) and all of them reported that they keep their card safely as it is an important document. The ways in which MCP Card is being maintained are displayed in Figure 1. About three fourth of pregnant women and mothers of children (6 month - 3 years) preferred to keep the card in safe place like almirah and similar places, whereas 68.2 per cent lactating women preferred keeping their card with other documents in a bag. However, out of those who keep the card with themselves, only half of them (52.5 per cent) had gone through the card. This could be because of the fact that around 18 per cent of beneficiaries were illiterate and others found it difficult to understand due to use of technical words and less use of pictures.



4.4 Procurement, Distribution, Availability and Maintenance of MCP Card as per Functionaries

Majority (73.5 per cent) of the ICDS functionaries reported that CDPO is the depot holder for MCP cards, which were distributed to Anganwadi Centres (AWCs) through Supervisors (87.4 per cent). However, a few (15.1 per cent) functionaries also reported that they received the cards through Medical officer of their area. Further, it was good to note that about half of the functionaries felt that maintenance of MCP Card is a joint responsibility of ICDS and health department (Table 5). During the study, 65.0 per cent of AWWs reported the availability of MCP Card in their centre which was also validated during observation.

Table 5: Procurement, distribution and maintenance of MCP Card as per functionaries

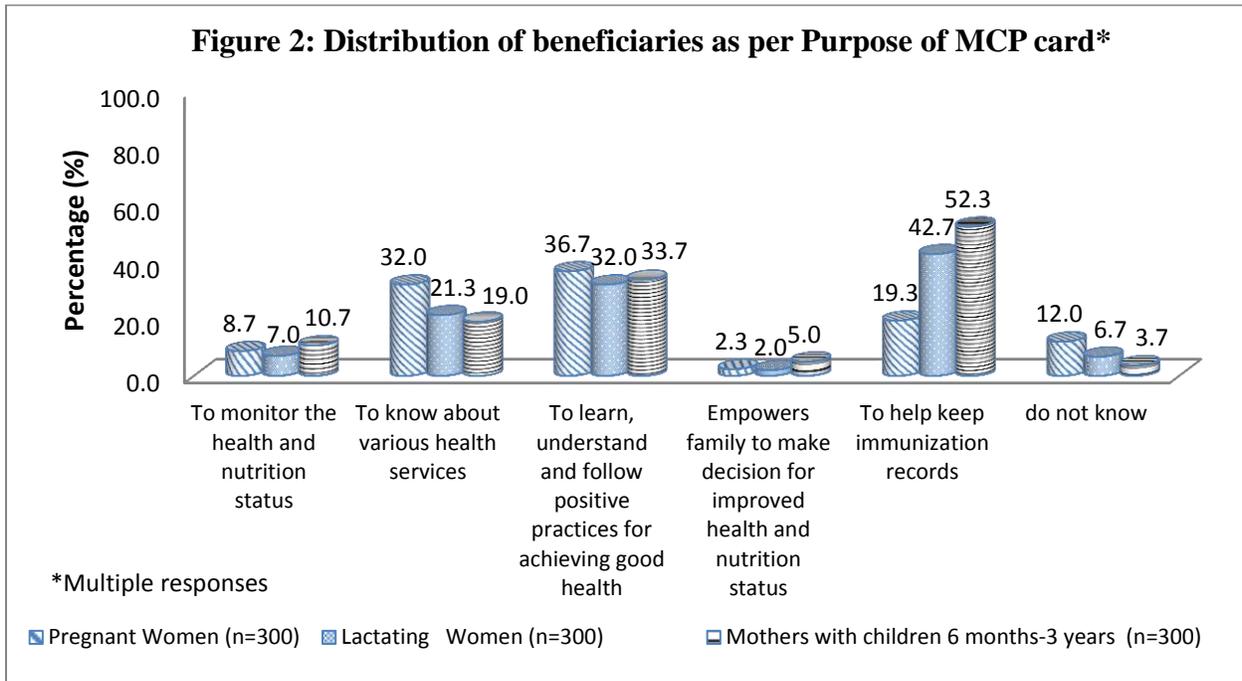
	AWW (n=60) no. (%)	Supervisor (n=22) no. (%)
Procurement of MCP Card		
Medical Officer	9 (15.0)	3 (13.6)
ANM	2 (3.3)	1 (4.6)
CDPO	46 (76.7)	17 (77.3)
Supervisor	3 (5.0)	1 (4.6)
Responsibility of Distribution of MCP Card to AWCs		
ANM	4 (6.7)	3 (13.6)
ASHA	1 (1.7)	1 (4.6)
Supervisor	51 (85.0)	17 (77.2)
Other (AWW, helper)	4 (6.7)	1 (4.6)
Responsibility to maintain MCP Card		
Only AWW	11 (18.3)	1 (4.5)
Only health functionary	9 (15.0)	7 (18.2)
Both AWW and Health Functionaries	26 (43.3)	10 (45.5)
Any Other (Parents/ Parents with AWW/ASHA)	14 (23.3)	4 (31.8)

4.5 Awareness of Beneficiaries and Functionaries about Validity and Purpose of MCP Card

4.5.1 Awareness of Beneficiaries:

As regards to the awareness about validity and purpose of MCP Card, most beneficiaries reported that validity of MCP card is 5 years {55 per cent pregnant; 55.6 per cent lactating

women, 61.3 per cent mothers of children (6 months- 3 years)} as they believed that MCP Card is a substitute for immunization card and complete immunization involves 5 years. However, awareness about correct validity i.e. 3 years was known to roughly 6 per cent of beneficiaries. The purpose of MCP Card as reported by beneficiaries is displayed in Figure 2.



4.5.2 Awareness of Functionaries:

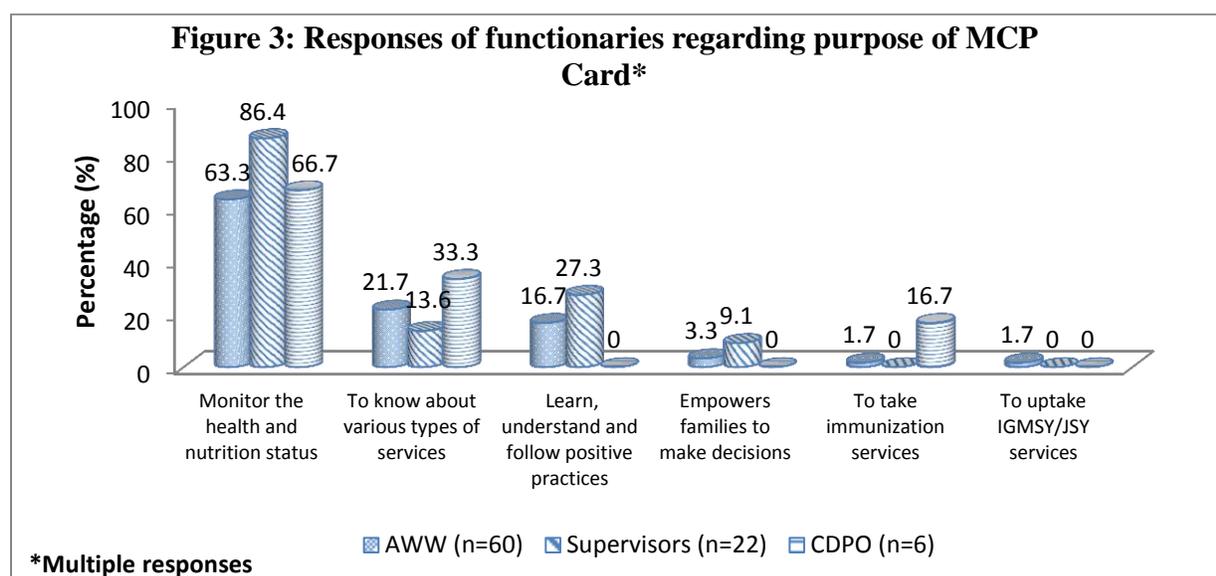
It was disappointing to observe that merely 11.7 per cent of AWWs and 18.2 per cent of Supervisors were aware of correct validity and as far as CDPOs are concerned 3 out of 6 correctly answered that the validity of the MCP card as 3 years. So, this could be one of the major reasons behind the poor knowledge of beneficiaries regarding the correct validity. However, majority (79.2 per cent) of the functionaries reported that the card should be retained by the beneficiaries and not by ICDS officials. As regards to awareness about the target audience for MCP Card, majority (73.1 per cent) of the functionaries felt that all families with children under 3 years can be issued an MCP Card with pregnant women being the popular choice, as agreed by over 90 per cent functionaries. Similar to the above finding, NIPCCD (2014) study also found that majority of AWWs (90.7 per cent) and Supervisors (91.7 per cent) believed pregnant women to be the main target audience for MCP Card. However, less than 10 per cent of

functionaries could correctly tell that MCP targets both pregnant and lactating women also along with families with children under 3 years (Table 6).

Table 6: Validity and target group of MCP Card as reported by functionaries

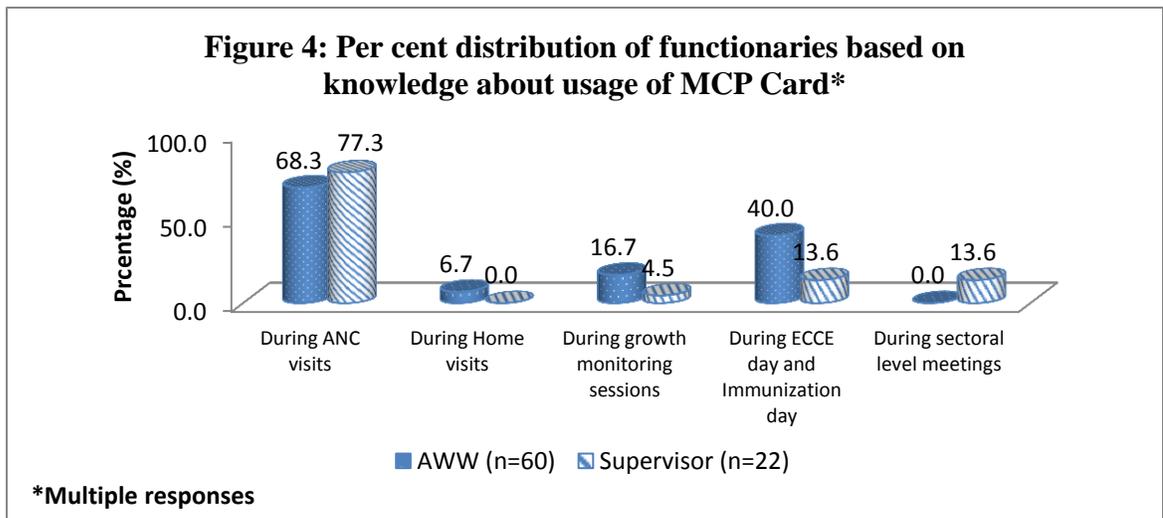
Awareness about MCP Cards	AWW (n=60) no. (%)	Supervisor (n=22) no. (%)
Validity of the card is for 3 years	7 (11.7)	4 (18.2)
Card should be retained by the beneficiaries	49 (81.7)	16 (72.7)
Target group for MCP card	AWW (n=60*) no. (%)	Supervisor (n=22*) no. (%)
Pregnant women	55 (91.7)	20 (90.9)
Lactating women	48 (80)	18 (81.8)
Families with children under 3 years of age	38 (63.3)	16 (72.7)
All of the above	5 (8.3)	2 (9.1)
*Multiple responses		

The purpose of MCP Card as reported by ICDS functionaries is presented in Figure 3. Majority (63.3 per cent AWWs and 86.4 per cent Supervisors) of the functionaries revealed that the main purpose of the MCP Card is to monitor the health and nutritional status of the pregnant women and thereafter of the child. Contrary to our study, NIPCCD (2014) results showed that the main purpose of the MCP Card as reported by ICDS functionaries is to explain about ANC services (84.5 per cent) followed by weighing, plotting and counselling (80.0 per cent) etc.



4.6 Awareness of Functionaries about Usage of MCP Card

In the study, it was found that all the functionaries were using the MCP card. Majority (46.7 per cent) of the AWWs felt that their role with respect to MCP Card involves recording of information in the card and counselling the beneficiaries. Among Supervisors, 22.7 per cent felt that explaining AWWs about MCP Card is their main role. However, the knowledge of functionaries regarding occasions during which MCP Card can be used was poor. Majority of them reported that MCP Card is used mainly during ANC visits (72.8 per cent), followed by during ECCE day and Immunization day (26.8 per cent) (Figure 4). The multicentric study of NIPCCD (2014) also revealed that MCP Card was mainly used during ANC-visits (81.5 per cent AWWs, and 79.2 per cent Supervisors) followed by other activities.



4.7 Knowledge of Beneficiaries and Functionaries Regarding Various Sections of MCP card

4.7.1 Distribution of Knowledge of Pregnant Women about Pregnancy Related Sections of MCP card

Knowledge of pregnant women regarding pregnancy related information elicited in MCP card was found to be fair. Around 40.0 per cent of the pregnant women were aware of the fact that ANC related details are being recorded in MCP Card and 56.7 per cent of the beneficiaries reported that MCP Card provides information on danger signs during pregnancy. A district wise

analysis of the same reveals that in the West district more no. of beneficiaries knew about the fact that ANC details are recorded in the MCP card (Table 7).

4.7.2 Distribution of Knowledge of Lactating Women and Mothers of Children (6 Month – 3 Years) Regarding Various Sections of MCP Card

Overall, it is evident from the data that both lactating women and mothers of children aged 6 months to 3 years had poor knowledge regarding most sections of MCP card, across all districts. The awareness was way less than 50 per cent for almost all sections except for the section on feeding, playing and communication for which close to 60 per cent of beneficiaries reported that MCP card does contain information, and about 40 per cent knew about sections on dangers signs in newborn and growth charts for growth monitoring. The knowledge of lactating women and mothers of children aged 6 month to 3 years was better in West district for sections like new born care practices, danger signs in new born, record of post-natal care details and growth monitoring and promotion as compared to other districts (Table 7).

This indicates that there is a dire need to keep the beneficiaries abreast about MCP Card. This finding is further supported by our observation where we found that the MCP Card was primarily being used as an immunization card and not as a referral or counselling tool. Thus, in order to promote MCP Card among beneficiaries, its implementation and usage should be improved at AWC and at the PHC level. More and more beneficiaries should be given counselling using this tool and should be told about the importance of MCP Card.

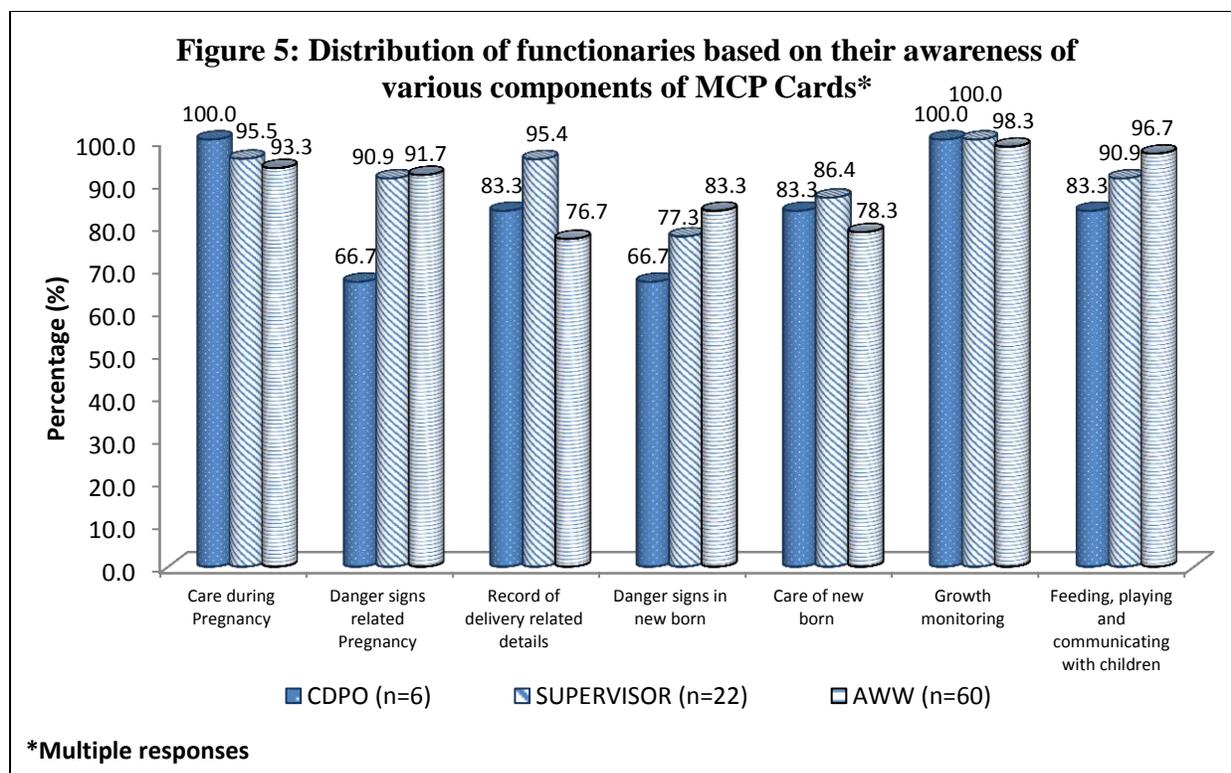
Table 7: District wise distribution of beneficiaries regarding awareness about various sections of MCP Card

Awareness among mothers about various sections of MCP Card	West no. (%) n=100	North west I no. (%) n=50	North west II no. (%) n=50	Central no. (%) n=50	East no. (%) n=50	Total no. (%)
Pregnant Women						
Record of ante- natal care related details	66 (66.0)	17 (34.0)	17 (34.0)	9 (18.0)	8 (16.0)	117 (39.0)
Dangers signs during Pregnancy	67 (67.0)	34 (68.0)	14 (28.0)	27 (54.0)	28 (56.0)	170 (56.7)

Lactating Women						
Delivery and related preparation	36 (36.0)	18 (36.0)	10 (20.0)	17 (34.0)	13 (26.0)	85 (31.3)
Record of post- natal care related details	40 (40.0)	9 (18.0)	9 (18.0)	11 (22.0)	4 (8.0)	73 (24.3)
New born care practices	54 (54.0)	26 (52.0)	9 (18.0)	22 (44.0)	8 (16.0)	119 (39.7)
Dangers signs in newborn	60 (60.0)	22 (44.0)	15 (30.0)	18 (36.0)	16 (32.0)	131 (43.7)
Childhood illnesses	29 (29.0)	12 (24.0)	13 (26.0)	15 (30.0)	10 (20.0)	79 (26.3)
Feeding, playing and communication	69 (69.0)	36 (72.0)	21 (42.0)	29 (58.0)	21 (42.0)	176 (58.7)
Growth Charts for growth monitoring	57 (57.0)	19 (38.0)	11 (22.0)	21 (42.0)	16 (32.0)	124 (41.3)
Mother with children of age 6 months to 3 years						
Delivery and related preparation	44 (44.0)	17 (34.0)	16 (32.0)	13 (26.0)	18 (36.0)	108 (36.0)
Record of post-natal care related details	43 (43.0)	6 (12.0)	10 (20.0)	9 (18.0)	10 (20.0)	78 (26.0)
New born care practices	52 (52.0)	21 (42.0)	16 (32.0)	18 (36.0)	12 (24.0)	119 (39.7)
Dangers signs in newborn	51 (51.0)	20 (40.0)	23 (46.0)	17 (34.0)	15 (30.0)	126 (42.0)
Childhood illnesses	27 (27.0)	13 (26.0)	15 (30.0)	9 (18.0)	17 (34.0)	81 (27.0)
Feeding, playing and communication	72 (72.0)	26 (52.0)	27 (54.0)	25 (50.0)	28 (56.0)	178 (59.3)
Growth Charts for growth monitoring	55 (55.0)	24 (48.0)	14 (28.0)	15 (30.0)	16 (32.0)	124 (41.3)

4.7.3 Knowledge of Functionaries about Various Sections of MCP Card

Distribution of responses of functionaries with regards to information elicited in the MCP card shows that awareness level of AWWs was better on most sections of the MCP card except for record of delivery related details and new born care practices; since these sections contains medical terminologies, ICDS functionaries feel that it is mainly the duty of health functionaries to deliver such information. Further, it was observed that Supervisors had better knowledge about the MCP card in comparison to CDPO, in spite of the fact that 4 out of 6 CDPOs had received training on MCP Card in contrast to zero Supervisors (Figure 5).



However, the overall difference between the knowledge about MCP Card among Anganwadi workers (grassroot level functionaries) and Supervisors & CDPOs (supervisory level functionaries) was found to be statistically insignificant as shown in Table 8. This suggest that though AWWs are dealing with the MCP Card on the daily basis, they lack proper understanding of its importance and usage and hence should be given adequate training so that they can understand and disseminate the information correctly as given in the MCP Card to the beneficiaries.

Table 8: Difference in knowledge level of AWWs and Supervisors & CDPOs regarding components of MCP Card

Components of MCP card	Designation		Pearson chi square value	P value
	AWW	Supervisor		
Knowledge of target groups	37 (61.6%)	19 (67.8%)	0.31	P=0.57
Who keeps the card	49 (81.6%)	21 (75%)	1.25	P=0.53
Information on pregnancy care	56 (93.3%)	27 (96.4%)	0.34	P=0.55
Information on danger sign during pregnancy	55 (91.6%)	24 (85.7%)	0.73	P=0.39

Pregnancy related details	46 (76.6%)	26 (92.8%)	3.36	P=0.06
Information on danger sign in new born	50 (83.3%)	21 (75%)	0.85	P=0.35
Information on new born care	47 (78.3%)	23 (82.1%)	0.17	P=0.68
Information on Feeding, Playing and Communication	58 (96.6%)	25 (89.3%)	1.94	P=0.16
Information on Growth monitoring	59 (98.3%)	28 (100%)	0.47	P=0.49

4.8 Knowledge and Practices of Beneficiaries and Functionaries

4.8.1 Knowledge and Practices of Pregnant Women Regarding Care during Pregnancy

Table 9 presents district wise distribution of knowledge and practices of pregnant women regarding care during pregnancy. It was found that most of the pregnant women knew about their Last Menstrual Period (LMP) (91.3 per cent) and Expected Date of Delivery (EDD) (56.6 per cent). The reasons for low awareness of EDD among pregnant women were that most of them were not informed about EDD by health or ICDS functionaries, and some did not remember the date. Further, 60 per cent of the pregnant women got themselves registered at AWC during their 1st trimester which shows their knowledge regarding importance of early registration at AWC. Similar results were also being reported in a study conducted by NIPCCD (2014) wherein 59.6 per cent pregnant women got registered at AWC in first trimester. This is in line with the national average of 61.8 per cent for registration and received ANC in first trimester (RSOC, 2014). However, only 19.3 per cent of women were aware about the minimum no. of antenatal check-ups required during pregnancy (Table 9). This result is consistent with the results of study conducted by NIPCCD, Delhi (2014), where 24 per cent beneficiaries were aware of the mandate of minimum 4 ANC suggesting need for promoting MCP Card and creating awareness among beneficiaries for better utilization of maternal health care services. Contrary to the above findings, NIPCCD, Bengaluru (2014) found that 81 per cent pregnant women had knowledge of minimum no. of ANCs, which can be attributed to high literacy rate in AP (88 per cent) and Kerala (99 per cent).

As regards to the knowledge about investigations done in an ANC visit, pregnant women reported that blood pressure (85.0 per cent); blood and urine examination (87.0 per cent); immunization during pregnancy (78.0 per cent); weight check-up (88.0 per cent); abdominal

examination (71.3 per cent); ultrasound (61.3 per cent) and distribution of IFA tablets (82.6 per cent) are being carried out during ANC visits. It was unfortunate to note that, only 42 per cent women carried their MCP Card along during regular check-ups. The main reason cited by the beneficiaries for such response was that most hospitals/ PHCs/ Doctors do not ask for MCP Card for recording ANC details but issue a different card/ slip of their respective departments and this is supported by our finding, where 39.0 per cent of pregnant reported that ANC details are being recorded in the MCP Card (Table 9).

Further, as shown in (Table 9) awareness of pregnant women with regard to importance of abdominal examination, Tetanus Toxoid (TT) doses, IFA tablets and other care practices was also assessed and it was encouraging to note that 76.6 per cent of women were aware that two doses of Tetanus Toxoid are administered during pregnancy; 71.3 per cent of women reported that they were aware about the reasons for conducting abdominal examination and pointed the following reasons: to see the child's growth (8.2 per cent); to check the child's condition (56.3 per cent); to check foetal movement (18.7 per cent); to check the heart rate of the foetus (10 per cent); to check baby's position (5.2 per cent); and to check the optimal health of both mother and child (1.3 per cent). It was heartening to note that 90 per cent of the women were given IFA tablets for consumption and out of which 87.7 per cent were consuming it regularly and 26.3 per cent were aware of the routine for consuming 100 tablet in 100 days. This is in line with another study where in 93 per cent of the pregnant women were given IFA tablets and almost 93.0 per cent were consuming IFA tablets regularly (NIPCCD, 2014). Further, the beneficiaries reported that IFA tablets are given to prevent anaemia (44.8 per cent); to enhance mental ability of the child (3.3 per cent); and remaining 51.8 per cent of women were not aware. Only 38 per cent of the women were aware of the normal weight gain during pregnancy i.e., 10-12 kg and 70.6 per cent of women were aware about the minimum no. of hours required for rest during pregnancy (Table 9). So from the above findings it can be said that the women had fair knowledge about care during pregnancy related section of MCP Card.

Table 9: District wise distribution of knowledge and practices of pregnant women regarding care during pregnancy

Awareness among pregnant women regarding care during pregnancy (n=300)	West no. (%) n=100	North west I no. (%) n=50	North west II no. (%) n=50	Central no. (%) n=50	East no. (%) n=50	Total no. (%)
LMP	93 (93.0)	45 (90.0)	42 (84.0)	45 (90.0)	49 (98.0)	274 (91.3)
EDD	63 (63.0)	34 (68.0)	24 (48.0)	28 (56.0)	21 (42.0)	170 (56.6)
Minimum no. of ANC required (4)	14 (14.0)	6 (12.0)	9 (18.0)	8 (16.0)	21 (42.0)	58 (19.3)
Two TT doses are given during pregnancy	83 (83.0)	40 (80.0)	35 (70.0)	36 (72.0)	36 (72.0)	230 (76.6)
Reasons for abdominal examination	75 (75.0)	35 (70.0)	38 (76.0)	31 (62.0)	35 (70.0)	214 (71.3)
A normal woman should gain 10-12Kg during pregnancy	38 (38.0)	14 (28.0)	20 (40.0)	20 (40.0)	22 (44.0)	114 (38.0)
2 hours of rest during day and 8 hours of sleep at night is essential	78 (78.0)	37 (74.0)	31 (62.0)	34 (68.0)	32 (64.0)	212 (70.6)
Practices						
Carry MCP Card along for health check up	52 (52.0)	16 (32.0)	34 (68.0)	20 (40.0)	4 (8.0)	126 (42.0)
Registration at AWC (%)						
1 st trimester	74 (74.0)	10 (20.0)	29 (58.0)	36 (72.0)	30 (60.0)	179 (59.7)
2 nd trimester	23 (23.0)	8 (16.0)	17 (34.0)	12 (24.0)	17 (34.0)	77 (25.6)
3 rd trimester	1 (1.0)	3 (6.0)	4 (8.0)	1 (2.0)	3 (6.0)	12 (4.0)
Don't remember	2 (2.0)	29 (58.0)	0 (0.0)	1 (2.0)	0 (0.0)	32 (10.7)
Consuming IFA tablets every day (%)	93 (93.0)	44 (88.0)	44 (88.0)	43 (86.0)	39 (78.0)	263 (87.7)
Visited higher facility on recommendation of ICDS/ Health functionaries (n=3)	1 (100.0)	-	-	-	2 (100.0)	3 (100.0)

4.8.2 Knowledge of AWWs, Supervisors, CDPOs Regarding Care during Pregnancy

Table 10 depicts the awareness of ICDS functionaries about components of care during pregnancy as elicited in MCP Card. The details regarding this section were collected from only those functionaries who reported that MCP card contained information on care during pregnancy

i.e., 56 out of 60 AWWs and 21 out of 22 Supervisors. The results show that the knowledge level of Supervisors was better than AWWs for almost all components. AWWs remain in direct contact with the beneficiaries and therefore are responsible for delivering information to them. Poor knowledge of AWWs is a major gap in implementation of the card.

Further, knowledge of functionaries regarding investigations done during an ANC visit was assessed where majority of functionaries reported that blood pressure (90.0 per cent AWWs; 95.5 per cent Supervisors), weight measurements (85.0 per cent AWWs; 72.7 per cent Supervisors), Haemoglobin (93.3 per cent AWWs; 86.4 per cent Supervisors) & Urine samples (86.7 per cent AWWs; 77.3 per cent Supervisors) are tested during an ANC visit. Most CDPOs also responded that weight (5 out of 6), blood pressure (4 out of 6), Haemoglobin (3 out of 6) and Urine tests (3 out of 6) are done during ANC visit. However, awareness of functionaries regarding other investigations such as abdominal examination, distribution of IFA was comparatively low. As regards to key questions asked from a pregnant woman while taking history, most functionaries (69.2 per cent) reported that questions pertaining to obstetric history (details parity, miscarriages, abortions, LMP etc.) are asked.

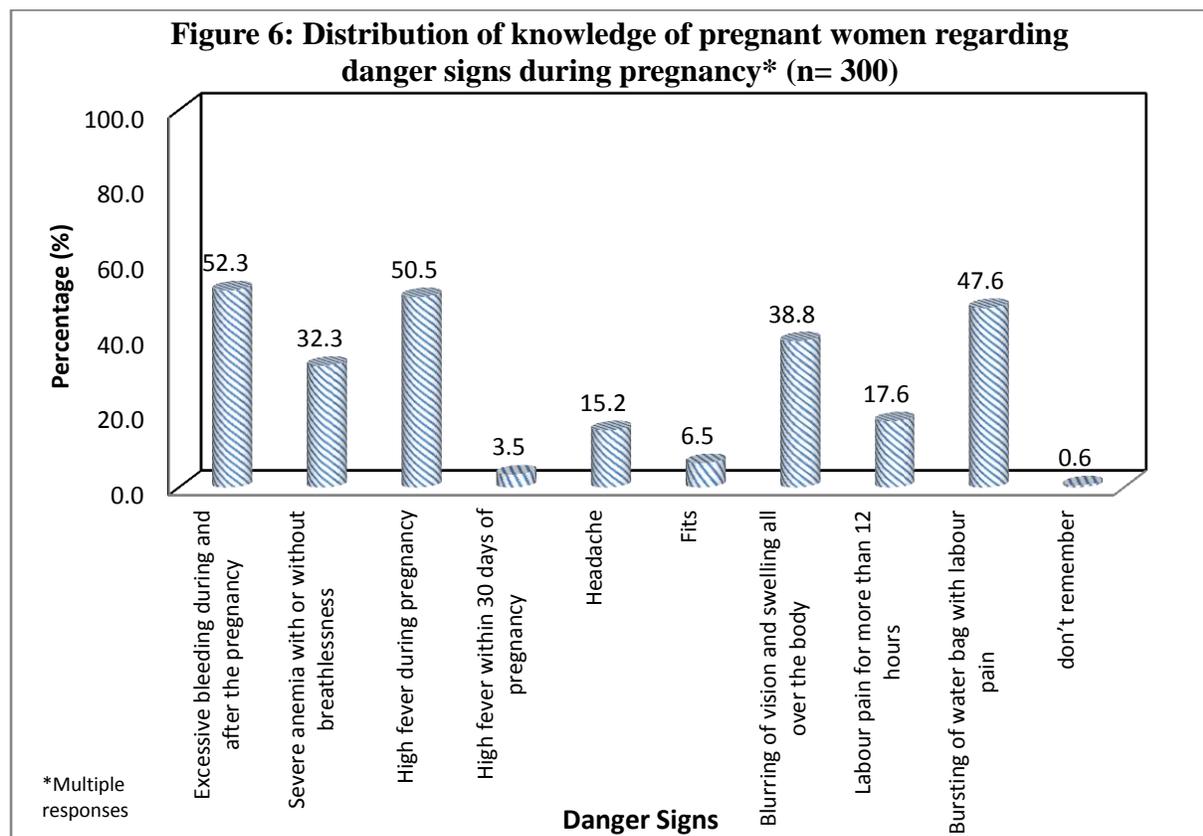
Table 10: Knowledge of functionaries regarding care during pregnancy

Components of care during Pregnancy	AWW (n=56[#]) no. (%)	Supervisors (n=21[#]) no. (%)
Nine columns under pregnancy section depicts nine months of pregnancy	47 (83.9)	19 (90.5)
Minimum three ANC visits required after registration	21 (35.0)	12 (54.6)
10-12kg weight gain during Pregnancy	49 (81.7)	18 (81.8)
Equipped to calculate EDD	47 (78.3)	21 (95.5)
Distribution of IFA to pregnant woman through AWCs	7 (11.7)	5 (22.7)
100 IFA tablets to be consumed by a Pregnant Woman	48 (80.0)	20 (90.9)
IFA tablets to be consumed daily for atleast 100 days during pregnancy	44 (73.3)	20 (90.9)

[#] Data collected only from those beneficiaries who reported that this section is present in MCP Card

4.8.3 Awareness and Practices of Beneficiaries Regarding the Danger Signs during Pregnancy Needing Referral

Awareness level of pregnant women regarding the danger signs during pregnancy needing referral was assessed and it was revealed that 56.7 per cent pregnant beneficiaries were aware of the fact that the MCP card contains information with respect to danger signs during pregnancy and of those only 42.3 per cent could tell that the ‘words written in red colour or in red box’ indicates danger sign. However, as per NIPCCD, 2014 only 22.5 per cent of pregnant women were aware of the meaning of red letters or red boxes indicated in MCP Card suggesting poor knowledge among beneficiaries regarding above across many states. Figure 6 shows distribution of knowledge of pregnant women about danger signs during pregnancy. During the study, it was revealed that most women (76.3 per cent) preferred to go to a doctor followed by AWWs (13.0 per cent), ASHA (7.0 per cent), ANM (3.7 per cent) in case any danger signs appeared. However, only a few (8.7 per cent) pregnant women experienced danger signs during their current or previous pregnancies and most women (75.0 per cent) who opted AWW/ ASHA/ANM



As first referral point were referred to a higher facility timely. Unlike the current study only 8.8 per cent of the pregnant women were referred to a higher health facility during this or previous pregnancies (NIPCCD, 2014).

4.8.4 Knowledge and Practice of Functionaries about Danger Signs during Pregnancy

The details regarding this section were collected from only those functionaries who reported that MCP card elicit information on danger signs during pregnancy i.e., 55 out of 60 AWWs and 20 out of 22 Supervisors. Most functionaries (83.1 per cent) could fairly recall the danger signs listed in MCP card. Excessive bleeding during and after delivery, high fever, severe anaemia, headache, fits, blurring of vision & swelling all over the body were most commonly reported as danger signs during pregnancy by AWWs, Supervisors, and CDPOs. A few (3.6 per cent) AWWs reported high BP and no gain in weight during pregnancy as danger signs other than the ones listed in MCP Card (Table 11). Of those who knew that MCP card contains information on danger signs during pregnancy, 58.2 per cent of AWWs agreed that they explain danger signs to the beneficiaries.

Table 11: Knowledge of functionaries about danger signs during pregnancy

Danger Signs during pregnancy*	AWW (n=55*[#]) no. (%)	Supervisors (n=20*[#]) no. (%)
Excessive bleeding during and after delivery	33 (60.0)	10 (50.0)
Severe anaemia	25 (45.5)	12 (60.0)
High fever during pregnancy	30 (54.6)	7 (35.0)
High fever within 30 days of delivery	7 (12.7)	2 (10.0)
Headache, fits, blurring of vision & swelling all over the body	36 (56.5)	10 (50.0)
Labour pain for more than 12 hours	16 (29.1)	3 (15.0)
Bursting of water bag without labour pain	25 (45.5)	4 (20.0)
Any other (high BP and no gain in weight)	2 (3.6)	0 (0.0)
*Multiple Response		

[#] Data collected only from those beneficiaries who reported that this section is present in MCP Card

4.8.5 Awareness and Practices of Beneficiaries and Functionaries Regarding Care During and After Delivery

4.8.5.1 District-wise Distribution of Awareness and Practices of Lactating Women Regarding Delivery and Post-Partum Care

Most lactating women i.e. 92.7 per cent had opted for institutional delivery either in government, private hospital or primary health centre (PHC). The percentage of institutional deliveries was found to be higher in our study as compared to 83.4 per cent, reported in RSOC, Delhi (2014). Table 12 presents the district wise distribution of the preference of place of deliveries and details of post-natal visits. It was found that among all, North West- II district had maximum cases (16.0 per cent) of home deliveries. Upon asking about five cleans to be followed in case of home delivery, only 14.3 per cent of lactating women who had undergone home delivery knew about all the 5 cleans listed in MCP Card. Regarding pre preparations to be done in case of institutional delivery; advance identification of the hospital and arrangement for transportation (57.4 per cent) and contact ASHA/ANM/AWW (56.3 per cent) were reported most commonly by lactating women who opted for institutional delivery. Also, about 13.3 per cent of beneficiaries reported that they were registered under *Janani Suraksha Yojana (JSY)* and 80% of the registered JSY beneficiaries received cash incentives.

Majority (84.3 per cent) of the lactating women reported that they were visited by ICDS/health functionaries during post-partum period. On an average 3 post-natal visits were made by AWWs and 2 post-natal visits were made by the Health functionaries. Overall, the requisite number of four postnatal visits by AWWs was received only by 13.8 per cent of the lactating women. However, as per NIPCCD (2014) study 29.7 per cent of beneficiaries reported that they were visited 4 times after delivery suggesting that home visits were made by comparatively lower number of ICDS and health functionaries.

Table 12: District wise distribution of the lactating women about preference of place of deliveries and details of post- natal visits

Practices	West no. (%) n=100	North west I no. (%) n=50	North west II no. (%) n=50	Central no. (%) n=50	East no. (%) n=50	Total no. (%)
<i>Preference of place of delivery (%)</i>						
Institution (govt./private hospital/ PHC)	95 (95.0)	46 (92.0)	42 (84.0)	49 (98.0)	46 (92.0)	278 (92.7)
Home	5 (5.0)	4 (8.0)	8 (16.0)	1 (2.0)	4 (8.0)	22 (7.3)
<i>Post-natal visits as reported by lactating women</i>						
Post-natal visits by functionaries	93 (93.0)	43 (86.0)	42 (84.0)	40 (80.0)	35 (70.0)	253 (84.3)
% of lactating women reported visits by AWW	70 (75.3)	18 (41.8)	19 (45.2)	33 (82.5)	9 (25.7)	149 (58.9)
% of lactating women reported visits by ASHA	85 (91.4)	36 (83.7)	35 (83.3)	14 (35.0)	31 (88.6)	201 (79.5)
% of lactating women reported visits by ANM	7 (7.5)	2 (4.6)	0 (0.0)	5 (12.5)	1 (2.8)	15 (5.9)
No. of Post-Natal Visits						
Average no. of post-natal visits by AWW	3	3	3	2	2	3
Average no. of post-natal visits by ASHA	3	3	2	2	2	2
Average no. of post-natal visits by ANM	2	1	0	2	3	2

4.8.5.2 District-wise Distribution of Awareness and Practices of Mothers of Children (6 Months-3 Years) Regarding Delivery and Post-Partum Care

Table 13 presents the district wise distribution of the preference of place of deliveries and details of post-natal visits. It was observed that like lactating women, most (88.3 per cent) mothers of children (6 months – 3 years) opted for institutional delivery. Further, a district wise analysis shows that among all the districts, maximum cases of home deliveries were reported in East district (20 per cent). Knowledge about five cleans which needs to be followed in case of home delivery revealed that only one mother who had undergone home delivery could list 5 cleans correctly as specified in MCP Card. Whereas, only 17.5 per cent of mothers who opted for institutional delivery could list all the points (contact ASHA/ANM/AWW, register under JSY

and obtain benefit under it, advance identification of the hospital and arrangement for transportation, ensure family care and support) required for pre preparation in case of institutional delivery listed in the card. Around one fifth of the beneficiaries from this category registered under JSY, of which 85.5% confirmed receipt of cash incentives under the scheme. In comparison to lactating women, less mothers reported that they have been visited by ICDS/health functionaries during post-partum period. The requisite number of four postnatal visits by AWWs was received only by 13.4 per cent of the mothers of children (6 months – 3 years).

Table 13: District wise distribution of the mother of children (6 months – 3 years) about preference of place of deliveries and details of post- natal visits

Practices	West no. (%) n=100	North west I no. (%) n=50	North west II no. (%) n=50	Central no. (%) n=50	East no. (%) n=50	Total no. (%)
<i>Preference of place of delivery</i>						
Institution (govt./private hospital/ PHC)	89 (89.0)	43 (86.0)	46 (92.0)	47 (94.0)	40 (80.0)	265 (88.3)
Home	11 (11.0)	7 (14.0)	4 (8.0)	3 (6.0)	10 (20.0)	35 (11.7)
<i>Post-natal visits as reported by Mothers</i>						
Post-natal visits by functionaries	84 (84.0)	37 (74.0)	34 (68.0)	33 (66.0)	29 (58.0)	217 (72.3)
% of mothers reported of visits by AWW	63 (75.0)	20 (54.1)	21 (61.8)	24 (72.7)	9 (31.0)	139 (64.1)
% of mothers reported of visits by ASHA	66 (78.6)	22 (59.5)	25 (73.5)	15 (45.5)	22 (75.9)	150 (69.1)
% of mothers reported of visits by ANM	5 (5.9)	2 (5.4)	0 (0.0)	0 (0.0)	0 (0.0)	7 (3.2)
No. of Post-Natal Visits						
Average no. of visits by AWW	3	3	2	2	2	2
Average no. of visits by ASHA	3	2	2	2	2	2
Average no. of visits by ANM	3	2	0	0	0	1

Also, educational status was found to be a major factor affecting preference for place of delivery. Beneficiaries with low educational status i.e., illiterate and primary pass were found to be opting for home delivery. This result was highly statistically significant with chi square value of 29.34 (p=0.001).

4.8.5.3 Knowledge of Functionaries about Delivery Related Details Being Recorded in MCP card

It was observed that 46 out of 60 AWWs and 21 out of 22 Supervisors knew that delivery related details are recorded in the MCP Card. From Table 14, it is evident that AWWs were rarely aware of the details related to delivery that are given in the MCP Card. However, seventy six per cent of the AWWs reported that weight of the baby, followed by date and time of delivery (50 per cent), sex of the baby (32.6 per cent) etc. are being recorded in MCP Card. The knowledge of Supervisors and CDPOs regarding delivery details being recorded in MCP Card was also low.

Table 14: Knowledge of functionaries about recording of delivery related details in MCP Card

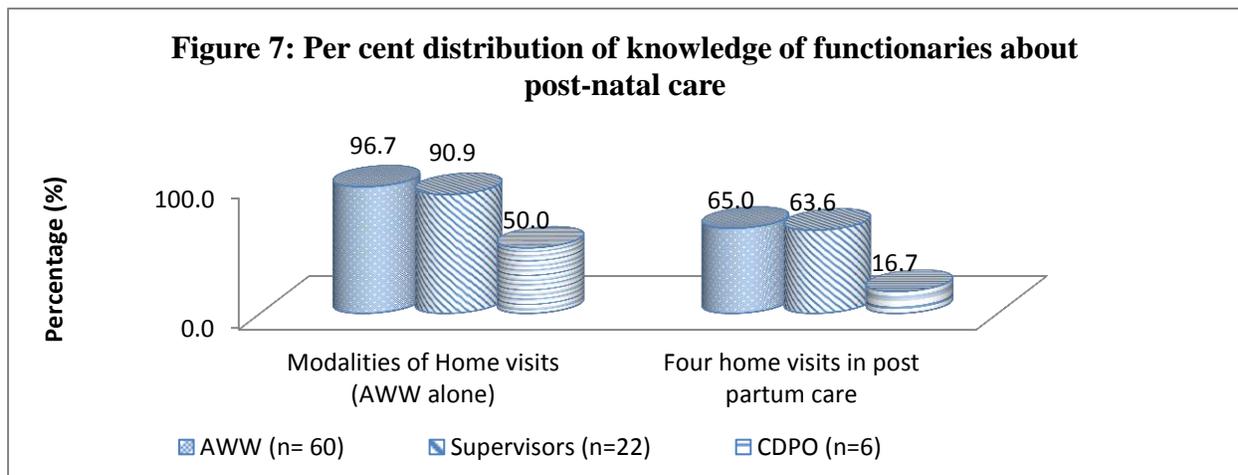
Responses on delivery related details recorded in MCP card*	AWW (n=46[#]) no. (%)	Supervisors (n=21[#]) no. (%)
Date and time of delivery	23 (50.0)	8 (38.1)
Place of delivery	10 (21.7)	5 (23.8)
Type of delivery	8 (17.4)	1 (4.8)
Term/ Preterm	5 (10.9)	1 (4.8)
Period of stay post delivery	2 (4.3)	0 (0.0)
Complications	4 (8.7)	5 (23.8)
Sex of the baby	15 (32.6)	5 (23.8)
Weight of the baby	35 (76.1)	13 (61.9)
Child's cry immediately after birth	7 (15.2)	1 (4.8)
Time of initiation of the breastfeeds	5 (10.9)	5 (23.8)
*Multiple Response		

[#] Data collected only from those beneficiaries who reported that this section is present in MCP Card

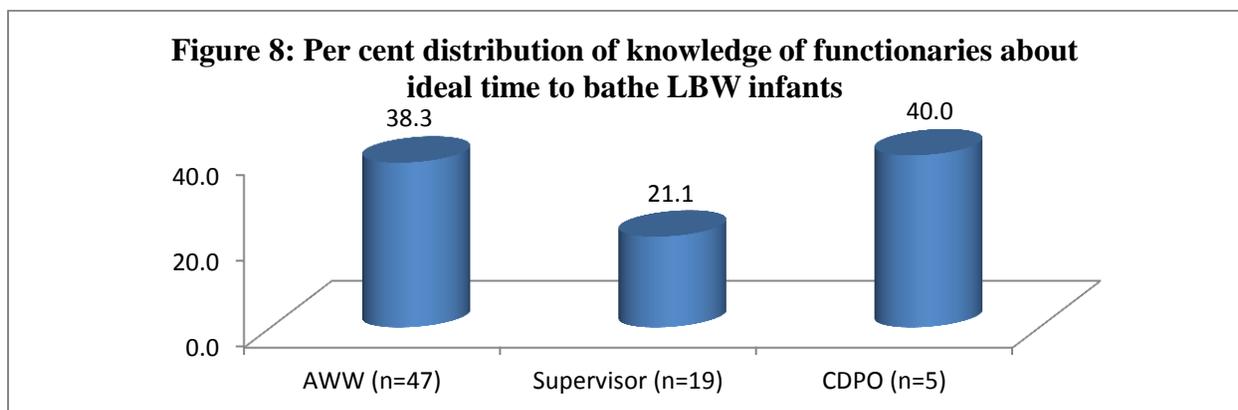
As regards to knowledge about cleans to be followed in case of home delivery, only 11 out of 60 AWWs (18.3 per cent), 6 out of 22 Supervisors (27.3 per cent) and 2 of 6 CDPOs were aware of all 5 cleans i.e., clean hands, clean surface and surroundings, clean blade, clean thread, and clean umbilical cord.

4.8.5.4 Knowledge of Functionaries about Post-natal Care

Information was gathered regarding components of post-natal care and it was revealed that AWWs (65.0 per cent) had better knowledge than Supervisors (63.6 per cent) about no. of post-partum home visits to be made by them and modalities of home visits and between Supervisors and CDPOs, knowledge level of Supervisors was better. Further, about 90 per cent of AWWs reported that they conduct these home visits alone or sometimes the helper accompanies them. The response of AWWs was further validated by Supervisors (Figure 7).

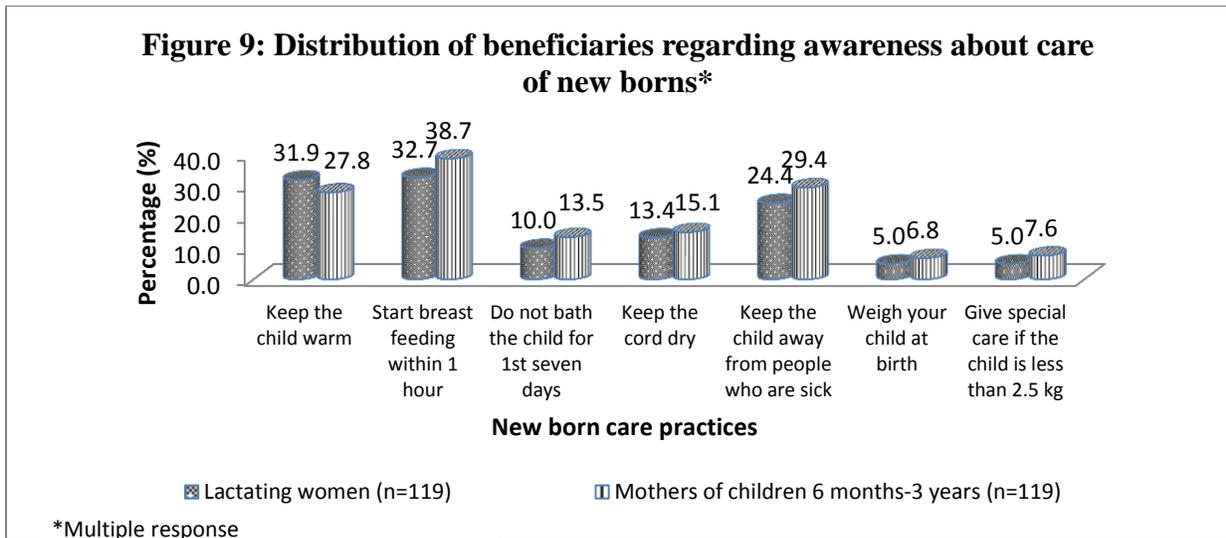


Regardless of the knowledge about requisite number of post-natal visits, 4 or more such visits were received by merely 12.7 per cent beneficiaries. Further, ideal time to bathe LBW babies was asked as a part of new-born care practices from only those functionaries who were aware of the fact that MCP card contains a section on new born care and it was found that only 40 per cent of the functionaries were aware that ideal time to bathe LBW is after 7 days (Figure 8).

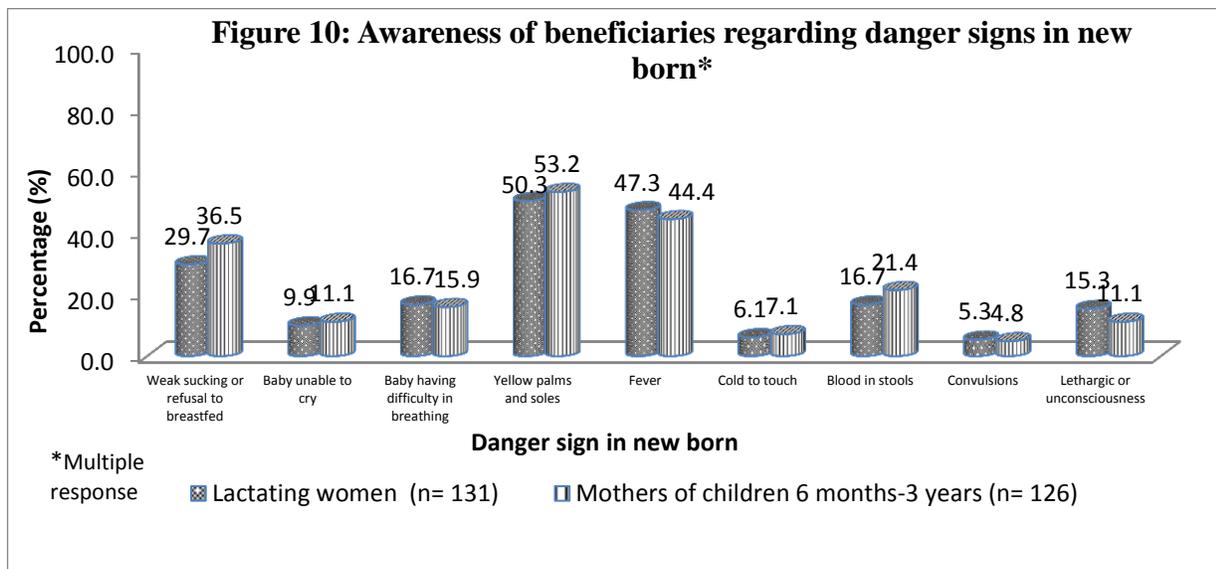


4.8.6 Awareness of Beneficiaries Regarding New born Care

Awareness of beneficiaries {lactating women and mothers of children (6 months – 3 years)} regarding new born care practices listed in MCP Card was assessed only from those beneficiaries who reported that MCP card provides information about this section i.e., 119 out of 300 lactating women (39.6 per cent) and 119 out of 300 mothers of children (6 month to 3 years) (39.6 per cent). Figure 9 shows that both lactating women and mothers of children (6 months – 3 years) had almost same knowledge about most new born care practices.



As regards to danger signs of new born, 42.8 per cent beneficiaries knew that MCP Cards provides information on danger signs of new born. Most commonly reported danger signs were yellow palms and soles (51.8 per cent) followed by fever (45.9 per cent), weak suck or refusal to breastfeed (33.1 per cent) whereas convulsion as a sign of danger was known to merely 5 per



cent of the beneficiaries (Figure 10). Further, about three fourth of beneficiaries (73.3 per cent) were not aware of the fact that MCP Card also contains information regarding care during common childhood illnesses like diarrhoea, fever, and acute respiratory infection.

As regards to referral in case danger signs appeared most women (83.7 per cent) preferred to go to a doctor followed by AWWs (9.8 per cent), ASHA (5.0 per cent), ANM (1.2 per cent). However, only a few (11.8 per cent) beneficiaries reported that their child experienced danger signs and most women (75.0 per cent) directly visited a doctor and those who opted AWW/ASHA/ANM as first referral point, were referred to a higher facility timely.

4.8.7 Knowledge of Functionaries about Danger Signs in New Born

MCP Card elicit details about care of newborn and danger signs was known to 83.3 per cent AWWs (50 out of 60) and 77.3 per cent Supervisors (17 out of 22) and therefore, detailed interview regarding this section was conducted only for them. Table 15 presents responses of ICDS functionaries regarding danger signs in new born. Most commonly reported danger signs by AWWs were yellow palms and soles (68 per cent) followed by baby unable to cry (48 per cent), fever (34 per cent), weak suck or refusal to breastfeed (34 per cent) whereas according to Supervisors, blood in stool (76.5 per cent), baby unable to cry (52.9 per cent), weak sucking or refusal to breastfeed (35.3 per cent) were most common danger signs in new-borns. Four out of 6 CDPOs felt yellow palms and soles and baby unable to cry are most common danger signs in new-born. The knowledge for this section was poor as none of the ICDS functionaries could recall all the danger signs listed in MCP Card.

Table 15: Knowledge of functionaries about danger signs in new born

Danger Signs in new-born	AWW (n=50[#]) no. (%)	Supervisors (n=17[#]) no. (%)
Weak sucking or refusal to breastfeed	17 (34.0)	6 (35.3)
Baby unable to cry	24 (48.0)	9 (52.9)
Baby having difficulty in breathing	7 (14.0)	5 (29.4)
Yellow palms and soles	34 (68.0)	7 (41.2)
Fever	17 (34.0)	2 (11.8)
Cold to touch	4 (8.0)	1 (5.9)
Blood in stools	6 (12.0)	13 (76.5)
Convulsions	6 (12.0)	0 (0.0)

Lethargic or unconscious	13 (26.0)	3 (17.6)
Any Other (LBW)	3 (6.0)	2 (11.8)

[#] Data collected only from those beneficiaries who reported that this section is present in MCP Card

However, of those who knew that MCP card contains information on danger signs during pregnancy, 64.0 per cent of AWWs agreed that they explain danger signs to the beneficiaries.

4.8.8 Knowledge of Beneficiaries Regarding Immunization

Knowledge of beneficiaries about immunization was varied. As it can be observed from the Table 16, over 61 per cent of lactating women and 64.7 per cent mothers of children (6 months-3 years) were aware about the immunization given to the child at the time of birth. However, time of administration of vitamin A and biannual deworming was not known to most beneficiaries indicating poor awareness regarding immunization schedule (Table 16).

Table 16: Knowledge of beneficiaries regarding immunization

Awareness regarding Immunization (n=300)	Lactating women	Mothers of children (6 months-3 years)
	no. (%)	no. (%)
Knowledge about vaccination given at the time of birth (BCG,OPV, Hepatitis-B)	184 (61)	194 (64.7)
First administration of Vitamin-A syrup	62 (20.7)	80 (26.7)
Biannual deworming of the child after 1 year of age	115 (38.3)	121 (40.3)

4.8.9 Knowledge and Practices of Functionaries Regarding Immunization

It was encouraging to note that around 80 per cent of functionaries knew about the three vaccines that are given to a child at the time of birth and frequency of deworming for children above one year of age (Table 17). However, only 21 out of 60 AWWs (35 per cent), 10 out of 22 Supervisors (45 per cent) and 2 out of 6 CDPOs were aware of the fact that pink box in the immunization is for recording due date, this result was consistent with our observation where it was found that MCP card was not used for recording due dates and pink boxes were usually left blank by ANMs/ Medical Officers (MOs). NIPCCD, Delhi (2014) also reported that merely 34 per cent AWWs were aware of the relevance of pink box of immunization section, suggesting an urgent need for joint training of ICDS and health functionaries so that AWWs are better equipped with knowledge of health related sections of MCP Card.

Table 17: Awareness of functionaries about immunization details

Immunization section of MCP Card	AWW (n=60) no. (%)	Supervisors (n=22) no. (%)
Pink box in immunization section is for recording due date	21 (35.0)	10 (45.4)
White box in immunization section is for recording actual date of immunization	34 (56.7)	14 (63.6)
Vaccines at birth- BCG, OPV and Hepatitis B	56 (93.3)	22 (100.0)
Biannual Deworming	47 (78.3)	17 (77.3)

4.8.10 Knowledge and Practices of Beneficiaries Regarding Breastfeeding and Complementary feeding

The knowledge and practices of lactating women and mothers of children (6 months - 3 years) was ascertained regarding breastfeeding and complementary feeding (Table 18). It was encouraging to note that 95.3 per cent lactating women and 94.3 per cent mothers of children (6 months - 3 years) were aware about duration of exclusive breastfeeding. This is consistent with the results of the study (NIPCCD, Delhi, 2014) where 93 per cent of mothers of children (6 months- 3 years) were aware of the duration of exclusive breastfeeding. However, the awareness among lactating women regarding the same was found to be low (40 per cent).

Regarding practices associated with feeding most beneficiaries fed colostrum to their babies {lactating women 95 per cent; mothers of children (6 months -3 years) 91.7 per cent}, started complementary feeding at correct age i.e., at the 7 month {lactating women 83.3 per cent; mothers of children (6 months - 3 years) 70.0 per cent}. However, on a disappointing note only 31.6 per cent lactating women and 36.4 per cent mothers of children (6 months - 3 years) initiated breastfeeding within 1 hour of the child birth and about 50 per cent of beneficiaries did feed their babies pre lacteals such as honey, jaggery, infant formula, ajwain water, etc. in first six months. Contrary to this result, NIPCCD, Delhi (2014) reported that 86 per cent of the mother of children (6 months – 3 years) initiated breastfeeding with in 1 hour of the child birth and only 3 per cent of lactating women and 22 per cent of the mother of children (6 months – 3 years) fed their babies pre lacteals. This suggests that beneficiaries in the state of Delhi are needed to be further counselled on Infant and Young Child Feeding (IYCF) practices so that they can take

care of their children in a better way. The knowledge regarding frequency and consistency of the complementary feeding was also found to be inadequate as shown in Table 18.

Table18: Awareness and practices of beneficiaries regarding child feeding

Awareness and practices regarding Feeding practices (n=300)	Lactating women	Mothers of children (6 months-3 years)
Knowledge regarding child feeding	no. (%)	no. (%)
A child should be exclusively breastfed for 6 months	286 (95.3)	283 (94.3)
The consistency of the food should be increased from thin to thick to feed 6-12 months child	152 (50.7)	128 (42.7)
Solid food should be initiated for 1-2 years of child	244 (81.3)	255 (85.0)
A child aged 2-3 years must be fed at least 5 times a day	116 (38.7)	104 (34.7)
Related Feeding practices	no. (%)	no. (%)
Initiated breastfeeding within 1 hour of child birth	95 (31.6)	109 (36.4)
Fed colostrum after the birth of the baby	285 (95.0)	275 (91.7)
Fed pre lacteals during first 6 months of the child	144 (48.0)	151 (50.3)
Age at which the beneficiaries started to or will feed complementary food (at 7 th month)	250 (83.3)	210 (70.0)

4.8.11 Awareness of Functionaries Regarding Feeding Practices

Table 19 shows distribution of the responses of AWWs, Supervisors and CDPOs regarding feeding practices. It was encouraging to observe that over 90 per cent of the functionaries irrespective of their designation were aware of the infant and young child feeding practices. However, the knowledge level of the functionaries is needed to be improved regarding the fact that an infant of less than 6 months does not need extra water during summers. The study conducted by NIPCCD in the year 2014 also confirmed that knowledge level of grassroot level needs updating for parameters such as child does not need water in summer along with breast milk in the first 6 months.

Table 19: Awareness of functionaries regarding feeding practices

Feeding Practices	AWW (n=60) no. (%)	Supervisors (n=22) no. (%)
Exclusive breastfeeding to be followed till first six months	60 (100.0)	22 (100.0)
Breastfeed for 8-10 times during day and night	59 (98.3)	22 (100.0)
Stop breastfeeding in case of diarrhoea	57 (95.0)	22 (100.0)
Colostrum is important for protection so should not be discarded	58 (96.7)	22 (100.0)
Babies should not be given extra water even in summers	56 (93.3)	20 (90.9)

4.8.12 Knowledge of beneficiaries regarding play and communication with children below 3 years

Milestones of children below 3 years and ways to promote the development of children are presented in the Table 20. About half of the beneficiaries (47.5 per cent) reported that AWW explained play and communication section to them, therefore this section was asked from only those beneficiaries who received an explanation i.e., 141 lactating women and 144 mothers of children (6 months – 3 years). It is interesting to note that despite this section was explained by AWWs, information retained by beneficiaries for activities that can be performed by a child under 6 months of age ranged from an average of 5.6 per cent (Hold head steady when held upright) to 60.1 per cent (Smile in response); for age group 6-12 months it was 58.2 per cent for ‘say papa/mama’ and 9.5 per cent for ‘wave out to people’. Similarly in age group 1-2 years most beneficiaries could retain ‘walking’ (73 per cent) as an activity whereas least remembered activity was ‘put three pebbles in a cup’ (6.3 per cent) and for age group 2-3 years a maximum of 60 per cent beneficiaries could retain ‘feed self, spilling little’ in comparison to ‘copy and draw straight line’ which was reported by only 12 per cent. This lack of recall on the part of beneficiaries can be attributed to their inability to use the MCP Card optimally and a need for repeated counselling of the mothers on the same during Mahila Mandals, ECCE days, VHNDs so that the retention is better.

Table 20: Awareness of beneficiaries regarding communication and playing with child below 3 years of age

Awareness regarding communication and playing with child below 3 years of age	Lactating women no. (%)	Mothers of children (6 months-3 years) no. (%)	Total no. (%)
Does the card contains the section on playing feeding and communication with the children			
Yes	176 (58.7 %)	178 (58.3 %)	354 (59.0%)
Explained about playing and communication section by AWW			
Yes	141 (47%)	144 (48%)	285 (47.5%)
Awareness about what a child under six months can do*	n=141*[#] no. (%)	n=144*[#] no. (%)	n=285*[#] no. (%)
Smile in response	99 (70.2)	72 (50.0)	171 (60.0)
Track a ribbon bow	27 (19.2)	39 (27.1)	66 (23.1)
Begin to make sound	89 (63.1)	69 (47.9)	168 (55.4)
Hold head steady when held upright	6 (4.3)	10 (6.9)	16 (5.6)
Reach out for objects	51 (36.2)	63 (43.7)	114 (40.0)
Turn to a voice	77 (54.7)	65 (45.1)	142 (49.8)
Awareness about what a child 6-12 months can do			
Sit up from lying position	74 (52.5)	81 (56.2)	155 (54.4)
Pick up with thumb and finger	73 (16.3)	36 (25.0)	109 (38.2)
Sit without support	60 (42.6)	77 (53.5)	137 (48.1)
Stand well without support	55 (39.0)	57 (39.6)	112 (39.3)
Wave out to people	13 (9.2)	14 (9.8)	27 (9.5)
Say papa/mama	78 (55.3)	88 (61.1)	166 (49.2)
Awareness about what a child 1-2 years can do			
Express wants	49 (34.8)	61 (42.4)	110 (38.6)
Put three pebbles in a cup	5 (3.6)	13 (9.0)	18 (6.3)
Walk well	103 (73.0)	105 (72.9)	208 (73.0)
Stand on one foot with help	4 (2.9)	8 (5.6)	12 (4.2)
Say one other word	68 (48.3)	72 (50.0)	140 (49.1)
Initiate household work	10 (7.1)	18 (12.5)	28 (9.8)
Awareness about what a child 2-3 years can do			
Point to 4 body parts	80 (56.7)	86 (59.7)	166 (58.2)
Feed self, spilling little	82 (58.2)	89 (61.8)	171 (60.0)
Name one colour correctly	50 (35.5)	50 (34.8)	100 (35.1)

Copy and draw straight line	16 (11.4)	19 (13.2)	35 (12.3)
Wash hands by herself	29 (20.6)	36 (25.0)	65 (22.8)
Name 3 out of 4 objects	55 (39.0)	59 (40.9)	114 (40.0)
*Multiple Responses			

[#] Data collected only from those beneficiaries who reported that this section was explained to them by AWW

As regards to the awareness about ways to promote development of children ‘Smile and laugh at your child, look into child’s eyes and talk to your child’ was mostly suggested by both lactating women (24.8 per cent) and mothers of children aged 6 months - 3 years (25.0 per cent) for promoting development among under 6 months; for age group 6-12 months, more than 50 per cent of mothers and more than 40 per cent lactating women reported that ‘telling the child names of things and people’ is a better way of promoting development in children. As for age category 1-2 years and 2-3 years, most beneficiaries were not aware of the ways for development promotion (Table 21).

Table 21: Knowledge of beneficiaries about ways to promote development of children aged below 3 years

Ways to promote development of children	Lactating women n=141^{*#}	Mothers of children (6 months-3 years) n=144^{*#}	Total n=285^{*#}
Awareness about how you can promote development of children below 6 months*	no. (%)	no. (%)	no. (%)
Smile and laugh at your child, look into child’s eyes and talk to your child	35 (24.8)	36 (25.0)	71 (24.9)
Provide ways for the child to see, hear, feel and move	22 (15.6)	32 (22.2)	54 (18.9)
Have large colourful objects for your child to see and reach for objects	25 (17.7)	31 (21.5)	56 (19.6)
Talk to and respond to your child	22 (15.6)	14 (9.7)	36 (12.6)
Respond to the child with sounds and gesture	27 (19.1)	16 (11.1)	43 (15.1)
Don’t know	31 (22.0)	44 (30.6)	75 (26.3)
Awareness about how you can promote development of children 6-12 months			
Give child clean safe items to handle and things to make sounds with	20 (14.2)	18 (12.5)	38 (13.3)

Play games like peek-a-boo, etc.	7 (5.0)	12 (8.3)	19 (6.7)
Tell the child names of things and people	61 (43.3)	76 (52.8)	137 (48.1)
Don't know	55 (39.0)	47 (32.6)	102 (35.8)
Awareness about how you can promote development of children 1-2 years			
Give child things to stack up and to put into containers and take out	3 (2.1)	8 (5.6)	11 (3.8)
Ask simple questions	9 (6.4)	26 (18.1)	35 (12.3)
Respond to child's attempt to talk	64 (45.4)	59 (41.0)	123 (43.1)
Don't know	70 (49.6)	65 (45.1)	135 (47.4)
Awareness about how you can promote development of children 2-3 years			
Help child count and compare things	34 (24.1)	34 (23.6)	68 (23.8)
Make simple toys for child	2 (1.4)	3 (2.1)	5 (1.8)
Encourage child to talk and respond to child's questions	25 (17.7)	31 (21.5)	56 (19.6)
Teach child stories, songs, photos and games	22 (15.6)	28 (19.4)	50 (17.5)
Don't know	66 (46.8)	58 (40.3)	86.3 (43.5)
*Multiple Responses			

[#] Data collected only from those beneficiaries who reported that this section was explained to them by AWW

4.8.13 Awareness and Practices of Functionaries Regarding Developmental Milestones

Knowledge of functionaries regarding age appropriate developmental milestones was assessed based on some randomly selected activities given in MCP Card only from those functionaries who reported that Play and Communication section is contained in the card i.e., 58 out of 60 AWWs, 20 out of 22 Supervisors and 5 out of 6 CDPOs. It was observed that CDPOs and Supervisors had better knowledge than AWWs regarding play and communication section. Of the 7 activities asked, about 55.0 per cent of Supervisors could correctly indicate correct age group for at least 4 activities in comparison to 50.0 per cent of AWWs. Among CDPOs, 4 out of 5 gave correct response for at least 4 activities. Per cent distribution of the responses of the functionaries regarding age appropriate milestones is presented in Table 22.

Table 22: Knowledge of functionaries regarding age appropriate developmental milestone

Developmental Milestones	AWW (n=58[#]) no. (%)	Supervisors (n=20[#]) no. (%)
Hold head steady	30 (51.7)	12 (60.0)
Reach out for objects	18 (31.3)	9 (45.0)
Smile in response	22 (37.9)	4 (20.0)
Say papa - mama	39 (67.2)	14 (70.0)
Express wants	36 (62.1)	11 (55.0)
Copy and draw straight line	29 (50.0)	15 (75.0)
Stand on one foot with help	28 (48.3)	11 (55.0)

[#] Data collected only from those functionaries who reported that this section is present in MCP Card

As regards to the advice to be given in case mother does not have enough time to provide care for development, play and communication, majority (54.9 per cent) of functionaries reported that combining playing and communicating activities during feeding, bathing, dressing or other like family members can help mothers manage their time well to look after the developmental needs of the child. Further, majority (55.0 per cent) of functionaries agreed that in case of non-availability of toys, clean and safe household items like spoon and bowl can be given to child for playing. Many AWWs (43.1 per cent) and Supervisors (55.0 per cent) also suggested that mother can make toys at home using some waste material. Upon asking advice to be given in case child seems slow, most (56.2 per cent) functionaries reported that mother should be encouraged to spend more time playing and interacting with child and child should be taken to a doctor to rule out possibility of any medical condition (Table 23). This indicates that AWWs have poor awareness of the advices presented in the MCP Card regarding child development and hence should be given training on various sections of MCP Card so that correct or appropriate advices are delivered to the beneficiaries.

Table 23: Advices to be given to mothers of children for development related problems as reported by ICDS functionaries

Development, Play and Communication*	AWW (n=58*[#]) no. (%)	Supervisors (n=20*[#]) no. (%)
Advice to be given in case mother does not have enough time to provide care for development, play and communication		
Combine playing and communicating activities during feeding, bathing, dressing or other	23 (39.7)	9 (45.0)
Ask other family members to help/ provide care for development	19 (32.8)	7 (35.0)
Help her with other tasks	4 (6.9)	0 (0.0)
Other	12 (20.7)	4 (20.0)
Advice to be given in case mother does not have toy for the child to play		
Use any household objects that are clean and safe	29 (50.0)	11 (55.0)
Make simple toys	25 (43.1)	11 (55.0)
To play with the child and the child will learn to play with her and others	4 (6.9)	0 (0.0)
Other	4 (6.9)	1 (5.0)
Advice to be given in case child seem slow		
Take a child to doctor	19 (32.7)	10 (50.0)
Encourage the mother to spend more time interacting with the baby	34 (58.6)	10 (50.0)
Check whether the baby is able to see and hear	1 (1.7)	1 (5.0)
Refer to special services, if the child has difficulty in seeing or hearing	1 (1.7)	1 (5.0)
Encourage the mother and other family members to play and communicate with the child through touch and movement	5 (32.7)	0 (0.0)
Other	4 (58.6)	3 (15.0)
*Multiple Response		

[#] Data collected only from those functionaries who reported that this section is present in MCP Card

4.8.14 Knowledge of Beneficiaries Regarding Growth Monitoring and Promotion

Table 24 presents the awareness of beneficiaries about growth monitoring and promotion. It is interesting to note that 92.8 per cent beneficiaries got their child weighed at birth irrespective of the place of delivery, suggesting a positive practice among the communities residing in Delhi. However, knowledge about frequency of getting child weighed during first 6 months was less

(nearly 50 per cent) and within first one month was even scarce. NIPCCD (2014) also reported that only 56.6 per cent lactating women and 67.2 per cent mother of children (6 month – 3 years) knew that child under 6 months need to be weighed monthly suggesting that beneficiaries lack knowledge about frequency and need for weighing a child regularly.

Table 24: Knowledge of beneficiaries regarding growth monitoring and promotion

Knowledge regarding Growth Monitoring and Promotion	Lactating women n=300	Mothers of children (6 months-3 years) n=300
	no. (%)	no. (%)
Child weighed at birth	285 (95.0)	272 (90.7)
A one month old child should be weighed every week	83 (27.7)	62 (20.7)
A six month old child should be weighed once in a month	144 (48.0)	151 (50.3)

Nearly 40.0 per cent beneficiaries were aware that MCP card contains growth charts for growth monitoring. Further, of those who knew that MCP Card contains two growth charts, majority (89.3 per cent) of beneficiaries could correctly indicate pink colour for girls and blue colour for boys, with lactating women outnumbering mothers of children (6 months – 3 years) as shown in Table 25. In contrast, NIPCCD (2014) found that only 14.9 per cent beneficiaries were aware of that colour coding for growth charts i.e., pink for girls and blue for boys. Also about three fourth of the beneficiaries reported that AWW discusses growth chart with them which is further supported by the fact that about 60.0 per cent of the beneficiaries could correctly suggest that green band in the growth chart signifies normal growth, 57.8 per cent knew that a declining growth curve is very dangerous. However, knowledge regarding orange band was poor (Table 25).

Table 25: Knowledge of beneficiaries regarding growth charts

Knowledge regarding Growth Charts	Lactating women n=124 [#]	Mothers of children (6 months-3 years) n=124 [#]
	no. (%)	no. (%)
MCP card contains two growth charts, separate for girls and boys	55 (44.3)	62 (50.0)
Correctly specify the colours as pink chart for girls and blue for boys	52 (94.6)	53 (84.1)

Discussion of growth chart by AWW	93 (75.0)	97 (78.2)
Awareness about colour coding of growth curves		
Green band in the growth chart indicates growth of the normal and healthy child	84 (67.7)	82 (66.1)
A child is severely underweight if the weight of the child falls in orange band	34 (27.4)	12 (9.7)
If the growth chart of the child is in downward direction it is considered as very dangerous sign	75 (60.5)	68 (54.8)

[#] Data collected only from those beneficiaries who reported that this section is present in MCP Card

4.8.15 Awareness and Practices of Functionaries Regarding Growth Monitoring

Table 26 presents awareness and practices of ICDS functionaries regarding growth monitoring. It was heartening to observe that functionaries had fair theoretical knowledge about growth monitoring. The knowledge of Supervisors was better than AWWs for most questions asked. The reason for two different growth charts in MCP Card was known to 78.2 per cent AWWs, 90.8 per cent Supervisors and of these 45.8 per cent AWWs, 45.4 per cent Supervisors could tell that due to difference in growth pattern of girls and boys two different charts are given in MCP Card. As far as CDPOs are concerned 3 out of CDPOs were aware of the reason for two different growth charts in MCP Card.

According to 70 per cent of AWWs the ideal time to discuss growth chart is soon after weighing and in actual practice 70 per cent AWWs used to discuss growth charts with mother soon after weighing. This finding was further verified by the responses of the beneficiaries. Seventy per cent beneficiaries agreed that AWW discusses growth chart with them immediately after weighing the child.

Table 26: Awareness and practices of ICDS functionaries regarding growth monitoring

Awareness about Growth Monitoring and Promotion	AWW (n=60) no. (%)	Supervisors (n=22) no. (%)
Essential to weigh a baby on day of birth	59 (98.3)	22 (100.0)
Reason for two growth charts in MCP card (AWWs, n=59)	52 (78.2)	20 (90.8)
Growth monitoring at AWCs is done by assessing change in weight over a period of time	59 (98.3)	22 (100.0)

Weight at AWCs should be measured on monthly basis	56 (93.3)	22 (100.0)
Growth faltering depicted in yellow zone can be managed by extra home care	41 (68.3)	16 (72.7)
Growth faltering depicted in orange zone is an indication of referral	47 (78.3)	17 (77.3)
Ideal time to discuss the growth chart with the mothers is soon after weighing	42 (70.0)	12 (54.5)

4.9 Association of Educational Status of Beneficiaries with Awareness about Various Sections of MCP Card

Education level was found to be a major factor influencing awareness regarding various sections of MCP Card. Beneficiaries who were illiterate or did schooling up to 5th class were classified as having below middle school, whereas those completing at least middle school were referred as above middle school. The difference between awareness level of the above high school vs below high school for all sections of the card namely record of ANC, danger signs of pregnancy, delivery preparation, record of PNC, newborn care, danger signs in new born, childhood illnesses, feeding, playing and communication, growth monitoring was found to be statistically significant as shown in Table 27.

Table 27: Association of educational status of beneficiaries with awareness about various sections of MCP Card

Components of MCP Card	Education status		Pearson chi square value	p-value
	Below middle school no. (%)	Above middle school no. (%)		
Record of ANC details	31 (27.2%)	86 (46.2%)	10.77	p=0.001
Information on danger signs during pregnancy	49 (43.0%)	121 (65.1%)	16.3	p=0.000
Information of delivery preparation	30 (17.8%)	171 (39.7%)	26.19	p=0.000
Information of PNC recorded	16 (9.5%)	135 (31.3%)	30.78	p=0.000
Information on New born care	30 (17.8%)	207 (48 %)	46.56	p=0.000
Information on danger sign in new born	46 (27.2%)	211 (49.0%)	23.42	p=0.000
Information of child illness	23 (13.6%)	137 (31.8%)	20.51	p=0.000

Information on Feeding , Playing and communication	58 (34.3%)	296 (68.7%)	59.24	p=0.000
Information on growth monitoring	30 (17.7%)	218 (50.6%)	53.95	p=0.000

4.10 Effect of Implementation of IGMSY Scheme on Knowledge Level of Beneficiaries Regarding Various Sections of MCP Card

Implementation of IGMSY scheme was found to be a major factor influencing awareness regarding various sections of MCP Card. For the current study the data was collected from 3 IGMSY districts and 2 Non- IGMSY districts and the awareness of beneficiaries regarding various sections of MCP card was statistically tested. It was observed that for all sections of the card, beneficiaries residing in IGMSY districts has high awareness level as compared to Non-IGMSY districts and the result was found to be statistically significant for sections namely record of ANC, record of PNC, newborn care, danger signs in new born, feeding, playing and communication, growth monitoring and validity of the card and as shown in Table 28. This suggests that linking MCP Card with Conditional cash benefit scheme or any incentives based scheme may improve the effectiveness of MCP card by facilitating service-demand from beneficiaries' end. A UNICEF and NIPCCD collaborative study also recommended that “for the card to be more effective in its end goal to improving both maternal health and the holistic health and development of the child, it needs to be implemented by functionally converging schemes” (Kalita et al, 2006).

Table 28: Association of IGMSY and Non-IGMSY districts with awareness of beneficiaries about various sections of MCP Card

Components of MCP card	Districts		Pearson chi square value	p- value
	IGMSY	Non-IGMSY		
Pregnant women				
ANC Recorded	100 (50%)	17 (17%)	30.51	p=0.000
Information on danger sign during pregnancy	115 (57.5%)	55 (55%)	3.83	p=0.147
Lactating and mothers with children (6 months-3 years)				
Information of delivery preparation	140 (35%)	61 (30.5%)	1.21	p=0.271
Information of PNC recorded	117 (29.2%)	34 (17%)	10.62	p=0.001

Information on New born care	177 (44.2%)	60 (30%)	11.32	p=0.001
Information on danger sign in new born	191 (47.8%)	66 (33%)	11.84	p=0.001
Information of child illness	109 (27.2%)	51 (25.5%)	0.2	p=0.64
Information on Feeding , Playing and communication	251 (62.8%)	103 (51.5%)	6.97	p=0.008
Information on growth monitoring	180 (45%)	68 (34%)	6.65	p=0.01
Validity of the Card	16 (4%)	23 (11.5%)	12.34	p=0.000

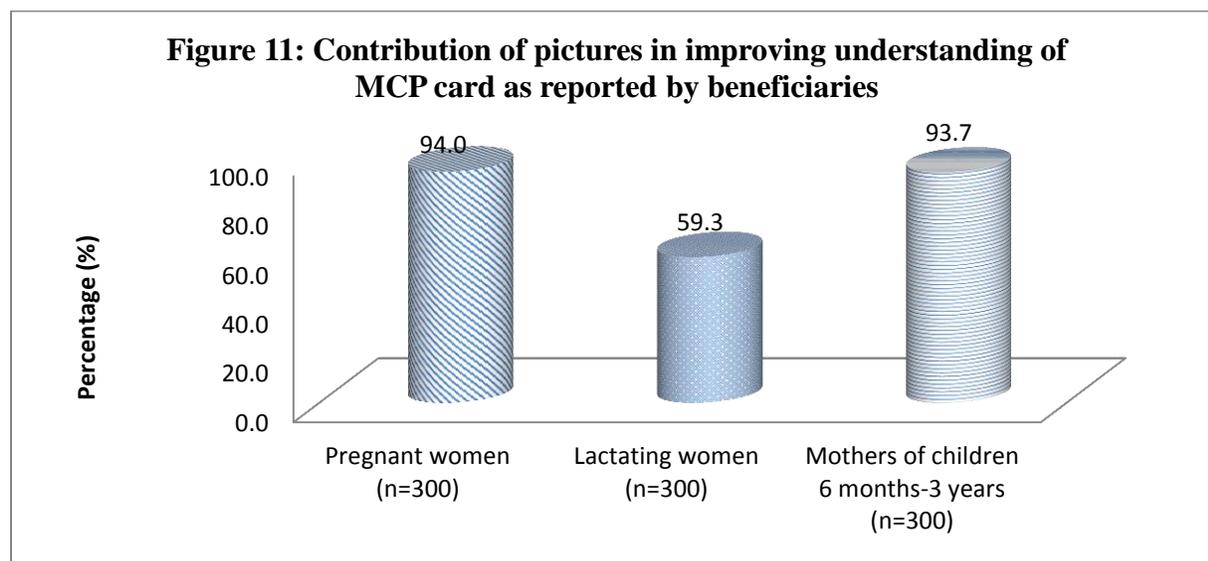
4.11 Ability of Beneficiaries to Correctly Identify Various Sections of the Card

A blank MCP card was shown to the beneficiaries and they were asked to identify the various sections based on their knowledge and illustrations present in the card. It can be seen from the Table 29 that the recall was greatest for immunization (57.8 per cent), probably because many beneficiaries considered MCP Card as an immunization card, followed by section on feeding practices (54.7 per cent), record for ANC check-ups (53.7 per cent) and play and communication (52.7 per cent).

Table 29: Distribution of beneficiaries based on their ability to identify various sections of the card

Ability of beneficiaries to correctly identify various sections of the card (n=300)	Pregnant Women no. (%)	Lactating Women no. (%)	Mother with children (6 month- 3years) no. (%)
LMP	112 (37.3)	88 (29.3)	94 (31.3)
EDD	110 (36.7)	89 (29.6)	93 (31.0)
Record of ANC checkups	156 (52.0)	158 (52.6)	166 (55.3)
Danger signs during pregnancy	139 (46.3)	144 (48.0)	137 (45.7)
Preparation for institutional delivery	124 (41.3)	120 (40.0)	111 (37.0)
Post Natal Care	54 (18.0)	50 (16.6)	51 (17.0)
Post-Partum care	40 (13.3)	37 (12.3)	29 (9.7)
New born care	44 (14.7)	40 (13.3)	48 (16.0)
Immunization	154 (51.3)	180 (60.0)	188 (62.3)
Feeding practices	147 (49.0)	171 (57.0)	174 (58.0)
Playing and communication strategies	144 (48.0)	168 (56.0)	163 (54.3)
Growth monitoring	103 (34.3)	114 (38.0)	113 (37.6)

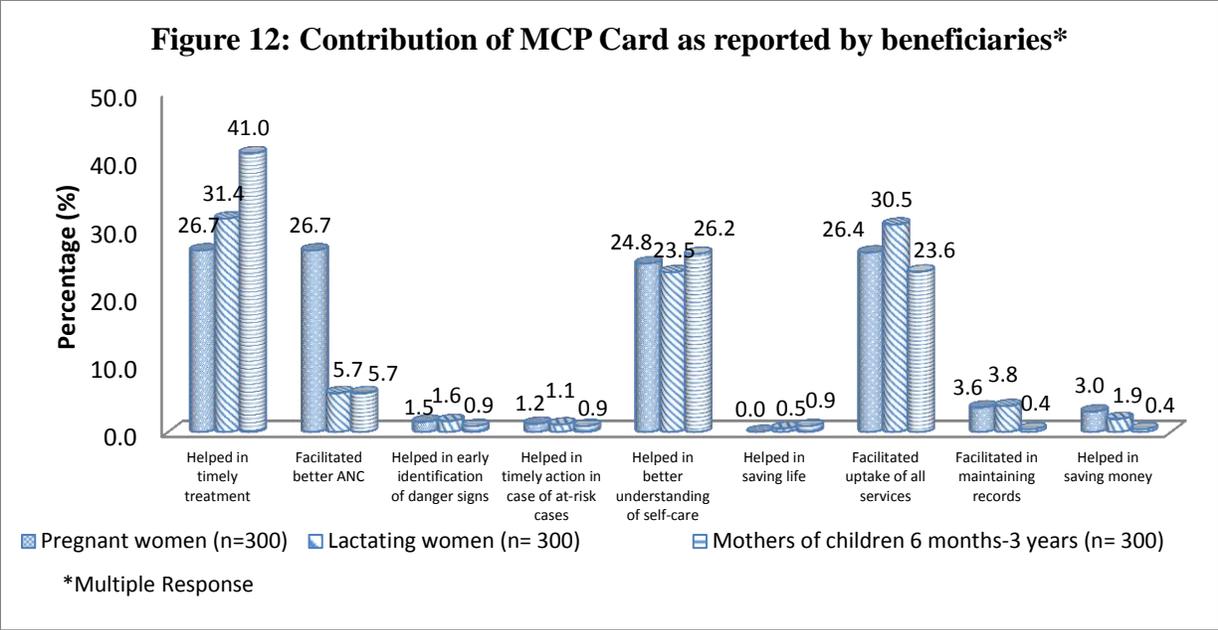
On the other hand, sections that were correctly identified at rare instances include post-natal care, post-partum care and new -born care, probably because these sections do not have any illustrations and 82.3 per cent beneficiaries believed that pictorial presentation in the card has helped them in improving their awareness (Figure 11).



4.12 Contribution of MCP Card in Better Outreach and Utilization Of Health Services

4.12.1 Perception of Beneficiaries

It was encouraging to see that over 90 per cent of beneficiaries believed that having MCP card equips them to take better care of their child. However, MCP Card was perceived to be helpful in improving the outreach and utilization of health services by relatively less number of beneficiaries {68.0 per cent pregnant women, 78.3 per cent lactating women, 76.3 per cent mothers of children (6 months-3 years)} indicating gaps in implementation and service delivery. Figure 12 represents ways in which MCP Card has facilitated improved outreach and utilization of health services.



4.12.2 Perception of Functionaries

In contrast to beneficiaries, majority of AWWs (95.0 per cent) and Supervisors (95.4 per cent) felt that MCP Card has contributed in better outreach and utilization of health services by facilitating better understanding of self-care, and facilitating uptake of services (Table 30). Further, 86.4 per cent Supervisors also felt that MCP Card help them monitoring the activities of AWWs.

Table 30: Contribution of MCP Card as reported by functionaries

Contribution of MCP Card	AWW (n=60*) no. (%)	Supervisors (n=22*) no. (%)
Contribution of MCP Card in better outreach and utilization of health services	57 (95.0)	21 (95.4)
Ways in which MCP Card contributed	(n= 57)	(n= 21)
Better understanding of self-care	29 (50.9)	11 (52.4)
Better ANC	14 (24.6)	5 (23.8)
Timely action, in case of at risk cases	8 (14.0)	3 (14.3)
Early Risk Identification	0 (0.0)	2 (9.5)
Increase uptake of services	28 (49.1)	10 (47.6)
Any other (better record keeping and cooperation)	6 (10.5)	0 (0.0)
*Multiple Response		

4.13 Role of MCP Card in Improving the Existing Interface among AWW/ASHA/ ANM

About 95 per cent ICDS functionaries were of the view that health department has an important role to play with respect to MCP Card, of which 83.6 per cent agreed that MCP Card has contributed towards improving the interface between health and ICDS functionaries. They suggested that MCP Card has resulted in better interface between health and ICDS: by facilitating sharing and exchange of information about services availed by beneficiaries, facilitating discussion among ANM, ASHA and AWW on health issues & services, ensuring convergence of the health and ICDS department, better record keeping, timely completion of immunization etc. (Table 31).

Table 31: Role of MCP Card in improving the existing interface among AWW/ASHA/ANM as reported by functionaries

Role of MCP Card in improving the existing interface among AWW/ASHA/ANM	AWW (n=54[#]) no. (%)	Supervisors (n=17[#]) no. (%)
Exchange or sharing of information about services availed by beneficiaries	42 (77.8)	16 (94.1)
Better care of beneficiaries as two departments are working in convergence	2 (3.7)	1 (5.9)
Immunization is completed in time	3 (5.6)	0 (0.0)
Improve awareness of AWWs by facilitating the discussion with health functionary	4 (7.4)	0 (0.0)
Complete records linked with MCTS	1 (1.9)	0 (0.0)
Ensure beneficiaries are issued a card	1 (1.9)	0 (0.0)
Identify pregnant cases	1 (1.9)	0 (0.0)

[#]Data collected only from those beneficiaries who reported that this section is present in MCP Card

4.14 Support and Supervision with Respect to MCP Card

4.14.1 CDPOs and Supervisors

Almost all Supervisors affirmed that they monitor availability (90.9 per cent), distribution (86.4 per cent) and usage of MCP Card (100.0 per cent) at AWCs by visiting the centres at least once a month (90.9 per cent Supervisors). About one third of the CDPOs (2 out of 6) reported that they

do not monitor usage and availability of MCP card as it is the responsibility of Supervisors. Some of the ways by which supervisors ensure availability are as follows: sending the demand for the cards to higher authority on request of sub ordinates (63.6 per cent); arranging card with the help of health departments in case of shortage (13.6 per cent); arrange photocopies if cards are not available (9.1 per cent); always keep a check on the stock and arrange in case of shortage (13.6 per cent).

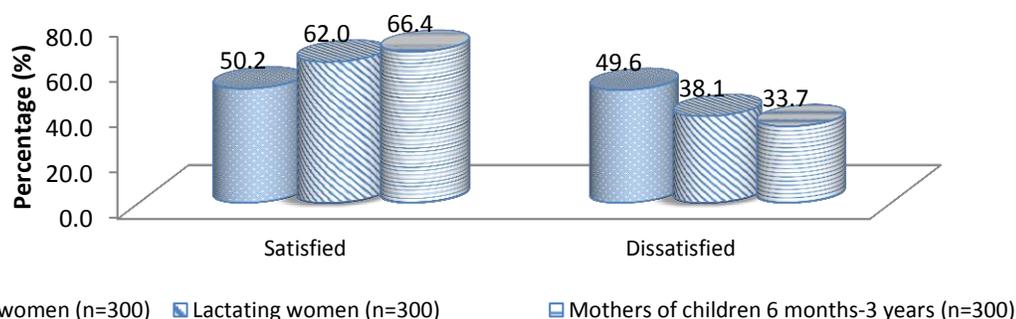
4.14.2 AWWs

As per AWWs, Supervisors were monitoring the availability (91.7 per cent) and recording of information in the MCP Card (88.3 per cent). This shows that there was no over reporting on the part of Supervisors regarding their supervisory role. Upon asking about the nature of supervisory support provided, 40 per cent AWWs reported that Supervisors explain the card and share other relevant information, check cards to ensure that IGMSY related details are correctly filled (30 per cent), solve MCP Card related queries (3.3 per cent), provide instruction on the usage of card (1.7 per cent), arrange meetings with ANM so that AWWs can clear their doubts (1.7 per cent), ensure MCP Cards are issued to beneficiaries recently shifted from village (1.7 per cent), help improve cooperation from beneficiaries (1.7 per cent). Further, about 20 per cent AWWs added that they did not get any MCP Card related support from their respective Supervisors.

4.15 Level of Satisfaction After using MCP Card- *Opinion of Beneficiaries*

The opinions of beneficiaries after the usage of the MCP Card are presented in the Figure 13. In all, 42.6 per cent of pregnant women; 57.7 per cent of lactating women and 59.7 per cent of mothers of children (6 months-3 years) were satisfied with the usage and content of MCP card. This suggests that effective implementation of MCP Card by ICDS functionaries and continuous supply of the card may increase its usage among beneficiaries as evident from the results of another study where due to better distribution, maintenance and implementation of MCP Card, an average of 73 per cent beneficiaries were satisfied with MCP Card (NIPCCD, Delhi, 2014).

Figure 13: Opinion of beneficiaries on the level of satisfaction after the usage of MCP card



4.16 Problems Encountered by AWWs While using MCP Card

Common problems faced by AWWs while using MCP Card has been presented in Table 32. On one hand, over 50 per cent of AWWs reported that they do not face any problems while using MCP card, on the other hand delay in getting MCP Card at centre (13.3 per cent), poor availability of MCP Card (5.0 per cent), card supplied being in English (5.0 per cent), no training on usage (11.7 per cent), recognising recording details in MCP Card as extra work (5.0 per cent), women losing/ misplacing the Card (5.0 per cent), beneficiaries being illiterate (1.7 per cent) are seen as some of the common problems faced by them.

Table 32: Common problems faced by AWWs while using MCP card

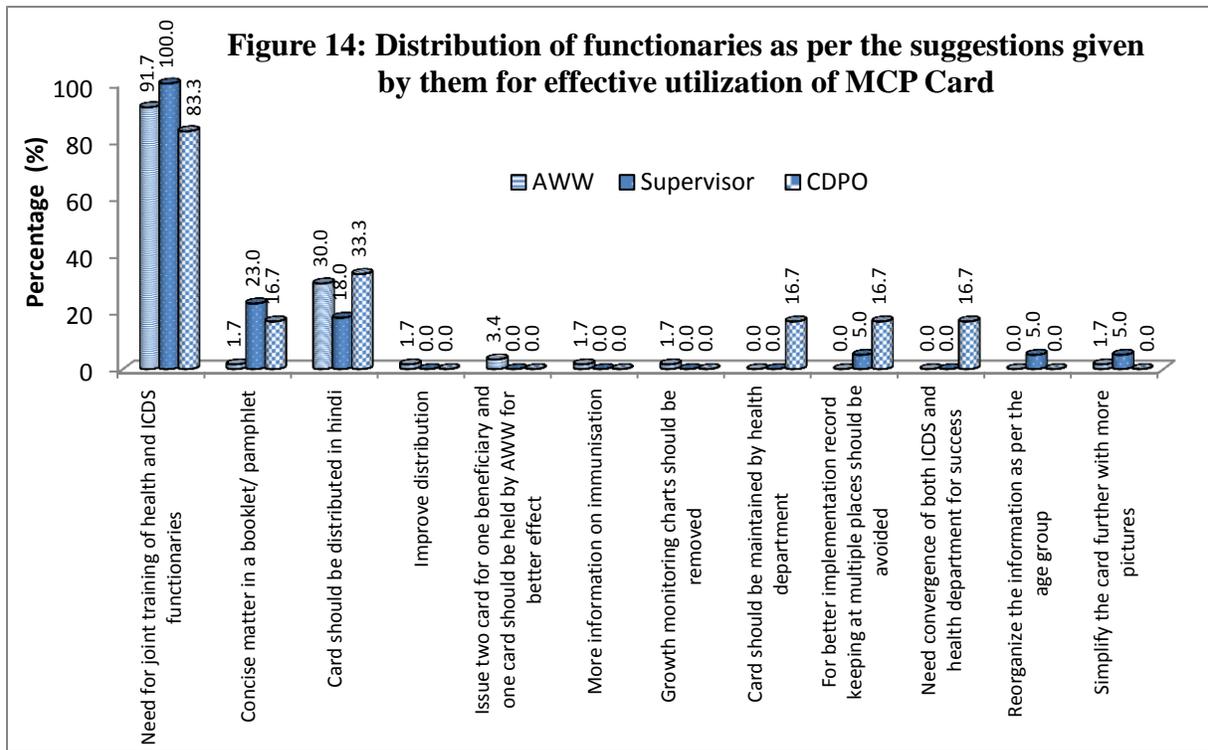
Common problems faced by AWWs while using MCP card	AWW (n=60*) no. (%)	Supervisors (n=22*) no. (%)
Delay in getting the MCP cards at the centre	8 (13.3)	4 (18.2)
Unable to record information in the MCP card as it is extra work	3 (5.0)	1 (4.5)
Poor availability of MCP card	3 (5.0)	1 (4.5)
Most of the women are illiterate so making them understand is difficult	1 (1.7)	1 (4.5)
Women are losing/ misplacing the Card	3 (5.0)	0 (0.0)

Incomplete information recorded in the Card as it is with the mother and not at the AWC	1 (1.7)	0 (0.0)
Card has not reached all the beneficiaries	2 (3.3)	0 (0.0)
Beneficiaries don't share correct information	1 (1.7)	0 (0.0)
Card in English difficult to understand	3 (5.0)	0 (0.0)
No information or Training on usage of card	7 (11.7)	0 (0.0)
Loss of interest in part of AWWs and beneficiaries	0 (0.0)	0 (0.0)
Medical terms are difficult for AWWs to understand and explain	0 (0.0)	0 (0.0)
No problem	31 (51.7)	16 (72.7)
*Multiple Response		

4.17 Suggestions by Beneficiaries and ICDS Functionaries for Effective Utilization of MCP Card

4.17.1 Suggestions by Functionaries

Almost all the functionaries (91.6 per cent) unanimously suggested that there is a dire need for joint training of health and ICDS functionaries as lack of training and inadequate instructions on how to use the card results in confusion, which in turn affects utilization and implementation of MCP Card. About 40 per cent functionaries reported that the information given in the card is complete and does not need any improvement; however, many functionaries (27.0 per cent) suggested that it would have been better if the cards printed in Hindi language are made available to workers. Some of the other suggestions made by functionaries include further simplification of the information with the help of pictures, concising the information of the card in form of a booklet or pamphlet as there are too many folds which if not ordered properly, adds to confusion, improving distribution, reducing burden on AWWs by avoiding duplication in record keeping (Figure 14).



4.17.2 Suggestions by Beneficiaries

About 60.0% of the beneficiaries were satisfied with the content and services provided through MCP Card and did not make any suggestions. However, some beneficiaries suggested that it would be better if the cards are printed in Hindi to ensure better understanding of the content. Government should ensure regular supply of these cards, other important information like important help line numbers can be added, card should be issued as a separate booklet and should not be mixed with health services, more pictures and enlarged pictures should be added are some of the suggestions made by the beneficiaries.

5

**Conclusion
&
Recommendation**

CONCLUSION

From the above research findings it can be concluded that though MCP card has been introduced in the various districts of Delhi and is in use at the level of AWCs and PHCs but still there exist a lot of gaps in the implementation of the card. For instance, lack of training of AWWs, low understanding of AWWs with respect to roles and responsibilities, delay in printing and supply of cards especially in Hindi language and poor educational status of beneficiaries has been found to be the major factor affecting the optimal utilization of the card. Further, actual purpose of the MCP card has not been understood by most of the functionaries; this could be due to lack of training and understanding about the card as functionaries were mainly considering this card as a replacement of immunization card or *Jachha Bachha* card. However, it is an important tool for families to learn, understand and adopt better care practices. It enables pregnant and lactating women to monitor their health status during this crucial period and helps families, care givers and community to monitor on the growth and development of their children upto three and take timely and appropriate measures. The concept of using this card as counseling tool was totally missing among the functionaries and probably this is one of the main reasons for poor awareness among beneficiaries regarding maternal and child health issues contained in MCP card. Nevertheless, linking the MCP card to a conditional cash benefit scheme like IGMSY proved to be an effective solution to create demand for the services and ultimately increased usage of the MCP card.

Therefore, in order to increase the card's effectiveness we need to first target on skill based training of ICDS functionaries on MCP card and thereafter focus should be on regular supply of MCP cards at the centre in regional language. The clarity on roles and responsibilities wrt to the card should be elucidated for better implementation of the card. The presence of MCP card should be made mandatory for accessing any health related services at any Govt. hospital for its wider use and dissemination.

Based on the results of the study, the recommendations drawn are as follows:

- Irregular supply of MCP Cards at AWCs and Health Centres of Delhi is one the major problems hindering its optimal usage therefore supply of the cards at these centres should be ensured as a part of APIP of ICDS and PIP of Health department.

- Periodic visits should be conducted by the officials of the ICDS and health department on a regular basis to keep a check on the availability and proper usage of the Mother and Child Protection Card. Joint visits may also be made to improve convergence.
- As per the findings of the study, the real purpose and use of the MCP Card has not been understood by ICDS functionaries. Integration of ICDS services with health services in MCP Card, which are out of the services of ICDS along with use of some medical terminologies has caused some lack of understanding. Hence, it is recommended that joint vertical trainings with NHM by pooling budgets should be carried whenever feasible.
- The study also revealed that majority of AWWs were unaware that counseling and explaining the various sections of the card is their responsibility. So, this further strengthens the need to have special skill based training on MCP card. Therefore, there is need to give Joint training sessions to AWW, ANM and ASHA on various sections of the card with special emphasis on filling the information in the card.
- Linkage of MCP Card with various CCT Schemes, such as the JSY, IGMSY, etc. has contributed towards better acceptance of MCP Card at the community level, which can be scaled up in all districts. Further efforts should be directed to popularize the card in such a way that its importance is realized even in the absence of any cash incentive scheme.
- Roles and responsibilities with respect to MCP card should be informed to all the ICDS and health functionaries to avoid overlap of the responsibilities and to increase the efficacy of the card which will help in effective implementation and utilization of services provided by the cards to the beneficiaries.
- It was also observed that most of the AWW's were not properly trained in Growth monitoring so there is need to train the workers on plotting the growth chart according to the new WHO child growth monitoring standards.
- All efforts should be made to ensure that the functionaries explain the MCP Card in totality to the beneficiaries, so that they are better aware of the benefits and services that can be availed using this Card, which in turn will increase service demand.
- Pictorial presentation in the MCP card have been found to help beneficiaries to understand the information presented in the card but the purpose for displaying the

pictures was still lacking as most of the illiterate beneficiaries were found misinterpreting the pictures. Therefore, it is recommended that information in the card may be re-organized to allow space for enlarged and better quality pictures or AWWs must explain the details of the card with the help of pictorial presentation depicted in the card to ensure understanding and better usage of the services provided by the card.

- Use of MCP Card as a counseling tool should be promoted.
- The study revealed that grandmother is most often the primary care giver in many families. Active involvement of mother-in-law to the MCP card counselling session is highly recommended to ensure better child care. This will further help yield better acceptance for MCP Card as the family members will also be involved.
- Use of MCP card as a monitoring tool during VHND and ECCE days should be promoted. The card can also be used during Mahila mandals for counseling the women about various mother and child related issues.
- It was observed that few beneficiaries were issued 2 cards separately from AWC and dispensaries/govt. hospitals whereas most of them were denied a MCP card due to shortage of the cards and many were given a Xerox copy of the incomplete card. So it is recommended that the functionaries of ICDS and health department should work in convergence to evolve an effective system for distribution of MCP card to avoid the mishandling of the resources thus ensuring availability of cards to all beneficiaries.
- The MCP card should be made mandatory and replace all other cards which are still in use like *Jachcha Bachcha* cards, *Teeka karan* cards, etc. This will simplify the process of availing maternal and child's health services available at ICDS and health Centres and tracking service delivery.
- The section on feeding, play and communication is a new addition in the health/immunization card used in health and ICDS schemes. Inability of the mothers to correctly identify the appropriate age for a developmental milestone suggests that there is a need for repeated counselling of mothers on this section to gain maximum benefit.
- More information such as important helpline numbers, details of family planning may be included to increase its coverage.

- Changing the format of the card from a leaflet to a durable booklet (maintaining the paper quality as that of leaflet) is recommended to ensure longevity without the concern of spoiling and to avoid confusion that may arise due to unordered folding.
- Addition of growth of children upto 5 years along with child assessment sheets for 3-4, 4-5, 5-6 years may be made to make it a comprehensive ECCE Card/ ICDS Card.

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Annexures

Joint Letter Dated 25-03-2010 Issued from Ministries of Women and Child Development and Health and Family Welfare for Introduction of MCPC under ICDS and NRHM



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As you may be aware that the Ministries of Health Family Welfare and the Women and Child Development have been taking initiatives through the National Rural Health Mission and ICDS with an idea for accelerating reduction in maternal, neonatal and infant mortality and child under nutrition. The ICDS currently provides the crucial community based outreach system with an outreach of 10.79 lakh AWCs to 150 lakh pregnant and lactating mothers and 688 lakh young children under 6 years, it links them with over 7.31 lakh ASHAs (Accredited Social Health Activists), around 1.46 Lakh Health sub centres, 23, 458 primary health centres and 4276 community health centres, FRUs and hospital facilities at different levels. With the universalisation, ICDS would reach out to 14 lakh habitations in 7076 projects in the country.

2. One major joint initiative in fact has been the adoption of WHO Child Growth Standards, with effect from 15 August 2008 in both ICDS and NRHM, through a joint circular dated 6 August 2008, issued by both the Secretaries of Women and Child Development and Health and Family Welfare, Government of India. This was based on the recommendations of a joint National Workshop in 2007. This initiative is being enriched and complemented by another decision of both the ministries to introduce a common Mother and Child Protection Card for both ICDS and NRHM, to strengthen the continuum of care for pregnant mothers and children under three years of age, incorporating the new WHO child growth and development standards. A copy of the Card is annexed.

3. The Mother and Child Protection Card is a maternal and child care entitlement card, a counseling and family empowerment tool which would ensure tracking of mother child cohort for health purposes. It is unique in linking maternal, newborn and child care, and focuses on the child holistically by integrating health, nutrition and development. It links critical contact points for strengthening the continuum of care and improving utilization of key ICDS, NRHM services, including immunization and Janani Suraksha Yojna. Besides, it is meant to promote key family care behaviours, highlights danger signs, and links families to the health referral system. The card would enable gender disaggregated tracking, to ensure optimal care for the girl child. The card includes the JSY and birth registration numbers.

4. With the increase in the outreach of ICDS as well as NRHM under which there are monthly fixed Village Health and Nutrition Days, and more than 4.28 lakh Village Health and Sanitation Committees, the common card would enable the large network of ASHAs, AWWs and ANMs to converge their efforts and utilize the critical contact opportunities more effectively. Being an entitlement card, it would ensure greater inclusion of unreached groups to demand and universalize access to key maternal and child care and health services.

5. We propose that the common Mother and Child Protection Card will be introduced both in ICDS and NRHM with effect from 1st April 2010. The sample copies of the card in Hindi and English will be shared with you by 25th March 2010, along with the Camera Ready Copy (CRC) on CDs for printing the same locally by the States. The States shall undertake a transliteration of the text into state official language and make only such adaptation as are essentially required. While doing so, the States shall ensure that the card does not alter in size and the font size is such that entries in each row and columns are easily readable. ICDS Mother Child Protection Card having state specific adaptations and transliterations were previously available in Urdu, Oriya, Bengali, Assamese, Gujarati, Marathi, Tamil, Teulgu and Kannada. This can be made use of. Financial resources for printing and dissemination of the cards will be provided from the State NRHM PIPs and/or ICDS. From 1st April 2010 onwards, the common Mother and Child Protection Card will progressively replace the earlier MHFW Jachcha Bachcha Card and the earlier ICDS mother child card.

6. Comprehensive training is proposed to be undertaken jointly by both the ministries for disseminating the card, using resource teams from NIHF, NIPCCD, NIN, UNICEF and WHO. This training would be suitably integrated with regular training under ICDS and NRHM. A network of more than 800 national/state core trainers developed on the new WHO child growth standards and the Mother Child Protection Card would be roped in for this endeavour. Separate budget for the training would be provided through NRHM PIPs and ICDS.

7. We are confident that our shared commitment and synergistic action will help enhance maternal and child survival, their nutrition and development and thus assure the young children a good start to life.

With best wishes,

Yours sincerely

(D.K.Sikri)

(K. Sujatha

Rao)

*State Secretaries Health and Family Welfare
State Secretaries Women and Child Development*

Mother and Child Protection Card

**Integrated Child Development Services
Rationa / Rural Health Station**



Phonograph to Mother (ICDS)

Family Identification

Mother's Name: _____
 Today's Name: _____
 Address: _____

Mother's Education: _____ (Indicate by marking appropriate boxes)

Registration

Address No: _____
 Date of the last menstrual period: _____
 Expected date of delivery: _____
 Is the pregnancy? Yes No
 Is pregnancy? Yes No
 Is pregnancy? Yes No
 Is pregnancy? Yes No

Birth Record

Sex: Male Female
 Date of Birth: _____
 Birth Registration No: _____

Institutional Identification

APHA: _____
 PHC: _____
 PHU: _____
 Community Health Centre: _____
 Health Sub-centre: _____

Regular check-ups are essential during pregnancy

1. **First trimester (0-13 weeks)**
 2. **Second trimester (14-27 weeks)**
 3. **Third trimester (28-36 weeks)**
 4. **Fourth trimester (37-42 weeks)**

Care During Pregnancy

- Increase frequency of visits
- Conduct regular antenatal check-ups
- Monitor fetal growth
- Monitor maternal health
- Monitor fetal position
- Monitor fetal heart rate
- Monitor fetal movements
- Monitor fetal development
- Monitor fetal weight
- Monitor fetal length
- Monitor fetal head circumference
- Monitor fetal chest circumference
- Monitor fetal abdominal circumference
- Monitor fetal femur length
- Monitor fetal humerus length
- Monitor fetal spine length
- Monitor fetal pelvis length
- Monitor fetal hip length
- Monitor fetal knee length
- Monitor fetal ankle length
- Monitor fetal foot length
- Monitor fetal hand length
- Monitor fetal finger length
- Monitor fetal thumb length
- Monitor fetal toe length
- Monitor fetal nail length
- Monitor fetal hair length
- Monitor fetal skin length
- Monitor fetal muscle length
- Monitor fetal bone length
- Monitor fetal joint length
- Monitor fetal ligament length
- Monitor fetal tendon length
- Monitor fetal nerve length
- Monitor fetal blood vessel length
- Monitor fetal lymphatic vessel length
- Monitor fetal duct length
- Monitor fetal gland length
- Monitor fetal organ length
- Monitor fetal system length
- Monitor fetal pathway length
- Monitor fetal network length
- Monitor fetal framework length
- Monitor fetal structure length
- Monitor fetal part length
- Monitor fetal piece length
- Monitor fetal portion length
- Monitor fetal bit length
- Monitor fetal fragment length
- Monitor fetal remnant length
- Monitor fetal residue length
- Monitor fetal scrap length
- Monitor fetal remnant length
- Monitor fetal residue length
- Monitor fetal scrap length

ANTENATAL CARE

What are your usual habits (Please tick (✓) for relevant habits)

A. Yes B. Sometimes C. Often
 D. Always E. Occasionally F. Never

PLACENTARY CARE
 (Please tick (✓) for all of the appropriate responses)

A. Normal B. Abnormal C. Not known
 D. Other E. None F. Other

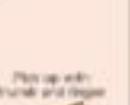
COMPLICATIONS

Complication	Yes	No	Other	None
High blood pressure				
Low blood pressure				
Headache				
Dizziness				
Nausea				
Vomiting				
Diarrhoea				
Constipation				
Shortness of breath				
Swelling of feet				
Swelling of hands				
Swelling of face				
Swelling of legs				
Swelling of arms				
Swelling of neck				
Swelling of chest				
Swelling of abdomen				
Swelling of back				
Swelling of spine				
Swelling of joints				
Swelling of muscles				
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Swelling of pituitary gland				
Swelling of hypothalamus				

Feeding, playing and communicating with children helps them grow and develop well

<p>0 to 6 months</p> <p>Feeding</p>  <ul style="list-style-type: none"> Start breastfeeding immediately after birth – within 1 hour Exclusively breastfeed for 6 months. Do not give any other food or drinks and not even water Breastfeed as many times as the child needs Breastfeed day and night 	<p>0 to 3 months</p> <p>What you can do</p> <p>Eye-to-eye contact, look into child's eyes and talk to your child</p>   <p>Provide ways for the children, hear, feel and move</p>	<p>What children can do</p> <p>Around 3 months, most children can:</p> <ul style="list-style-type: none"> Smile in response Track a ribbon eye Reach to grasp objects   	<p>3 to 6 months</p> <p>What you can do</p> <p>Have large colorful objects for your children to see and to reach for</p>   <p>Talk to & respond to your child. Get a conversation going with words or gestures</p> <p>What children can do</p> <p>Around 6 months, most children can:</p> <ul style="list-style-type: none"> Reach hand steady when held upright Turn to a voice Reach out for objects  
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Continue breastfeeding using these Always use appropriately labeled salt for the family Child needs extra food after 6 months

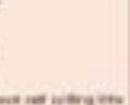
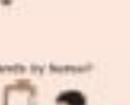
<p>6 to 12 months</p> <p>Feeding</p>   <ul style="list-style-type: none"> On completion of 6 months, start with small amounts of soft mashed cereals, rice, vegetables and fruits Increase the quantity, frequency and diversity of the food gradually Understand child's signals for hunger and no longer accepting Feed the child 6 times a day and continue breastfeeding 	<p>What you can do</p> <p>Give your child clean safe toys to handle and things to make sounds with</p>   <p>Play games like peek-a-boo. Tell the child names of things & people</p>	<p>What children can do</p> <p>Around 9 months most children can:</p> <ul style="list-style-type: none"> Sit up from lying position Pick up with thumb and finger Grasp without support   	<p>What children can do</p> <p>Around 1 year most children can:</p> <ul style="list-style-type: none"> Stand with support Wave Say paper name   
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If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor

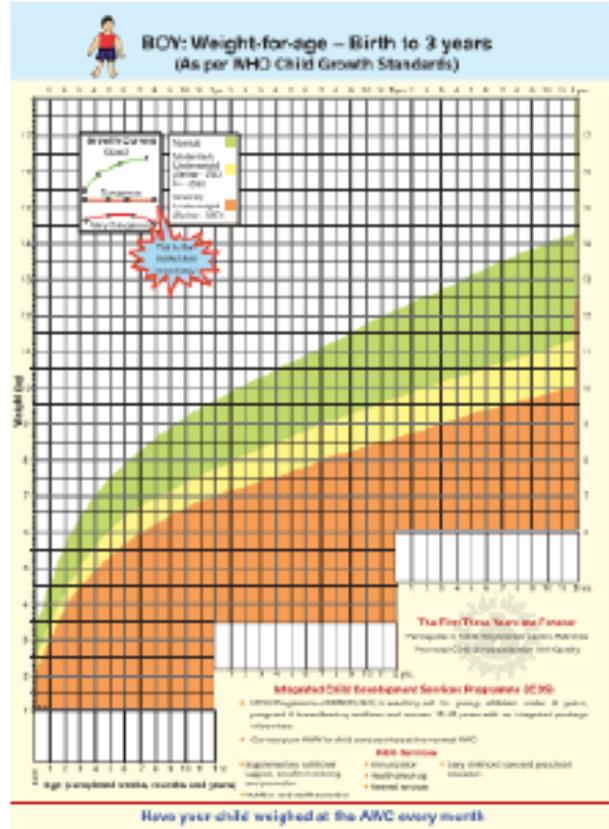
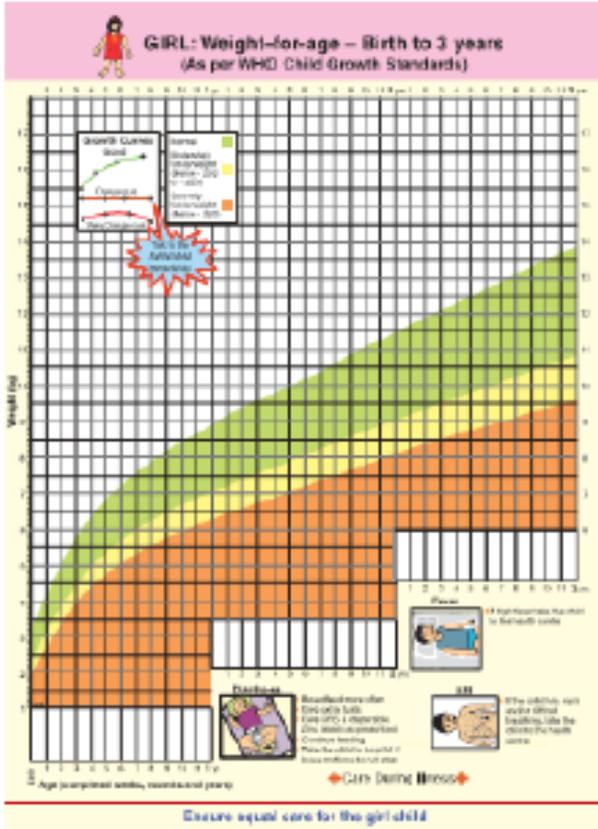
Feeding, playing and communicating with children helps them grow and develop well

<p>1 to 2 years</p> <p>Feeding</p>   <ul style="list-style-type: none"> Continue to offer a wide variety of foods including family foods, such as rice, chapatti, dal, green leafy vegetables, orange & yellow fruits, pulses and milk products Feed the child about 3 times a day Feed 1/2 cup to 1 cup of breast milk per meal if the child wants Do not let the child help her make the feeding Continue breastfeeding until 2 years or beyond 	<p>What you can do</p> <p>Give your child things to wash up & to put into containers and take out</p>   <p>Ask your child simple questions. Respond to your child's attempts to talk</p>	<p>What children can do</p> <p>Around 18 months most children can:</p> <ul style="list-style-type: none"> Express wants Put 2 pebbles in a hole Walk well   	<p>What children can do</p> <p>Around 2 years most children can:</p> <ul style="list-style-type: none"> Stand on one foot with help Say one other word Imitate household work   
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Continue breastfeeding using these Always use appropriately labeled salt for the family Child needs extra food after 6 months

<p>2 to 3 years</p> <p>Feeding</p>   <ul style="list-style-type: none"> Continue to feed family foods 3 times a day Keep the child's fork, spoon & tin safe Supervise feeding Encourage hand-washing with soap before feeding 	<p>What you can do</p> <p>Help your child wash and remove things, make simple toys for your child</p>   <p>Encourage your child to talk. A response to your child's questions. Praise your child's colors, songs, and games</p>	<p>What children can do</p> <p>Around 2½ years most children can:</p> <ul style="list-style-type: none"> Point to body parts Feed self using tins Name one color correctly   	<p>What children can do</p> <p>Around 3 years most children can:</p> <ul style="list-style-type: none"> Copy 3 lines straight line Wash hands by herself Name 3 out of 4 shapes   
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If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor



Annexure III

**National Institute of Public Cooperation and Child Development
5 Siri Institutional Area, Hauz Khas, New Delhi -110016**

Use and Effectiveness of Mother and Child Protection Card in Delhi

Proforma – Beneficiaries (Pregnant/ Lactating/ Mother of children 6 month- 3 years)

A. Identification			
1	Date survey is applied	___/___/_____	
		dd/mm/yyyy	
2	Participant's code	___/_____	
3	District Code	__	
4	Anganwadi Centre code	_____	
B. Background Information			Code
5	Name of the respondent		
6	Age (year)		
7	Address		
8	Mobile No.		
9	Educational Status	Primary (Standard 1-5)	1
		Middle school (upto 8 th)	2
		High school (upto 10 th)	3
		Intermediate (upto 12 th)	4
		Graduate	5
		Post Graduate	6
		Illiterate	7
C. Awareness About MCP Card			
10	Do you know what MCP card is?	Yes	1
		No	2
11	Have you been issued a Mother and Child Protection Card?	Yes	1→12
		No	2
<i>If yes then proceed ahead, otherwise stop here</i>			
12	If yes, then who issued the card to you ?	You	1
		AWW	2
		ASHA	3
		ANM	4
13	Who keeps the MCP card?	You	1→14
		AWW	2→16
		ASHA	3→16
		ANM	4→16
<i>If the mother keeps the card with herself then ask Q14, 15, Otherwise skip to Q16</i>			
14	How do you keep your MCP card?		
15	Have you gone through the card?	Yes	1
		No	2
16	What is the purpose of MCP card?	To monitor the health and nutrition status	1
		To know about various health	2

		services	
		To learn, understand and follow positive practices for achieving good health	3
		Empowers family to make decision for improved health and nutrition status	4
		To help keep immunization record	5
		Do not know	6
17	For how long MCP card is valid?	1year	1
		2 years	2
		3 years	3
		4 years	4
		Don't know	5
		5 years	6
		Any other, specify	7
D. Knowledge And Practice Of Pregnant Women			
TO BE ASKED ONLY FROM PREGNANT WOMEN			
Care during pregnancy			
18	What is your order of pregnancy?	1 st	1
		2 nd	2
		3 rd	3
		4 th	4
		5 th	5
		Any other, specify _____	6
19	When did you get registered at AWC?		
20	Do you know about LMP?	Yes	1
		No	2
21	Are you aware about your EDD?	Yes	1
		No	2
22	What are the minimum number of antenatal checkups required during the pregnancy?	1 ANC	1
		3 ANC	2
		7 ANC	3
		9 ANC	4
		4 ANC	5
		Any other, specify _____	6
23	How many checkups have you undergone so far during your pregnancy?	1	1
		2	2
		3	3
		4	4
		More than 4	5
24	Do you carry the MCP card along or is your card available at the centre during the regular checkups ?	Yes	1
		No	2
25	What all investigations are done during antenatal checkups and you have undergone? (Encourage participants to give multiple response and tick them, do not read the list)	Blood pressure	1
		Blood and urine examination	2
		Immunization during pregnancy	3
		Weight check up	4
		Abdominal examination	5
		ultrasound	6

		Distribution of iron and folic acid tablets			7
		All of the above			8
26	Have you been informed about the findings of the following investigations:	YES	NO	DON'T KNOW	Yes-1 No-2 Don't know-3
a	Weight				
b	Blood pressure				
c	Abdominal examination				
d	Blood and urine examination				
e	Ultrasound				
27	Are you aware why abdominal examination is done during pregnancy?	Yes			1→27a
		No			2
27a	If yes, then give reason?				
28	How many TT doses are given during pregnancy?	1			1
		2			2
		Don't know			3
		Any Other , specify _____			4
29	How many doses did you receive?				
30	Have you been given IFA tablets for consumption during pregnancy?	Yes			1→30a
		No			2
30a	If yes, then Why?				
31	What is your frequency of taking IFA tablets?	Daily			1
		Once in a week			2
		Every alternate days			3
31a	How many tablets need to be given and for how many days	50 tablets	Days	1	
		100 tablets		2	
		150 tablets		3	
		Don't know			4
		Any Other , specify _____			5
32	What according to you should be the normal weight gain during the pregnancy?	5-8 kg			1
		8-10 kg			2
		10-12 kg			3
		12-15 kg			4
		Any other, specify _____			5
33	According to the MCPC for how many hours you are supposed to take rest during pregnancy?	2 hours rest in day and 8 hours at night			1
		1 hour rest in day and 9 hours at night			2
		3 hours rest in day and 7 hours at night			3
		Don't know			4
34	Do you know whether, findings of ante natal checkups are recorded in MCP card?	Yes			1
		No			2→37
If no, then proceed to Q36					
35	Is the following recorded in the MCP card?	Yes	No	Yes-1	

			No-2
a	Weight		
b	Blood pressure		
c	Date when TT injections was administered		
d	IFA tablets issued		
e	Blood Test results		
f	Urine Test results		
Danger Signs During Pregnancy			
36	Do you know that MCP card provides information on danger signs during pregnancy?	Yes	1
		No	2→39
		Don't know	3→39
37	What does red coloured box/ words written in red indicate?		
38	Are you aware about the danger signs during pregnancy, listed in MCP card requiring the consultations of ANM/AWW/ASHA?	Excessive bleeding during and after the pregnancy	1
		Severe anemia with or without breathlessness	2
		High fever during pregnancy	3
		High fever within 30 days of pregnancy	4
		Headache	5
		Fits	6
		Blurring of vision and swelling all over the body	7
		Labour pain for more than 12 hours	8
		Bursting of water bag with labour pain	9
		Any other , specify _____	10
39	Do you know whom to go in case any danger sign appears?	AWW	1
		ASHA	2
		ANM	3
		Doctor	4
		Any other, specify _____	5
If answer to Q39, is Doctor, then only Q40 and not Q40 a,b,c,d.			
40	Have you ever experienced any danger signs during this or previous pregnancies?	Yes	1
		No	2→I
a	If yes, were you referred to a higher health facility during this or your previous pregnancies?	Yes	1
		No	2
b	If yes, who referred you to a higher facility?	AWW	1
		ASHA	2
		ANM	3
c	Did you visit the facility?	Yes	1
		No	2
d	Was the referral history recorded in the MCP card?	Yes	1
		No	2
		Don't Know	3
After Q 44 proceed to section I for pregnant women			
E. Delivery and Post Partum Care			
TO BE ASKED FROM MOTHERS OF CHILDREN AGED 0-6 MONTHS AND 6 TO 3 YEARS			

Delivery			
41	What was your place of delivery	Government (hospital/PHC/CHC)	1
		Private hospital	2
		Home	3
42	Does the card provide any information related to delivery and related preparations?	Yes	1
		No	2
<i>If no, then proceed to Q 45</i>			
43	What preparation should be done in case of institutional delivery? (Encourage multiple response but do not read the list) TO BE ASKED IN CASE OF INSTITUTIONAL DELIVERY	Contact ASHA/ANM/AWW	1
		Register under JSY and obtain benefit under it	2
		Advance identification of the hospital and arrangement for transportation	3
		Ensure family care and support	4
		All of the above	5
		Any other, specify _____	6
44	What cleans to be followed in case of home delivery? TO BE ASKED IN CASE OF HOME DELIVERY	Clean hands	1
		Clean surface and surroundings	2
		Clean blade	3
		Clean umbilical cord	4
		Clean thread	5
		All of the above	6
45	Were you and your child visited by the functionaries after child birth at home?	Yes	1
		No	2→48
46	Who visited?	AWW	1
		ASHA	2
		ANM	3
		Any other, specify _____	4
47	Number of times and days you were visited after delivery by:		
a	AWW		
b	ANM		
c	ASHA		
48	Were you informed about the weight of your child at the time of birth?	Yes	1
		No	2
49	Are you registered under JSY	Yes	1
		No	2→50
49a	If yes, have you received cash incentive under JSY?	Yes	1
		No	2
50	What was the modality of home visit conducted?	Alone AWW visited	1
		AWW along with ANM	2
		AWW along with ASHA	3
		AWW along with ANM and ASHA	4
		AWW along with Supervisor/CDPO	5
		Any other, specify _____	6
51	Are the details of the Post natal care recorded in the MCP card?	Yes	1
		No	2→53
52	If yes, then what details are recorded?		

F. New Born And Child Care			
53	Does the MCP card contain/ elicit information regarding the care of a new born baby?	Yes	1
		No	2→54
<i>If no then proceed to Q54</i>			
53a	If yes, then list them (Tick the options reported by participants)		Yes-1
			No-2
a	Keep the child warm		
b	Start breast feeding within 1 hour		
c	Do not bath the child for 1 st seven days		
d	Keep the cord dry		
e	Keep the child away from people who are sick		
f	Weigh your child at birth		
g	Give special care if the child is less than 2.5 kg		
Danger Signs			
54	Does the MCP card contain/ elicit information regarding danger signs in newborn?	Yes	1
		No	2→56
<i>If no then proceed to Q56</i>			
55	What of the following are considered as danger signs in a newborn?		Yes-1
			No-2
a	Weak sucking or refusal to breastfed		
b	Baby unable to cry		
c	Baby having difficulty in breathing		
d	Yellow palms and soles		
e	Fever		
f	Cold to touch		
g	Blood in stools		
h	Convulsions		
l	Lethargic or unconsciousness		
56	Do you know whom to go in case if you find any danger sign in new born? any danger sign in new born	AWW	1
		ASHA	2
		ANM	3
		Supervisor	4
		Any other, please specify	5
57	Did you observe any danger sign in your child	Yes	1
		No	2→58
<i>If no or answer to Q56 is Doctor then proceed to Q58</i>			
a	Was your child referred to higher facility?	Yes	1
		No	2→58a
b	Did you visit the higher facility?	Yes	1
		No	2→58a
c	Was the referral history recorded in the MCPC?	Yes	1
		No	2
		Don't know	3
58	Does MCPC contains information regarding care of child during illness	Yes	1
		No	2→59
58a	If yes, what all conditions are mentioned in MCP card?	Diarrhoea	1
		Acute respiratory infection	2
		Fever	3

		Any other, specify _____	4
Immunization			
59	What vaccines are given to the child at Birth ?	BCG, DPT, OPV	1
		BCG, HEPATITIS-B, OPV	2
		BCG & OPV	3
		BCG, MEASLES	4
		Don't Know	5
60	In which month vitamin A syrup is given to the child for the first time?	1 month	1
		3 month	2
		6 month	3
		9 month	4
		Don't Know	4
61	How often a child should be dewormed after 1 year of age?	Once a year	1
		Twice a year	2
		Thrice a year	3
		Any other please specify _____	4
G. Feeding, Playing And Communication			
Child Feeding			
62	Do you know if MCP card contains information regarding feeding, playing and communication section?	Yes	1
		No	2→64
If no then proceed to Q64			
63	Has AWW explained the feeding section?	Yes	1
		No	2
64	When did you start breast feeding after the birth of the baby?		
65	Did you give colostrum (first yellow coloured thick fluid) to the baby?	Yes	1
		No	2
66	Till what age the child only be fed breast milk?	3 months	1
		6 months	2
		1 year	3
		2 year	4
67	How often the new born should be fed breast milk during a day?		
68	Have you ever given any pre lacteal during first 6 months after the delivery of the child?	Yes	1
		No	2→70
69	If yes, what all pre lacteal were fed to the child?	Gripe water	1
		Holy water	2
		Animal milk	3
		Infant formula	4
		Water	5
		Honey	6
		Ghutti	7
		Jaggery water	8
		Any other, specify _____	9
70	At what age did you start complementary feeding?		
71	What type of food should be fed to 6-12 months?	Thin fluids	1
		Thick fluids	2
		Gradual progression from thin consistency to thick	3

		Solid food	4
		Don't Know	5
72	What type of food should be fed to 1-2 year old child?	Thin fluids	1
		Thick fluids	2
		Gradual progression from thin consistency to thick	3
		Solid food	4
		Don't Know	5
73	What should be the frequency of feeding per day for a child aged 2-3 years?	Atleast 2 times	1
		Atleast 3 times	2
		Atleast 5 times	3
		Atleast 8 times	4
		Don't know	5
Playing And Communication			
74	Has AWW explained the play and communication section?	Yes	1
		No	2
<i>If no then proceed to Q83</i>			
75	Are you aware about what a child under six months can do? (Encourage participants to give multiple response and tick them, do not read the list)		
a	Smile in response		
b	Track a ribbon bow		
c	Begin to make sound		
d	Hold head steady when held upright		
e	Reach out for objects		
f	Turn to a voice		
76	Are you aware what a child aged 6-12 months can do? (Encourage participants to give multiple response and tick them, do not read the list)		
a	Sit up from lying position		
b	Pick up with thumb and finger		
c	Sit without support		
d	Stand well without support		
e	Wave out to people		
f	Say papa/mama		
77	Are you aware about what a child aged 1-2 years can do? (Encourage participants to give multiple response and tick them, do not read the list)		
a	Express wants		
b	Put three pebbles in a cup		
c	Walk well		
d	Stand on one foot with help		
e	Say one other word		
f	Initiate household work		
78	Are you aware what a child aged 2-3 years can do? (Encourage participants to give multiple response and tick them, do not read the list)		
a	Point to 4 body parts		
b	Feed self, spilling little		
c	Name one colour correctly		
d	Copy and draw straight line		
f	Wash hands by herself		
g	Name 3 out of 4 objects		
79	How can you promote development of children below six months?	Smile and laugh at your child, look into child's eyes and talk to your child	1

		Provide ways for the child to see, hear, feel and move	2
		Have large colourful objects for your child to see and reach for	3
		Talk to and respond to your child	4
		Respond to the child with sounds and gesture	5
		Don't know	6
80	How can you promote development of children 6-12 months?	Give child clean safe items to handle and things to make sounds with	1
		Play games like peek-a-boo, etc.	2
		Tell the child names of things and people	3
		Don't Know	4
81	How can you promote development of children 1-2 years?	Give child things to stack up and to put into containers and take out	1
		Ask simple questions	2
		Respond to child's attempt to talk	3
		Don't Know	4
82	How can you promote development of children 2-3 years?	Help child count and compare things	1
		Make simple toys for child	2
		Encourage child to talk and respond to child's questions	3
		Teach child stories, songs, and games	4
		Don't Know	5
H. Growth Monitoring And Promotion			
83	How often the child be weighed till 1 month of age?	Every week	1
		Once in a months	2
		Once in 15 days	3
		Don't know	4
84	Did you get your child weighed at birth?	Yes	1
		No	2
85	Are you aware about how often should a child under 6 months be weighed?	Once in a month	1
		Once in 3 month	2
		Once in 6 month	3
		Don't Know	4
		Any other, please specify	5
86	Does the MCP card contains growth chart for monitoring the growth of the child?	Yes	1
		No	2→1
<i>If no then move to section on Attitude (section I)</i>			
87	Do you know about the color of growth chart to be used for girls and boys?	Yes	1
		No	2
88	If yes, then please specify the colours?		
89	Does AWW discuss the growth chart of your child with you?	Yes	1
		No	2→91
90	When was the growth chart discussed with you?	Immediately after weighing	1
		Few days after weighing	2
		During home visits	3
		Any other	4

91	On which band the weight of the normal and healthy children should fall?	Yellow band	1
		Orange band	2
		Green band	3
		Don't know	4
92	If the weight of the child falls below yellow line it indicates.	Child is normal and healthy	1
		Child is severely underweight	2
		Child is moderately underweight	3
		None of the above	4
93	If the growth curve of the child is in downward direction it is considered as	Good	1
		Dangerous	2
		Very dangerous	3
		Normal	4
		Don't know	5
94	To whom you are supposed to talk if there is growth faltering in the chart?	ANM/AWW	1
		Health functionaries	2
		Both	3
		Any other _____	4
I. Attitude/ Perception			
1	Do you think an MCP card containing information related to maternal and child care is important?	Yes	1
		No	2
2	What do you think about the information provided in the MCP card?	Too much information	1
		Adequate information	2
		Lack some information	3
		Any other, please specify	4
3	According to you who should keep the MCP card?	AWW	1
		ASHA	2
		You	3
		ANM	4
3a	If answer to Q3 is not 3, then ask reason		
4	Do you think if this card is held by you, will equip you to take better care of you and your child?	Yes	1
		No	2
Outreach and utilization of services			
5	Do you think having MCP card helps you to avail and utilize better health services over other patients who do not have MCP card?	Yes	1
		No	2
		Don't know	3
5a	If yes, then how?	Helped in timely treatment	1
		Facilitated better ANC	2
		Helped in early identification of danger signs	3
		Helped in timely action in case of at-risk cases	4
		Helped in better understanding of self-care	5
		Helped in saving life	6
		Facilitated uptake of all services	7
		Facilitated in maintaining records	8
		Helped in saving money	9
6	Do you think the illustrations or pictorial presentation	Yes	1

	in the MCP card has helped you in improving your awareness?	No	2
7	Do you think this card provide adequate information regarding	Yes/ No	Yes-1 No-2
a	Care during pregnancy		
b	Danger signs during pregnancy		
c	Institutional delivery & home delivery		
d	Post-partum care		
e	New born care		
f	Immunization		
g	Milestones		
h	Infant and young child feeding		
i	Growth monitoring		
8	How has been your experience so far in using MCP card?	Satisfied	1
		Dissatisfied	2
		Same as with other cards	3
		Very informative	4
		Good reminder for seeking services	5
		Can monitor child's development	6
		Don't Know	7
9	Give suggestions to ensure effective utilization of MCP card?		
J. Observation (see the card and tick)			
1	Was the card in good condition?	Yes	1
		No	2
2	Ability of the participant to correctly identify the various details in the MCP card		
	Details	Yes	No
a	LMP		
b	EDD		
c	Record of the ANC check ups		
d	Danger signs during pregnancy		
e	Preparation for institutional delivery		
f	Post natal care		
g	Date of delivery		
h	Term/preterm		
i	Sex of baby		
j	Weight of baby		
k	Post-partum care		
l.	New born care		
m	Immunization details		
n	Feeding practices		
o	Playing and Communication strategies		
p	Growth monitoring		
3	CHECK THE CARD TO SEE IF THE FOLLOWING INFORMATION IS FILLED IN ADEQUATELY		
	Component	Yes	No
			Yes-1 No-2
a	Front of the card (check if details are correctly filled)		

i	Family identification			
ii	Pregnancy record			
iii	Birth record			
iv	Institutional identification			
b	Record of the check ups			
i	Registration			
ii	ANC			
iii	BP, Blood and Urine			
iv	Weight			
v	TT injections			
vi	Iron tablets			
c	Antenatal care			
i	Obstetric complication in previous pregnancy			
ii	Past history			
iii	Examination of general condition			
iv	Examination of heart			
v	Examination of lung			
vi	Examination of breast			
	<i>Antenatal visit</i>			
vii	Date			
viii	Weight			
ix	Pulse rate			
x	BP			
	<i>Abdominal examination</i>			
xi	Fundal height weeks/cm			
xii	Lie/presentation			
xiii	Fetal movement			
xiv	Fetal heart rate per minute			
	<i>Essential investigation</i>			
xv	Hemoglobin			
xvi	Urine albumin			
xvii	Urine sugar			
xviii	Signature of ANM			
xix	Blood group and Rh typing			
xx.	Optional investigation			
d.	Post natal care			
i	Date of delivery			
ii	Place of delivery			
iii	Type of delivery			
iv	Term/preterm			
v	Sex of baby			
vi	Weight of baby			
vii	Cried immediately after birth			
viii	Initiated exclusive breastfeeding within 1 hour			
	<i>Post-partum care</i>			
ix	Pallor			
x	Pulse rate			
xi	BP			
xii	Temperature			
xiii	Breast (soft/engorged)			

xiv	Nipple (cracked/normal)			
xv	Uterus tenderness (present/absent)			
xvi	Bleeding P/V (excessive/normal)			
xvii	Lochia (healthy/foul smelling)			
xviii	Episiotomy (healthy/infected)			
xix	Family planning counseling			
xx.	<i>Care of baby</i> Urine passed			
xxi.	Stool passed			
xxii.	Diarrhea			
xxiii.	Vomiting			
xxiv.	Convulsion			
xxv.	Activity (good/poor)			
xxvi.	Sucking (good/poor)			
xxvii.	Breathing (fast/difficult)			
xxviii.	Chest indrawing (present/absent)			
xxix.	Temperature			
xxx.	Jaundice			
xxxi.	Condition of umbilical stump			
xxxii.	Skin pustules (present/absent)			
c	Immunization details			
i	BCG			
ii	OPV-0 (For institutional delivery)			
iii	OPV-1			
iv	OPV-2			
v	OPV-3			
vi	DPT-1			
vii	DPT-2			
viii	DPT-3			
ix	Hepatitis B-0			
x	Hepatitis B-1			
xi	Hepatitis B-2			
xii	Hepatitis B-3			
	To be observed for mothers with children 6 month to 3 years			
xiii	Measles			
xiv	Vitamin A			
xv	DPT booster			
xvi	Polio booster			
xvii	Vitamin A (16 months)			
xviii	Vitamin A (24 months)			
xix	Vitamin A (30 months)			
xx	Vitamin A (36 months)			
d	Growth monitoring			
i	Does the growth chart reflects timely plotting			
ii	Record of date of plotting			
iii	Record of weight of the child at the time of plotting			

Annexure IV

National Institute of Public Cooperation and Child Development
5 Siri Institutional Area, Hauz Khas, New Delhi -110016



Use and Effectiveness of Mother and Child Protection Card in Delhi Proforma for ICDS functionaries- Anganwadi Worker/ Supervisor/ CDPO

A	Background Information		
1	Date survey is applied	___/___/_____ dd/mm/yyyy	
2	Participant's Code	___/____	
3	Name of the District		
4	Name of the Project		
5	Name of ICDS functionary (Designation)		
6	Address of AWC		
7	Mobile/Telephone No.		
B	Anganwadi Centre Information		Codes
8	Type of the Project	Rural Urban	1 2
9	Experience in ICDS	Up to one Year 2- 5Years 5-10 years 10 Years & above	1 2 3 4
10	Educational Qualification	Below Matric Matriculate 10+2 Graduate Post Graduate	1 2 3 4 5
11	Have you received any training on MCP card?	Yes No	1 2
12	If yes, in what training course?	During Job training During Refresher training During integrated skill training During Sectoral meetings Any other, please specify _____	1 2 3 4 5
C	Procurement , Distribution and Availability of MCP card		
13	When was the MCP card introduced in your project ?		
14	Is the MCP card available at your centre?	Yes No	1 2
15	Who procures the MCP card for your area?	Medical Officer ANM ASHA CDPO Any other, please specify _____	1 2 3 4 5

16	Who distributes the MCP card in your area to AWCs?	Medical Officer	1
		ANM	2
		ASHA	3
		CDPO	4
		Any other, please specify_____	5
D	Usage of MCP Card		
17a	Have you been using MCP card?	Yes	1
		No	2
17b	Is the MCP card being used by your project MO/ANM?	Yes	1
		No	2
	<i>If answer to question 17 a and 17b is NO, then stop the survey here.</i>		
E	Knowledge and Practice of MCP Card		
18	What is the purpose of the MCP Card?	Tool to monitor the health and nutrition status of the pregnant woman and thereafter of the child till three years	1
		Helps families to know about various types of services which they should access and utilize for maternal and child health & nutrition	2
		Help families learn, understand and follow positive practices for achieving good health of all pregnant women, mothers and children	3
		Empowers families to make decisions for improved health and nutritional status	4
		All of the above	5
		Any other, please specify_____	6
		19	When is MCP card generally used?
During home visits	2		
During growth monitoring sessions	3		
During ECCE day and Immunization day	4		
During sectoral level meetings	5		
Any other, please specify_____	6		
20	Who are the specific target groups for the card?	Pregnant women	1
		Lactating women	2
		Families with children under 3 years of age	3
		IGMSY, JSYand NRC beneficiaries	4
		All of the above	5
21	Do you explain the relevant sections or all sections of MCP card at the time of issuance?	Only relevant sections	1
		All sections	2
		Any other, Specify	3
22	For how long is the MCP card valid?	Till delivery	1
		Till child completes 1 year	2
		Till child completes 3 years	3
		Till child completes 5 years	4
		Any other, please specify	5

23	Who keeps the card?	Mother/Beneficiary	1	
		AWW	2	
		ANM	3	
		ASHA	4	
		Any other, please specify	5	
24	Who has to fill the MCP card?	Mother/Beneficiary	1	
		AWW	2	
		ANM	3	
		ASHA	4	
25	What does the following colours indicates in the MCP card?			
	Yellow colour			
	Green boxes			
	Red colour			
	Pink boxes			
	Blue boxes			
26	Apart from ICDS, which other schemes have been linked to MCP card?	JSY & JSSK	1	
		IGMSY & JSY	2	
		JSY	3	
		All- IGMSY,JSY, JSSK	4	
		Don't Know	5	
Care during Pregnancy				
27	Does the MCP card contains information on care during pregnancy?	Yes	1	
		No	2 □ 29	
28	Under Pregnancy Section, what does 9 columns depicts	Months of pregnancy	1	
		No. of antenatal checkups	2	
		Components of care during pregnancy	3	
		Any other, specify _____	4	
29	How many ANCs visits a pregnant woman should make after registration?	4	1	
		3	2	
		5	3	
		2	4	
		Any other, specify _____	5	
30	What is the total gain in weight during the entire period of pregnancy should be around?	10-12kg	1	
		12-14kg	2	
		7-8kg	3	
		Any other, specify _____	4	
31	Do you calculate Expected Date of Delivery?	Yes	1	
		No	2	
32	Do you distribute IFA tablets to pregnant women?	Yes	1	
		No	2	
33	How many IFA tablets need to be given to pregnant woman and for how many days?	200	Days	1
		100		2
		30 per month for 9 months		3
		Any other, specify _____		4
34	While taking the history of the pregnant	Obstetric history	1	

	woman, what are the key questions that need to be asked?	Family history			2
		Diet history			3
		Any other, specify _____			4
35	What happens during an ANC visit? (Allow/encourage multiple answers. Tick all answers mentioned, but do not read list)	Registration			Y/N (1/2)
		Weight measurement			Y/N (1/2)
		Blood Pressure			Y/N (1/2)
		Haemoglobin			Y/N (1/2)
		Urine test			Y/N (1/2)
		Abdominal examination			Y/N (1/2)
		Distribute of Iron Folic Acid			Y/N (1/2)
36	What is recorded in the pink box given in immunisation section	Date when child actually immunised			1
		Date for next Immunisation			2
		Do not know			3
37	What is recorded in the white box given in immunisation section	Date when child actually immunised			1
		Date for next Immunisation			2
		Do not know			3
<i>Danger Signs during Pregnancy</i>					
38	Does the card contains information on danger signs related to pregnancy?	Yes			1
		No			2 <input type="checkbox"/> 40
39	What are the danger signs of pregnancy listed in MCP card? (Do not read the list, encourage multiple responses)	Yes	No	Don't Know	Yes-1 No-2 Don't know- 3
a	Excessive bleeding during and after delivery				
b	Severe anaemia				
c	High fever during pregnancy				
d	High fever within 30 days of delivery				
e	Headache, fits, blurring of vision & swelling all over the body				
f	Labour pain for more than 12 hours				
g	Bursting of water bag without labour pain				
h	Any other, specify _____				
<i>Care during Delivery and Post Partum Period</i>					
40	What are 5 cleans in case of home delivery?				
41	Are the details related to delivery entered in the MCP card?	Yes			1
		No			2 <input type="checkbox"/> 42
41a	What information is required to be filled in the MCP card after delivery?	Yes	No	Don't Know	Yes-1 No-2 Don't know- 3
i	Date and time of delivery				
ii	Place of delivery				
iii	Type of delivery				
iv	Term/ Preterm				
v	Period of stay post delivery				
vi	Complications, if any				

vii	Sex of the baby				
viii	Weight of the baby				
ix	Child's cry immediately after birth				
x	Time of initiation of the breastfeeds				
42	Does the MCP card provide information on danger signs in a new-born requiring immediate care?	Yes			1
		No			2 □ 45
43	What are considered as danger signs in a newborn?	Yes	No	Don't Know	Yes-1 No-2 Don't know- 3
a	Weak sucking or refusal to breastfeed				
b	Baby unable to cry				
c	Baby having difficulty in breathing				
d	Yellow palms and soles				
e	Fever				
f	Cold to touch				
g	Blood in stools				
h	Convulsions				
i	Lethargic or unconscious				
j	Any other, specify _____				
44	Do you explain the danger signs (for both mother and baby) to the mother and the family?	Yes			1
		No			2
45	How many home visits are necessary in post partum care?	2			1
		3			2
		4			3
		>4			4
		Any other, please specify _____			5
46	What are the modalities of home visits conducted for AWW?	Conduct home visits alone			1
		Conduct joint home visits with ASHA			2
		Conduct joint home visits with ANM			3
		Conduct joint home visits with ANM & ASHA			4
		Conduct joint home visits with Supervisor or CDPO			5
Care of New born					
47	Does the MCP card contains information on care of newborn?	Yes			1
		No			2 □ 49
48	After how many days the LBW baby is permitted to bathe?	1 day			1
		7 days			2
		15 days			3
		5 days			4
		Any other, specify _____			5
49	State Yes or No for the following:	Yes	No	Yes-1 No- 2	
a	For first six months feed the baby only mother's milk nothing else, not even water				
b	Babies should be breastfed 8-10 times during day and night				
c	Breastfeeding should be stopped during				

	diarrhoea		
d	Throwing the first milk (colostrum) protects the baby from diseases		
e	During the summer months babies need extra water		
f	The baby should be weighed on the day of birth		
g	If the baby's weight is in the yellow zone, the baby can be managed at home with extra care.		
h	The vaccines given at birth are BCG, OPV and Hepatitis B.		
i	A child over one year need to be dewormed biannually (twice in a year)		
Growth Monitoring and Promotion			
50	Does the MCP provide information about the growth monitoring of children?	Yes	1
		No	2 □ 52
51	Why do MCP card has two growth charts?		
52	How is the growth of children monitored at AWC?	Change in height over a period of time	1
		Change in weight over a period of time	2
		Change in weight over height	3
		All of the above	4
53	How often is it recommended to take the weight of the child (0-3 years) ?	Weekly	1
		Fortnightly	2
		Monthly	3
		Quarterly	4
		Half yearly	5
		Any other, please specify _____	6
54	What is the ideal time to discuss the growth chart with the mothers?	Soon after weighing	1
		Whenever mother visits AWC	2
		Whenever you go for home visit	3
		Any time after the child has been weighed	4
		Any other, please specify _____	5
55	When do you discuss the growth chart with mothers?	When mother comes to AWC	1
		Immediately after weighing	2
		Few days after weighing	3
		During home visits	4
		Whenever time is available	5
56	A child is required to be referred if the growth curve is	Touching the junction of yellow and orange area	1
		In yellow area	2
		In orange area	3
		Child need not be referred till he/she has an illness	4
		Any other, please specify _____	5
Feeding, playing and communicating with children			
57	Does the MCP card contains information on feeding, playing and communicating with children?	Yes	1
		No	2 □ 64
58	Why do you think the section on feeding, playing and communicating with children is important?	Equips mother with information to ensure optimal growth and development of the child	1

		It beautifies the chart _____			2
		It is provided to fill in the empty space			3
		It is not important			4
		Any other, please specify _____			5
59	What should be fed to a child aged:	Yes	No	Don't Know	Yes-1
					No-2
					Don't know- 3
a	0-6 month - only breast milk				
b	6-12 months -Soft, mashed solid food with breast milk				
c	1-2 year - Family food with breast milk				
d	2-3 year - Family food				
60	Choose the correct age at which child can do these activities				
a	Hold head steady	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5
b	Reach out for objects	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5
c	Smile in response	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5
d	Say papa - mama	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5
e	Express wants	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5
f	Copy and draw straight line	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5
g	Stand on one foot with help	0-3 months			1
		3-6 months			2
		6-12 months			3
		1-2 years			4
		2-3 years			5

61	What advice do you give to a mother in case she does not have enough time to provide care for development, play and communication?	Combine playing and communicating activities during feeding, bathing, dressing or other	1
		Ask other family members to help/ provide care for development	2
		Help her with other tasks	3
		Any other, Please specify _____	4
62	What advice do you give to a mother in case she does not have toy for the child to play?	Use any household objects that are clean and safe	1
		Make simple toys	2
		To play with the child and the child will learn to play with her and others	3
		Any other, Please specify _____	4
63	What advice do you give to a mother in case her child seems slow? (Allow multiple responses)	Take a child to doctor	1
		Encourage the mother to spend more time interacting with the baby	2
		Check whether the baby is able to see and hear	3
		Refer to special services, if the child has difficulty in seeing or hearing	4
		Encourage the mother and other family members to play and communicate with the child through touch and movement	5
		Any other, Please specify _____	6
F	Problems encountered during usage of MCP card		
64	What problems do you face while using MCP card? ((Allow/encourage multiple answers. Tick all answers mentioned but do not read list)	Unable to record information in the MCP card as it is extra work	1
		Women are losing/ misplacing the Card	2
		Card cannot be used for counselling women	3
		Card has not been a passport to easy care as anticipated	4
		Referral support is inadequate	5
		Card has not reached all the beneficiaries	6
		Most of the women are illiterate	7
		Not able to understand the illustrations in the MCP Card	8
		Incomplete information recorded in the Card as it is with the mother and not at the AWC	9
		Problems in coordinating with health department	10
		Delay in getting the MCP cards at the centre	11
		Any other, Please specify _____	12
G	Suggestion		
65	How can the MCP card be made more effective ? (Give suggestions)		
I	Monitoring and Supervision (From AWW only)		
66	Does the supervisor monitors the availability of MCP card at the AWC?	Yes	1
		No	2
67	Does the supervisor monitors how you have recorded information in MCP card?	Yes	1
		No	2
68	What kind of support does supervisor provides you for effective utilisation of MCP card?		
I	Monitoring and Supervision (From Supervisor and CDPO)		
Procurement , Distribution and Availability of MCP card			
66	Do you monitor the availability of MCP	Yes	1

	cards at AWCs ?	No	2
67	How do you ensure that MCP cards are always available at AWCs?		
68	Do you monitor the distribution of MCP cards at AWCs to beneficiaries ?	Yes	1
		No	2 □ 69
68a	If yes, how?		
Usage of MCP Card			
69	Do you monitor the usage of MCP card by AWW?	Yes	1
		No	2 □ 70
69a	If Yes, what key points do you observe?		
70	How often do you carry out monitoring visits at AWCs to check if details on the MCP card are properly filled?		
71	What kind of support do you provide to AWW for effective utilisation of MCP card?		
Growth monitoring			
72	How do you supervise if growth monitoring is being correctly carried out at AWCs ?		
73	How do you ensure that women and children at risk are referred on time?		
H	Attitude		
MCP card - Introduction			
1	Do you think MCP card has contributed in better outreach & utilisation of ICDS and health services?	Yes	1
		No	2
1a	If yes, then how?	Better understanding of self care	1
		Better ANC	2
		Timely action, incase of at risk cases	3
		Early Risk Identification	4
		Increase uptake of services	5
		Any other, Please specify _____	6
2	If the mother who is registered at AWC, is pregnant for second time so will you _____	Issue another MCP card to her	1
		Ask her to use the previous card	2
3	Do you feel that MCP card has contributed to monitoring the activities of AWW? (Ask only from Supervisors and CDPOs)	Yes	1
		No	2
Existing Interface between ICDS and Health Functionaries			
4	Do you feel health department has any role to play with respect to MCP card functioning?	Yes	97.5
		No	0
		May be	2.5
4a	If yes, how		
5	Do you feel that MCP card has improved the interface between AWW, ANM and ASHA?	Yes	92.5
		No	7.5
5a	If yes, how		
6	What do you feel, it is whose responsibility to maintain MCP card?	Only AWW	1
		Only health functionaries (ANM & ASHA)	2

		Both	3
		Any other, Please specify _____	4
	Training		
7	Do you feel that there is a need for joint training of ICDS and health functionaries on MCP card for effective coordination and implementation?	Yes	1
		No	2
		May be	3
	Growth Monitoring and Promotion		
8	Do you think growth chart should be an integral part of MCP card?	Yes	1
		No	2
		May be	3
9	Do you feel you are adequately trained to do growth monitoring?	Yes	1
		No	2
		Need further training	3
10	What do you feel is your role with respect to MCP card?	only recording of information	1
		counselling the beneficiaries on relevant issues	2
		Both	3
		Any other, Please specify _____	4
I	Observation (AWW/ Supervisor/ CDPO)		
1	Were MCP card available at the AWC?	Yes	1
		No	2
2	Did the ICDS functionary had adequate knowledge about usage of MCP card?	Yes	1
		No	2
3	Who held the MCP card	Mother	1
		AWW	2
		ANM	3
		Card was not available/ lost	4
4	Did the ICDS functionary had adequate knowledge of plotting growth curve ?	Yes	1
		No	2