

Evaluation of Completeness of Mother and Child Protection (MCP) Card in Bishnupur District, Manipur

Dr. Bikash Debbarma¹, Dr. Janani L², Dr. Sanjana Laishram³, Brogen Singh Akoijam⁴, Dr. Pukhrambam Romola⁵

Post Graduate student^{1,2,3}, Professor^{4,5}

Regional Institute of Medical Sciences, Imphal, Manipur

Abstract:

Introduction: It has been observed that MCP card entries are incomplete in many ways. Hence it is very necessary to evaluate the completeness of MCP card in public health institutions.

Methods& material: A cross sectional study was conducted between May to June, 2019 in public health facilities of Bishnupur District, Manipur, India. Sample size calculated was 440 and probability proportionate to size (PPS) sampling was to choose the nos. of MCP card from each health centre. Data were collected in predesigned checklist and analysed using IBM SPSS 21.0. Descriptive statistics were used to summarize the findings.

Results: Total 443 MCP cards were checked (296 for pregnant women & 147 for children) for completeness. Maximum completeness was found in Mother's details like name - 99%, age - 98%, contact no.- 67%, BP - 89%, weight record - 89%, TT dose - 86%, and bank details - 87%. Record of IFA tablet given was found in 49% of MCP cards only. Complete entries also found in Child's details like name - 86%, date of birth - 95%, birth weight - 79% and gender - 81%. Record of Hb%, Urine (albumin & sugar), ABO & Rh typing and HIV status of the mother were found very less. Childhood vaccination record was found in only 117(79.5%) of MCP cards.

Conclusion: None of the MCP card was found with complete information which was suggesting of requirement of intensified training among frontline health workers specially ANMs, Staff Nurse and ASHAs etc.

Keywords:- Mother & Child Protection (MCP) Card, Evaluation, Completeness.

I. INTRODUCTION

Mother and Child Protection (MCP) card is a recording cum counselling card for pregnant and post-partum women, children upto 16 years, developed jointly by Ministry of Women and Child Development, Ministry of Health and Family Welfare with support from UNICEF & NIPPCD.^{1,2,3} It was adopted by NRHM/RCH in March 2010.⁴ Earlier this card was known as Jachcha Bachcha Card, Mamta card, Mother - Infant Immunization card, Dular card etc. New version of MCP card was published in 2018.^{1,2} There are different

sections of MCP card: Family identification, Institutional details, Pregnancy records, Birth records, Essential ante-natal check-up, Post-partum & Post-natal care, Lab. Investigation details, Home Based New-born Care, Information on prevention of diarrhoea, pneumonia, danger signs during pregnancy, Growth monitoring and vaccination details etc.¹

It was developed as a tool for families to learn, understand and follow positive practices for achieving good health & about various types of services for pregnant women, young mothers and children; to make decisions for improved health and nutritional status and development of young children on a continual basis; for ANM/AWW to educate families, recording information on MCH services & appropriate referral; or health and ICDS Supervisors for proper monitoring and supervision regarding MCH services and availing different maternal benefits schemes like JSY, PMMVY, PMSMA etc. and to follow-up or tracking of different services.^{1,4}

According to National Family Health Survey - 4, in Bishnupur District of Manipur, only 52% of registered pregnant women received MCP card.^{5,6} Previous study⁷ shown that even though all women received MCP card during their ante-natal visits, there was unsatisfactory record maintenance in all sections of MCP card. There is no concrete data available regarding completeness of MCP card entries in the state of Manipur so far. Hence, the study was conducted to evaluate the completeness of MCP card entries in public health institutions.

II. MATERIALS& METHODS

Across-sectional study was conducted in health centres of Bishnupur District between May to June, 2019 among care givers of 0 to 5 years old children and pregnant women having MCP cards. Those who are not willing to participate and those private clinic card holders were excluded from the study. A total of 440 sample size was calculated assuming that 50% of MCP card having complete entries with 5% allowable error and 95% confidence interval and after adding 10% non-response rate. There are 10 health centres (1 District Hospital, 2 CHC and 7 PHCs) in Bishnupur District of Manipur. Total sample from each health centres were chosen by probability proportionate to size (PPS) method (figure 1).

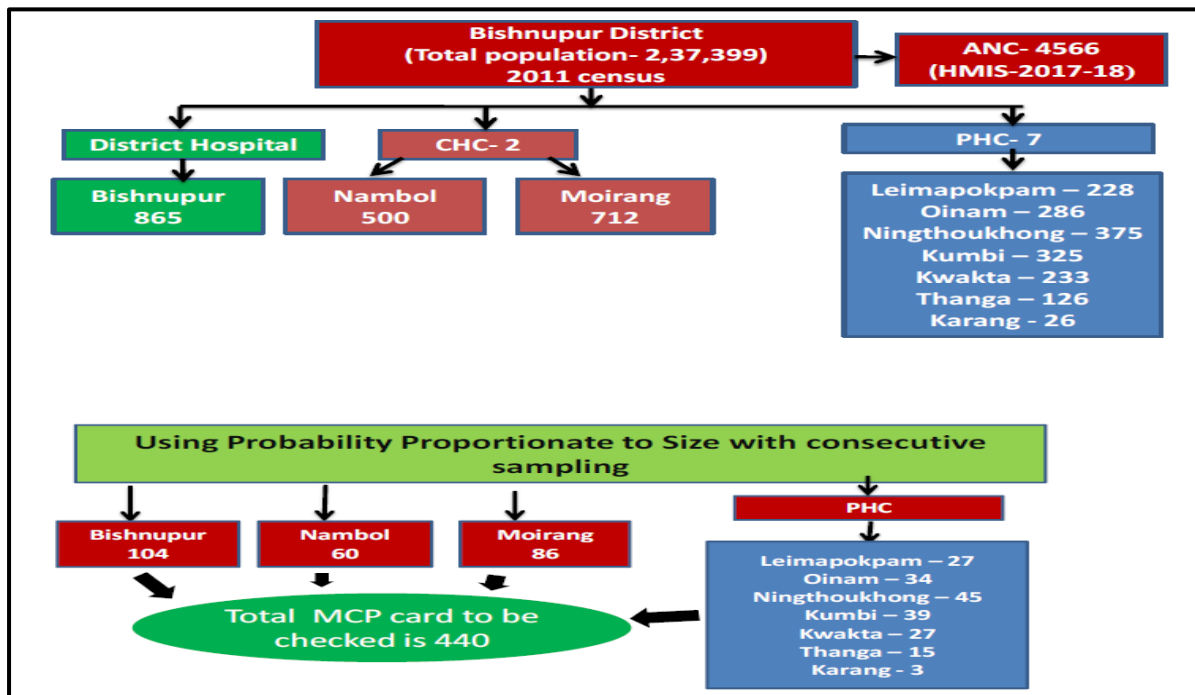


Fig. 1: Flowchart of sampling of study population

Data were collected in predesigned checklist. MCP cards were checked in immunization clinic of the health centres. Data were analyzed using SPSS version 21.0 (IBM Inc. Armonk, New York, USA) and summarized by using descriptive statistics. Ethical approval was taken from the Research Ethics Board, RIMS, Imphal and permission from health authority also taken. Confidentiality was maintained as data were not disclosed to anyone outside the research team.

III. FINDINGS

Total 443 MCP cards were checked from all public health centres of Bishnupur District where 296 cards were for pregnant women and 147 cards were for children upto 5 years. In family identification part of MCP card, complete entries were found for all the indicators (mother’s name -99.8%, age of mother -98.2%, father’s name- 98.4%, address- 99.5%, contact number of mother-67.3%, mother’s education -9.3% & RCH/MCTS no. - 54.4). Only 11 (2.4%) of the MCP cards mentioned about eligible for Pradhan Matri Matru Vandana Yojana (PMMVY). Bank details were found only in 9 cards (2%). Complete entries in institutional identification part of the cards are shown in table 1.

Parameter	Complete Entry	
	Frequency	Percentage
AWW name	58	13.1
Village Name	55	12.4
Ward	101	22.8
Block Name	269	60.7
ANM Name	347	78.3
ASHA Name	136	30.7
Contact No. of hospital	4	0.9
Health Sub-centre name	225	50.8
PHC / Town Name	125	28.2
Hospital (FRU- Nearest)	135	30.5
District Name	145	32.7
Contact no. ASHA	35	7.9
Contact no. of ANM/FHW	31	7.0
AWC reg. no. with date	1	0.2

Table 1: Completeness of institutional identification part of MCP Card (N=443)

Some of the indicators in ANC section were found to have complete record but record related to IFA tablets consumed, past history, systemic examination, ante-natal visits details and abdominal examination were poorly maintained (Table 2). Information related to essential investigation were also poorly recorded (Table 3). In post-natal care part of MCP

card, date of delivery (5.4%), place and type of delivery (4.1%), sex and weight of baby (2.8%) and other parameters were very poorly maintained. In birth record part of MCP card, most of parameters were completely filled like date of birth (94.5%), child's name (85.7%), gender (80.9%) and so for (Table 4).

Parameter	Complete Entry	
	Frequency	Percentage
Urine pregnancy test & date	385	86.9
Register with health centre in 1 st trimester	391	88.3
Antenatal 3 check-up dates	307	69.3
BP records & urine examination dates	396	89.4
Weight records	394	88.9
Dates of TT/Td injection recorded	384	86.7
IFA tablets distribution with dates	218	49.2
Record on obstetric complication in previous pregnancy	1	0.2
Systemic records	0	0
Antenatal visits findings	27	6.1
Abdominal examination	3	0.7

Table 2: Completeness on ante-natal care part of MCP card (N=443)

Parameter	Complete Entry	
	Frequency	Percentage
Haemoglobin	7	1.6
Urine albumin & sugar	4	0.9
Blood group & Rh typing	6	1.4
HBsAg	5	1.1
HIV	1	0.2
VDRL	1	0.2

Table 3: Completeness on essential investigation part in MCP card (N=443)

Parameter	Filled	
	Frequency	Percentage
Child's name / Identification	126	85.7
Date of birth	139	94.5
Birth weight	116	78.9
Gender (male/female)	119	80.9
Birth registration no.	84	57.1
RCH/MCTS ID no.	45	30.6

Table 4: Completeness of birth record part of MCP card (N=147)

Out of 147 MCP card for children, records of birth dose (Polio, BCG, Hepatitis) were mentioned in 133 (91%) of MCP cards. Total of 117 (79.5%) MCP card out of 147, were found with complete records of childhood vaccines. Record on growth chart was found only in 3 (2%) MCP cards.

Summary of completeness of MCP card entries is shown figure 2. Though the background information of the beneficiaries, records on ante natal care and records of vaccines for children has been maintained adequately, information on post-natal care and growth chart were not poorly recorded.

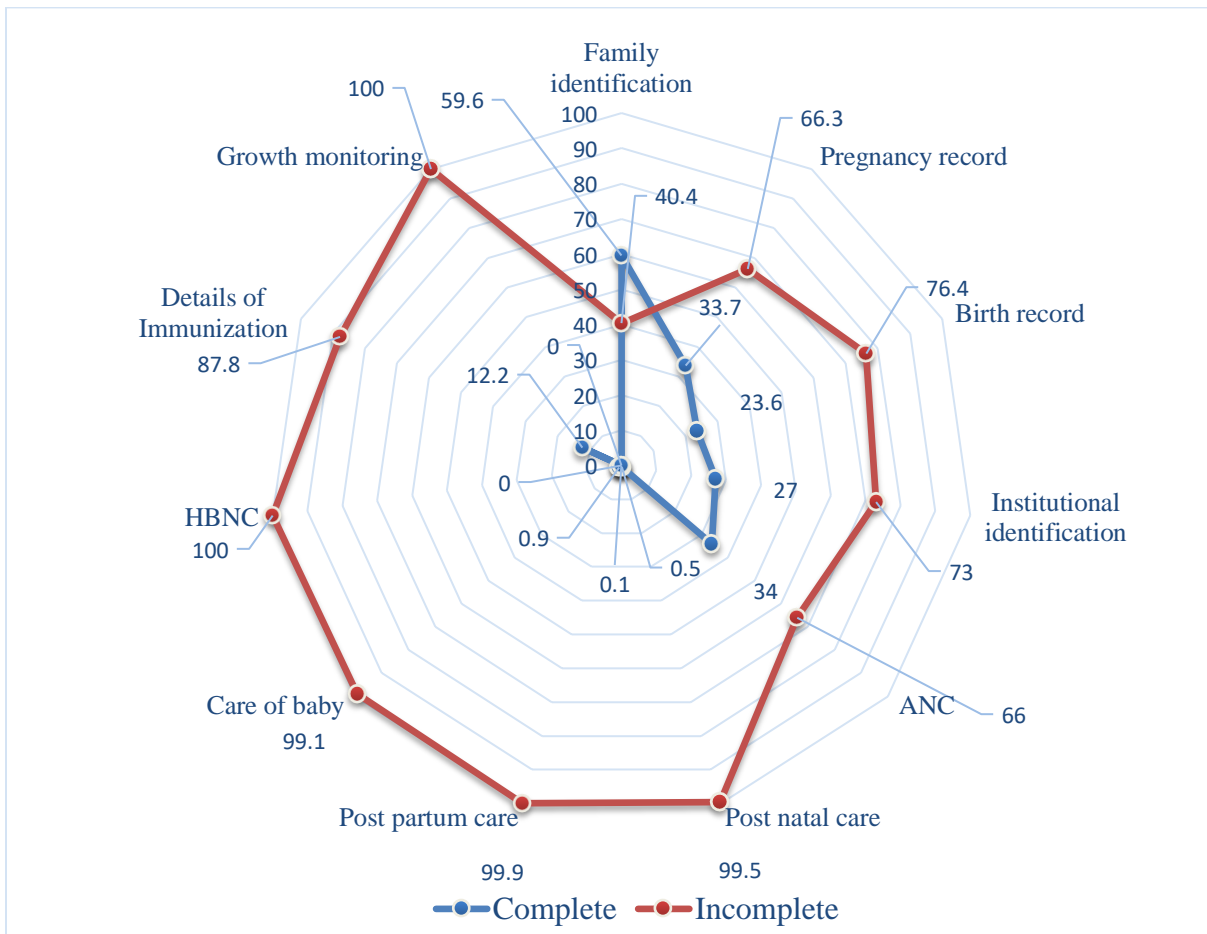


Fig. 2: Summary of completeness of MCP card entries (N=443)

In this study, it has found that none of the MCP card had photo of mother/child, record of calcium & albendazole tablets consumption, USG done or not, blood sugar (with date), TSH (with date), records on HBNC, information on missed dose tracking and signature of the health worker.

IV. DISCUSSION

Proper documentation of health care service is of utmost importance in maintaining a high level of care and proper planning for strengthening the health care delivery. In our study, there is evident of lack of proper record maintenance as it was found that none of the MCP cards had complete records. In different sections of the MCP card namely family identification, institutional identification, post-natal care and essential investigation, majority of the columns were not filled up. Only a very few of the MCP cards were found to have records of due date of vaccination and growth chart. There were variation in the record maintenance in different sections of MCP card which is similar to the findings of the study conducted by Bag et al⁸ in West Bengal. This study reported that all women received their MCP card during the first registration at health centres but NFHS-4 reported that only

52% of the registered pregnant women received MCP card⁵. New version of MCP card were distributed throughout India from 2018 onwards. MCP cards are made available in every Govt. health centres at free of cost.⁴This study also reported that majority of the participants were being informed to carry their MCP card during ante-natal visits or immunization sessions. Many studies have been conducted in the past focusing on knowledge or awareness about MCP card and their uses.^{7,9,10}There is very limited study conducted focusing on complete entries of MCP card which makes the findings very difficult to compare.

This is probably the first study conducted in North-Eastern part of India where the findings will give the opportunity for the program manager to train or orient the health care workers in the field level focusing on importance of record maintenance. The study is lacks information on the reasons for having incomplete entries in the MCP card.

V. CONCLUSION

Even though MCP card gives many information regarding the MCH services like background information of mother and child, ANC, PNC, birth record, immunization, essential investigation for mother, growth chart of the child; none of the MCP cards were found with complete entries. This study shows the improper and careless services provided by health care workers in terms of record maintenance in public health facilities. Proper training to use the MCP card should be arranged for the health care workers like ANM or ASHA. Further research can be initiated to determine the factors for having incomplete or improper entries of MCP card.

• **Conflicts of interest:** Authors declared no conflict of interest.

• **Sources of Funding:** Self

REFERENCES

- [1.] Health Education to Villages (HETV). A guide for use of mother-child protection card for the community and the family. [cited 2019 May 19]. Available from: <https://hetv.org/pdf/protection-card/mcp-english.pdf>.
- [2.] Paul D, Bhatiya N, Kumar A. Evaluation of Usage of Mother and Child Protection Card by ICDS and Health Functionaries, A Report, NIPCCD. [cited 2019 May 19] Available from: <http://nipccd.nic.in/reports/mcpc.pdf>.
- [3.] UNICEF (2012). Rollout of the WHO Child Growth and Development Standards and the Family Retained Mother and Child Protection Card in 13 States of India. New Delhi.42 p.[cited 2019 May 20]. Available from: https://www.unicef.org/about/annual-report/files/India_COAR_2012.pdf.
- [4.] Mother and Child Protection Card under ICDS and NRHM. Secretary's Letter. 2010, March. 2 pages. [cited 2019 May 19]. Available from: www.wcd.nic.in.
- [5.] National Family Health Survey 4. 2015-2016. India fact sheet; International Institute of Population Sciences, Mumbai India. [cited 2019 May 20]. Available from: <http://rchiips.org/NFHS/pdf/NFHS4/India>.
- [6.] District Family Health Survey-4, 2015-2016/GOI /Ministry of Health & family welfare. [cited 2019 June 2]. Available from: <http://www.rchiips.org/nfhs-4>.
- [7.] Bag S, Datta M. Evaluation of mother and child protection card entries in a rural area of West Bengal. Int J Community Med Public Health. 2017 July;4(7):2604-07.
- [8.] Jena D, Sabat S, Tripathy RM, Mahapatra DK. Utilization of MCP card for enrichment of knowledge on antenatal care by mothers attending immunization clinic: A hospital based cross-sectional study. Int J Adv Med. 2017 Oct;4(5):1466-72.
- [9.] Kumar M, Shikha, Kashyap. Assessment of knowledge and skill of sahiyya (ASHA) and anganwadi worker on appropriate usage of mother and child protection card in Ranchi, Jharkhand: a cross sectional study. Int J Community Med Public Health. 2018 Dec;5(12):5316-20.
- [10.] Bariya BR, Patel MG, Mahyavanshi DK, Nayak S. Use of Mamta Card by Pregnant and Lactating Mothers attending Village Health and Nutrition Days in Rural Area of Valsad, Gujarat. Natl J Community Med. 2019;10(6):337-41.