

MCH Coverage in Maharashtra: Districtwise Analysis*

Madhuree A Talwalkar**

The article presents a very disaggregated picture of Maternal and Child Health Care System developed in Maharashtra. For children percentage of immunisation has been given for specific diseases as well as for full immunization. For mothers cancel correction, number of antenatal check ups, consumption of iron tablets, spacing of children, child feeding practices etc., have been discussed with sufficient data. Maternal health coverage happens to be poorer in the districts from Marathwada and Vidharbha.

Introduction

Maternal and child Health (MCH) care has been a vital component of the rural health care delivery services. In 1992, it has been renamed as Child Survival and Safe Motherhood (CSSM) Programme and more recently its scope has been widened under the title of Reproductive and Child Health (RCH) Programme.

These services are provided in the rural areas of Maharashtra through the Zilla Parishad (District-level Body) infrastructure, District Health Officer being the nodal officer. Maharashtra is recognised as one of the progressive states in terms of MCH services coverage. For example it ranks first (with 85.6 per cent coverage of fully immunised children) among the 32 units (States & Union Territories) surveyed for evaluation of routine immunisation of children (GOI, 1998-99). Similarly according to National Family Health Survey (NFHS-2) findings too, it secures a place within the first five states, in most of the MCH coverage indicators (IIPS *et al.*, 1998-99). There are, however, wide districtwise variations in coverage of certain services. Knowledge of these disparities is important for fine-tuning the future course of actions.

This paper intends to present status of MCH coverage in the state, with special focus on the districtwise differentials, and thereby highlight the interventions needed in specific areas.

Data

Following the 1990 World Summit for Children, Action Plans at the national and state levels for improving child welfare were prepared. Maharashtra state developed State Programme of Action for Children (SPAC) after identifying specific goals. A statewide Multi-Indicator Survey (MICS) was carried out to assess the progress towards these SPAC goals (Salunke *et al.*, 1997). For this, the 30 cluster survey design developed by WHO & UNICEF was used. Thus, in each of the 29 districts (excluding municipal corporation area) 30 clusters were selected. For each cluster, data were collected for atleast 10 children in the age group of 12 to 23 months and at least 10 mothers delivered in the 12 months prior to the survey. The specific objectives of the survey included: (A) To estimate coverage levels of child immunisation services and to study breast feeding and other infant feeding practices; (B) To assess the extent of utilisation of maternal health services like antenatal care, delivery services, family planning etc.

* Paper prepared for Prof. D. R. Gadgil Birth Centenary Year National Seminar on "Rural Economy of India: Status, Prospectus and Policies", April 8-9, 2001.

** State Demographer, Government of Maharashtra.