Technical Brief
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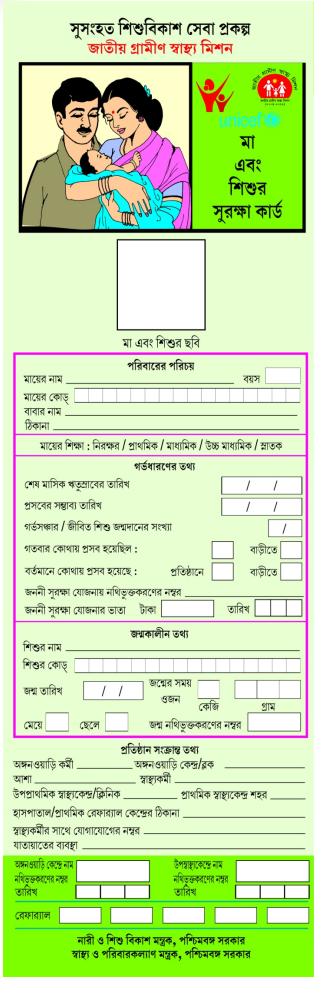
INDIA: Utilization of the Mother and Child Protection Card



Mother and Child Protection Card, 2010, India

Background

The National Institute of Public Cooperation and Child Development of India developed the Mother and Child Protection Card (MCPC), an integrated home-based record, in collaboration with UNICEF and the Indian Ministry of Women and Child Development (MWCD). Implementation of the MCPC started in April 2010. The MWCD endorsed the MCPCs aimed at better assurance of the continuum of maternal and child health care. Through using the MCPC, both mothers and health workers are effectively encouraged to monitor maternal and child health and take necessary actions. The MCPC serves as the common platform on which personal health data are shared between mothers and health workers. As of 2012, the use of the MCPC was limited only to recording health and treatment data at the time of service utilizations. Yet, it was later found that the functions of the MCPC could be expanded beyond data recording. Appropriately maintained data in the MCPC can serve as the reliable source of health-related data for monitoring and evaluation of the health system performance in maternal and child health services.

Data collection from mothers

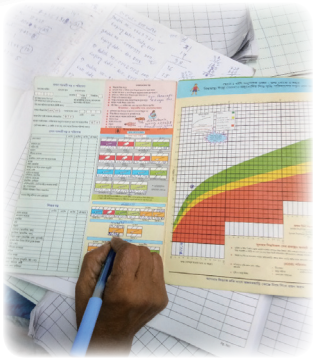
In Banspool, a rural village in West Bengal State, all the 86 mothers of children under 36 months of age were registered. Of them, 12 were unable to contact. Therefore, a total of 74 mothers participated in structured interviews by using a questionnaire, during the period from September to November 2016.

Socio-economic profiles of mothers

Of 74 mothers, 39 (52.7%) were categorized into the age group of 20-25 years of age, while 26 (35.1%) were 26 years of age or older and nine (12.2%) were teenagers. Mean age of the mothers was 23.5 years of age with standard deviation of 4.08. Twenty (27.1%) and 14 mothers (18.9%) were illiterate and just literate without school education respectively, while 40 (54.1%) completed either primary, secondary, or higher education. A majority of them (43 mothers: 58.1%) had only one child, followed by those having two children (25 mothers: 33.8%) and three children (six mothers: 8.1%). A majority of their youngest children were infants (47 children: 65.5%), followed by those 12-23 months of age (18 children: 24.3%) and those 24-35 months of age.

Data entry completeness in the MCPC

Of 74 mothers, 68 (91.9%) had the MCPC at the time of the interview. Data recording status of the MCPCs held by 68 mothers were observed (Table 1). It was found that the data were adequately recorded in almost all the data entry columns for: (i) family identification; (ii) previous pregnancies and deliveries; and (iii) health facilities. I.e. for a total of eight entry columns, median = 8, range 6-8. The data on pregnancy registration (for a total of 19 entry columns, median = 17), antenatal care (for a total of 33 entry columns, median = 33) and various tests during pregnancies (for a total of 16 entry columns, median = 13) were adequately recorded, too. Yet, the data on postnatal care were inadequately recorded in the MCPCs, i.e. by showing median = 0 and range 0-2 for a total of 38 entry columns. Though dates of vaccination services utilized were recorded in all the 68 MCPCs, those of the upcoming vaccination appointments were recorded in none of them (0%). Moreover, the data on iron and folic acid tablets intakes and child growth were recorded neither by community health workers nor by mothers, in any of the MCPCs. In addition, anthropometric measurement data were plotted in child growth monitoring chart of none of the MCPCs.



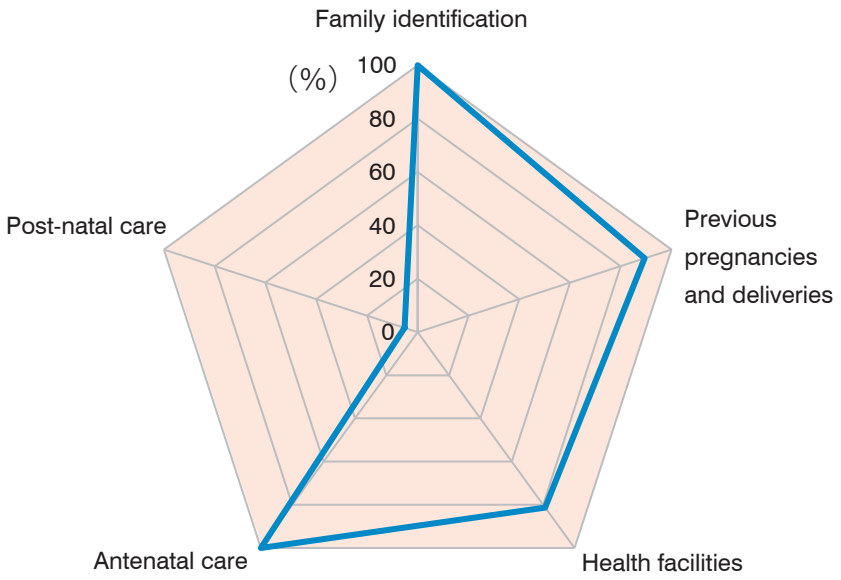
A health worker transcribes child health data into an MCPC

Sporadic data recording

Accurate recording of the results of health care service utilizations is conducive not only to improving and sustaining effective health service delivery systems but also to developing evidenced-based health policy and planning. Moreover, the MCPC is definitely one of those critical health records that can be used by both health workers and mothers. However, our study found that data recording in the MCPCs was inadequate and sporadic. While the data on antenatal care were adequately recorded, those on post-natal care were poorly recorded.

▼ **Table 1. Number of completed recording columns in MCPC**

Category of data/ information	Total number of entry columns	Range of number of entry columns where data were recorded	Median number of entry columns where data were recorded
Family identification	8	6-8	8
Previous pregnancies and deliveries	19	16-19	17
Health facilities	16	10-13	13
Antenatal care	33	30-33	33
Post-natal care	38	0-2	0
Total	**114**	**56-70**	**68**



▲ **Figure 1. Proportions of completed recording columns in the MCPC**

This study identified that the MCPC was more adequately used during pregnancy than postnatal stage phase. This finding is in line with the results of earlier studies. For instance, National Family Health Survey IV reported that 98.1% of pregnant women were registered and received MCPCs in rural West Bengal, similarly to the finding of our study. On the other hand, there are several discrepancies between our study and others. For instance, the 4th District Level Household and Facility Survey reported that 60.6% of mothers living in rural West Bengal received postnatal care from health workers, while our study found that very few mothers had their postnatal data recorded in the MCPCs. Discrepancies exist also between recording items. Appropriate training on the use of the MCPC for health workers should be organized and conducted. Health education sessions should be provided mothers with, by using the MCPC as teaching and learning materials.

Conclusion

This study found that level of data recording in the MCPCs are not consistent but rather sporadic. While some types of data (e.g. antenatal care) were adequately recorded, others were not (e.g. postnatal care). More training and health education opportunities should be provided to health workers and mothers, respectively.

Subhadip Bag
Medical College and Hospital, Kolkata

Further readings

1. Bag S et al. Evaluation of mother and child protection card entries in a rural area of West Bengal. *Int J Community Med Public Health*. 2017 Jul; 4(7): 2604-2607.

2. National Family Health Survey IV, 2015-16: State Factsheet-Rural West Bengal.

3. District Level Household and Facility Survey 4, 2012-13: State Factsheet -Rural West Bengal.

5-25, Niban-cho, Chiyoda-ku, Tokyo, Japan; Email: hmge2@jica.go.jp