

Preventive MCH Practical (MMEL-101)

Block 2

PROJECT GUIDE



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BLOCK INTRODUCTION

Project work is an important tool for research experience. During your MBBS days, you have carried out some project activity either in the field or in a hospital setup. In the previous block, you have been provided the practical tips of collecting the information in field that you are expected to do with the help of log-book. You have also gathered a lot of knowledge from MME-101 that deals with the theoretical component of preventive MCH care. In this block some tips are being provided so that based on your past experience, you could carry out some project work of your interest.

In this block, there are two Units. The first Unit gives a brief outline of approach to project work while Unit 2 discusses about eight varieties of project works that have been identified in relation to the theoretical input provided to you in this programme package. You are expected to identify any one of the projects and carry out the project work at a place suitable to you to collect the data.

The purpose of this project work is to enable you to apply the concepts and techniques learnt by you in MME-101 and MMEL-101 into practice so that you are able to study the health problems of your area and take measures not only to prevent/control the diseases but also facilitate community interventions so as to improve the health care delivery system of your area.

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1. APPROACH TO PROJECT WORK: AN INTRODUCTION

“Project study is the method of study of all the variables involved in a given project by the application of various scientific principles, statistical and management techniques with the aim of arriving at a set of feasible and practical solutions, one of which provides the most optimum option to increase the effectiveness and efficiency of the ultimate aim involved for which the project study has been ordered.” In simple terms project study is the scientific examination of a problem and/or concerned issues so that the decision makers could arrive at conclusions with a sharper focus over a broad perspective.

This block presents eight research designs/methods from which you can choose one to conduct as a part of the project. There are other designs as well and you are welcome to use them. In this block only simple description of the projects are provided. You may have to read more and take guidance of the counsellors to do them properly.

Choosing the right project is the most difficult part of the exercise. This has to be carefully done and after lot of deliberations with your counsellor. Choose simple practical questions which are relevant to your work. You have to learn how to do research in a scientific way. Even if circumstances prevent you from doing it in the ideal way (it happens almost always with everybody), you should at least know how it should have been done and the reasons why it was not done that way. This is important in interpreting your results as well.

Objectives of the Project Work

The main objective of this exercise is for you to gain some first hand experience in research methodology. Therefore, the focus should be on how to do it the right way i.e. epidemiologically thinking. Bad research is always the easier thing to do. Learning how not to do research is also a good achievement. During this exercise you might also learn some additional skills like communication skills, statistical application skills etc.

Basic Steps of Research

There are three basic steps in doing research. First, ask the right research question. Second, choose the appropriate methodology and finally interpret your findings wisely. Easier said than done! Let us look at all the three steps one by one.

Ask the Right Question

It is for you to decide what should be your project question. This depends on the broad area that you are interested in. This should be in keeping with your present or future job responsibilities. Once you have decided the broad area, then chose a more specific research question, a good review of literature can help you in doing so. Even though, it is not expected that your project work will produce original research, it is a good idea for it to be so and you will feel more keen to do the project. A good review of literature helps you by identifying gaps in the knowledge that your research can try to fill. Or in the least it tells what others have done and you could do a similar study in your area. Incidentally, a good review of literature is an end in itself and is accepted as a study design (Meta-Analysis). Currently available electronic databases have made this task of searching publications much easier. However, remember to use the right search strategy. The question should be as specific as possible.

Choose Appropriate Methodology

Your study question determines the methodology to be followed for the study. This itself has many smaller steps. First is the study design that is most appropriate to answer your question. The process of data collection in terms of representativeness, operational definitions etc. is an important and vital component that requires great attention to detail. Finally is the data analysis using the appropriate statistical tools.

Wise Interpretation

Interpretation is a subjective process. We all interpret data based on our real life experience. Often, more than one right interpretation of the data is possible, and we have to choose depending upon the circumstances. Sometimes, we interpret the data to suit our prior conclusions (prejudices!).

Planning and Conducting the Project Work

Once you have your project proposal ready, the next step is to prepare a detailed plan of what you proposed to do. The steps could be summarized as follows:

- Contact Community members/leaders for field level activities or head of the institutions for institution based projects.
- Collect data related to the background of the target group selected.
- Select and finalize the tools and techniques (methodology of data collection) relevant to your topic and target group.
- Pretest the tools to be followed.
- Tabulate the data collected and record your observations.
- Analyse the data collected.
- Draw conclusions/references.
- Write the project report.

You can follow different statistical methods to analyse your data. Some of the tips are mentioned in Block 3 of MME-101. You can also take help of your counsellor for analysis and interpretation of the data.

After analysis you should interpret the data cautiously. As your project will have a small sample size, you should not try to extrapolate your findings without taking the different variables into consideration. However, you should discuss your each observation so that you should be conversant in drawing proper conclusions.

Based on your interpretation, you should make some recommendations to improve the health situation. Your recommendations should be logical, feasible and innovative.

Writing a Project Report

Report is usually written in the IMRAD format–Introduction, Methods, Results and Discussion.

Introduction

It should talk about the reasons for the study. Thus it includes a brief review of literature to identify the gaps in knowledge and the need for the study. It should also describe the background of the research topic. It should end in the listing of objectives.

Methods

Herein, you should describe in detail the steps taken during the research. As it is you who have done the study, you are the best person to describe it. Assume that the reader does not know anything and describe everything. There is no harm in describing more. Generally it should talk about study design, duration, subject selection, sampling procedure, sample size, instruments used in the study, operational definitions and method of data analysis.

Results

Try to present the results of analysis in simple tables. No need to compromise on number of tables. Remember tables are a must, figurative depiction is optional and should be restricted to important messages only and for simplification of complicated tables. After describing the tables, try to interpret the findings. As said before, interpretation is a subjective process and is determined by ones' experience.

Discussion

In this, you should try to explain your findings based on your understanding of the situation. Secondly, compare your results with what others have found. If the findings differ, try to find out the reasons for the same.

The discussion should end with recommendations that come out of the current study only.

2. BURDEN OF DISEASE ASSESSMENT

Objectives

At the end of this project, you should be able to:

- know how to assess the magnitude of a health problem; and
- develop an understanding of the issues involved in community based control of diseases.

Introduction

This section talks of assessing the burden of disease in a community. As this is a part of the PGDMCH course, you have to choose a disease related to maternal or child health as they would be your subjects. However, males in the community or elders in the community have a strong (perhaps stronger) influence on the health of females and children. Therefore, they could be rightfully your respondents as well. One could be talking of a disease or syndrome or health status or multiple diseases. For example, RTIs/STDs can be talked of syndromes or as of multiple diseases. One could also talk of water borne diseases or immunization status. We also now talk of community needs assessment (CNA) in RCH programme. Excellent guidelines are available for the same. Therefore, decide your area of interest accordingly.

You could be interested in a disease say incidence of diarrhoea in under-five children. You can conveniently add on to it, assessment of the knowledge about cause of diarrhoea and their treatment practices. This would add value to your study as this provides useful information for control of the disease as well. However, it is always advisable to keep your interview schedule short and time period of recall very short say week or fortnight or a month at the maximum for diarrhoeal diseases incidence or ARI incidence.

Methods

This is a descriptive study, thus only such a study design is needed. Data can be collected either by interview (primary data) or by available records (secondary data). Analysis of records is dependent on the quality of record keeping by others. Therefore, unless you are sure that the records have been kept reasonably well, do not venture into such a study.

- For primary data collection, you have to prepare an interview schedule.
- Use operational definitions for health status/disease under study that are valid and standard (Standard case definition).
- Decide the age group or study subjects of your interest.
- Decide the sample size. Rapid survey methods/techniques be adopted on school children or on group of women.
- Design and pre-test an interview schedule.
- Administer it to representatively selected sample of reasonable size.
- Compile and analyze the data keeping in mind your research objectives.

Communities and diseases are not present in vacuum. Look at the related issues like for diarrhoea — source of water, its storage and handling practices etc. These will help you in planning your intervention better. Your advice has to be tailor made to suit the local conditions.

Conclusion

Prepare an action plan for:

- Dissemination of the findings back to the community
- A common approach for solving the problem using the available community resources.

3. EVALUATION OF AN ORGANIZATION DELIVERING MCH SERVICES

Objectives

At the end of this project, you should be able to:

- describe the organisation, objectives and functioning of the selected institution; and also the roles and responsibilities of personnel; and
- choose appropriate indicators for evaluation of health care services, collect information related to them and analyse them.

Introduction

In this project proposal, you will select a health institution delivering the MCH services and study the organisation and functioning of the institution. You will also learn the hierarchy system in the organisation—who is responsible to whom.

You have already read in the organisation and functions of selected institutions at various levels and have understood the programme activities persuaded at various levels. This hand on exercise offers you yet another opportunity for better understanding of the available infrastructure, their roles and responsibilities in MCH programmes.

Selection of Institution

You can choose an institution providing Maternal and Child Health Services to a defined geographical area. It could be in urban setting such as Urban Family Welfare and MCH Centre, Municipal MCH Clinic or MCH Clinic run by an NGO. Similarly, in rural settings, this institution could be a sub-centre or primary health centre.

You have to meet the concerned authority before you contemplate to study the functioning of such an institution.

Methods

As a first step, try to understand the working of the organization that you are planning to study. To understand the organisation and functioning of selected MCH activities and to fulfil the objectives of this unit of project proposal, you should perform the following activities:

- Draw a flow chart of organisation for MCH services
- Ascertain from the workers if they have defined job functions, do they have defined job responsibility with them in the form of manual or guide book.

Evaluation can only be in the context of the organization's objectives. Often the objectives are not spelt out and are implicit, especially in a government setting. You can meet the leader of the organization to ascertain the objectives of the organization and its functions.

Evaluation of Services

The evaluation of care could be in terms of quantity or quality of care. You may decide to study one aspect or both these aspects.

Quantitative Evaluation

It focuses on numbers i.e., it measures output. This could be like number of immunizations given, deliveries conducted etc. If the organization has a fixed population to cover PHC/SC etc. these outputs can be related to the denominators from this population. The outputs can also be related to the inputs.

This could help us identify inefficiencies in the system. Often organizations do not attain high levels of efficiency. Based on your understanding of the organization's working, you can suggest remedial measures. The source for the data for quantitative information can be from records/registers. Have a good look at them and assess their usefulness. You can also collect some primary level data at the point of service delivery to add on to your study.

Qualitative Aspect

This aspect of care focuses on how well the care is being provided. Thus it goes beyond numbers. This is increasingly becoming important even in public sector. If quality of care is good, the customer/client is satisfied and more clients automatically follow. Measuring quality is, however, more difficult. This is especially true for technical issues like medical consultation. However, guidelines exist. Increasing realization of quality aspects have led to formation of guidelines for accepted care in a given condition. For example, in a medical consultation relating to child with diarrhoea, one can see whether the consultation resulted in:

- advice regarding ORS
- appropriate use of antibiotics
- advice regarding feeding
- advice regarding danger signs of severe dehydration. etc.

Correct medical care is only a component of quality of care. Handling of the patient/relatives by nursing staff, doctor etc. are also important. Thus, behavioural aspects of care giving assume importance. Amount of time spent with the patient by the doctor is also an important factor.

Data for assessing quality of care can come from in-depth interviews with the clients, direct observation at the health facility, or by simulation exercises (mock patients).

Quantity and quality of care can become rivals. If one goes for number, it might lead to compromise in quality of care and vice versa. Numbers in a government setting are generally pre-decided (in terms of norms or targets etc.).

Conclusion

Use your newly developed understanding of the organization and the issues to strike the best compromise of quality and quantity of health care.

4. PLANNING AND IMPLEMENTATION OF VARIOUS MCH PROGRAMMES AND SCHEMES

Objectives

At the end of this project, you should be able to plan and execute the delivery of an MCH service say—immunization, ligation camps, antenatal service camp or a much broader MCH/RCH camp.

Introduction

As you already know, maternal and child health services constitute an essential function of primary health care. Several programmes for mothers and children got underway, to reduce the morbidity and mortality in this group. List of the programmes is quite long but a few of these are worth mentioning like programme of anaemia and vitamin A prophylaxis, training of birth attendants, Medical Termination of Pregnancy Act, All India Hospital Post Partum Programme, Integrated Child Development Services etc. You have already read all these programmes in theory Block 2 of Course MME-101. Now let us see whether you can actually implement the programme in the field.

What Activities to Choose

Depending on where you work, and what sort of background you have, you can choose to implement any part of the MCH package. Commonest could be conducting an immunization camp in a slum or a community. If your hospital is thinking of starting a new service/facility you can also plan for its implementation. You should take up that service with which you are not routinely associated with.

Methods

We take an example of immunization. The same principles apply to other services as well.

- First decide the community setting where you would be working.
- Visit the community for assessment of immunization needs.
- Talk to the community and its leaders and fix a mutually convenient day and time.
- Assess the requirement of all items like vaccines, syringes, needles, spirit swabs, cold chain equipment. Use the current guidelines based on estimated number of beneficiaries.
- Arrange for these items. Do not forget the manpower requirements.
- Carry out the outreach session as planned.
- Review the performance of the session of attendance, wastage etc.

Conclusion

By the end, you would have developed some understanding of the difficulties in the field which hamper the performance of these MCH activities. Try to list the things which you would now do in future so as to improve the planning and execution of such session. Ascertain in an Anganwadi area or part of SC population or urban slum the number of births registered and tally of unimmunized children and children who are due for second and third dose of DPT, Polio, TT.

5. MANAGEMENT OF RESOURCES: MANPOWER, MATERIALS AND SUPPLIES AND FINANCE IN MCH PROGRAMME

Objectives

At the end of this project, you should be able to:

- explain the inventory methods and control of materials and supplies of the selected institution; and
- evaluate the functioning of a store's inventory management system.

Introduction

As a health manager, you have to deal with large resources of men, money and materials. One has to make the best use of available resources so as to improve the efficiency of the system. You have read the management of resources at various levels in theory (MME-101, Block 6). In this practical section, you will gain more confidence on the subject through hands on exercises. The resources could be manpower, materials and supplies or money.

Methods

You have to meet the in-charge of the institution and request him/her to provide relevant information, the respective records and registers of services, stock books, cash books and other necessary documents.

Manpower

Prepare the list of all the persons working in the institution category-wise, study their essential qualifications, training undergone. Compare it with the available guidelines and the workload of the institution.

Drugs and Supplies

From the OPD register records, indoor records and Malaria records, study the disease pattern or make use of annual morbidity/sickness report of the centre. List the morbidities in order of priorities. Based on the disease pattern of the area, prepare monthly indent of medicine based on this information. Match this indent with the actual indent of medicine.

Study the perpetual inventories made by the Pharmacist in term of daily expenditure of medicines for one-month period. Draw a curve of the fast moving items spent in largest quantity, medium quantity; and low quantities. You can categorise these items in terms of their criticality—such as vital, essential and desirable for rendering maternal and child health, services/health services (VED analysis).

Conclusion

Look at the performance of the organization in terms of various national programmes related to MCH. See if manpower or supplies are the rate limiting steps in the delivery. Is it because of poor supply itself or is it because of poor management of resources. With the right thinking, one can always plan to optimise the use of resources.

6. EVALUATION OF MANAGEMENT INFORMATION SYSTEM IN MCH PROGRAMME

Objectives

At the end of this project, you should be able to:

- develop the capability to evaluate the health management information system; and
- suggest measures for better use of MIS in planning and implementation of maternal and child health programme.

Introduction

A system is a set of elements which function together to accomplish an objective or purpose. The elements of a system are those components which function and belong together and work in a synchronised manner to achieve a common goal. The management information system consists of the following elements:

- Data collection
- Data transmission
- Data Collation
- Interpretation
- Feedback for decision making

In theory block on MIS (MME-101, Block 6, Unit 26), you have read the Health Management Information System. Basic data for the programme monitoring and evaluation must be gathered and fed back to the system. To do this, all reporting units have been identified and responsibility level is fixed, various reports and time periods have been indicated and performance standards are set. Records and registers maintained at each level of responsibility enable the staff to assess their own performances, identify services that need improvement and report on their progress.

Methods

Evaluation should be separately done for each step.

Data collection is the vital element of the management information system. You have already learnt in theory Block 2 of Course MME-101 that sub-centre is focal point from which the integrated maternal and child health services are provided. Various registers have been provided at the level of sub-centre to ensure uniform record keeping throughout the country. You have also learnt about the monthly report format prescribed for sub-centre.

Go through the monthly report of sub-centres under a PHC or an FRU for the last one year. You may choose a sample of sub-centre using any representative sampling method. Evaluate the entries in terms of correctness and completeness. For example, did it include all the births occurring in the period of reporting? Was a woman who was reported as using a contraceptive was actually using it? Such information can either be collected in the field or from available registers. For example birth register would give you the number of births in a period and Family planning registers give you the details of the contraceptive users. Remember, there is always a delay in-built into the system. The observed delay should not be over and above that delay. Find out the reasons for the delay.

Example

Evaluate the correctness and completeness and coverage of eligible couple survey records/registers for the last year or evaluate the correctness and completeness of antenatal registers/records and reports for the past one year in the sub-centre area.

How is the data transmitted to the PHC? How is it handled at the PHC? Who compiles it, who analyses it at the PHC? Are these compared with norms/targets/guidelines under the programme? Are these discussed in the monthly meeting? Are any corrective measures taken for solving the problem?

Similarly, what happens at CHC level to the data. Is it sent anywhere, in what format. Trace the data till its end and see what happens to the data. How is it used at various levels?

Conclusion

Based on this, you can identify the gaps in the MIS and improve it. Relate the knowledge and skills available at various levels of the concerned personnel with their job responsibilities.

7. COVERAGE OF MCH SERVICES

Objective

At the end of this project, you will be able to evaluate the coverage of any services under MCH services.

Introduction

You must have read before the Goals for Health for All which fall under the MCH programmes. For example: coverage with immunization or coverage with antenatal services etc. How would you collect data to assess whether we have achieved this in the community that you are working in?

Methodology

First be clear about the community that you are interested in. Identify the MCH services that you want to estimate the coverage. This could be one service like immunization or a basket of services. Depending upon the service of interest, you have to attend the beneficiaries. For example, if you want to estimate the primary immunization coverage, the age group suggested is 12- 23 months. You can, if the community is smaller, cover all the eligibles or use a representative sampling method. Expanded Programme on Immunization (EPI) has a special methodology for estimating immunization surveys called as EPI Cluster sampling method. You can use it after reading about it. Primary sampling unit could be a census ward or an Anganwadi or a village.

Depict the total population of each primary sampling unit in a block or PHC or municipal urban health centre and work out cumulative population.

- Arrive at sampling interval and determine random number or equal digits.
- Locate various clusters from 1-30 in each primary sampling unit.
- Carry out survey for coverage of 7 children from each cluster. Ascertain immunization status of each child on specified schedule.

Once the respondent is identified, ask the related question. You will have to understand how to ask these questions. If records are available, as for immunization, then use them. If not, you have historically arrived at the fact whether the immunization was given. This might require some experience. After collecting the information from all eligibles analyse it.

There is another method, used now called as Lot Quality Assurance Sampling (LQAS). This has come from industrial quality assurance techniques. Its main purpose is however, not to estimate coverage but to identify areas with coverage below the set threshold. This uses lots instead of cluster and if the number of children not vaccinated are more than a certain number in a lot of defined size, then that area is rejected as of low coverage. These numbers are dependent upon the threshold coverage and population of the community.

Conclusion

You would have by now known the actual coverage of the services. Compare it with the reported coverage and the targets. For example, look at the reported coverage by Ministry of Health and what was found in the National Family health Surveys (NFHS). Try to understand why these differences occur.

8. QUALITATIVE RESEARCH METHODOLOGIES

Objective

At the end of this project, you will be able to discuss the qualitative research methodology in terms of when to use them and how to use them.

Introduction

All that you have read till now, have focused on quantitative evaluation. These are good to measure outcomes. But these, are not sufficient to understand the processes, attitudes etc. For these, you may have to depend on qualitative methods. There are various methods in this type of research. Common ones include: Focus group discussion (FGD), In-depth interviews, case studies, direct participation etc. These have mainly come from sociological research disciplines. Some of the possible research areas include, how is food distributed within a family (to understand nutritional status of women and children), or why are some women not using contraceptive methods etc.

Methods

First of all read a bit more about qualitative research methodologies so that you can ask the right question. Focus Group techniques would require some prior experience with such techniques. FGDs are also done as an exploratory research method when very little is known about the problem and, therefore, a detailed interview schedule can not be made. After identifying the right question, try to list the possible domains under it. For example, your question could be why is the Vitamin A coverage poor. The possible domains could be: availability of Vitamin A, accessibility of services, acceptability of the product, felt need etc.

Collect about ten potential beneficiaries and have an FGD with them. The discussion has to be a free flowing exchange of ideas. You may need to tape it for detailed review later. Then go through the discussion and try to see which domains are important. You will develop an idea as to which are the important domains.

You can also perform in-depth interviews with different stakeholders like health workers, beneficiaries etc. You can do both of them and see whether the same picture emerges. Alternatively, after you have developed an understanding of the issues through FGDs, develop a detailed in-depth interview schedule addressing the issues raised in the FGDs.

Case Study

Case study is in-depth exploration of a social visit say a malnourished child, characteristics of that child, mother and family, trace the claim of events of occurrence of malnutrition in that child from birth onwards or even before birth the nutritional and dietary status of mother. Thereafter you ascertain the breast-feeding or top-feeding practices, initiation of weaning food—quantity and quality aspects both, hygienic conditions of food prepared, washing of hands before eating, episodes of diarrhoeal and other diseases if any, weight gain pattern of the child from growth chart in the Anganwadi (if avoidable) and you narrate the connecting story of the child male or female with birth order to child case and story of malnutrition. This way, you get to know multitudes of factors which initiated and perpetuated the malnutrition in that child. Then you ascertain the management part of malnutrition. How was it managed, whether the child referred to normal weight or deteriorated further or died.

Similarly, you can pick up a case of diarrhoea or anaemia and explore it in depth, discuss with your guide or preceptor.

Conclusion

This study would enable you to delve into the minds of the people so as to understand and explain the behaviour of people. This is what makes it an interesting endeavour. FGD's are done to know the top of the mind of beneficiaries what they perceive about the problem — solution — services and satisfaction from services and their suggestions to improve the delivery of services.

9. ECONOMIC ANALYSIS RELATED TO MCH CARE

Objective

At the end of this project, you will be able to analyse the economic issues in MCH and how such an information can help us use the resources efficiently.

Introduction

While the provision of all services require resources, it is often seen in public sector that these resources are not explicitly valued. For example, one generally does not know the cost of immunizing one child, or cost of provision of Cu-T to a user. This is because, from the user's point of view, it is free of cost (is it really so!); for the provider of care the cost does not matter and government does not bother about such small things. However, if we have to think of using our resources efficiently, we have to start thinking about economics.

Health economics is not about money only but it is about how scarce resource can be best utilised. Money is however, the most common language of economics as everyone understands it.

Methods

Frame the question you want to answer. It could be as given above. Or it could be comparison of costs between two centres (so as to understand why it is higher/lower at one place). The estimation of costs has three steps: Identification, Measurement and Valuation. Identification of means to list all the costs involved in the process under study. For example, if it is the cost of immunization, then it would include: manpower (salary/training), cold chain, vaccines, transportation, syringes/needles, drugs etc. Measurement is an estimation of the amount of resources consumed. For example, time taken for immunization, number of doses of the vaccine used etc. As the worker might be involved in multiple work, the cost is allocated based on the time spent on the given activity. Valuation is the final step and indicates giving a monetary value to the process or the workers time, we use the salary the worker gets (inclusive of all emoluments) based on his usual working time. For example, a worker earning a total emolument of Rs. 10,000 per month (25 working days of 8 hours each—200 hours) comes to Rs. 50 per hour. So if an immunization takes six minutes to give, then the worker cost is Rs. 5. The cost of vaccine would be its market cost etc. Adding all the identified costs and dividing by the number of units of output would give us the unit cost of the service.

There are costs to users as well. For example, the time taken for immunization (it could have been used for some other purpose), transport etc. You must have seen that often we ourselves prefer to go to a place where there is not much waiting time (private sector?) even if the cost is higher.

Cost should be calculated in terms of mothers' time lost, cost of medicines, fluids, money spent on transport, special food etc. Similarly, cost of treatment of an episode of diarrhoea can be worked out.

Conclusion

Often the exercise of identifying, measuring and valuing a service results in a good understanding of the service and you can identify areas that can be modified to improve the efficiency of the system. It might also be a good idea to compare the costs with charges for it in public sector or private sector. Think why are such differences occurring.

Dear learner,

While going through this block, you might have found certain portions of the text to be difficult to comprehend and some scope to improve them. We wish to know your difficulties and suggestions in order to improve the quality of the course. We, therefore, request you to fill up and send us the following questionnaire, which pertains to this block. If you find the space provided insufficient, kindly use a separate sheet.

Please mail the filled in questionnaire to: **Programme Coordinator, PGDMCH Programme, School of Health Sciences, IGNOU, Maidan Garhi, New Delhi-110 068.**

Questionnaire for the Project Guide

Enrolment No.

1. How many hours did you need to study this Guide?
2. Please grade the unit on the following items by putting a tick (3) mark:

Item	Grade				
	Excellent	Very Good	Good	Satisfactory	Poor
Presentation Quality					
Language and Style					
Illustrations (Diagram, Tables etc.)					
Conceptual Clarity					
Check Your Progress Questions					
Answers to Check Your Progress					

3. Do you find all the projects relevant for this course?
If not, please list the projects.

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4. List the projects relevant to Maternity and Child Health that you feel should have been incorporated in this block.

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5. Any other suggestions:

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