Assessment of PMMVY

A Gap analysis

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Research Assessment

Abbreviations and Acronyms

AAY	Antyodaya Anna Yojana ANM
ANM	Auxiliary Nurse Midwife APL
ASHA	Accredited Social Health Activist
AWC	Anganwadi center AWW
AWW	Anganwadi Worker
BMI	Body Mass Index
BPL	Below the poverty line
CBO	Community-based organization
cm	centimeter
CRP	Community Resource Person
FAO	Food and Agriculture Organization
FGD	focus group discussion
FNS	food and nutrition security
FPS	Fair Price Shop
FRA	Forest Rights Act
FRC	Forest Rights Committee
FY	financial year
gms	gram
GoI	Government of India
ha	hectare
HCR	head count ratio
ICDS	Integrated Child Development Scheme
ICMR	Indian Council of Medical Research
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IFR	Individual Forest Right
IHD	Institute of Human Development
IYCF	infant and young child feeding
IYCN	Infant and Young Child Nutrition
JSY	Janani Suraksha Yojana
kg	kilogram
MDM	Mid-Day Meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act MGNREGS
MMSSPSY	Mukhya Mantri Shramik Sewa Prasuti Sahayta Yojana
NDCC	Nutrition Day Care Center NFHS
NFHS	National Family Health Survey NFSA
NFSA	National Food Security Act
NGO	nongovernmental organization
NIN	National Institute of Nutrition
NMR	neonatal mortality rate
NNMB	National Nutrition Monitoring Bureau
NRHM	National Rural Health Mission NRLM
NSSO	National Sample Survey Organization OBC
OBC	Other Backward Class
ODF	Open Defecation Free
PDS	Public Distribution System
PRI	Panchayat Raj institution
PWLMs	Pregnant Woman Lactating Mothers
PMMVY	Pradhan Mantri Matru Vandana Yojana
RDA	Recommended Dietary Allowance
SC	Scheduled Caste
SHG	Self-Help Group
SRLM	State Rural Livelihood Mission
ST	Scheduled Tribe
TABA	tribal and backward area
VHND	Village Health and Nutrition Day WASH
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Table of Contents

Executive Summary

This report provides an analysis of the assessment on the gaps and challenges in the implementation of PMMVY Scheme at ground level and also focusing on its benefits and outreach as availed by the beneficiaries in contexts with its coverage and equity dimensions along with its linkages with MMSSPSY and JSY.

Section one - Background

This section covers three chapters (Introduction, Knowing the Schemes and Literature review) that gives the backgrounder of the Schemes, major highlights including pros and cons, issues and linkages in the schemes – PMMVY, MMSSPSY and JSY along with literature review and desk analysis that divulge the gaps in the design and implementation of PMMVY – The programme design currently excludes a large section of the eligible population, the linkages with JSY and MMSSPSY lacks clarity of purpose and hints at possible difficulties at numerous levels, enrolment and coverage are relatively low, long and complicated process of documentation, registration of beneficiaries and in delays in payments incentive amount is also used for other purposes than the health and nutrition of the pregnant woman or lactating mother,, the Covid pandemic has placed a heavy demand on the health infrastructure and with the network of FLWs. These all reflects both design limitations as well as implementation barriers. As seen from the literature review, there are not many researches available providing relevance on the implementation aspects; or specific region-wise analysis of Scheme implementation of PMMVY, clubbing of PMMVY with JSY and MMSSPSY. In the event of this, this study may contribute to the region and district wise analysis on the implementation of the PMMVY with its bulging with other prominent central schemes like JSY and state scheme like MMSSPSY.

Section two – Research and assessment

This section covers two chapters – research and methodology and background of selected geography. It focuses on the assessment design, objectives, and sample details. The present assessment covered 1596 pregnant and lactating mothers from 88 villages of 5 tribal, 4 rural and 2 urban districts. It employed in-depth and one to one interview with beneficiaries and officials including front line workers and districts and block officials of health and WCD department. The other chapter covers the health and nutritional status and geographical details of the area.

Section three – Results and findings

This section deals with the analysis of the intensive research and represents the key findings of the assessment. It covers six chapters. Three chapters are based on findings related to beneficiaries and the other three chapters are scheme relevant. The major findings are –

Basic and Socio-economic Profile

- *A listing was done prior the assessment to identify the number of pregnant and lactating mothers in the chosen villages and in total 1506 women are covered (597 pregnant and 999 lactating mothers.*
- *40% belong to Scheduled Tribes (716) followed by 27% Other Backward classes (435), Scheduled Caste about 20% (312) while 133 beneficiaries interviewed (8 percent) comes from general class.*
- *77% (1223) of responses are recorded from beneficiaries only against 18% of the from either husband*
- *79% percent have done schooling, wherein 534 women have studied middle school, 192 studied primaries, followed by 397 matriculated and 144 (9 percent) graduated. Even five percent (75) were literates, against 254 (16 percent) who are unable to read.*
- *27 percent (436) women in some or the other occupational work to sustain their living against 73% of PWLMs (1160) are not involved in any occupation. 15 percent (247) of the total beneficiaries' income are derived primarily from agriculture followed by 114 from agri-labour.*
- *In the study 970 women are in between 21-25 years; 408 women are between 19-21 years; 151 women are between 26-30 years. Very small proportion of about 14 belong to 31-35 age group and 4 were even more than 35 years of age. About 49 women were below 18 years.*
- *About 47% (279 PWs) of the total pregnant women covered in the study (597) are in the third trimester of their pregnancy while 262 women were in their second trimester*

Service Delivery Status

1. ***Anganwadi Services:***
   a. *98% (570 PW and 991 LMs) had their pregnancy registered while 20 women had no information about their registration at all; 2 are yet to registered. 39% registered within 2-3 months while 24-26% registered themselves after 3-4 months of pregnancy. 6% had delayed registration whereas only 4% got registered within a month only.*
   b. *92% have received the Take Home Ration packets; 20% received just half the recommended quantity i.e., 1-2 packets a month. 16% had no information. Panna (77%) has the highest distribution of THR compared to Khandwa with 53 percent. Consumed by only 39% of women.*
   c. *Nine in ten women have received their IFA while five in ten women have received their Calcium tablets*
   d. *90% received their tetanus shots and nutrition counselling.*

2. ***Health and delivery care***
    a. *The delivery in government facility is recorded as 59 percent lower as compared to that of Madhya Pradesh (81 percent).*
    b. *84 births took place at home or on way.*
    c. *ANC is recorded as 29% against 36% of MP.*
    d. *Only nine percent of pregnant women (53) have received all the four ANC as per the recommendation during their third trimester*
    e. *49% of women had their PNC lower than 60 % of MP; 14% had no PNC at all.*
3. ***Bank account***
    a. *90% had bank accounts against 10% who had no bank accounts. Operating point of 50% cases are Kiosks whereas 40% had banks as operating points*

Scheme findings

The comparative findings are displayed in table below –

Findings	PMMVY (%)	PSY (%)	JSY (%)
Awareness	63	38	68
Uninformed on schemes	37	62	32
Types of info.	11	6	12
Eligible beneficiaries under schemes (no.)	1595	688	1268
Applied under schemes	56	17	50
Reasons for not applying			
No UID	19	7	0
No husband's UID	4	7	0
No Bank A/c	20	5	1
Problems faced during applying			
No UID	8	12	6
No husband's UID	2	0	0
No Bank A/c	9	6	1
Incentives of Schemes			
First instalment	52	3	34
Second instalment	43	1	
Third instalment	29	0	
All instalments	27		
Cash withdrawal			
First instalment	8.2	0.8	7.8
Second instalment	7.1	1.1	
Third instalment	7.6		
Withdrew by			
Self	8	1	8
Husband	1	2	1
Other Family members	1	0	0
Decision by			
Self	5.4	1.5	2
Husband	1	1	1
Both	1.6	0.5	0.5
Expenditure of amount received under PMMVY			
Clothing and other stuffs	17	17	21
Nutritious food / laddus	38	17	26
Medicines and hospitalization	6	17	18
Hospital nurses	5	16	17
Provisions	14	17	20
Travel	5	16	17

Section four – Analysis, conclusion and recommendations

The findings are analysed and concluded against the primary objectives set for the assessment based on which the recommendations are made, and are covered under this section

1. Design and Implementation Issues

a. **Coverage:**

i. *Nearly seven of each ten women (71.1% of eligible beneficiaries) are still waiting to receive any of their instalments, while 76.2% have to receive their second instalments and 84percent of total eligible beneficiaries are awaiting their third instalment*
   i. *About 26% of women are yet to apply to avail the benefits of the schemes while 40% are still waiting to receive any of their instalments, while 41% have to receive their second instalments*
   ii. *About 328 women were pregnant for the first time and yet to observe the benefits under JSY, 32% of women are yet to apply to avail the benefits of the schemes while 54% are still waiting to receive any of their instalments*
   iii. *In all the schemes the coverage of the schemes is continued to be falling with each process and is the entry point for the advocacy process for ensuring the rights of women in place which is lagging out irrespective of the eligibility criteria.*

b. *Gap in design and implementation*
   i. *This concludes that applications getting filed on time have lesser ratio compared to those are not on time and are often delayed due to numerous reasons including unavailability of requisite documents, late pregnancy registration and mismatched UIDs problems, insufficient information, and not having enough bank accounts. In most of the cases women were not aware of the same causing them to suffer on their rights. Even after application process is done, either the conditionalities or delayed disbursement never make the incentives appearing on time at beneficiaries' end.*

c. *Social Equity*
   i. *Amongst all the social group the outreach of all the three schemes is comparatively good to other backward classes followed by SC and then ST women in the last.*

d. *Socio-economic lens*
   i. *To deal with complications and delivery expenses and for managing extra expenses on deliveries they had to spend apart from their earnings with the only available option as debt. About 10 percent of the beneficiaries have confirmed taking debts to meet the pregnancy expenses. Amount owed varied between 5000 to even 20000. Looking to the socio-economic status of these families, pregnancy comes as added financial burden where maximum families are earning as low as 6232 rupees a month on an average.*
   ii. *Out of 55 identified special cases of abortions, miscarriages, still birth and child deaths, 53% applied under PMMVY while instalments are received at 13%; 16% applied and 9% have recieved under MMSSPSY*

2. Impact of the schemes

a. *The majority of women of about 71 percent do not have any information of all the three schemes where only 29 percent knows about all the schemes. The lack of information on beneficiaries' part has definitely derailed the coverage of the schemes in terms of both application process and disbursement of incentives*
b. *Gender lens: In two in every ten cases, the cash withdrawal and spending decision are controlled by husband of the beneficiaries against eighty percent where women take decisions of both withdrawing as well as spending the amount*
c. *Assessing the instalments: Under PMMVY, 15% withdrew the first instalments 14% their second instalment while 13% withdrew their third instalment. Under MMSSPSY only 28% withdrew their 1st instalment against 55% who withdrew their second instalment. In JSY, only 28% withdrawn the amount in case of need.*
d. *More than half of the women who have received the incentives after having spent the amount feel, the incentives should be more than 5000 and must be hiked up to 10000 or more for PMMVY, while amount of JSY should be increased up to 5000 while MMSSPSY should be increased to 20000 and must not confined to only two living births.*

3. Impact of Covid

a. *The majority of the women are only consuming between 50-75% of all the food groups except for milk and fruits which is consumed lesser than 25% of RDA by a very small proportion of women (14%) while majority are not consuming milk of fruits at all.*
b. *Work pattern as observed amongst the districts clearly affirms that both in Bhopal and Panna (urban setting) has the maximum number of women observing rest at home rather going to work with 99-100percent.*
c. *The lockdown had also hindered the earnings and livelihood options for the beneficiaries and their families making situation more vulnerable for them. This has increased the rest patterns amongst the women as confirmed by them as they had no work to go to.*
d. *When enquired about the effectiveness of the schemes, the application process was hindered as confirmed both by the beneficiaries as well as front line workers. During the interview process, the anganwadi workers and CDPOs have confirmed that the lockdown has affected their annual targets of PMMVY beneficiaries*

4. Linkages between the schemes

a. *When comes to the schemes' connection in terms of amount disbursement the application process clearly plays the significant role where the information perceive by the community is the missing loop in the whole cycle. The lack of coordination between the activities on AWWs and ANMs part have affected the awareness level of the community. The PMMVY beneficiaries are more informed compared to MMSSPSY beneficiaries largely due to active role of AWWs while lesser information is perceived due to lesser meetings with ANM.*
b. *all the major problems faced by women, submitting the requisite documents snagged their application procedures as most of them do not possess all the required documents, even the support from the families are lagging out, especially when they are married off in other village, updating the documents is a wholesome process which also costs them a lot adding burdens of debts and loans. Various schemes being run by Central and state govt are meant to safeguard women from any health risks, and issues while ensuring the safer motherhood and delivery in government facilities while focusing the service deliveries like ANC, THR, IFA consumption. However, the effective coordination missing at the ground become the barrier on the ground and resulting in the growing IMR and MMR.*

Recommendation

1. *Application process needs to be simplified in order to improve the coverage in terms of processing more applications on time.*
2. *Cutting short the Applications forms*
3. *Acknowledgements/ Receipts of applications to be maintained*
4. *Kiosks to be provisioned and monitored under Bank system*
5. *Beneficiaries to be informed on Payment disbursement*
6. *Revisiting the design of PMMVY on conditionalities and clauses*
7. *Special mention of SC, ST and marginalized*
8. *Provisions for miscarriages, abortions, still births and child deaths*
9. *Awareness and communication campaigns*
10. *Establish central monitoring Mechanism*
11. *One single scheme clubbing the three:*
12. *Activating Panchayats and Gram Sabhas*
13. *Amount of the schemes should be hiked*

A. SECTION ONE - BACKGROUND

1. Chapter one – Introduction

1.1. Background

Women in the reproductive age (15- 49 years) constitute 56 percent (37 crore)[1] of the total female (65 crore) population in India; and with over 2.5 crore pregnancies reported to be occurring each year, the care of mother and child is a core component of health services in the country. However, although there have been improvements in facilities and services over the years and the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR), the two key indicators of reproductive health, have been showing considerable progress, they continue to remain high and far from the desired outcomes. In fact, India contributes a massive 15 per cent of maternal deaths globally. Besides, there are also considerable differences in levels of progress between states, between urban and rural areas and between communities.[2] Increasing premature deliveries, infections, birth asphyxiation and delay in securing treatment leading to complicated deliveries, postpartum hemorrhage and anemia are reported to be some of the major causes of maternal and infant deaths. And the primary reason for this is the yet inadequate access to regular health care facilities and services, in spite of the network of homebased service providers (Health Workers, ANMs and ASHAs) and multiple programmes and schemes being implemented.

The ongoing pandemic- Covid 19- and the consequent lockdowns across the country have led to further setbacks to any progress in the sector across the country, including in the state of Madhya Pradesh. Although the direct effects from Covid-19 on pregnant women are yet to be ascertained, there are early indications that in countries like India infections may be more severe where access to medical facilities, including trained health workers, is low and where malnutrition is common. Besides, there is also emerging evidence of a decline in facility-based birth due to the fear of infection, overwhelmed hospitals and re-purposing of health care workers from routine maternal and child health care activities to Covid duties. Moreover, interruptions in the supply chain of medicines, break in immunization campaigns, restrictions on transportation and free passageways, large scale migrations and loss of livelihoods and incomes, have all resulted in limiting access to maternal and child health care services. In fact recent studies indicate that over 42,000 additional child deaths and 2030 additional maternal deaths per month may occur world-wide as a result of the pandemic.[3] And in low and middle income countries like India, even a 10 percent decline in coverage of pregnancy and new born health care would result in an additional 28,000 maternal deaths and 168,000 new born deaths.[4]

1.3 These figures are alarming and call for urgent action. Hence, while controlling the pandemic is the priority, its immediate and long- term effect on maternal health may be more damaging and will put a whole future generation of mothers and their children at risk. In April 2020, in response to the situation, the central government approved a COVID-19 Emergency Response and Health System Preparedness Package worth Rs. 15,000 crores to be implemented in three phases – from January 2020 to June 2020, from July 2020 to March 2021 and from April 2021 to March 2024. To make best use of this and similar provisions in future and fast track improvements in MMR and IMR the states now need to review and revise their key schemes for maternal and child health.

1.2. Maternal health care in Madhya Pradesh

While Madhya Pradesh (MP) reflects this overall status, it has even greater challenges to address as the state has been struggling to improve its MMR and IMR since the past many years with admittedly some results, but still falling far short of the desired levels. What is more, although MP had managed to bring down the MMR from 230 in 2010-2012 to 173 in 2016-2018, it was still much higher than the national average of 113 for the

[1] **67% in rural areas and 33% in urban .**

[2] **MMR has declined from 178 per one hundred thousand live births in 2010-12 to 122 per one hundred thousand live births in 2015-17; IMR rate has declined from 66 per 1000 live births in 2001 to 33 per 1000 live births in 2017; and neo-natal mortality rate has reduced from 40 per 1000 live births in 2001 to 24 per 1000 live births in 2017**

[3] **How COVID-19 Threatens Maternal and Child Health in Low- and Middle-Income Countries; Bethany Kotlar, *, Center of Excellence in Maternal and Child Health,* Posted on June 25, 2020; MHFT Blog Post; https://www.mhtf.org/2020/06/25**

[4] **Covid-19 and demand for maternal health services** Vrishali Shekhar, Indian Express, May 15, 2020 (updated) **https://indianexpress.com/article/opinion/covid-19-and-demand-for-maternal-health-services-6410678**

same period. And similarly, in 2018 the IMR in MP was reported to be 48 per 1000 live births, the highest in the country and a point higher than in 2017. Neo-natal deaths in the state are also a concern as 26 infants per 1000 live births are reported to die within the first seven days of birth every year. Besides, the fact that the IMR for rural MP was 52 and for urban 36 while the IMR for boys (51) was greater than that for girls (46) during the same period, clearly reflects the disparities that exist.

1.3. Policy Paradigm

India's policy paradigm always has the special concerns on maternal and child nutrition. Nevertheless, despite the constant efforts by the government, India has achieved insufficiently on countless maternal and child healthcare indicators. As per National Family Health Survey-4, only 20% of the pregnant women have received full ante-natal check-ups and 32 out of every 1,000 infants born, die within the first year of birth[5]. Ministry of Women and Child Development, as the nodal Ministry for holistic development of women and children, is administering a number of women and child centric schemes and programs in the country.

In the last few years multiple centrally sponsored schemes have been launched for mother and child care in MP. They include the Janani Suraksha Yojana (JSY, 2005) to reduce maternal and infant mortality by promoting institutional deliveries; the Janani Shishu Suraksha Karyakram (JSSK, 2011) to eliminate out of pocket expenses for pregnant women and sick infants accessing government health facilities, Pradhan Mantri Matrutva Vandana Yojana (PMMVY, 2017)[6] providing conditional cash incentives during pregnancy and a year after, Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA, 2019), guaranteeing a minimum package of antenatal care services to women in their second and third trimesters of pregnancy at designated government health facilities; the National Nutrition Mission backed by the Food Security Act (2013), apart from the regular services under ICDS, have all been designed to improve service delivery and access for better mother and child care. Apart from these, in 2018, the Government of MP launched its own scheme for the pregnant and lactating mothers who are registered (or are wives of registered male *shramiks*) under specified labor categories-the Mukhya Mantri Shramik Seva (Prasuti Sahayata) Yojana (MMSSPSY), with objectives similar to PMMVY in context but different in terms of benefits and conditionalities.

Yet, according to NFHS-4, in MP only a little over 11 percent of pregnant women had access to full ante-natal care; and 55 percent had received postnatal care within 2 days of delivery from a Doctor or other qualified health worker. Besides financial assistance under JSSY was available only to a little over 60 percent of the population; and the average out of pocket expenses was relatively high at Rs. 1481. However, institutional births had gone up from 26 percent in 2005- 2006 to 81 percent in 2015-2016.

What are the reasons for such skewed indicators in spite of the resources and efforts put in? A preliminary review of PMMVY in the state brought out certain ambiguities and gaps in the existing programmes that will need to be addressed to ensure effective delivery of services and desired outcomes. It pointed towards the need for corrective interventions and synergies between multiple programmes. More importantly, it also emphasized the need to strengthen the programme to respond to the unique crisis generated by the ongoing pandemic and consequent loss of life and livelihoods.

[5] **Sample Registration System, 2018 data for IMR**

6 **As of February 2019, PMMVY had enrolled over 7.3 million beneficiaries, with over 13% of these enrolments accounted for in MP; As on May 2019, 90.81 lakh beneficiaries have been enrolled since commencement of the Scheme, out of which 76.48 lakh beneficiaries have been paid**

2. Chapter Two – Knowing the Scheme

2.1. Scheme Highlights

2.1.1. Knowing PMMVY

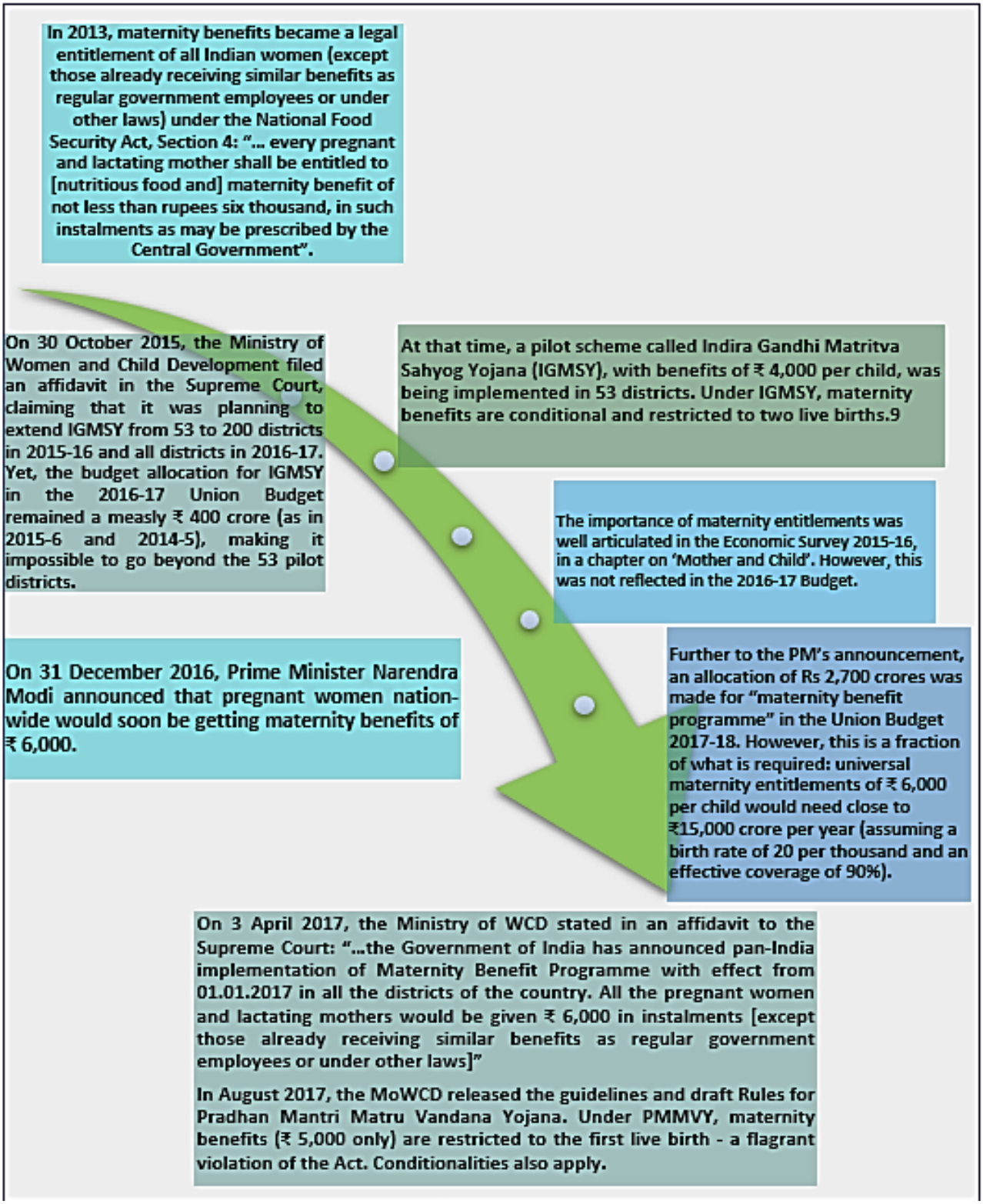
PMMVY, has its origin in the Indira Gandhi Matritva Sahyog Yojana, a pilot project covering 51 selected districts across the country as way back as in 2010 and subsequently, scaled up as PMMVY in January 2017 to cover all the districts. In its *avtar* as IGMSY, the scheme was conceived as a conditional cash transfer scheme for all pregnant and lactating mothers of 19 years of age or above and to be availed for the first two live births. It provided partial wage compensation of Rs.6000 for wage-loss during childbirth and childcare, while aiming to promote conditions for safe delivery, good nutrition, and feeding practices. The scheme targeted the unorganised sector workers. Subsequently, in accordance with the National Food Security Act (NFSA), 2013, that made the provision of maternity cash benefit of a minimum of Rs.6,000 for every pregnant and lactating woman a justiciable right, the PMMVY was launched on December 31, 2017 by the Prime Minister as a pan-India programme with a conditional direct cash transfer provision of Rs.6,000 in three instalments for the first live birth. In May 2017, the Cabinet approved the implementation of the PMMVY but with a revised payment of `5,000, and the remaining amount to be provided under the Janani Suraksha Yojana (JSY). The scheme is implemented by the Women and Child Development Department in MP. through the services of the Anganwadi and with the help of AW, ASHAs and ANMs.[7] A centrally deployed MIS software is used and the incentive amount is directly transferred to the account of the beneficiary in instalments. In fact it is the first DBT scheme in the country that has been launched nationwide with a functional IT platform. A separate escrow account is maintained for the scheme and funds are transferred by both GoI and the state directly into this account and subsequently, to the bank or post office account of beneficiaries through Direct Benefit Transfers (DBTs).

2.1.2. Linkages with MMSSPSY and JSY

PMMVY however, needs also to be reviewed, to an extent, in tandem with MMSSPSY and JSK because of their similar objectives and envisaged outcomes as well as , to some extent, the technical dependency. In April 2018 the Government of MP also launched the Mukhya Mantri Shramik Seva (Prasuti Sahayata) Yojana(MMSSPSY) for women over 18 years of age from the unorganised sector and are themselves registered as *shramiks* with the state government or are wives of registered male *shramiks*. The various types of labourers include those who belong to the Madhya Pradesh Unorganised Urban/ Rural Workers Welfare Mandal and those who come under the Madhya Pradesh Building Construction and Construction Workers Mandal. The scheme is designed to enable women to take rest before and after the birth of the first two children, and to promote improved health seeking behaviour among pregnant women and lactating mothers. The health seeking behaviour targeted includes early identification of high-risk pregnancies, safe institutional deliveries, and early initiation of breastfeeding and 0 dose immunization of new-born. A cash incentive of Rs. 16000 to cover partial wage loss is provided. The scheme is implemented by the Department of Health & Family Welfare and using the NHM and Samagra Portal for beneficiary registration and verification.

JSY, supporting both PMMVY and MMSSPSY, is in turn a safe motherhood intervention launched in 2005 under NHM and covering the low performing states, including MP. The objective of the scheme is to reduce maternal and neo- natal mortality through better service delivery, especially focusing on institutional delivery amongst poor pregnant women of 19 years and above. It integrates cash assistance (Rs. 1000) with both pre- and post-delivery care and also provides compensation for sterilization and C- sections. And like MMSSPSY, it provides support for the first two live births.

[7] The scheme guidelines state that it may be delivered through the anganwadi services in states where it is implemented through the Women and Child Development Department or Social Welfare Department, or through the health system if implemented by the Health & Family Welfare Department.


In 2013, maternity benefits became a legal entitlement of all Indian women (except those already receiving similar benefits as regular government employees or under other laws) under the National Food Security Act, Section 4: "... every pregnant and lactating mother shall be entitled to [nutritious food and] maternity benefit of not less than rupees six thousand, in such instalments as may be prescribed by the Central Government".
On 30 October 2015, the Ministry of Women and Child Development filed an affidavit in the Supreme Court, claiming that it was planning to extend IGMSY from 53 to 200 districts in 2015-16 and all districts in 2016-17. Yet, the budget allocation for IGMSY in the 2016-17 Union Budget remained a measly ₹ 400 crore (as in 2015-6 and 2014-5), making it impossible to go beyond the 53 pilot districts.
At that time, a pilot scheme called Indira Gandhi Matritva Sahyog Yojana (IGMSY), with benefits of ₹ 4,000 per child, was being implemented in 53 districts. Under IGMSY, maternity benefits are conditional and restricted to two live births.9
The importance of maternity entitlements was well articulated in the Economic Survey 2015-16, in a chapter on 'Mother and Child'. However, this was not reflected in the 2016-17 Budget.
On 31 December 2016, Prime Minister Narendra Modi announced that pregnant women nation-wide would soon be getting maternity benefits of ₹ 6,000.
Further to the PM's announcement, an allocation of Rs 2,700 crores was made for "maternity benefit programme" in the Union Budget 2017-18. However, this is a fraction of what is required: universal maternity entitlements of ₹ 6,000 per child would need close to ₹15,000 crore per year (assuming a birth rate of 20 per thousand and an effective coverage of 90%).
On 3 April 2017, the Ministry of WCD stated in an affidavit to the Supreme Court: "...the Government of India has announced pan-India implementation of Maternity Benefit Programme with effect from 01.01.2017 in all the districts of the country. All the pregnant women and lactating mothers would be given ₹ 6,000 in instalments [except those already receiving similar benefits as regular government employees or under other laws]"
In August 2017, the MoWCD released the guidelines and draft Rules for Pradhan Mantri Matru Vandana Yojana. Under PMMVY, maternity benefits (₹ 5,000 only) are restricted to the first live birth - a flagrant violation of the Act. Conditionalities also apply.

3. Chapter Three – Literature Review

3.1. A Critical Evaluation of Pradhan Mantri Matru Vandana Yojana

According a assessment by Ajay Gautam It is the responsibility of the government authorities to provide rights to women with respect to better reproductive as well as prenatal and postnatal maternal healthcare. As per the International Covenant on Economic, Social and Cultural Rights (ICESCR), the State must take initiatives "for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child" (Ministry of Women and Child Development,2017).

Despite India's considerable progress in the socio- economic sphere, it has shown an adverse performance with respect to maternal healthcare. The care of the mother pre and post-delivery as well as the health of the child is very important for the proper growth and development of a nation. If a mother is undernourished, then so is the child in her womb. This indicates that early life interventions can prove to be an effective policy tool for improving the health and human capital of the Indian population With this regard, the PMMVY has been observed to be an enlightening scheme that is assisting mothers during their pregnancy and lactating period such that they recover their health. This was seen to be greatly benefiting for women with low social statuses and incomes who have to return to their work as soon as they deliver the baby. Though the scheme was found to be helpful for such mothers, the implementation of the same was not effective enough and was found to have many shortcomings.

Majorly the allocation of funds to different states as per their requirements was deemed to be one of the major drawbacks of the policy that cannot be assessed accurately. The progress in maternal and child healthcare is dependent on a country's capacity to achieve improvements both within and beyond the health sector, such as the total fertility rate, economic development, and good governance (control of corruption). Further the

amount set by the government is also to be questioned on the basis of fulfilling the needs of the mother as well as child. Though the cash is provided to the beneficiaries, the quality of the care is in the hands of the beneficiaries themselves. So, it is important to note that the government should formulate more refined policies in assisting with a mother's healthcare and assessing qualitatively.

3.1.1. A Research Paper on Pradhan Mantri Matru Vandana Yojana' (PMMVY)

According the research paper written by Prof. Vinayak R Gramopadhye and Prof. Milind M Samudre - Under nutrition adversely affects majority of women in India. Every third woman is undernourished and every second woman is anemic. An undernourished mother almost certainly gives birth to a low-birth-weight baby. When poor nutrition starts in -utero, it extends throughout the life cycle since the changes are

largely irreparable. Due to economic and social sufferings, many women continue to work to earn a living for their family right up to the last days of their pregnancy. Furthermore, they resume working soon after childbirth, even though their bodies might not be capable of doing the task, thus preventing their bodies from fully recovering on one hand, and also obstructing their ability to exclusively breastfeed their young infant in the first six months.

In fine, Pradhan Mantri Matru Vandana Yojana is a comprehensive economic scheme for working women. Pradhan Mantri Matru Vandana Yojana lays an emphasis on raising social alertness towards the significance of nutrition is essential in order to attain the preferred results.

3.2. Maternal cash for better child health? The impacts of India's IGMSY/PMMVY maternity benefit scheme

According by an article written by Paula von Haaren- The maternity benefit scheme introduced as Indira Gandhi Matritva Sahyog Yojana (IGMSY) in 2011 and renamed Pradhan Mantri Matriva Sahyog Yojana (PMMVY) in 2017, which incentivizes pregnant and lactating women to participate in various infant health-promoting activities, is India's largest conditional cash transfer program thus far. We approach IGMSY's geographically targeted pilot phase as a natural experiment and use data from a large national health survey to estimate its effects by a matched-pair differences-in-differences approach. Consistent with the program's objectives we find positive, albeit small effects on infant immunization as well as long-term health care utilization. In addition, intervals between eligible births increase by 15 percent. Our findings suggest that PMMVY is moderately cost-effective, at least regarding immunization, but that it will make only a small contribution to redressing India's dismal child-health record.

3.3. JSY- Janani Suraksha Yojana and its impact on women- A case assessment on VSS Institute of Medical Sciences Burla, Sambalpur, Odisha

An article written by Kirtiman Mahanta, Dr Manoj Mohanty & Prof. P. Gahan, shows that there is a significant relation between increase in institutional delivery in VIMSAR, Burla and knowledge of women about JSY (Janani Suraksha Yojana) programme. Since the launch of the programme by National Rural Health Mission in 2005 it has come a long way. The direct correlation between increase in institutional delivery and mother registered for JSY indicates a positive trend. This has led to decrease in maternal mortality in India as well as in Odisha. To achieve world standards a lot of education and propaganda is required at the panchayat level so that every mother can feel safe when she is delivering a baby.

3.3.1. A Assessment on Utilization of Janani Suraksha Yojana (JSY) Services in an Urban Slum in Bhubaneswar, Odisha

A assessment done by Ipsa Mohapatra, Sonali Kar, Amrita Kumari this is a cross-sectional assessment done in field-practice area of the medical college; Data collected through in-person interviews after obtaining informed consent, using a pre-tested predesigned questionnaire. All women who delivered in last one year were included. Majority of the women (75.13%) in age-group of 20-29 years;84.97% belonged to upper-middle & middle (lower middle) socio-economic class.96.89% were Hindus. Of 193,97% received ANC check-up and 6(3%) did not receive IFA tablets distribution were the most common ANC services provided to the participants. Although 95% were counselled by ASHAs for institutional delivery, counselling about diet, rest, family planning was least consulted. Around 53 % were registered by end of first trimester.60% preferred Private Hospital for delivery. Only 7% went for home delivery. Of those having institutional delivery 91%delivered in government institutions& 81%beneficiaries had made arrangement for transportation to health facility at their own cost. Only three-fourth of women had their postnatal check-up. IEC regarding availability of transport under JSY needs to be strengthened. Majority of women ignored postnatal care. Counselling on aspects like nutrition and family planning needs focus.
JSY is definitely a star program of the government and state health administration especially in Odisha too has taken it up with vigor. This assessment brings out that urban slums are definitely beneficiaries of the programs in terms of institutional delivery and getting cash benefits; but these services can be strengthened further by laying more stress on early registration and post-natal care.

3.3.2. Utilization and perception of health services under Janani Suraksha Yojna among mother in a rural area of Ambala district, Haryana

A cross-sectional assessment was carried out by Randhir Kumar, Tanoja Bachloo, Anu Bhardwaj, Anup Kumar Mukherjee among 200 beneficiaries under JSY residing in the rural area of district Ambala, Haryana. This assessment reveal that majority 73.5% mothers were registered after 12 weeks of pregnancy whereas 26.5% of them were registered within first 12 weeks of pregnancy. Around 14% mothers did not receive the recommended minimum three antenatal visits. The coverage of tetanus toxoid (TT) immunization was 95.5%. Majority 88.5% deliveries were institutional and home deliveries were about 11.5%. Majority of institutional deliveries were conducted in government hospital as compared to private hospital. Around 54.5% mothers received at least three or more postnatal care (PNC) visits. Only 25.5% mothers received cash benefits under JSY. Awareness and perception regarding JSY were low among mothers. The utilization and perception of JSY was found to be low in the assessment group. We are lacking behind the goal of 100% institutional deliveries, ANC, and PNC visits. There is scope for improvement such as awareness about JSY benefits.
Ironically there are no researches available as of yet on Mukhya Mantri Shramik Sewa Prasuti Sahayata Yojana

3.4. Concluding Point

As seen from the literature review, there are not many researches available providing relevance on the implementation aspects; or any research available focusing on the region-wise analysis of Scheme implementation of PMMVY. Moreover, there are no specific and relevant studies, researches and assessments are conducted that clubs PMMVY with JSY and MMSSPSY, given the latter is the state sponsored scheme. Further, neither any researches or assessment in particular are conducted so far to assess the challenges, gaps on design and implementation of MMSSPSY; nor there are any assessments on the district outreach of these schemes or district specific nitty-gritties.

In the event of this, this assessment may contribute to the region and district wise analysis on the implementation of the PMMVY with its bulging with other prominent central schemes like JSY and state scheme like MMSSPSY

B. RESEARCH AND ASSESSMENT

4. Chapter Four – RESEARCH AND METHODOLOGY

4.1. Problem Statement

4.1.1. Glitches in design and implementation

Some recent independent studies[8] have highlighted other issues and challenges in design, implementation and in the outcomes of PMMVY. For instance, it is pointed out that benefits have been reduced to Rs. 5000, when the NFSA specifically specifies a minimum amount of Rs. 6000; besides, linking it with JSY is thought to be incorrect as while PMMVY is to improve the nutritional status, JSY is meant to guarantee institutional deliveries; restricting the benefits to the first child excludes a large majority of women out of the scheme, as does the fact that the age limit is set at 19years. Apart from this the process for registering and applying for the benefits under the schemes is reported to be tedious and cumbersome. Aadhaar as the key document for registering creates a major problem: it is the only acceptable document; Aadhar of both the pregnant woman/ lactating mother and her husband is needed; often existing inconsistencies between Aadhar and other data base delays the registration process; bank accounts need to be linked with Aadhaar. These and many such issues are barriers to timely registration and payments. In fact, payments were also reported to be unreliable.

4.1.2. Mixed outcomes

A CPR-AI [9] budget analysis reports that overall PMMVY enrolments under the scheme have been low in most states, especially against the estimated eligible population. MP has been one of the better performers in this regard with enrolment being 51 percent against the estimated eligible women in 2017-2018 and rising to 78 percent in 2018-2019[10].However, MP was one of the states to have received a lower share of funds then the beneficiaries enrolled for the same period. At the same time however, by June 2019, 90 percent of the enrolled beneficiaries had received at least one instalment, with the average amount paid being Rs. 3893. And, the percentage of ANC registrations in the first trimester out of total ANC registrations only rose from 63 percent 2017-18 to 65 percent in 2018-2019. Birth registration however, rose significantly from 30 to 82 percent.

4.1.3. PMMVY (What went wrong?): Execution of the scheme

This is based on desk review of the scheme along with problems appearing from the field.

Even after seven years when National Food Security Act became law, the central government is yet to establish one of its main responsibilities under the Act i.e., benefitting all pregnant women with maternal incentives/ payment. As gone by the Act, all the pregnant women are entitled to maternity benefits of 6,000, except for the have been enjoying similar remittance under other laws, e.g., as formal-sector employees. The fact remains ignored by central government for more than three years, before PMMVY was actually launched, in the year 2017. Even after its implementation, there have been working deficient on its implementation part. Understanding what all has pawed the progressive approach of PMMVY through below pointers –

4.1.3.1. Coverage

JABS survey conducted by economists presented that even after three years of the launch of PMMVY, the coverage is not hundred percent, since 55% or so of pregnant women are not even eligible (because of the "first living child" condition), this means that the effective coverage of PMMVY is just 22% or so as presented in the assessment by JBS[11]. The assessment further states that, coverage is even lower than 14% in case of disbursement of all three instalments of PMMVY women.

- The scheme has failed to reach at least 49% of all mothers who would have delivered their first child
- It only covers 23% of all births and pays full benefits to a mere 14% of all births
- Only 66% of pregnant women and 69% of lactating mothers women knew about the scheme where 31% has received benefits.

[8] **Jaccha – Baccha Survey, November 2019**

[9] **Pradhan Mantri Matru Vandana Yojana & Janani Suraksha Yojana (PMMVY & JSY) GoI, 2019-20; BUDGET BRIEFS Vol 11/ Issue 3; Centre for Policy Research , Accountability Initiative**

[10] **On the other hand the JSY beneficiaries only increased by 5 percent between 2014-2015 and 2018-2019.**

11 JABS survey conducted by economists Reetika Khera and Jean Drèze

Moreover, the UNICEF report shows that the mortality rate in case of stillbirth and early deaths stood at almost 23 for every1,000 live births. Four in five expecting mothers in India did not receive any assistance under the government's maternity benefits scheme in 2018-19, India spends reported citing the MWCD.

4.1.3.2. Major Challenges and Barriers

4.1.3.2.1. Check on Entitlements

In blatant violation of the Act, PMMVY have limited the benefits to one child per woman – the "first living child". Furtherance, benefits have been subjectively shortened to ₹5,000 per child from a total of ₹6,000. Restricting the benefits to the first child automatically excludes majority of pregnant women out of this scheme.[12]It is concerning that the government doesn't even feel this essential to ensure nutrition for the second and third child. Moreover, limiting the scheme to firstborns is contradictory to NFSA, which guarantees all pregnant and lactating women Rs 6,000.

4.1.3.2.2. Penalizing under-age women

As per Census 2011, 30 percent of Indian women get married before they turn 18. This immediately closes the doors for availing benefits from PMMVY Scheme, for the women who conceives before 19. As per NFHS 2015-16, about 80 per cent deliveries in the country do not take place in hospitals. Since the scheme is only for institutionalised deliveries, these women will not be covered.

4.1.3.2.3. Clubbing with JSY and MMSPSY

Combining the scheme with Janani Suraksha Yojana for providing INR 6000 is the next step problem. Associating the two schemes goes wrong as PMMVY is established to ensure nutrition contrary to which JSY serves the purpose to guarantee institutional deliveries. JSY, supporting both PMMVY and MMSSPSY, is in turn a safe motherhood intervention launched in 2005 under NHM and covering the low performing states, including MP. The objective of the scheme is to reduce maternal and neo- natal mortality through better service delivery, especially focusing on institutional delivery amongst poor pregnant women of 19 years and above. It integrates cash assistance (Rs. 1000) with both pre and post- delivery care and also provides compensation for sterilisation and C- sections. And like MMSSPSY, it provides support for the first two live births.

PMMVY however, needs also to be reviewed, to an extent, in tandem with MMSSPSY and JSK because of their similar objectives and envisaged outcomes as well as, to some extent, the technical dependency. In April 2018 the Government of MP also launched the Mukhya Mantri Shramik Seva (Prasuti Sahayata) Yojana(MMSSPSY) for women over 18 years of age from the unorganized sector and are themselves registered as shramiks with the state government or are wives of registered male shramiks. The various types of laborer include those who belong to the Madhya Pradesh Unorganized Urban/ Rural Workers Welfare Mandal and those who come under the Madhya Pradesh Building Construction and Construction Workers Mandal. The scheme is designed to enable women to take rest before and after the birth of the first two children, and to promote improved health seeking behaviour among pregnant women and lactating mothers. The health seeking behavior targeted includes early identification of high-risk pregnancies, safe institutional deliveries, and early initiation of breastfeeding and 0 dose immunization of new-born. A cash incentive of Rs. 16000 to cover partial wage loss is provided. The scheme is implemented by the Department of Health & Family Welfare and using the NHM and Samagra Portal for beneficiary registration and verification.

4.1.3.2.4. Inconvenient process for applying

An eligible woman has to have forms filled after going through the elongated cumbersome process for having being benefitted, that too for each of the three instalments. This is as long as 23 pages for all the three-instalments process. Furtherance, failing to produce any requisite documents will lag the benefit further.

4.1.3.2.5. Unreliable payments

The applications submitted online are frequently rejected, delayed, or returned with error messages for any reasons including incomplete information, inconsistencies between Aadhaar card and bank passbook. In cases of unsuccessful application, there is no provision for informing the concerned women and explaining to them what needs to be done.

4.1.3.2.6. Aadhaar penetration

Imposing the Aadhar as one of the essential documents, has complicated the scheme even more. One-fifth of the respondents who had applied for PMMVY reported experiencing Aadhaar-related problems[13]. In addition to this, there are Aadhaar-related problems at the payment stage (e.g. when payments are made using the Aadhaar Payment Bridge System), which women were mostly unaware of.

4.1.3.3. Gaps in availing Benefits of PMMVY

Based on the mini assessment done by Vikas Samvad on 22 beneficiaries of PMMVY identified from the five districts viz. Panna, Satna, Niwari, Rewa and Umaria, it is depicted that 45% of total cases have received the

12 Down to earth, Mothers of 57% new-borns not entitled to maternity benefits

13 Mini assessment done by Vikas Samvad on 22 beneficiaries of PMMVY in five districts viz Satna, Panna, Rewa, Niwari and Umaria of Madhya Pradesh

delayed instalments against 23% those who have actually never received any amount as of yet. About 32% of the cases has reported to have never been able to submit the forms and requisite documents to avail the benefits. Based on the cases, the main reasons that has been the cause behind no submission is failure at managing Aadhar ids and linking it further with banks.

4.1.3.3.1. Use of Incentives

In the assessment conducted by Vikas Samvad, it is interpreted that maximum amount is utilized either by husband or other family members or being spent in buying provisions for about 20 percent in most of the cases[4]. About 12 percent is consumed either in medication or buying jewelry or is utilized in other household usages. A fairly low percent is saved and spent on clothing for about 10 percent and 6 percent respectively. Shockingly a very minimal amount is spent by the women on her nutritious what it is meant for.

4.1.3.4. Nutrition and varied aspects in reference with Covid 19

In the assessment conducted during the lockdown by VSS on the impact of Health and Nutrition of women and children it is estimated that diet consumed by women and children is highly deficit calorie and proteins as well as other crucial micronutrients including iron, calcium, zinc and Vitamin A ranging between 40-90 percent during Covid19[14]. As the PMMVY is a centrally-sponsored conditional cash transfer scheme that guarantees women initial payments during her pregnant and immediately after delivery to allow pregnant and lactating mothers to have rest and can access nutritious food and can observe improved health. Failing of this and critical nutritional needs emerged during Covid would cause extra burden on the health and will have serious repercussions on the growing foetus as well as on both mothers and children.

4.1.3.5. India Maternity benefits Act, 1961

The Maternity Benefits Act, 1961 is a Social Security Legislation. It is an Act to regulate the employment of women in certain establishments for certain periods before and after child-birth and to provide for maternity benefit and certain other benefits. Subject to the provisions of this Act, every woman shall be entitled to, and her employer shall be liable for, the payment of maternity benefit at the rate of the average daily wage for the period of her actual absence, that is to say, the period immediately preceding the day of her delivery, the actual day of her delivery and any period immediately following that day. Explanation. For the purpose of this sub-section, the average daily wage means the average of the woman's wages payable to her for the days on which she has worked during the period of three calendar months immediately preceding the date from which she absents herself on account of maternity, [the minimum rate of wage fixed or revised under the Minimum Wages Act, 1948 or ten rupees, whichever is the highest.

4.2. Need for the research

Clearly, gaps exist in the design and implementation of PMMVY and the pressures of the Covid-19 pandemic have added to the programmatic concerns. The emerging issues may be summed up as follows:

- The programme design currently excludes a large section of the eligible population because of multiple factors, including the eligibility criteria of 19 and above age group and only- first- child norm. It also appears to be relatively unjust to the beneficiaries who get far less benefits as compared to those under MMSSPSY by virtue of their being registered under one of the unorganised worker *mandals* (groups). Besides, the conditionalities also makes it difficult to include a large percent of women who opt for private hospitals facilities. As such it precludes universalisation of maternal and infant health care protection.
- The linkages with JSY and MMSSPSY lacks clarity of purpose and hints at possible difficulties at multiple levels- identification of beneficiaries, coordination for disbursing instalments and monitoring, to name a few. The fact that outcomes do not appear to be commensurate with the combined inputs of the three schemes, suggest the need for re-assessing the advantages and the strategy of linking them with each other and building more synergies between them in terms of planning, implementation and monitoring and of course outcomes.
- Besides, the fact that enrolment and coverage are relatively low, reflects both design limitations as well as implementation barriers, like issues with the Aadhar card as a means of identification and access to services. It also points towards the possibilities of remote tribal and backward communities as well as the urban poor being left out of the scheme because of adequate awareness and complicated processes.
- Implementation issues, are also visible in the long and complicated process of documentation, registration of beneficiaries and in delays in payments.

[14] Assessment on Impact of Covid 19 on Nutrition and Health of women (Pregnant and lactating mothers) and children by Vikas Samvad, April-May 2020

- Apart from the low enrolment and coverage, relatively poor outcomes may also be attributed to the fact that the incentive amount is also used for other purposes than the health and nutrition of the pregnant woman or lactating mother. Again, this points out to gaps in the communication and awareness component of the scheme.
- Finally, the Covid pandemic has placed a heavy demand on the health infrastructure and with the network of ASHAs, ANMs and Anganwadi Workers diverted to managing the pandemic, their critical support to PMMVY is affected.

4.3. Objectives of the assessment

As apparent from the situation analysis, the assessment was undertaken to analyze the gaps and challenges in the design and implementation of the Scheme at ground level as well as implementation level in contexts with its coverage and equity dimensions for both rural and urban regions. Thus, the assessment aimed in –

1. Understanding the challenges, gaps and barriers of the schemes both at the policy as well as implementation level focusing on its equity dimensions, inclusion and exclusion criteria, conditionalities and coverage levels.
2. Assessing the overlapping issues and linkages of the Scheme with JSY and MMSPSY and major fallouts in terms of incentives imbrication.
3. Evaluating the awareness and information level of beneficiaries, their family and community, pertaining to rest, nutrition, health, IYCN practices and utilization of the incentives.
4. Determining the community expenses on the maternal essentials for safer delivery and post-natal care to evaluate the actual expenditures required as maternity benefits.
5. Exploring the operation of the scheme during Covid-19 and the impact of the pandemic on the health and facilities pertaining to PMMVY.

4.4. Methodology employed

The assessment aimed to square the proper information to be documented through questionnaires, in–depth interviews, Focused Group Discussions (FGDs), dialogues and discussions, and personal observation, employed through pre-designed assessment tools.

4.4.1. Assessment Area

The geography covered in the present assessment is five tribal, four rural and two urban districts from 8 divisions shown in table below -

This assessment thus was implemented within the community covering pregnant and lactating mothers of Scheduled Caste, Scheduled Tribes, PVTGs, Other Backward Classes and mixed population from 6 different villages under each district (wherein 2 villages each with population criteria <250, <500 and <1000). The research was conducted on 1596 women both pregnant and lactating mothers with hundred percent village coverage.

Table 4-1: Assessment Area

SN	District	Division	Areas/ Region
1	Umaria	Shahdol	Tribal
2	Shivpuri	Gwalior	Tribal
3	Jhabua	Indore	Tribal
4	Khandwa	Indore	Tribal
5	Mandla	Jabalpur	Tribal
6	Niwadi	Sagar	Rural
7	Satna	Rewa	Rural
8	Rewa	Rewa	Rural
9	Vidisha	Bhopal	Rural
10	Bhopal	Bhopal	Urban
11	Panna	Sagar	Urban

4.4.2. Assessment Plan

Initially 66 villages were taken into the plan but looking to the full coverage of the pregnant and lactating mothers, in most of the cases the target for reaching out to hundred percent coverage of pregnant mothers were unmet, the plan was revised to 88 villages wherein the household criteria will be >250 for 22 villages; between 250-500 for next 33 villages, and between 501 and 1000 for other 33 villages.

Assessment plan followed –

1. Mapping of villages and recording the pregnant and lactating mothers by deployed research team
2. Cross validating the information with Anganwadi workers registered and finalizing the sample size.
3. Marking the list of inclusion and exclusion based on criteria like registration, filing of applications, experience regarding payments, cases of miscarriages thus following the humanitarian approach.
4. Data collection, after marking the samples for interview, through interview questionnaires with beneficiaries followed by, In-depth interviews with Anganwadi workers, ASHAs, ANMs, and SNO/DNOs/CDPOs

5. Focused Group Discussion with women groups, mixed groups and key mobilizers (following the COVID-19 protocol)
6. Data entry, data cross validation, tabulation, followed by bank detail verification of 1/3rd of the sample size.
7. Statistical analysis was done with the help of Excel statistical tool and pivot panes

4.4.3. Assessment Tools

4.4.3.1. Interview Questionnaires

The questionnaires were pre-tested and then administered in 88 villages chosen for assessment on the pregnant and lactating mothers. Featured questions on some of the broadly selected components focusing on the benefits, barriers, challenges, gaps of PMMVY, awareness level on health and IYCN practices, importance of PMMVY incentives, its proper utilization, rest and nutrition requirement during pregnancy and lactation, child care etc., problems in availing incentives etc.

4.4.3.2. Focused Group Discussion

Focused Group Discussions were performed with a group of twenty to twenty-five members of the villages. It aimed to call one representative each of different hamlets as much as possible pertaining to the conditions. The researcher team engaged mixed group including women, men of different age groups, and different social classes together for the FGDs to have proper information on the subject.

4.4.3.3. Situational In-depth interviews

Situational In-depth interviews were asked from the key informants including Frontline workers from concerned departments in order to provide the precision to the assessment and to have a clear picture of the schemes and its service on field. The assessment covered 96 interviews from Anganwadi workers, ASHA, ANMs along with one interview from CDPO from each district to have the in-depth information on the subject.

4.4.3.4. Case-studies/Success stories

Any important topic/ issue/ problem happened in relevance with individual or community to be documented as a case assessment pertaining to the issue and topics covered. 25-30 case studies/success stories to be documented

4.4.4. Sample and Duration

4.4.4.1. Sample size

The sample size is based on the mixed sampling technique that involves random, purposive and cluster sampling. The sample size is shown in the given table.

Particulars	Population criteria			
	251-500	501-1000	1000-2000	Total
State	-	-	-	**1**
Districts	-	-	-	**11**
Divisions	-	-	-	**7**
Villages	22	33	33	88
Villages @ per districts	2	3	3	8
Number of beneficiaries (pregnant and lactating mothers) per district (Final sample will be calculated after mapping)	-	-	-	Ranged btw 120-160
Total Number of beneficiaries (pregnant and lactating mothers)	-	-	-	1596
FGDS	12	12	12	36
Case studies				11
In-depth Interviews AWWs @ 5/district	10	15	30	55
In-depth Interviews ASHAs/ANMs @ 5 ASHAs and 2 ANMs per district	11	22	44	77
In-depth Interviews CDPOs/SNO/DNO	-	-	-	12

The beneficiaries however will be sampled as the following:

Pregnant women (n) for first pregnancy: 35;
Pregnant women (n) for second pregnancy: 35
Lactating mothers (n) breastfeeding for first 6 months = 35
Lactating mothers (n) breastfeeding from 7 months to 24 months = 35

4.4.5. Limitation of the assessment

This assessment has certain limitations –

1. The third instalment is beyond the assessment time.
2. Large sample size of different temperament
3. 328 pregnant women were excluded at the time of analysis of JSY
4. Challenge in the statement verification from bank and kiosks
5. The assessment duration is two-months field assessment (based on the availability of beneficiaries) including verification and cross validation. The time of the assessment is between October 15th 2020 to November 30 2020 whereas the bank account verification time is between December 1 2020 to December 31st 2020

5. Chapter Five – Background of 11 districts

5.1. About Madhya Pradesh

Madhya Pradesh with an area of 3,08,245 sq.km. is the second largest state in India. It is located in Central India. The state is bound on the north by Uttar Pradesh, the east by Chhattisgarh, the south by Maharashtra and the west by Gujarat and Rajasthan. With a total population of 7.27 crores spread across 52 districts, the Madhya Pradesh state reflects no different condition than the entire county. The state of Madhya Pradesh (MP) endowed with rich natural, human capital reels under poverty, and backward tag despite numerous attractive features, MP, the state of Central India, has not done much improvement in its health and nutrition indicators.

5.1.1. Health and Nutritional Status

According to National Family Health Survey -4 (NFHS-4), 42.8 percent of children are underweight, and 42.0 percent are stunted in Madhya Pradesh. Only 37.4 percent women between the ages of 15 and 24 years are adopting safe hygienic methods during menstruation whereas only 11.4 percent women receive full antenatal services. It is also notable that only 34.4 percent of the children are initiated early breastfeeding within one hour of birth, while 58.2 percent of the children receive Exclusive Breastfeeding for 6 months. It means that the rest of the 41.2 percent infants receive complementary feed as well along with the breast feed, within the first six months of life, which is a grossly inappropriate practice. Going by the facts and figures, more than half of the women and about two-thirds of adolescent girls are anemic. Anemia stances a foremost danger to maternal and child survival and is indirectly responsible for a high Maternal Mortality Ratio (221/lakh live birth), Infant Mortality Rate (47/1000 live birth) and lived with disabilities for both sexes in the disease burden of the state. It was rated as number 6 (in 2016) compared with number 12 (in 1990) and Under 5 Mortality Rate (40/1000 live births). At any given point of time, malnutrition is worse and has its own adverse implication on human body and the results are even shocking when it comes to tribal population as they devoid of consuming nutritious rich in particular.

Table 5-1 : Geographical Features- MP

Geographical Features	
Total Population in crore *as per Census 2011*	7.27
Rural Population (cr.)	5.25
Urban Population (cr.)	2.02
Male (cr.)	3.76
Female (cr.)	3.51
Scheduled Castes (cr.)	1.13
Scheduled Tribes (cr.)	1.53
Sex Ratio	931
Density/km^2	236
Area(Km^2)	3,08,245
Literacy	70.6%
Age Group wise population	
Population up to 18 years Cr.	2.90
Adult (18-40 years) Cr.	2.72
Adult above 40 years Cr.	1.65
Administrative Features	
No. of Districts	52
No. of Division	10
No. of Villages	54903
No. of Gram Panchayats	23043
No. of Block/Janpad Panchayats	333
No. of Tehsils	369
Households	
Total no. of Households (cr.)	1.49
Rural Households (cr.)	1.11

Table 5-2 : Nutritional Status - Assessment Area

District	Underweight	Stunted	Wasted	Anemia in Children	Anemia in Pregnant Women	Full ANC	Early Initiation of Breastfeeding	Exclusive BF
Bhopal	39.5	47.6	21	77.3	37.8	22.3	18.3	NA
Panna	40.8	42.3	24	68.2	42.8	2.5	32	55.5
Satna	39.6	41.2	26.6	70.3	54.1	7.6	33	55.7
Rewa	36.2	40.4	18	54.5	44.1	3.6	44.8	46.3
Umaria	46.6	41.1	27.4	73.5	72.9	6.5	37.2	36.9
Niwadi (Tikamgarh)	43.3	49.7	19.2	67.1	41.8	3.2	32.1	59.8
Jhabua	43.6	45.6	24.4	72.4	74.2	5.3	21	55.8
Khandwa	46.8	43.6	21.5	77	62.9	19.1	30.6	46.1
Mandla	49.8	36.9	33.5	69.7	69.8	15.4	53	66.5
Shivpuri	49.6	48.6	25.8	62.7	53.5	7.2	41.9	69.9
Vidisha	40.4	41.1	21.4	69.8	55.5	4.5	46.4	71.7
Madhya Pradesh	42.8	42	25.8	68.9	54.6	11.4	34.4	58.2

5.2. Assessment Area

The assessment area covered the 11 districts viz. Bhopal, Jhabua, Khandwa, Mandla, Niwadi, Panna, Rewa, Satna, Shivpuri, Umaria and Vidisha. The details of the districts below-

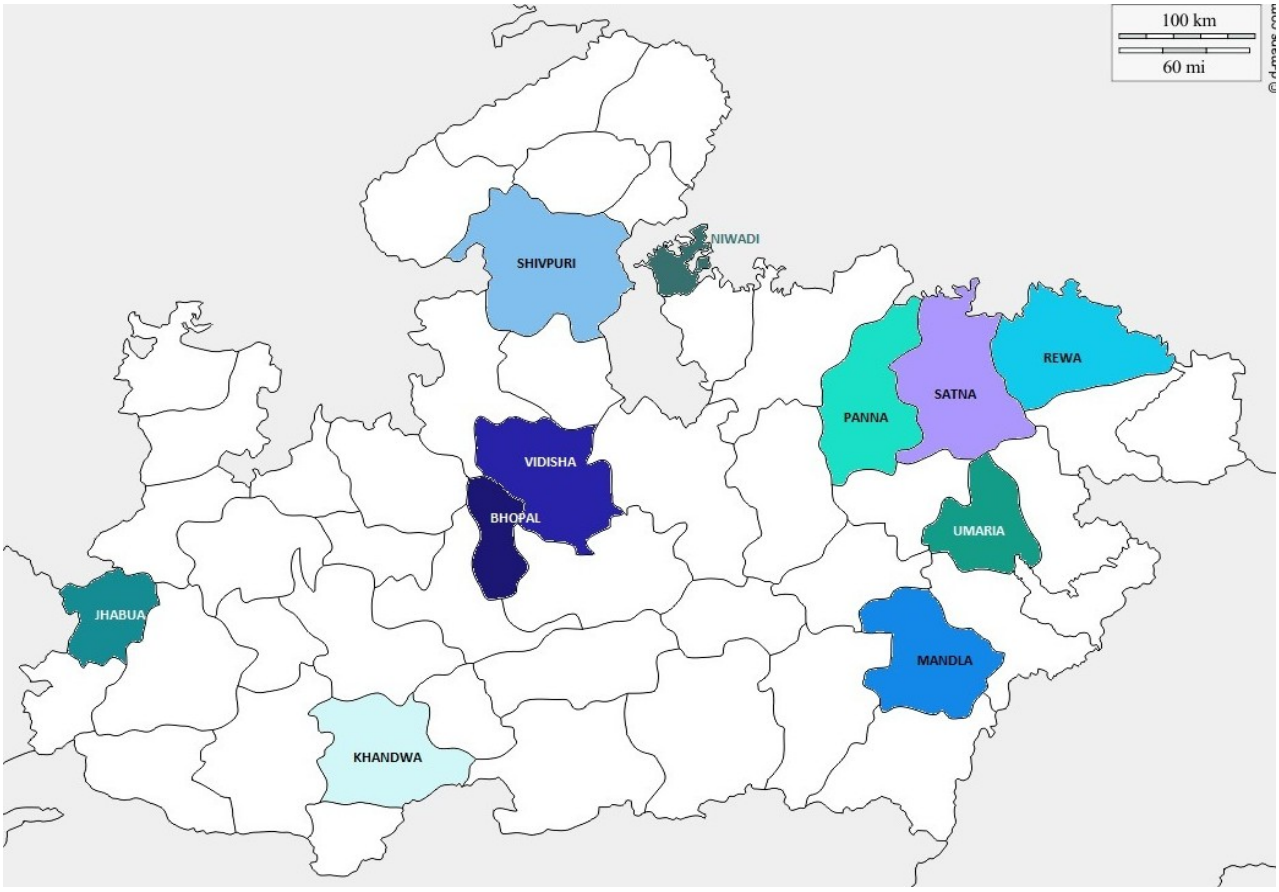


Figure 5.1: Map of Assessment Area

5.2.1. Bhopal

Bhopal district is capital of Madhya Pradesh. Bhopal district administrative head quarter is Bhopal. It is known as the City of Lakes for its various natural and artificial lakes and for being one of the greenest cities in India. Bhopal district population is 23.7 lakh. It is 4th largest district in the State by population. Scheduled Castes and Tribes made up 15.1 and 2.9 percent of the population respectively. The children (0-6 years) population of the district is 3 lakh. According to National Family Health Survey 4, 39.5 percent children are underweight, 47.6 percent children are stunted, 21 percent children are wasted and 77.3 percent children are anemic and 37.8 percent pregnant women are anemic. Only 22.3 percent women receive full antenatal services. It is also notable that only 18.3 percent of the children are initiated early breastfeeding within one hour of birth.

5.2.2. Panna

Panna is famous by the name of 'The City of Diamonds' is situated between the picturesque mountain ranges of Vindhyachal, north-east part of Madhya Pradesh. The district resides in Sagar Division of Budelkhand region of Madhya Pradesh. According to Census of India 2011 its total population is 10.2 lakh. Scheduled Castes and Tribes made up 20.5 and 16.8 percent of the population respectively. The children (0-6 years) population of the district is 1.63 lakh. According to National Family Health Survey 4, 40.8 percent children are underweight, 42.3 percent children are stunted, 24 percent children are wasted and 68.2 percent children are anemic and 42.8 percent pregnant women are anemic. Only 2.5 percent women receive full antenatal services. It is also notable that only 32 percent of the children are initiated early breastfeeding within one hour of birth, while 55.5 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.3. Satna

Satna is a district of Madhya Pradesh. The district resides in Rewa Division of Baghelkhand region of Madhya Pradesh. According to Census of India 2011 its total population is 22.3 lakh. Scheduled Castes and Tribes made up 17.9 and 14.4 percent of the population respectively. The children (0-6 years) population of the district is 3.3 lakh. According to National Family Health Survey 4, 39.6 percent children are underweight, 41.2 percent

children are stunted, 26.6 percent children are wasted and 70.3 percent children are anemic and 54.1 percent pregnant women are anemic. Only 7.6 percent women receive full antenatal services. It is also notable that only 33 percent of the children are initiated early breastfeeding within one hour of birth, while 55.7 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.4. Rewa

Rewa is a district of Madhya Pradesh. The district resides in Rewa Division of Baghelkhand region of Madhya Pradesh. According to Census of India 2011 its total population is 23.6 lakh. Scheduled Castes and Tribes made up 16.2 and 13.2 percent of the population respectively. The children (0-6 years) population of the district is 3.51 lakh. According to National Family Health Survey 4, 36.2 percent children are underweight, 40.4 percent children are stunted, 18 percent children are wasted and 54.5 percent children are anemic and 44.1 percent pregnant women are anemic. Only 3.6 percent women receive full antenatal services. It is also notable that only 44.8 percent of the children are initiated early breastfeeding within one hour of birth, while 46.3 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.5. Umaria

Umaria is a small district of Madhya Pradesh. The district resides in Shahdol Division of Madhya Pradesh. According to Census of India 2011 its total population is 6.4 lakh. Scheduled Castes and Tribes made up 9 and 46.6 percent of the population respectively. The children (0-6 years) population of the district is 1.03 lakh. According to National Family Health Survey 4, 46.6 percent children are underweight, 41.1 percent children are stunted, 27.4 percent children are wasted and 73.5 percent children are anemic and 72.9 percent pregnant women are anemic. Only 6.5 percent women receive full antenatal services. It is also notable that only 37.2 percent of the children are initiated early breastfeeding within one hour of birth, while 36.9 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.6. Niwadi (Tikamgarh)

Niwadi is a small district of Madhya Pradesh (previously in Tikamgarh district).The district resides in Sagar Division of Madhya Pradesh. According to Census of India 2011 its total population is 14.5 lakh. Scheduled Castes and Tribes made up 25 and 4.7 percent of the population respectively. The children (0-6 years) population of the district is 2.27 lakh. According to National Family Health Survey 4, 43.3 percent children are underweight, 49.7 percent children are stunted, 19.2 percent children are wasted and 67.1 percent children are anemic and 41.8 percent pregnant women are anemic. Only 3.2 percent women receive full antenatal services. It is also notable that only 32.1 percent of the children are initiated early breastfeeding within one hour of birth, while 59.8 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.7. Jhabua

Jhabua is a tribal district lies in the western part of Madhya Pradesh. It is surrounded by Panchmahal and Baroda districts of Gujrat, Banswara district of Rajasthan and Alirajpur, Dhar and Ratlam districts of Madhya Pradesh. The district is highly drought-prone and degraded waste lands form the matrix of Jhabua. According to Census of India 2011 its total population is 10 lakh. Scheduled Castes and Tribes made up 1.7 and 87 percent of the population respectively. The children (0-6 years) population of the district is 2.1 lakh. According to National Family Health Survey 4, 43.6 percent children are underweight, 45.6 percent children are stunted, 24.4 percent children are wasted and 72.4 percent children are anemic and 74.2 percent pregnant women are anemic. Only 5.3 percent women receive full antenatal services. It is also notable that only 21 percent of the children are initiated early breastfeeding within one hour of birth, while 55.8 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.8. Khandwa

Khandwa is a district in the Nimar region of Madhya Pradesh. Khandwa is an ancient city, with many places of worship, like many other cities in India. Khandwa is a major railway junction; the Malwa line connecting Indore with the Deccan meets the main east–west line from Mumbai to Kolkata. According to Census of India 2011 its total population is 13.1 lakh. Scheduled Castes and Tribes made up 12 and 35 percent of the population respectively. The children (0-6 years) population of the district is 2.9 lakh. According to National Family Health Survey 4, 46.8 percent children are underweight, 43.6 percent children are stunted, 21.5 percent children are wasted and 77 percent children are anemic and 62.9 percent pregnant women are anemic. Only 19.1 percent women receive full antenatal services. It is also notable that only 30.6 percent of the children are initiated early breastfeeding within one hour of birth, while 46.1 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.9. Mandla

Mandla is a tribal district of Madhya Pradesh in central India. Much of the district is forested and it is home to Kanha National Park, a Project Tiger sanctuary. Kanha has the largest number of tigers in India. According to Census of India 2011 its total population is 10.5 lakh. Scheduled Castes and Tribes made up 4.6 and 57.9 percent of the population respectively. The children (0-6 years) population of the district is 1.5 lakh. According to National Family Health Survey 4, 49.8 percent children are underweight, 36.9 percent children are stunted, 33.5 percent children are wasted and 69.7 percent children are anemic and 69.8 percent pregnant women are anemic. Only 15.4 percent women receive full antenatal services. It is also notable that only 53 percent of the children are initiated early breastfeeding within one hour of birth, while 66.5 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.10. Shivpuri

Shivpuri is a district of Gwalior division of Madhya Pradesh. The city is known for its greenery, forests and also as the former summer capital of the Scindia family who at one time ruled the Gwalior. The Indian leader Tatya Tope was hanged in Shivpuri in 1859. According to Census of India 2011 its total population is 17.2 lakh. Scheduled Castes and Tribes made up 18.6 and 13.2 percent of the population respectively. The children (0-6 years) population of the district is 2.8 lakh. According to National Family Health Survey 4, 49.6 percent children are underweight, 48.6 percent children are stunted, 25.8 percent children are wasted and 62.7 percent children are anemic and 53.5 percent pregnant women are anemic. Only 7.2 percent women receive full antenatal services. It is also notable that only 41.9 percent of the children are initiated early breastfeeding within one hour of birth, while 69.9 percent of the children receive Exclusive Breastfeeding for 6 months.

5.2.11. Vidisha

Vidisha formerly known as Bhelsa and known as Besnagar in ancient times is a district of Madhya Pradesh, India. It is located 62.5 km northeast of the state capital Bhopal. According to Census of India 2011 its total population is 14.5 lakh. Scheduled Castes and Tribes made up 20 and 4.6 percent of the population respectively. The children (0-6 years) population of the district is 2.4 lakh. According to National Family Health Survey 4, 40.4 percent children are underweight, 41.1 percent children are stunted, 21.4 percent children are wasted and 69.8 percent children are anemic and 55.5 percent pregnant women are anemic. Only 4.5 percent women receive full antenatal services. It is also notable that only 46.4 percent of the children are initiated early breastfeeding within one hour of birth, while 71.7 percent of the children receive Exclusive Breastfeeding for 6 months.

C. SECTION THREE –IMPLICATIONS (Results and Findings)

This section deals with the analysis of the intensive research and represents the key findings of the assessment broadly as per the detailed tools taken up for the same. It is subdivided in two sections one is based on findings related to beneficiaries and the other one is schemes relevant.

I. Sub-section One – Details of beneficiaries

This subsection contains the details related to beneficiaries and focuses on detailed statistical analysis of –

1. Demographic, socio-economic structure, social class, occupation and earnings, educational background
2. Health care, work and rest, and nutrition practices and consumption components
3. Status of services delivery of Anganwadi, Health, delivery care, bank account

6. Chapter Six – Basic and Socio-economic Profile

6.1. Categories of Sampled Population (present condition)

Given the fact that PMMVY became effective from January 01, 2017 and MMSSPSY became April 01, 2018, it was important to determine the categories for covering all the eligible beneficiaries as the assessment was focused on the 100 percent coverage of the households in the selected geography. A listing was done prior the assessment to identify the number of pregnant and lactating mothers in the chosen villages. Based on which the all the identified pregnant women and lactating mothers were interviewed provided their availability at the time of the assessment. The conditions of the women given their physiological conditions (pregnancy and lactation) are categorized as –

6.1.1. **Category 1 - First Pregnancy:** Women who are pregnant from 1 February 2020 are covered under this category

6.1.2. **Category 2 -Second Pregnancy**: Women who have a child older than 2 years i.e., who was born before 30th October 2018 and are pregnant from 1 February 2020 are covered under this category

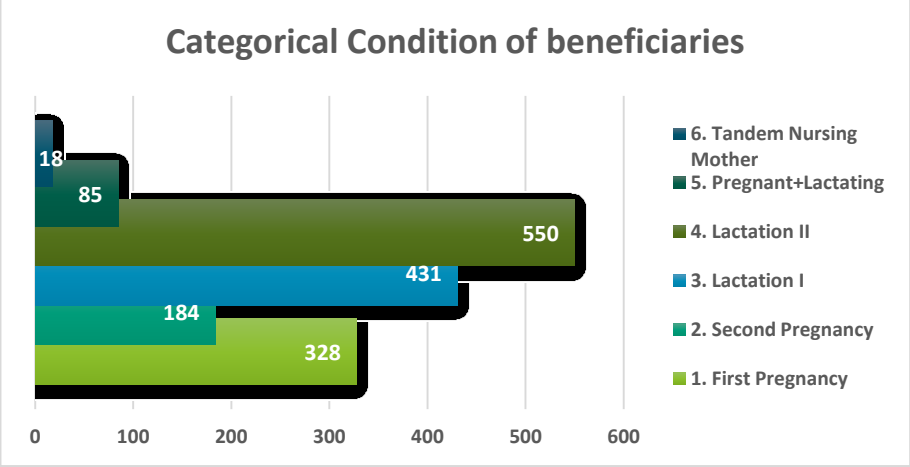
6.1.3. **Category 3- Lactation I**: The lactating mothers to a child of 0-6 months i.e., the child who is born between 1 May 2020 to 30th November 2020, are covered under this category

6.1.4. **Category 4 - Lactation II:** The lactating mothers to a child of 6-24 months i.e., the child who is born between 1st November 2020 to 30th April 2020, are covered under this category

6.1.5. **Category 5- Pregnancy plus Lactation** – This category covers all the women who have a child younger than 2 years i.e., who is born between November 1st 2018 to 31st October 2020 and are pregnant from 1 February 2020 are covered under this category

6.1.6. **Category 6 - Tandem Lactation** – This category covers the women who are breastfeeding two children of different age group at the same time. First child born between November 1st 2018 to 31st October 2020 and the second child who is born between 1 May 2020 to 30th November 2020

Present Condition of Beneficiaries	Number	%age
1. First Pregnancy	328	21%
2. Second Pregnancy	184	12%
3. Lactation I	431	27%
4. Lactation II	550	34%

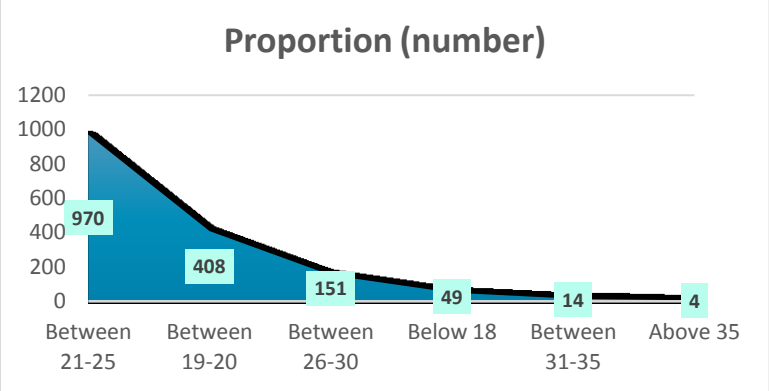


As interpreted from the figure and table, the maximum beneficiaries covered during the assessment comes under category 4 i.e., Lactation II of about 550, followed by category 3 i.e., the women

who are breastfeeding children below 6 months of age. (431). The women who are pregnant for the first-time frame 21% of the total beneficiaries interviewed while women under category 5 that is pregnant plus lactation constitute only 5% (85 beneficiaries) followed by category 6 of tandem mothers which constitute only 1% (18 beneficiaries) of the total number of beneficiaries.

6.2. Age of beneficiaries

As age is the contributing factor in determining the health status of the women and is the important aspects in the maternity schemes as well, thus, becomes crucial determinant in defining the eligibility of maternity entitlements of the beneficiaries. In the assessment 970 women are in between 21-25 years; 408 women are between 19-21 years; 151 women are between 26-30 years. Very small proportion of about 14 belong to 31-35 age group and 4 were even more than 35 years of age. About 49 women were below 18 years.

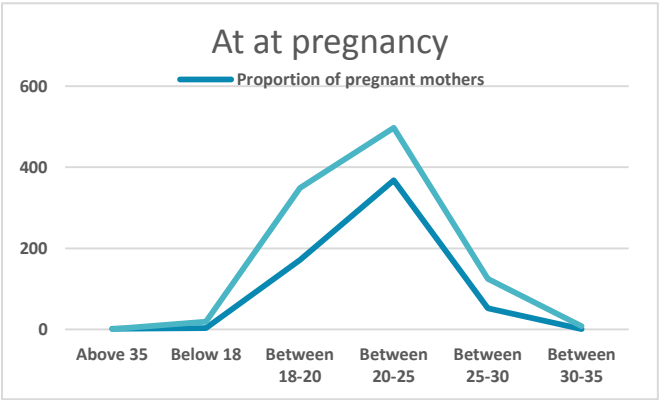


Age of beneficiaries	Proportion (number)	Proportion (%age)
Between 21-25	970	61%
Between 19-20	408	26%
Between 26-30	151	9%
Below 18	49	3%
Between 31-35	14	1%
Above 35	4	0%

Age at Pregnancy

Age at pregnancy is illustrated through table and figures, maximum beneficiaries (33 percent -542 PWLMs) observed their pregnancy at the age ranging between 18-25 while 22 women conceived below the age of 18 years.

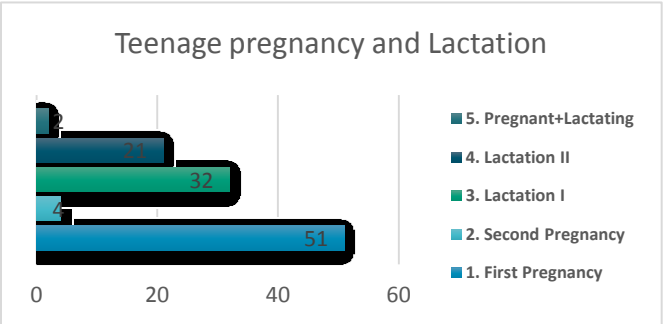
Age at pregnancy	Proportion of pregnant mothers	Proportion (%age)	Proportion of lactating mothers	Proportion (%age)
Above 35	2	0%	1	0%
Below 18	3	0%	19	1%
Between 18-20	171	11%	349	22%
Between 20-25	368	23%	497	31%
Between 25-30	52	3%	125	8%
Between 30-35	1	0%	8	1%
Grand Total		1596		



Teenage Pregnancy and Lactation

Among young women 15-19 in the studied area of about 110 in number those frame 7 percent of the total sample population, 51 teenagers are observing their first pregnancy i.e., 3% of the total beneficiaries interviewed while about 53 teenagers are lactating mothers to either children below or above six months of age.

About 4 teenagers are into their second pregnancy against 2 who were pregnant as well as lactating



Interestingly young women who had 6 to 12 years of schooling are interpreted to have started child bearing or nursing (6%) than those who had no schooling (1%).

6.3. Sampled Population

The total number of beneficiaries covered during the survey are 1596. The number of beneficiaries covered district wise presented in table and the graph below. As shown, the maximum number of beneficiaries are covered from Jhabua (161) followed by Umaria (155), Khandwa (152), Niwadi (150), Vidisha (147), Rewa (146), Satna (144), Panna (139), Mandla and Shivpuri (138) whereas the least are covered from the District Bhopal (126), provided the availability of beneficiaries at the time of interview.

Table 6-1: Number of Beneficiaries covered

Districts	Number of Beneficiaries Interviews
Jhabua	161
Umaria	155
Khandwa	152
Niwadi	150
Vidisha	147
Rewa	146
Satna	144
Panna	139
Mandla	138
Shivpuri	138
Bhopal	126
Total	**1596**

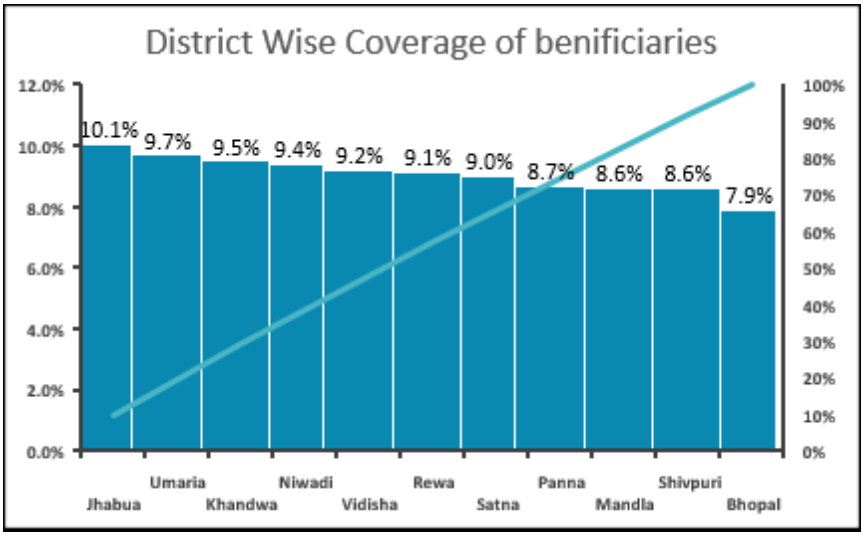
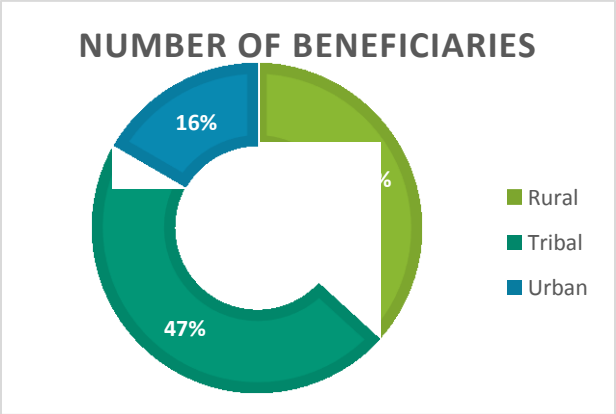


Figure 6.1: District Wise Sampled Population

Likewise, total number of blocks covered in the assessment is 16 blocks from 11 districts. The maximum beneficiaries are covered from Petlawad block (161) of Jhabua district followed by Karkeli block of Umaria (155). Both are tribal dominating blocks. The least are covered from Phanda block of Bhopal where only 22 beneficiaries were interviewed while only one beneficiary each from Ghatera and Vidisha block of Vidisha and Sijhaura of Mandla was interviewed.

The interview process was conducted in 88 villages, where 8 villages from each district were covered. Shown in figure and as it depicts the maximum number of beneficiaries are interviewed from Mahroi of Umaria (75) followed by Pipra of Niwadi (58), Sijhaura of



Mandla (44), Kelhaura of Satna (43). Villages including Ambakhal, Mardar, kataria, Teekhi, Majhgawa, Chhindpuri have the least number of interviews conducted ranging from 7-1 interviews per village. The village and block wise sampled population are shown in **Annexure I**.

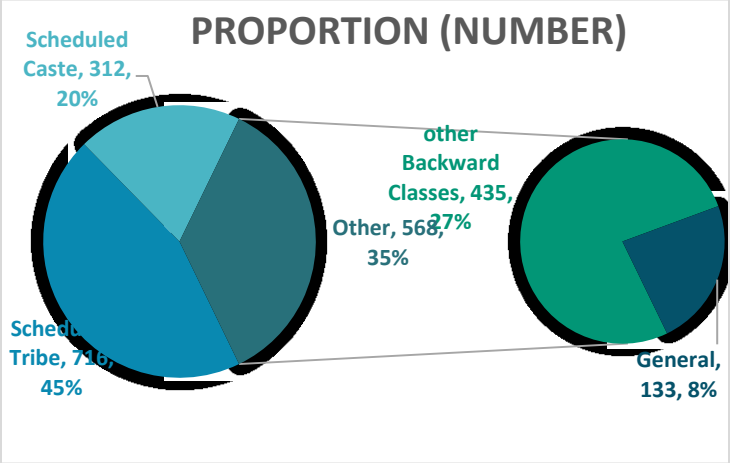
The number of beneficiaries covered from tribal area are 47% (744), 37% (587) from Rural and 17% (265) from Urban

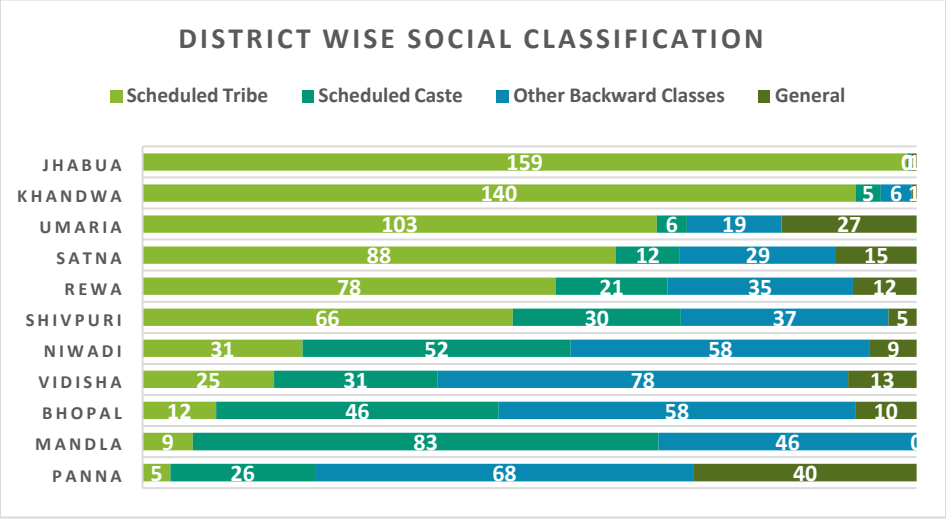
6.4. Census Classification (Social Groups)

Census classification of population by categories is demonstrated in the following figure and table it depicts that about 45% of the total beneficiaries are Scheduled Tribes (716) followed by Other Backward classes that frames 27% of the total sample population (435), Scheduled Caste about 20% (312) while 133 beneficiaries interviewed (8 percent) belong to general class. Demonstrated in table and figure, data shows that Jhabua district has the maximum coverage of Scheduled Tribe population framing about 10% of about 159 PWLMs of the total sample population (1596) followed by Khandwa 9 percent and Umaria 6 percent. The least of ST population is covered from Mandla, Bhopal, Vidisha, Shivpuri and Niwari.

Social Class	Proportion (number)	Proportion (%age)
Scheduled Tribe	716	45%
Scheduled Caste	312	20%
other Backward Classes	435	27%
General	133	8%
Grand Total	1596	

Districts	Scheduled Tribe	Scheduled Caste	OBC	General
Bhopal	12	46	58	10
Jhabua	159	0	1	1
Khandwa	140	5	6	1
Mandla	9	83	46	0
Niwadi	31	52	58	9
Panna	5	26	68	40
Rewa	78	21	35	12
Satna	88	12	29	15
Shivpuri	66	30	37	5
Umaria	103	6	19	27
Vidisha	25	31	78	13
Total	716	312	435	133



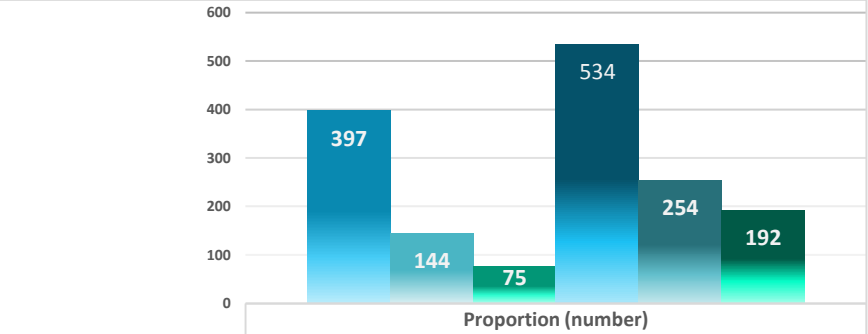


Similarly, Scheduled caste are maximum covered in Mandla (83) followed by Niwadii (52), Bhopal (46), the maximum spread of OBC is found in Vidisha (78) followed by Panna (68) Bhopal and Niwadi both with 58 PWLMs in each district. A fairly low percentage of general population are also covered from Panna (40), Umaria (27), Vidisha (13) followed by other districts (9-15)

6.5. Literacy Status

The proportion of the respondents who were unable to read are shown in the figure. It interprets that 79 percent of the total beneficiaries have done schooling or have taken education, while 5 percent are literates against 16 percent who are unable to read.

About 534 PWLMs were educated up to middle school followed by 397 those who have matriculated. About 9 percent are even graduated (144) and a comparatively lower percent of the beneficiaries have studied primary only.



	Proportion (number)
10+2	397
Graduate and Above	144
Literate	75
Middle	534
Non-literate	254
Primary	192

6.6. Occupational Status

The assessment reveals the involvement of beneficiaries in some or the other occupational work to sustain their living wherein about 73% of PWLMs are not involved in any occupation than 27% who are indulged in some work including daily wages, agriculture, agriculture labour, collecting NTFPs, or owning some business. Mentioned below –

6.6.1. Occupational Status of beneficiaries

Primary Occupation and Income

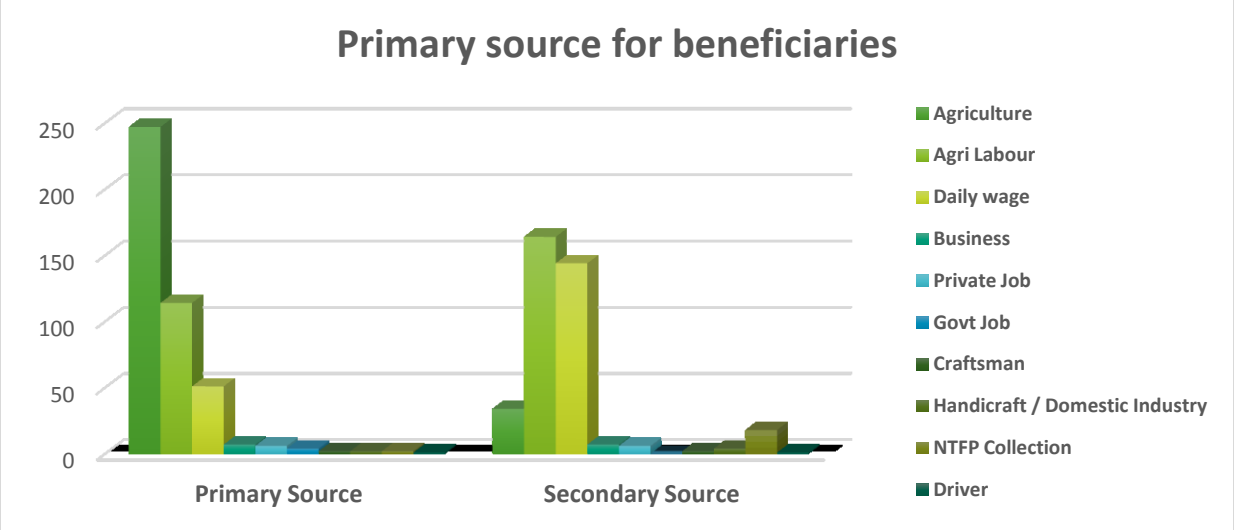
The primary occupation and source of income for the beneficiaries remain daily wages, labour, agriculture, conventional farming, and small shops, cattle-stock rearing to certain extent. The primary source of beneficiaries' occupation as represented in the table and figure below suggests that about 15 percent of the total beneficiaries' income are derived primarily from Agriculture followed by labour in agriculture fields by 114 HHs.

About 3 percent of the beneficiaries (51) are dependent on daily wages as their primary source of income. While a very of them have small business including poultry, sewing, goateries, fisheries, selling vegetables, small shops etc followed by 2-4 beneficiaries deriving their income from handicraft/domestic industry, NTFP collection.

Occupation	Primary Source	%age	Secondary Source	%age
Agriculture	247	15%	34	2%
Agri Labor	114	7%	164	10%
Daily wage	51	3%	144	9%
Business	7	0%	7	0%
Private Job	6	0%	6	0%
Govt Job	4	0%	0	0%
Craftsman	2	0%	2	0%
Handicraft / Domestic Industry	2	0%	4	0%
NTFP Collection	2	0%	18	0%
Driver	1	0%	1	0%
Not applicable	1160	0%	1216	0%
Total	436		380	

Secondary Occupation and Income

Presented in the same table and figure, the secondary source of occupation of beneficiaries are depicted as Agri labour as main source of secondary income where 164 beneficiaries are indulged in the labour in agriculture fields belong to big or medium farmers. About a proportionally large percent (9) where 144 women are indulged in daily wages while a fairly low number of them of about 34 are dependent on agriculture for their secondary source of income



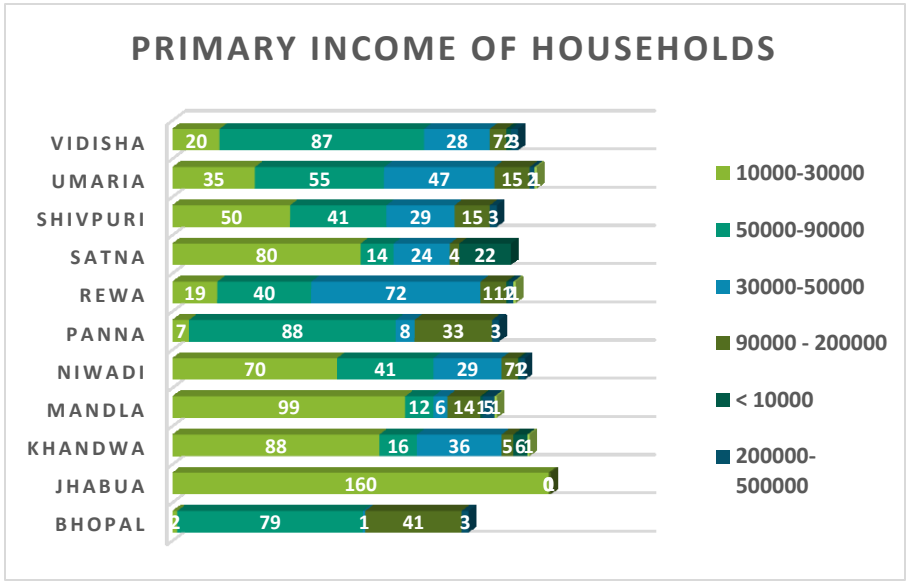
6.6.2. Occupational Status of Households

Primary occupation and Income

The source of primary occupation for the beneficiaries remains daily wages, labour, agriculture, conventional farming, and small shops, cattle-stock rearing to certain extent. The primary source of family's occupation as represented in the table and figure below suggests that about 47 percent of the total beneficiaries' household income are derived primarily from small business followed by daily wages where 30% of the total HHs have their primary income from daily labour including *dihari mazdoori*, working on construction site, in MNREGA, in brick clans, etc. About 10% of the total families are dependent on job (150 families) both in private (8%) as well government sector (about 1% in contractual basis, in corporation, frontline workers, etc.).About 5% of total families also seek agri-labour as their primary source of income. While a very small percent of the families (4 percent – 65 families) have small business including poultry, sewing, goateries, fisheries, selling vegetables, small shops etc followed by 2% of families having their male members as drivers (32 families). About 3 percent of the families of these beneficiaries (51) are dependent on daily wages as their primary source of income while similar number of families migrate for their income to nearby places.
In the districts largest agriculture dependency is seen in Jhabua (10%) while maximum of labour dependency is reported in Vidisha (6%) followed by Rewa where maximum migration is seen (3%)

Occupation	Agri Labor	Agriculture	Business	Daily Wage	Driver	Govt Job	Migration	Private Job	Grand Total
Bhopal			**18**	**20**	**11**	**3**		**74**	**126**
Jhabua		**160**		**1**					**161**
Khandwa	**7**	**89**	**1**	**52**	**1**	**2**			**152**
Mandla	**1**	**102**	**5**	**26**		**2**		**2**	**138**
Niwadi	**1**	**132**	**1**	**13**		**2**		**1**	**150**
Panna		**4**	**24**	**62**	**8**	**3**	**1**	**37**	**139**
Rewa		**8**	**10**	**77**	**1**		**41**	**9**	**146**
Satna	**1**	**79**	**1**	**63**					**144**
Shivpuri	**51**	**68**		**16**	**2**	**1**			**138**
Umaria	**2**	**88**		**57**		**4**		**4**	**155**
Vidisha	**12**	**20**	**5**	**94**	**9**	**1**	**1**	**5**	**147**
Grand Total	**75**	**750**	**65**	**481**	**32**	**18**	**43**	**132**	**1596**

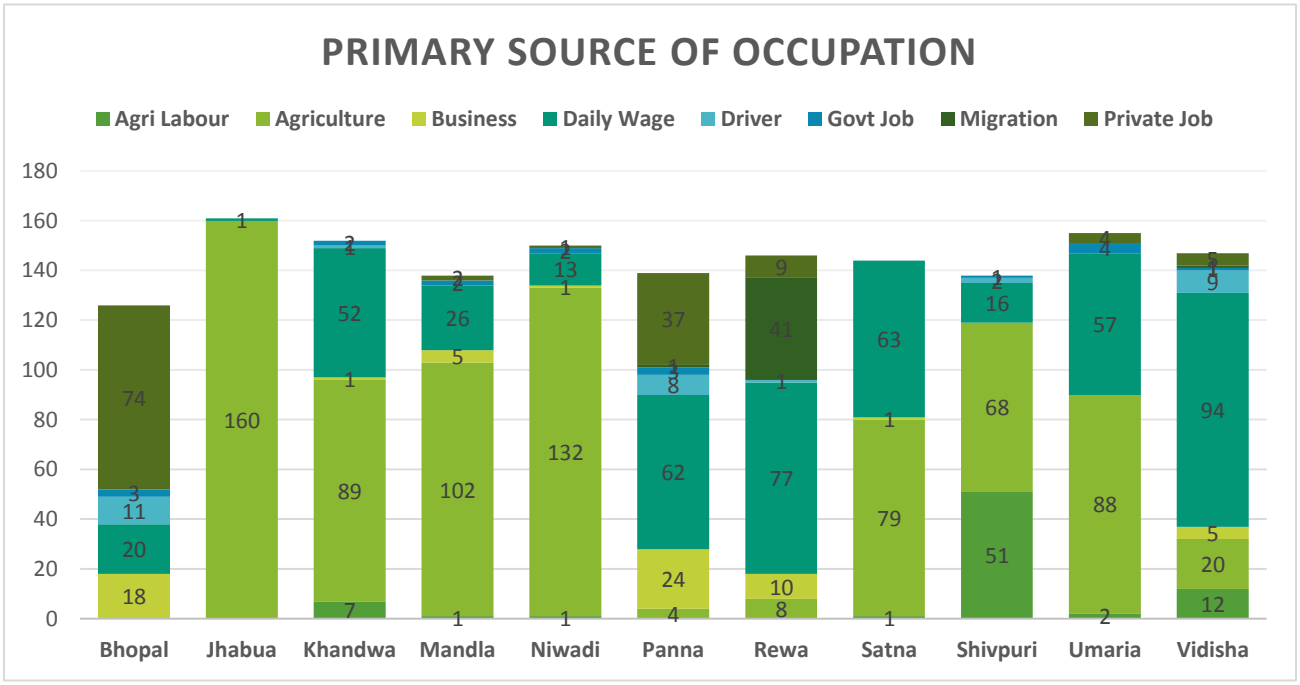
The income derived from different sources based on the amount are categorized into seven including below 10000, 10000 to 30000, 30000 to 50000, 50000-90000, 90000-200000, 200000 to 500000 and 500000 and above. The maximum families of about 39 percent earn between 10000 to 30000 in a year from different sources while about 30 percent earn between 50000-90000 in a year. This is followed by 280 families who earn up to 30000-50000 and 153 families earning up to 90000-2 lakhs.



Only one percent earn up to 5 lakhs while only 4 families earn beyond 5 lakhs in a year. Shockingly 2 percent of the families are earning below 10 thousand in a year.

Jhabua has the maximum families earning about 10000 in a year while about 22 families belong to Satna those are earning below 10 thousand.

The majority (48%) of the HHs of beneficiaries interviewed do not have any secondary source of income (770). Likewise, about 94% of the HHs i.e., about 1500 families have no tertiary income.



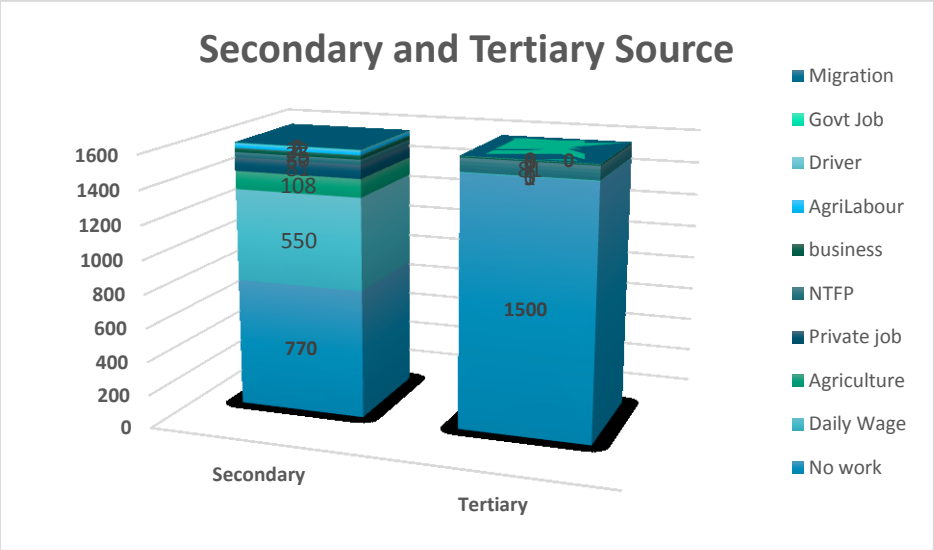
Secondary and Tertiary occupation of HHs

Presented in the other table and figure below, the secondary source of occupation of HHs are depicted as Daily wage for 34 percent of the families of beneficiaries (550) followed by agriculture by 7 percent (108) and private jobs by 5 percent (81) respectively. As low as one-two percent families (77 families) have their secondary income either from agriculture, or NTFP collection or small business including poultry, fisheries, *small kirana shops* etc.

Source	Secondary	%age	Tertiary	%age
No work	**770**	**48%**	**1500**	**94%**
Daily Wage	**550**	**34%**	**5**	**0%**
Agriculture	**108**	**7%**	**1**	**0%**
Private job	**81**	**5%**	**0**	**0%**
NTFP	**30**	**2%**	**81**	**5%**
business	**25**	**2%**	**8**	**1%**
AgriLabour	**22**	**1%**	**0**	**0%**
Driver	**6**	**0%**	**0**	**0%**
Govt Job	**2**	**0%**	**1**	**0%**
Migration	**2**	**0%**	**0**	**0%**
Grand Total	**1596**	**100%**	**1596**	**100%**

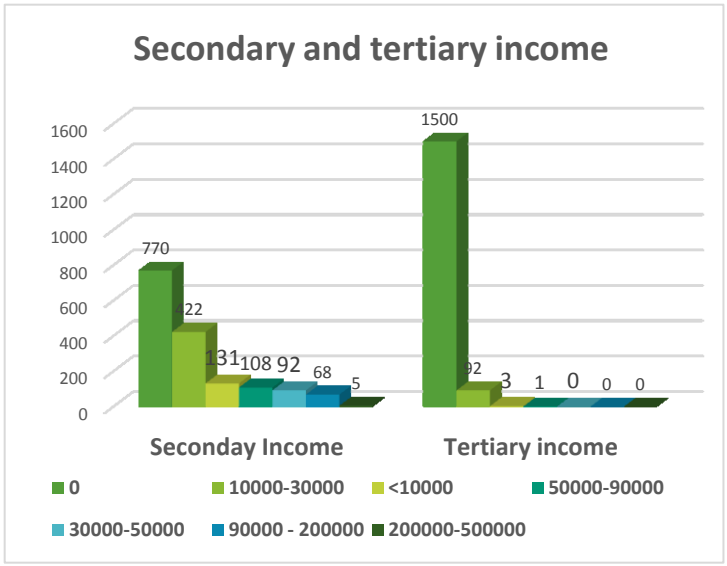
Source	Secondary Income	%age	Tertiary income	%age
0	770	48%	1500	94%
10000-30000	422	26%	92	6%
<10000	131	8%	3	0%
50000-90000	108	7%	1	0%
30000-50000	92	6%	0	0%
90000 - 200000	68	4%	0	0%
200000-500000	5	0%	0	0%
Grand Total	1596	100%	1596	100%

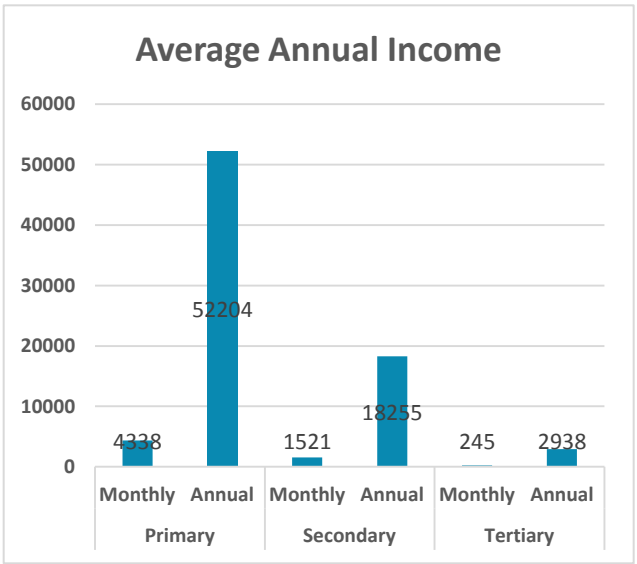
Interestingly five percent (81 families) collect NTFPs to extend their tertiary income. About one percent of the families (8 HH) also have some small work including handicraft/ domestic industry in hand to give them little extra pennies.
Also, the maximum families those who have no secondary work hail from Panna (137) followed by Vidisha (134) and Rewa (131). Districts like Jhabua (153) and Umaria (88) have majority of secondary sources for the Households. Contrary to this, majority of HHs those who do not have tertiary sources of income belong to Jhabua, Khandwa, Shivpuri etc., while more of tertiary options are available for people from Satna.



For secondary and tertiary income, the annual earning ranges between 10 thousand to thirty thousand by 26 percent and 6 percent of HHs respectively. About 8 percent of families are earning lower than 10 thousand a year from secondary sources.

The average annual income for all the eleven districts is computed as 52204 rupees as primary income, 18255 as secondary income and 2938 as tertiary income

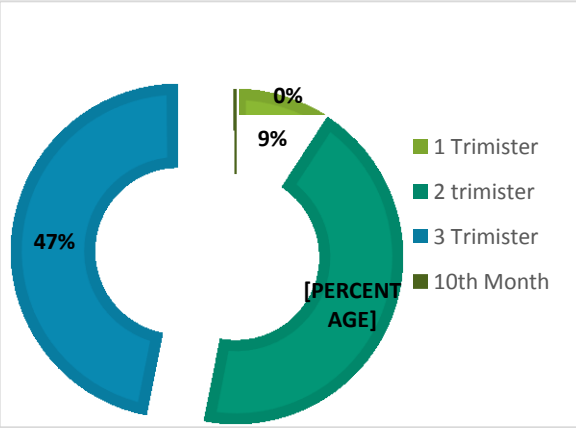




7. Chapter Seven – Health Care, Work and Nutrition Practices

7.1. Trimester of Pregnancy

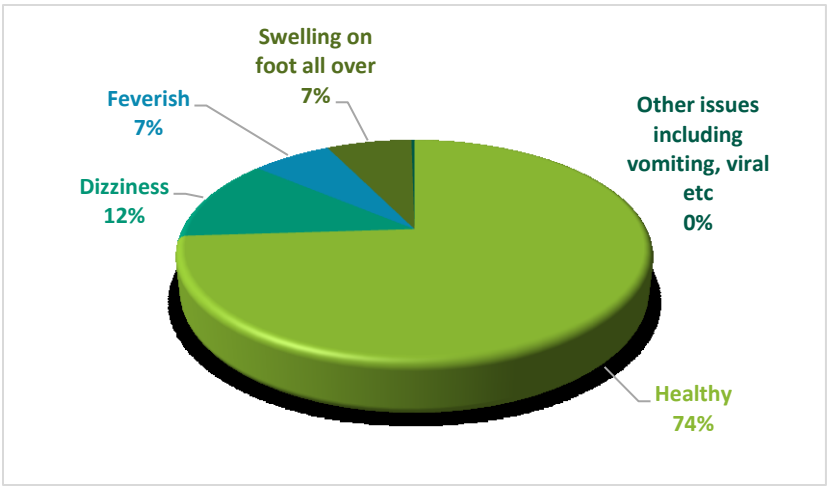
As suggested from the figure 47% (279 PWs) of the total pregnant women covered in the assessment (597) are in the third trimester of their pregnancy while 262 women were in their second trimester. A comparatively smaller proportion of 9 percent i.e., 55 pregnant mothers were having their first trimester of pregnancy when the assessment was conducted. The common practice that is observed in the rural settings is that early pregnancy is kept hidden during their first trimester and thus registration in the Anganwadis is often delayed.



7.2. Health problems during Pregnancy

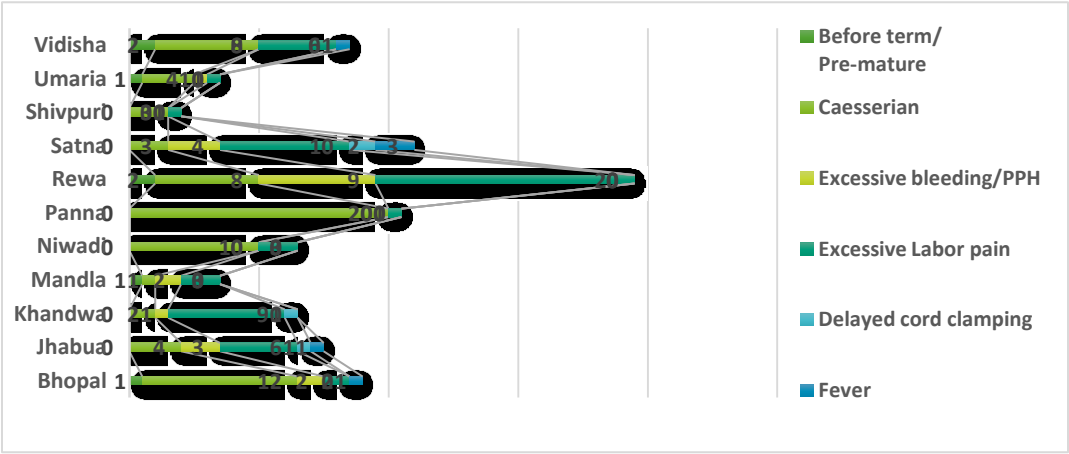
7.2.1. Sickness

Health problems as faced by women during their pregnancy period are depicted from the figure shown. It exhibits that seventy percent of women have shared of facing no health problems but reported mild headache and vertigo once in a while. About twelve percent have reported dizziness that remain throughout the pregnancy followed by seven percent of women who felt feverish and almost similar proportion faced swelling on their foot. Other issues faced by women includes vomiting, loose motion, seasonal fever, headache etc.



7.2.2. Complications

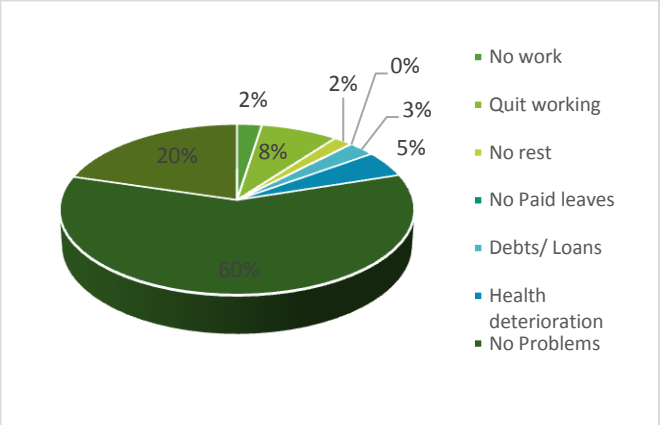
When women were asked about any complications, they have faced during the birth of the child in past two years preceding and during the assessment, their responses are explicated through figure below which specifies that about four percent (75) of the total births were delivered by caesarean section. This is followed by three percent (62) of the women who



had faced excessive labour pain while one percent (22) has excessive bleeding during their delivery. About 7 women even reported to have premature deliveries. Amongst the districts, Rewa reported to have maximum cases of complications describing the clear geographical and health facilities of the area which is followed by Satna, Bhopal and Vidisha. The least complication was reported in Shivpuri with 4 women three of which had caesarean and one reported to have extra bleeding during delivery. In the urban rural scenario, the cases of complications are raised more in urban to rural i.e., 25 to 15 percent

7.2.3. Problems faced during pregnancy

During the interviews, women were asked regarding the difficult situation they have across during their pregnancy period, they have responded to no work, quitting from the current work, no paid leaves, debts and loans, no rest and care etc. The figure below illustrates the responses further. Every four in ten women had faced some or the other situation which made their pregnancy a bit troublesome. About eight percent (125 women – more from Khandwa) had to quit their job. Five percent i.e., 79 women reported to have their health deteriorated more due to extra work load. About three percent (44) of women have shared that pregnancy brings in extra debts and burdens. About 40 women had no work during their pregnancy while 31 women (2 percent had no rest during their entire pregnancy. Nearly one-fifth of women had nothing to share due to lack on informative part.

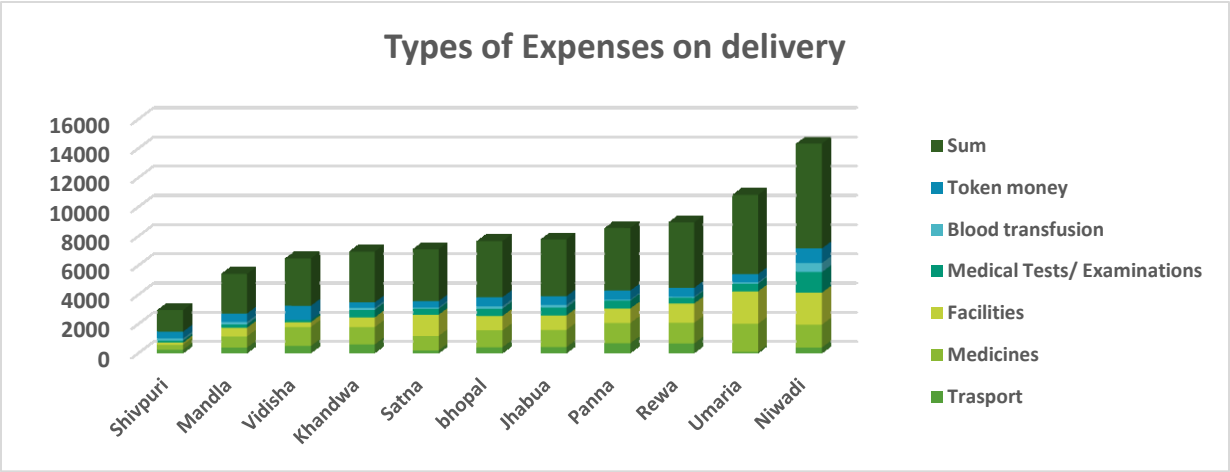


7.3. Expenses on Delivery

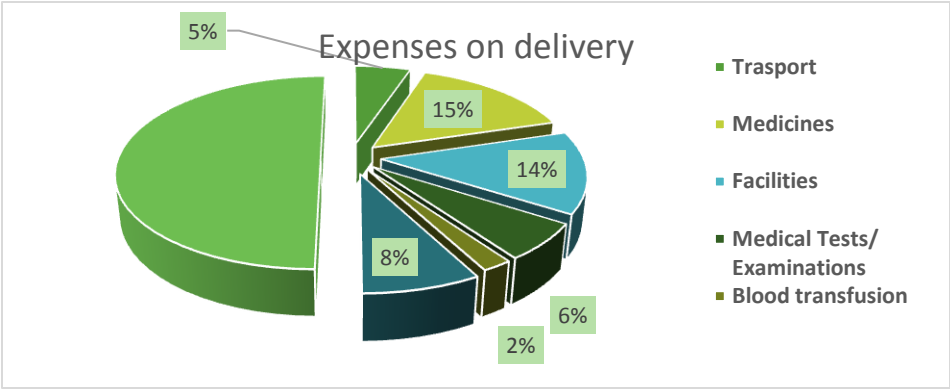
During the delivery, the beneficiaries admitted of have spending certain amounts on transport, medicines, facilities or on conducting the medical examinations, blood transfusions, or token money spent on hospitals staff or cleaners.

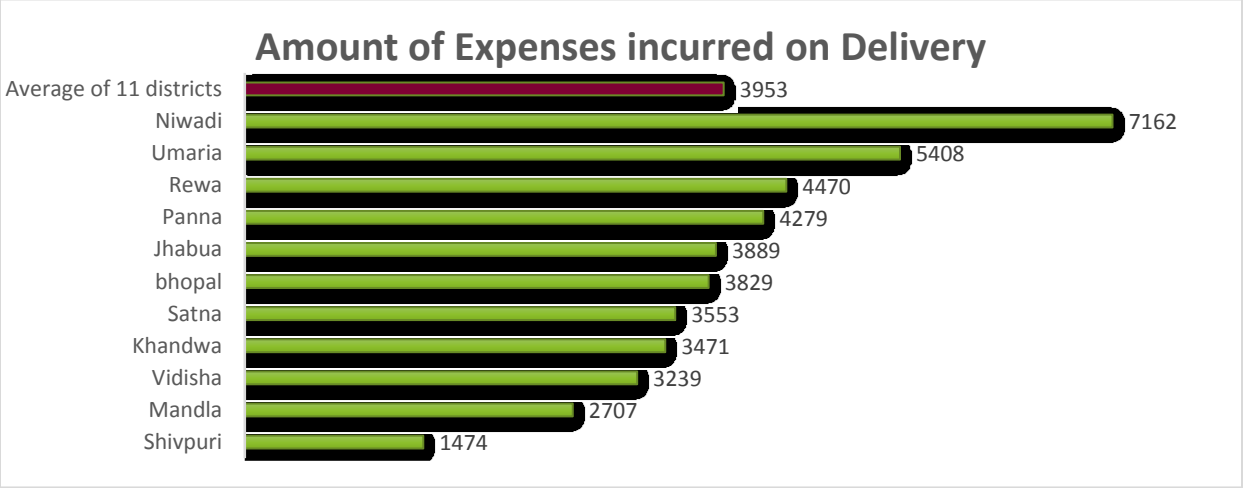
The expenses incurred on the delivery in the eleven districts are computed and demonstrated in table below. As depicted, average expense incurred during delivery care is computed as 3953 rupees on a birth. This includes transport expense as 411 rupees, 1198 rupees on medicines, 1080 rupees on health facilities, 483 rupees on medical tests and check-ups, 160 on blood transfusions in few cases, and 622 rupees as a token money given to nurses, midwives, cleaners etc.

District	Transport	Medicines	Facilities	Medical Tests/ Examinations	Blood transfusion	Token money	Sum
Niwadi	385	1567	2183	1411	613	1003	7162
Umaria	85	1920	2220	523	100	560	5408
Rewa	665	1411	1321	386	81	605	4470
Panna	679	1379	993	536	71	621	4279
Jhabua	410	1175	989	535	182	597	3889
Bhopal	406	1156	981	496	164	626	3829
Satna	184	993	1449	404	93	430	3553
Khandwa	599	1179	666	512	136	379	3471
Vidisha	492	1297	326	144	0	979	3239
Mandla	376	769	594	226	170	573	2707
Shivpuri	235	329	156	141	147	465	1474
11 districts	4516	13174	11878	5315	1758	6839	43479
Average of 11 districts	411	1198	1080	483	160	622	3953



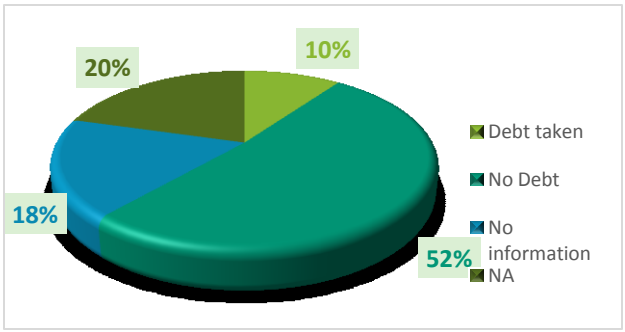
Amongst the districts, Niwari has reported to have the highest expenses while the lowest expenses are reported in Shivpuri. The average expenses for 11 districts is slightly lower than four districts including Niwari, Umaria, Rewa and Panna



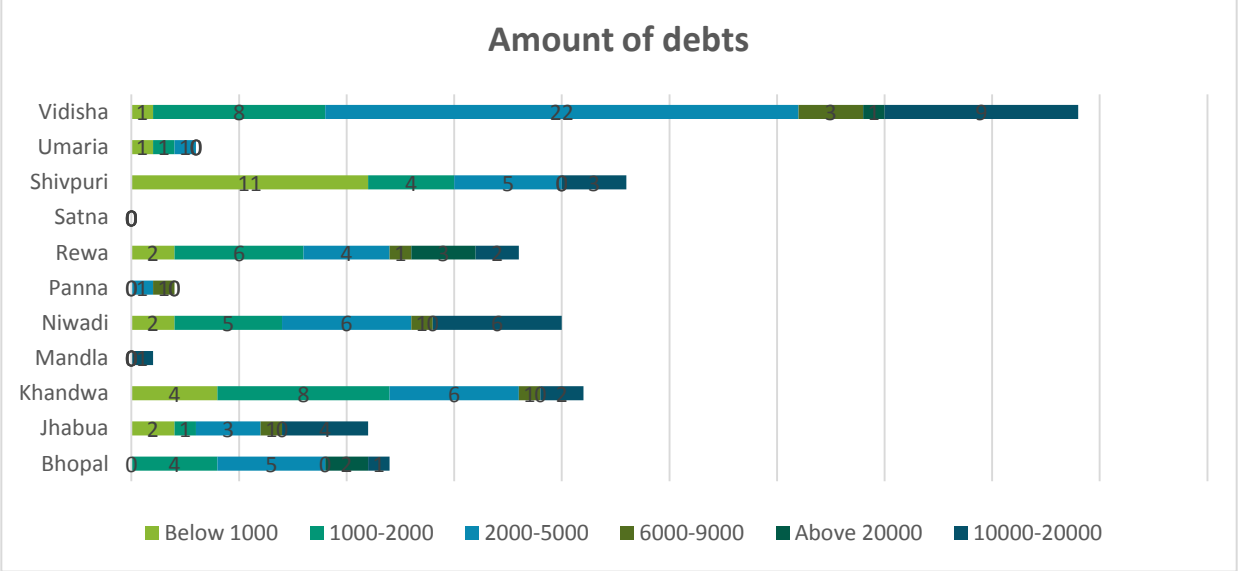


7.4. Status of Debts

When pregnant women and lactating mothers were asked for managing the extra amount, they had to spend apart from their earnings, they have responded with the only available option as debt. The debts recorded from the sampled population, computed and expressed in the following table and figure. About 10 percent of the beneficiaries have confirmed taking debts to meet the pregnancy expenses. While one-half of the beneficiaries have not taken any debts followed by one-fifth of the women who have no idea about the debts if taken in the family member.



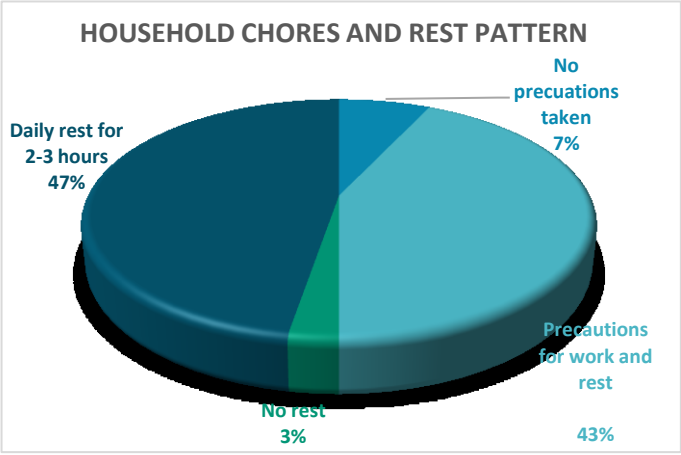
Amongst the districts, maximum debts cases are seen in Vidisha (35 percent) and lowed in Mandla (one percent). Additionally, rural women (4%) tend to have more debts than urban (3%). Amount owed is displayed in the figure that depicts that, about 34 percent of the women owed about 2000 to 5000 rupees during their entire pregnancy followed by 23 percent who owed 1000-2000 rupees



A very low percent (18) has a debt of 10000 to 20000 rupees followed by 4 percent who owed an amount more than 20000 rupees to meet the expenses. Amongst the districts the maximum debts are seen owed by women in Vidisha while those in Satna has zero debts.

7.5. Household Chores and Rest Pattern

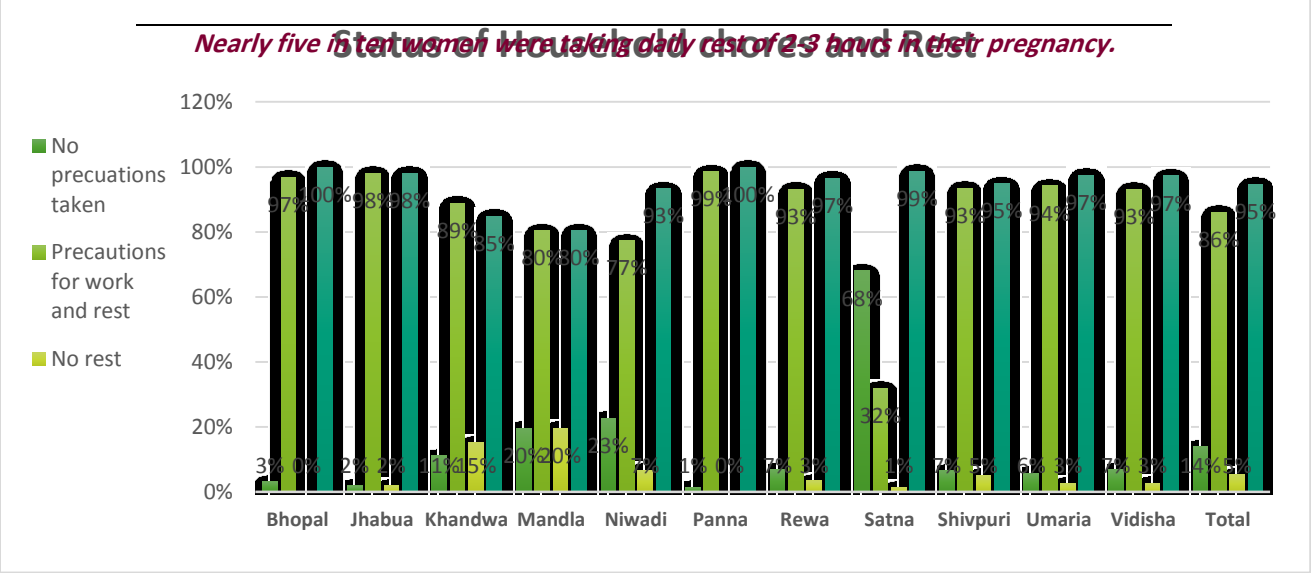
Delineated in the figure below is the work and rest pattern recorded for pregnant and lactating mothers which state that three percent of the women (223) have no rest during their pregnancy or lactation period while forty seven percent of women could have daily rest of two to three hours



Forty three percent women have their say that they took precaution while lifting heavy weights during pregnancy but this doesn't concern in lifting vessels for water or carrying their child at all. They have to do their household chores, but by heavy weight they meant carrying wood logs

Moreover, seven percent of women (223) never took any kind of precaution or rest or care during their pregnancy and lactation. Their household

chores are never off limit things and are considered under the rest pattern only by these women.

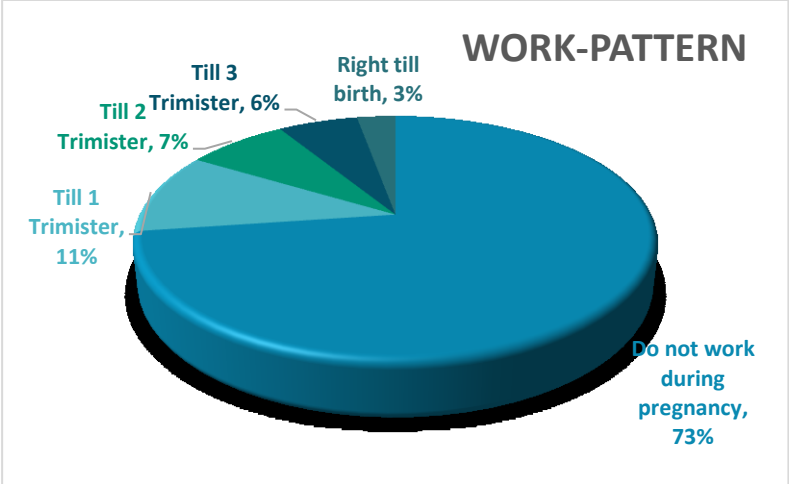


The graph demonstrates that in both the urban districts Bhopal and Panna, rest and precautions pattern are observed by 99-100 percent of women compared to rural districts wherein 90-97 percent of women have said that provided the COVID-19 conditions they took rested and necessary precautions while at home.

7.6. Work Pattern

7.6.1. Work continuance

As a common practice in villages women tend to work right before their delivery to make their basic earnings. This was verified from the women who were interviewed and the responses are mentioned in the figure below. This states that about seven in ten women have not worked during pregnancy and lactation and maintained their rest protocols.



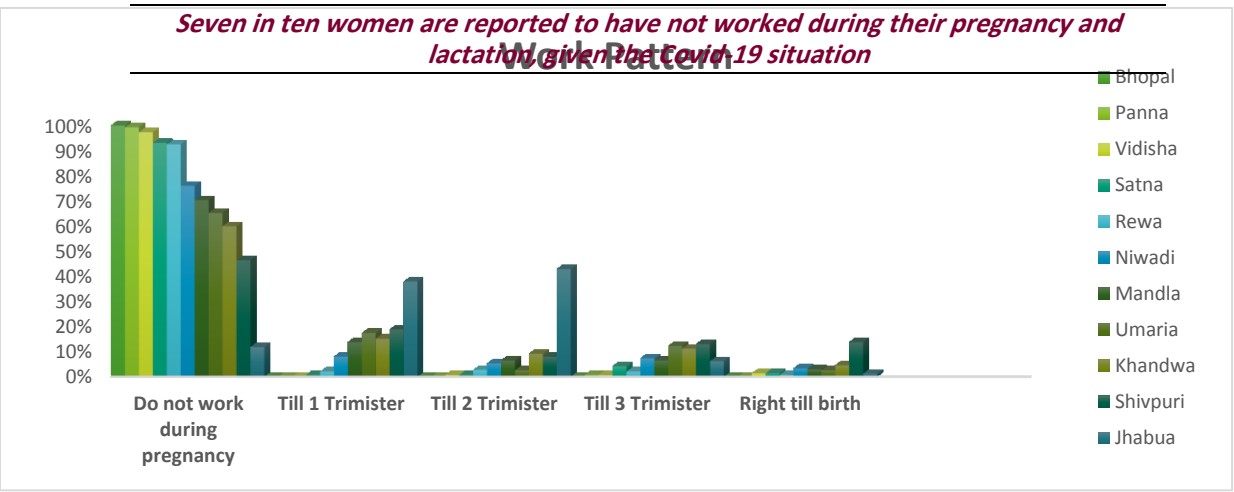
Nevertheless, this is added up with other constraints including Covid-19 condition where they didn't have to go out for work largely and have to have their time spent at home. However, 23 percent (434) continued working irrespective of their physiological conditions Among those who were working, forty percent (172) continued working till trimester one followed by 28 percent (121) who worked till trimester 2 and 22 percent (95) who worked during their trimester three. About eleven percent (46) continued working right till birth of the child.

Work pattern as observed amongst the districts is laid out in figure below which clearly affirms that Both in Bhopal and Panna (urban setting) has the maximum number of women observing rest at home rather going to work with 99-100percent.

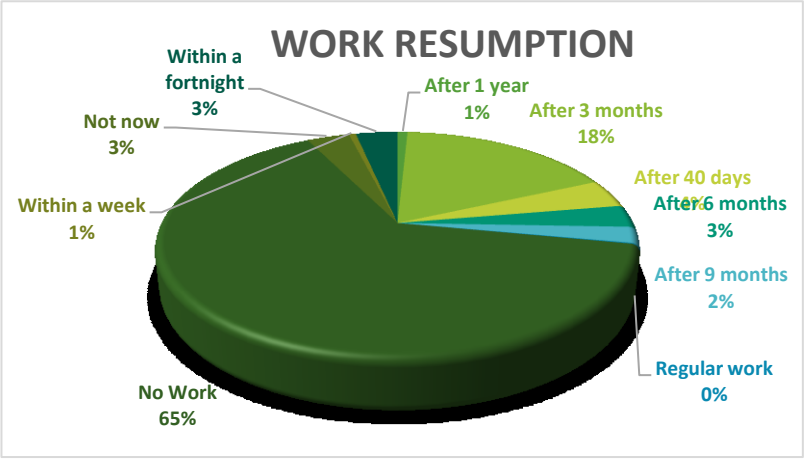
Contrary to this, the maximum work pattern during pregnancy and lactation is recorded highest for Jhabua followed by Shivpuri, Umaria, Khandwa, Mandla and so on. The least work pattern is recorded in urban setting.

The proportion of work till pregnancy is estimated as zero to one percent to three percent for urban to rural to total respectively.

Seven in ten women are reported to have not worked during their pregnancy and lactation given the Covid-19 situation



7.6.2. Work resumption

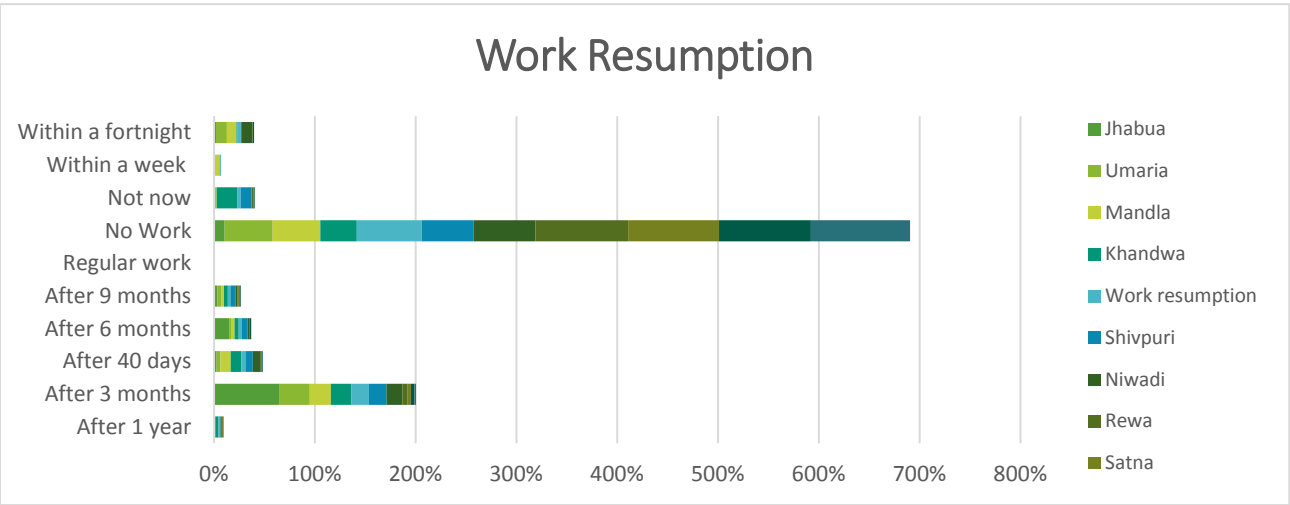


The women were asked about resuming back to their work once the child is born. Their responses towards work resumptions are computed and demonstrated below.

It is estimated that about sixty five percent (1031) of women have no work after the pregnancy whereas eighteen percent (279) of women have started work again after 3 months of child birth. Amongst them three percent of the women resumed their work when their child turned 6 months of age

A small proportion of about three percent i.e., 54 women had to give it a start within a fortnight while nine women started off in a week only.

The district wise presentation is displayed in the figure below. The highest proportion is seen in, work



resumption within three months, in Jhabua (104 women) followed by Umaria (47). Urban settings have

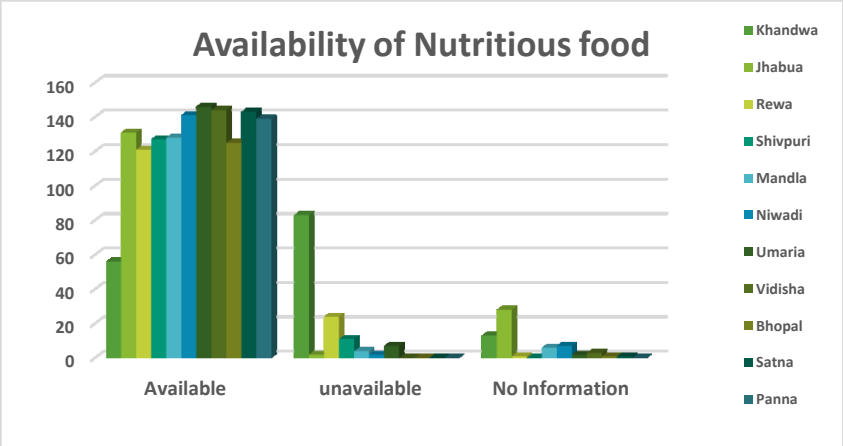
comparatively higher proportion of women to not resuming work after pregnancy than rural setting (98 percent to 51 percent)

7.7. Nutrition Practices

The sampled women were asked about the nutrition and health care and management during their pregnancy and lactation period and their recorded responses are analyzed and presented in this chapter.

7.7.1. Availability of Nutritious food

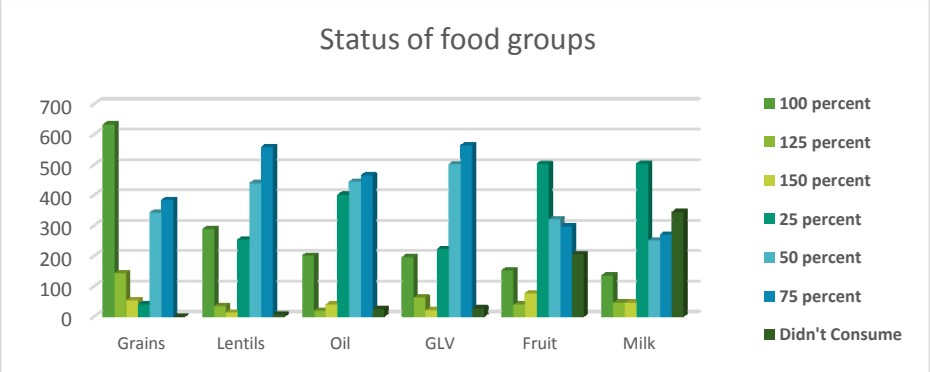
The arrangement of nutritious food as mentioned by the women are presented in the figure below stating that majority of the beneficiaries stated the availability of nutritious food. When asked about the definition of nutritious food, women have confirmed having eaten stomach full, which is however devoid of all the food groups but are mostly of cereals and carb-dense food. Based on the responses, it is estimated that eight in every ten women have their say on having availability of nutritious food on their plate during their entire pregnancy and lactation period. About eight percent of women (83 women) have had insufficient food on plate compared to 4 percent (13) of women who were unable to provide this information.



Amongst the districts the highest percentage of availability of nutritious food is recorded for both urban setting comparative to rural settings i.e., 99 percent to 82 percent. Panna and Bhopal has shown the highest percentage while the least is reported in Khandwa where only 37 percent women have confirmed the availability of nutritious food. This is preceded by Jhabua (81%), Rewa (83%) and rest of the districts with more than 90 percent of women having nutritious food in their diet.

7.7.2. Status of Food Groups

Provided the six basic food groups viz. Cereals and grains, Lentils and pulses, Oil and fats, Green leafy vegetables, vegetables and tubers, Fruits and Milk and milk products, their availability in the diet of pregnant and lactating mothers is assessed and is portioned in the table and figure below



Food groups	100 percent	125 percent	150 percent	25 percent	50 percent	75 percent	Didn't Consume
Grains and cereals	632	143	54	41	342	384	0
Lentils, Beans and Pulses	288	35	14	254	439	558	8
Oil and Fats	201	20	40	401	444	465	25
GLV, Leafy vegetables and Tubers	196	63	21	223	502	564	27
Fruit	152	40	77	503	321	297	206
Milk and Milk products	135	46	46	504	251	270	344

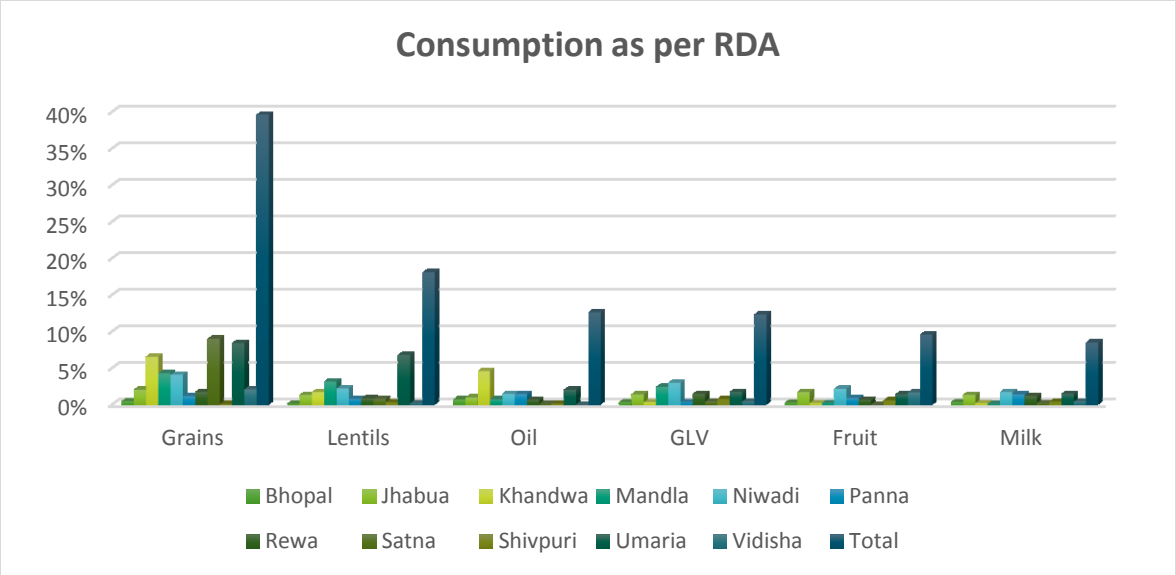
Grains and cereals

As clearly depicted from the table and graph the food plate of the pregnant and lactating mothers as a common practice is filled with grains and cereals and about 40 percent of the women and mothers are consuming grains up to 100 percent as per the recommendation while about 24 percent of women are getting only the ¾ of the recommended diet followed by 21 percent women who are just having half of the recommendation while a fairly low percent are having only one-fourth of the recommended portion of cereals and grain i.e. 270 grams of cereals for pregnant mothers and 300 grams for lactating mothers in a day as per ICMR.

Lentils, Beans and Pulses

Pulses being the contributor of protein in the diet plays the role of building blocks in the food plate. The average consumption of pulses and legumes like green gram, Bengal gram and black gram, cent percent for 18 percent of women (288) while four of ten women interviewed (439) are consuming only 50% of RDA. About thirty five percent of women are consuming 75 percent of women. About four percent (49) are having more than the recommended allowance. There is one percent of the segment (8 women) who are not consuming pulses at all. The RDA is 60 and 120 grams respectively for pregnant and lactating mothers.

Interestingly the maximum pulses consumption is reported in Umaria (6 %) and Mandla (3%) where pulses are consumed on higher notch however the quality of the pulses consumed in these districts are compromised provided the fact that they buy the pulses of lowest rate possible.



GLV, Leafy vegetables and Tubers

Greens and vegetables being the richest sources of antioxidants, fibers, and vitamins and minerals combined with roots and tubers which are riches sources of complex carbs and thus are essentially needed for pregnant and lactating mothers to boost their immunity and resistance towards infections. However, these are consumed as large as 3/4th of the RDA by majority of women i.e., 35 percent (564). While only 12 percent of women (196) could take it according to the RDA. About 223 women could have only one forth of the RDA whereas 27 women never consumed any of this food group during their increased nutritional need period. Niwadi has the highest percentage of women consuming 100 percent of greens compared to Khandwa Bhopal and Vidisha where only 5-6 percent of women can afford to have greens

Oils and Fats

Oil and fats the energy giving food group to be taken as much as 30 grams in a diet are consumed by 13 percent of women (201) according to RDA while more than half of the women have consumed lesser than 75 percent of RDA. Two percent had not consumed any oil where they could only had a very minute portion in their diet provided the availability of oils in a month. Only three percent (40) of women could have 45 grams of oils a day

The cent percent consumption is majorly seen in Umaria (2 percent) followed by Panna and Niwadi. The least is seen in Satna.

Milk and Milk Products

Milk which provides high biological proteins and calcium becomes the essential food entry on plate but are consumed as much as 25 percent of RDA by thirty two percent of women (504). The hundred percent of RDA is consumed by very small proportion (!35 women) only. However about 344 women never got this food group consumed. Niwari is reported to have highest consumption of milk followed by Umaria; least is recorded for Satna where only 3 percent could consume cent percent of milk as per RDA which is 500 ml per day for both pregnant and lactating mothers

Fruits

Fruits being the part of protective food groups are as important as vegetables but are consumed by ten percent of women as per RDA. Only three in ten women are consuming one-fourth. However about 206 women are not consuming the fruits at all. Twenty percent (321) are consuming one half of RDA which is 100 grams per day. Niwari again hits the record in having highest proportion of women consuming the fruits as per the RDA while Satna as the least.

District wise consumption of all the food groups in all the eleven districts are placed in Annexure III and consumption of food groups as per the RDA is demonstrated in the figure below

More than half of the surveyed women have consumed cereal dense food while nearly eight in ten women have consumed pulses by 25-75percent of RDA

8. Chapter Eight – Service Delivery

8.1. Anganwadi Services

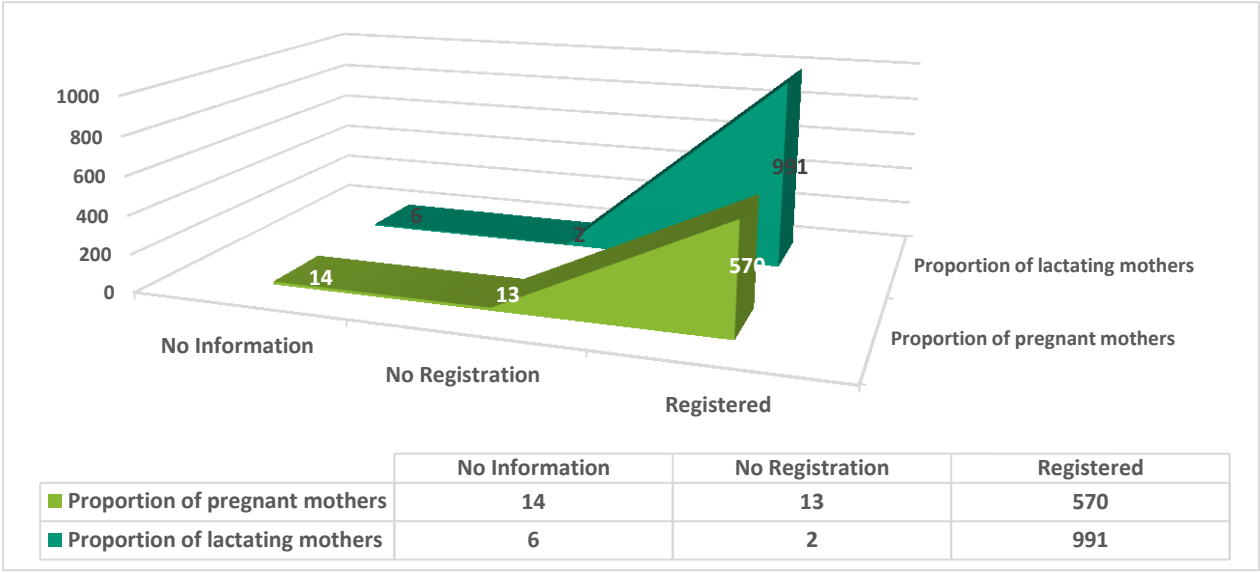
Services provided by Anganwadi under ICDS are recorded below

8.1.1. Pregnancy Registration

About thirty-six of the entire interviewed pregnant women (570 PWs) got their pregnancy registered while 62% of the lactating mothers (991 LMs) registered at Anganwadi centres during their pregnancy.

About 20 women had no information about their registration at all.

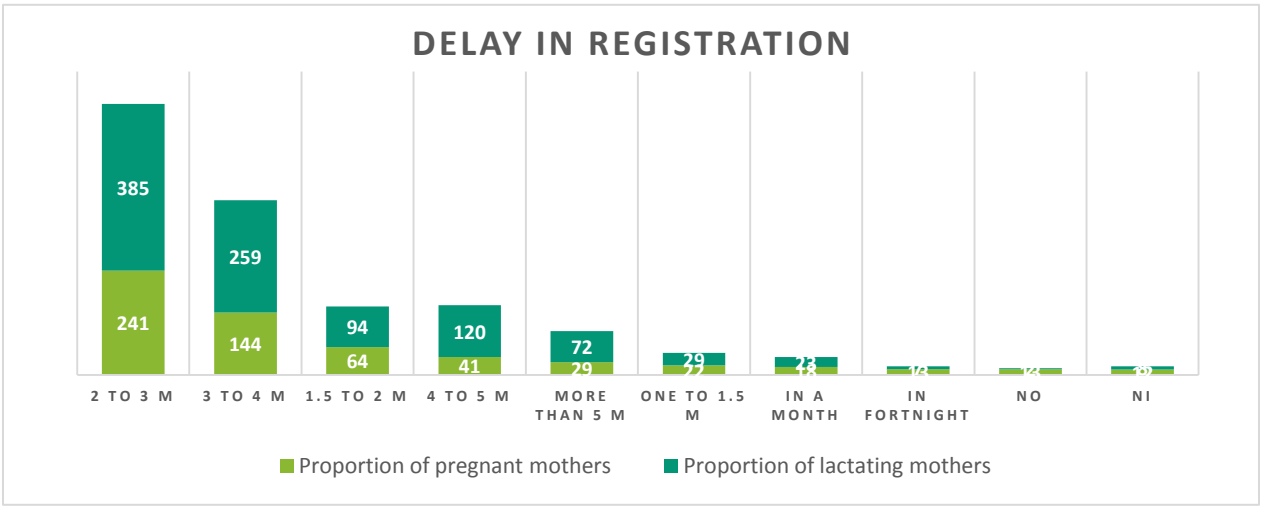
Registration of Pregnancy	Proportion of pregnant mothers	Proportion (%age)	Proportion of lactating mothers	Proportion (%age)
No Information	14	1%	6	0%
No Registration	13	1%	2	0%
Registered	570	36%	991	62%
Grand Total	1596			



	No Information	No Registration	Registered
Proportion of pregnant mothers	14	13	570
Proportion of lactating mothers	6	2	991

Delay in Registration

The status computed from the assessment portrayed in graph suggested that 40 percent of pregnant women (241) and 39 percent of lactating mothers (385) got they're after two to three months of their LMP while 24-26% of both pregnant and lactating mothers registered themselves after 3-4 months of pregnancy.

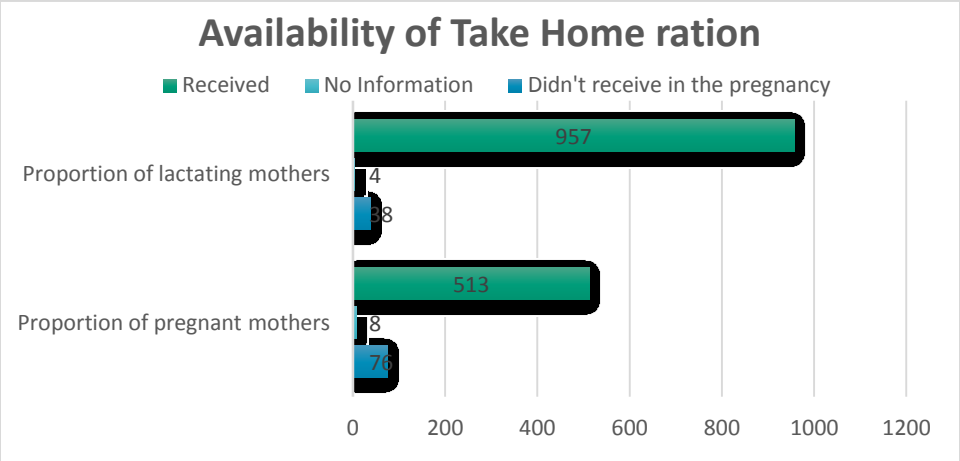


About 101 women (6 percent of total sampled beneficiaries) got their registration delayed by 5 months. A fairly low percent (4%) of beneficiaries got themselves registered within a month only.

8.1.2. Take Home-Ration

Availability of THR

Under the ICDS flagship programme, the provision of anganwadi services have a mandate of Supplementary Nutrition Programme to meet the nutritional need of children under three years, pregnant and lactating women and, in some states, adolescent girls by providing them with supplementary food products called Take-Home Rations for home use. Availability of THR to the number of beneficiaries interviewed during their pregnancy and lactation period is portrayed in figure. About 86 percent of pregnant mothers (513) and ninety-six percent of lactating mothers (957) have received the THR packets.

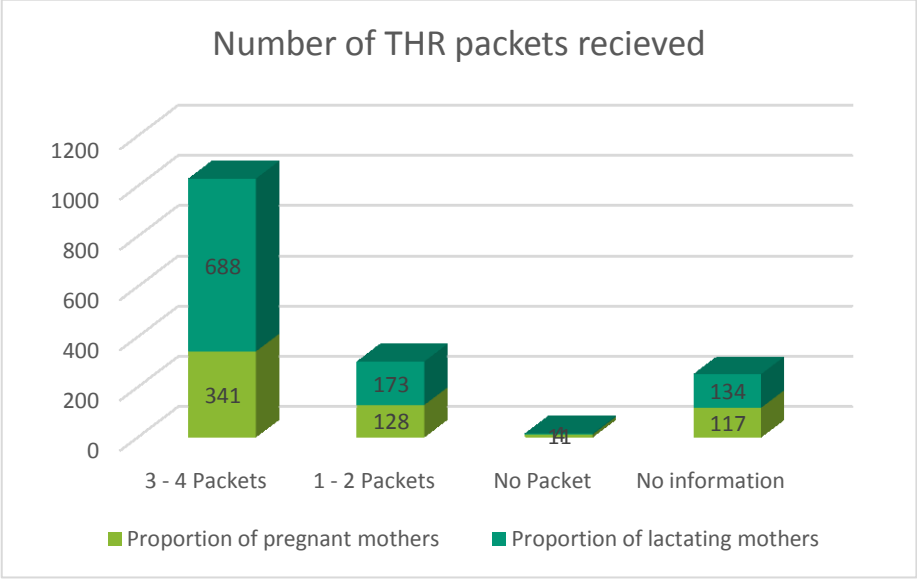


The analysis suggests that about 92 percent of the entire sampled population has received their THR packets against seven percent of women who have not received any packet at all followed by 1-2 percent of women who have no information on the same.

Quantity of THR Packets provided

Depicted from the figure below, about 57% of pregnant mothers (341) and 69% of the lactating mothers (688) have received at three to four THR packets a month, during their pregnancy and lactation period. This computes about sixty-four percent of the entire population have received their THR packets as recommended in a month.

About one-fifth of all the beneficiaries have received just half the recommended quantity i.e., 1-2 packets a month. This is followed by 16% of the women who didn't have any information on number of packets they are entitled to. Some roughly says of having received 10-15packets while other says of having received 7-8 packets a month. About 2 percent of the population have never received any packets at all (15 women).

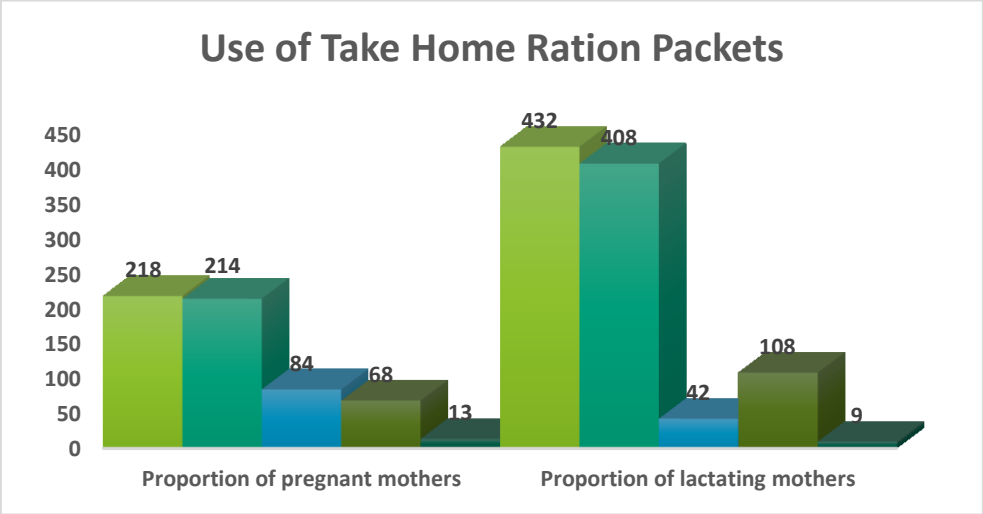


Amongst the districts, Panna with seventy-seven percent is reported to have the highest distribution of THR compared to Khandwa recorded to have the least distribution in a row about 53 percent.

Consumption of THR

Demonstrated in the figure below is the depiction of consumption status of THR by beneficiaries that says that about forty one percent of the HHs of the women participated in the assessment have consumed the THR packets instead of the beneficiaries themselves.

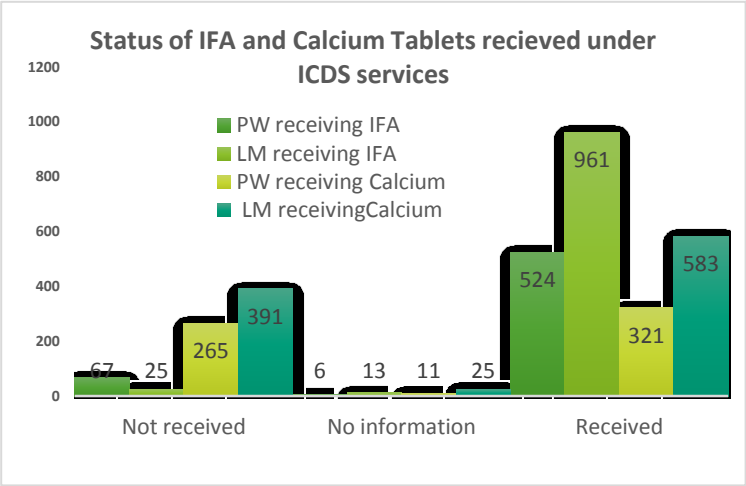
This is followed by thirty-nine percent of the women (622-; 214-PWs, and 408-LMs) have consumed the THR packets provided for themselves. About twelve percent of the women reported to have not consumed the THR packets provided wherein 11 percent have shown their distaste towards the THR and thus not consuming it.

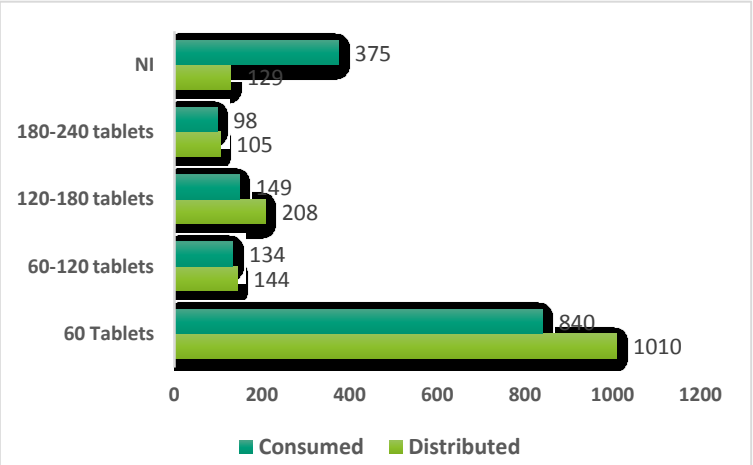


8.1.3. Iron Folic Acid and Calcium Tablets

As shown in the figure the status of IFA tablets, about thirty three percent of the pregnant women (524) and sixty percent of lactating mothers (961) have received IFA tablets. About six percent of women did not have any clue of number of iron and folic acid tablets provided, or are eligible for any or not.

Correspondingly the other graph demonstrates the IFA tablets and its consumption status. This specifies that 134 women have consumed up to 120 tablets while 840 who have consumed up to 60 tablets. About 98 women have consumed up to 180-240 tablets. While 375 women have no clue about having received any Iron Folic Acid or its consumption when asked. The reasons for not consuming the IFA tablet are the taste, discolouring of tools, constipation etc. Amongst the districts, Panna with 96 percent is reported to have the highest distribution against 88% recorded in Rewa



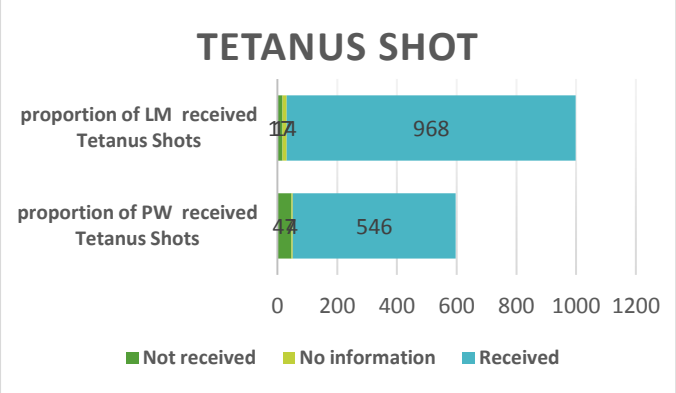


Contrary to IFA tablets status, where nine from every ten women have received their IFA tablets, about five in every ten women have received their calcium dosages wherein two percent have no information and forty one percent have not received any of the calcium tablets in their pregnancy period.

Nine in ten women have received their IFA while five in ten women have received their Calcium tablets

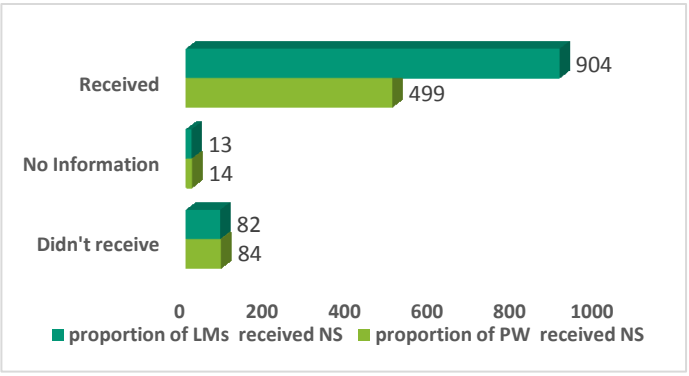
8.1.4. Tetanus shots

Ninety percent of the pregnancy or last births were protected against neonatal tetanus through tetanus toxoid vaccinations.
While four percent have received no tetanus shots while one percent didn't have any information on the importance of having themselves vaccinated against neonatal tetanus.
Amongst them, seventy one percent have received two shots while nineteen percent have received only one shot. It is computed that amongst the beneficiaries interviewed 5 percent whereas, nine percent of lactating mothers have received only one shot of tetanus toxoid.



8.1.5. Nutrition Counselling

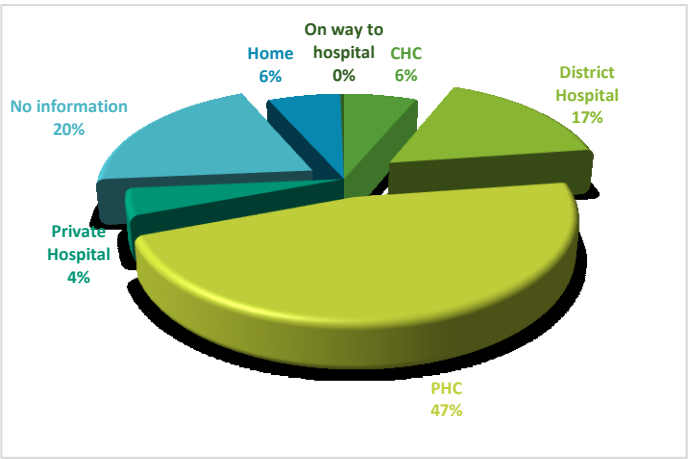
About eighty eight percent of beneficiaries have received their nutrition counselling from Anganwadi workers against ten percent who have not received any counselling while a very low percent (27) has confirmed of having no information on the same.
Amidst lactating mothers, 90 percent have received the counselling while pregnant women have a comparative lower score of 83 percent.

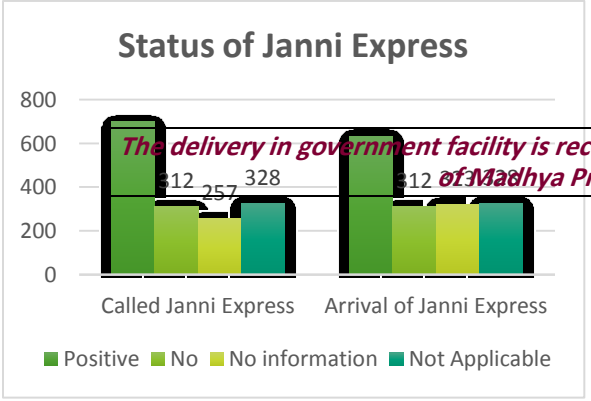


8.2. Delivery care

8.2.1. Place of delivery

Excluding the women those who are pregnant for the first time (328), the total birth took place in the in past two years preceding and during the assessment is computed as 1268. Amongst which, about three-fourths of the deliveries took place in government facilities. This includes nearly half of the births (i.e., 47 % about 590) taking place in Primary Health Centers followed by 16 percent (208) of deliveries in the District hospitals. Moreover, 6 percent (80) of deliveries took place in Community Health Centers.
About 80 births framing six percent were delivered at Home (including births taking place at women's paternal home provided the COVID-19 situation). In as low as 4 cases the births took place before reaching the hospital.
Comparatively institutional births are observed more in urban women to rural women 67 percent to 57 percent respectively. Amongst the districts, Panna has the highest institutional delivery and the least was recorded in Vidisha (52%). The maximum home deliveries occurred in Khandwa (19 %)

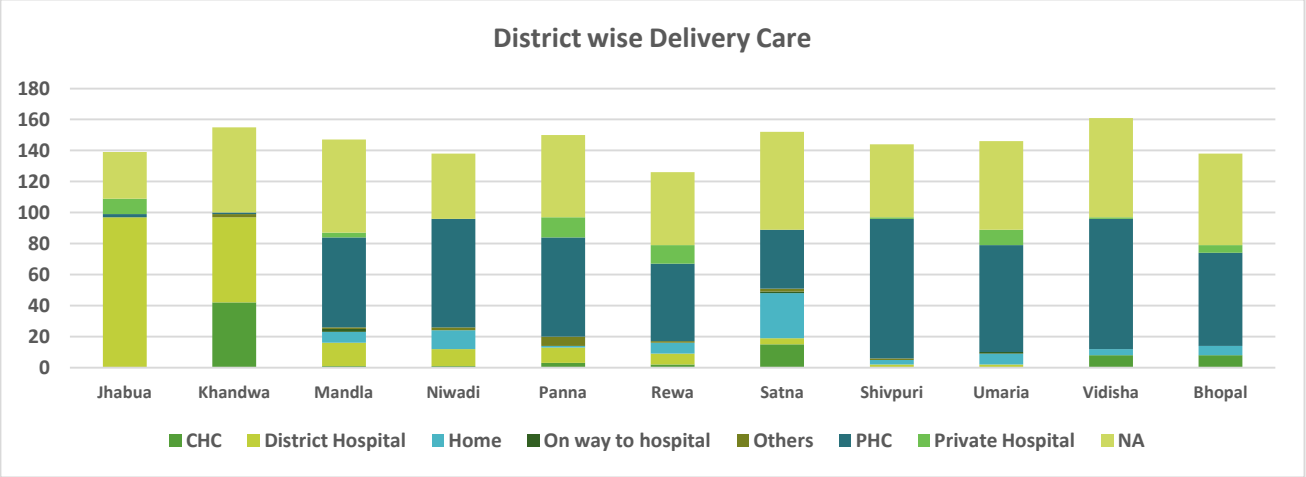




The delivery in government facility is recorded as 33 percent lower as compared to that of Madhya Pradesh (81 percent)

Janani Express

About one-fourth of the women (699) at the time of delivery have called the Janani Express which was responded back in case of 40 percent i.e., 633 women have received the Janani Express on time.



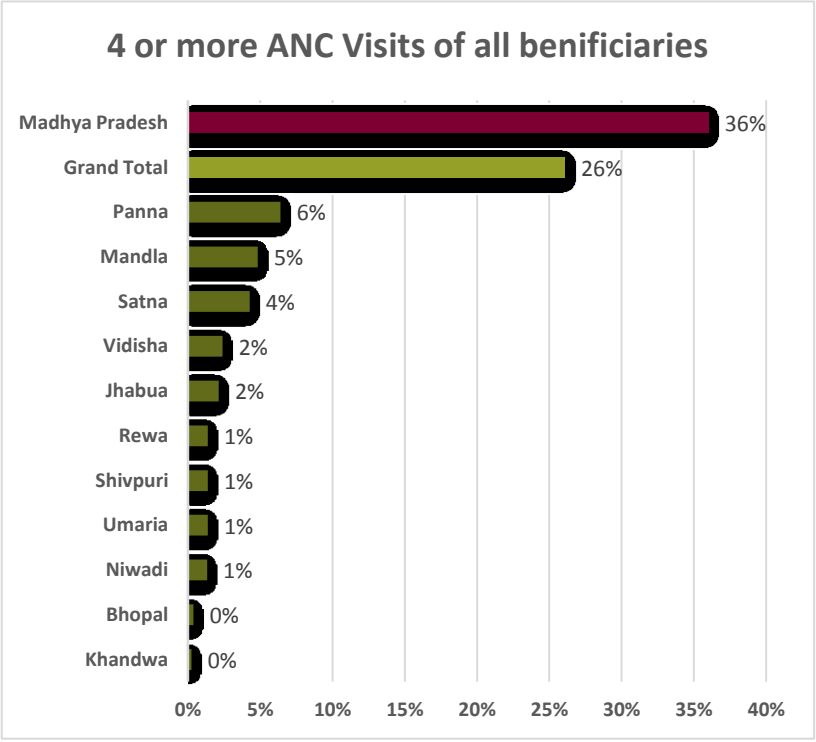
The delivery in government facility is recorded as 59 percent lower as compared to that of Madhya Pradesh (81 percent)

8.3. Health Services

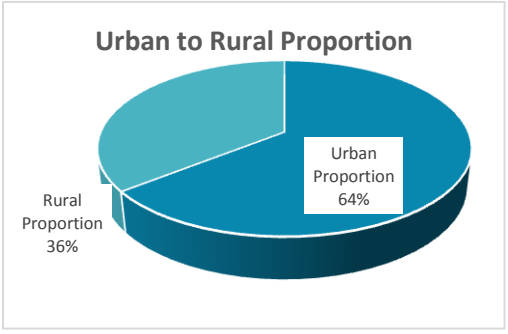
8.3.1. Antenatal Care (ANC)

Amongst pregnant mothers, about 92 percent women (35 percent of the total beneficiaries -529 of 597) have received antenatal care of which only 9 percent have received the four ANC. Amongst mothers who gave birth in the two years preceding the assessment, almost six in ten have received antenatal care (ANC) for their last birth from a health professional.

Four percent of beneficiaries (41 PWLMs) did not receive any antenatal care while one percent have no information on the ANC checkups. Two cases have not yet registered in the Anganwadi centers for their pregnancy.



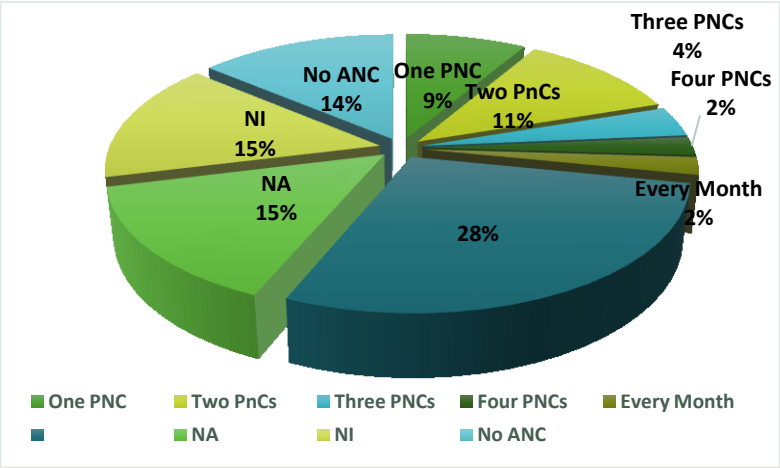
Only 53 women (three percent) have received antenatal care during the first trimester of pregnancy according to the recommended visits. Only twenty-three percent of mothers had four or more antenatal care visits; urban women were more likely to receive four or more antenatal visits than rural women.



While the total ANC for all the pregnant and lactating mothers is computed as 26percent which is lower than that of ANC percentage of MP which is 36% as per NFHS-4

Only nine percent of pregnant women (53) have received all the four ANC as per the recommendation during their third trimester

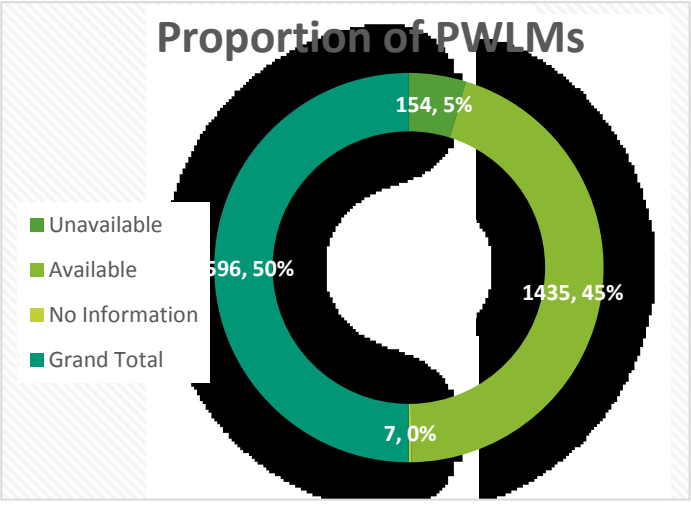
8.3.2. Post Natal care



Early postnatal care for a mother helps protect the health of mother as well as child and reduce chances of maternal as well infant mortality and morbidity further. The 60 percent of mothers had PNC in MP as per NFHS-4 while this was when analyzed for the studied geography suggested that one-half of the mothers those were interviewed in this survey had their Post Natal Care in their last birth i.e., 626 women making a count of 49%.
Also, twenty percent of mothers had their two PNCs as per the recommendation, followed by 15 percent of women who had at least one PNC. About seven percent (84 mothers) said that they had received three PNC while four percent had four PNC supported by four percent who said that they had gone for PNC checkup every month. This is in conjugation with 26 percent of women who had no information on the matter while 328 of interviewed were pregnant for first time but were counselled during the assessment itself. Amongst the district the highest number of PNC was recorded in Panna (97) followed by Bhopal (77) followed by Jhabua, Khandwa, Mandla and Umaria (72). This suggests that urban mothers had more Post-natal care than rural mothers.

8.4. Bank account

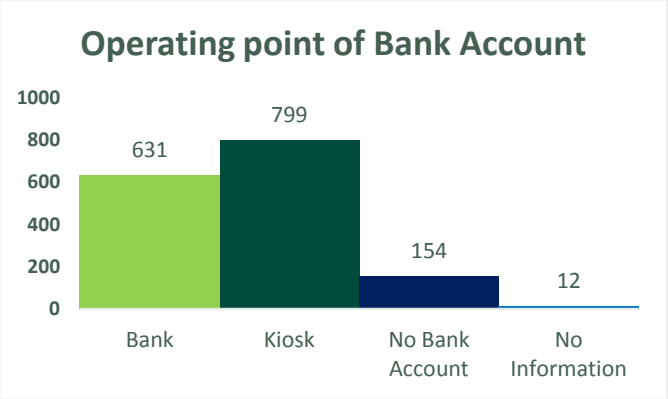
8.4.1. Availability of Bank accounts



The bank account is the entry point in cross verifying the amount received by the beneficiaries from the three different schemes – PMMVY, JSY and MMSSPSY.
Thus, when women were asked if they have bank accounts yet or not, nearly nine of ten women i.e. confirmed of having bank accounts, i.e., about 1435 women have the bank accounts.
However, 7 women were not aware of any bank account in their names while a very small proportion of 5 percent have not yet opened their bank accounts.

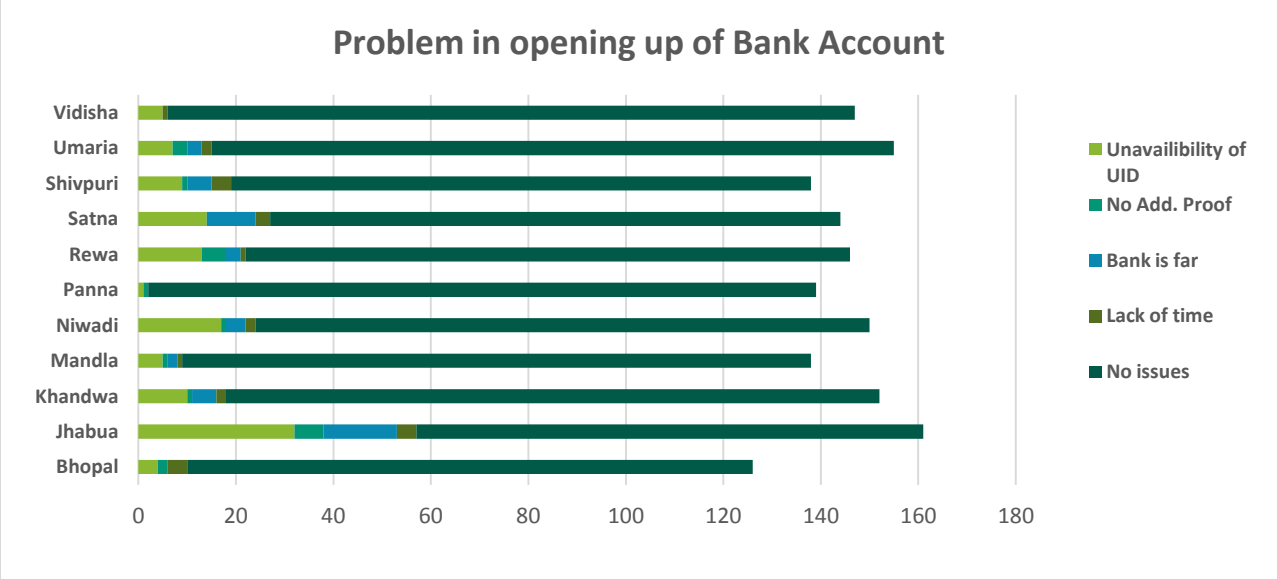
8.4.2. Operating Point

As the bank account opened under the names of the beneficiaries with zero balance, their operating points are determined by the bank which either be bank account or kiosk. It is estimated that the operating point of forty percent of accounts (631) is Bank against fifty percent which are being operated under Kiosk (799) while 12 women were not able to confirmed that their bank account are operated under bank account or kiosks.



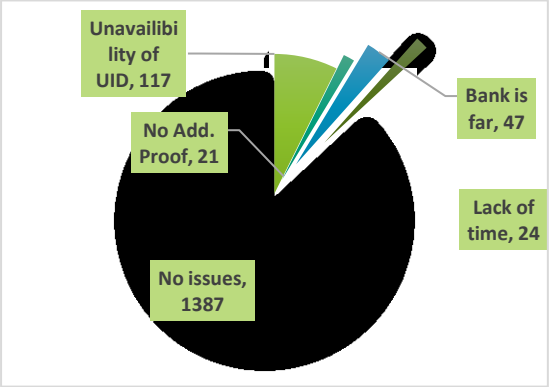
Difficulties faced for opening the Bank Account

Women were interviewed for the difficulties they have faced for opening the bank accounts, eighty seven percent (1387) connect it with the already opened account and did not acknowledge any trouble while opening their bank account.



The remaining thirteen percent (209) women differed this opinion and shared their hurdles. Amongst them fifty six percent (117) had UID unavailable, twenty-two percent (47) said the bank was far and it discouraged them opening the bank account.

About seven percent i.e., 117 women differed this opinion and confirmed the unavailability of UID was the hurdle all the way howbeit for eleven percent of women (24) it was the availability of time to reach the bank and get the process done.



II. Sub-section Two – Scheme-wise Findings

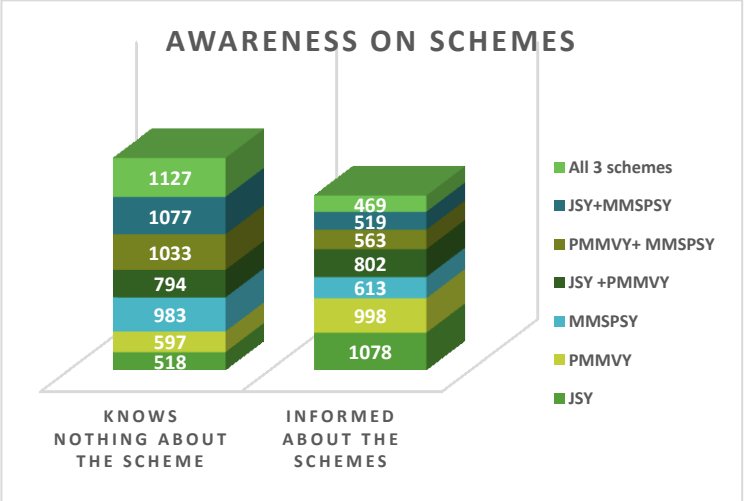
This sub-section deals with Schemes specific findings and has detailed analysis on awareness and information level and benefits of all the three Schemes – PMMVY, MMSSPSY and JSY

9. Chapter Nine – Pradhan Mantri Matru Vandana Yojana (PMMVY)

Analysis of number of applications against the eligibility of women, to the difficulties faced during applying, receiving incentives to conditionalities for PMMVY are covered under this section

9.1. Awareness about Schemes

When beneficiaries were asked if they are informed on the scheme, 63% of the women (998) confirmed of knowing about the scheme.



Awareness on Schemes	Knows nothing about the scheme	%age	Informed about the schemes	%age
JSY	518	32%	1078	68%
PMMVY	597	37%	998	63%
MMSPSY	983	32%	613	68%
JSY +PMMVY	794	50%	802	38%
PMMVY+ MMSPSY	1033	65%	563	35%
JSY+MMSPSY	1077	71%	519	0%
All 3 schemes	1127	71%	469	29%

About 37% of the interviewed women (597) know nothing about PMMVY. About 71 percent of the women do not have any information on any schemes against 29 percent (469 women) who know about all the three schemes. Comparatively about one third of the women interviewed know about at least two schemes. For instance, 802 women know about both JSY and MMSPSY while 563 women know about PMMVY and MMSPSY while not a single woman is found who know JSY as well as MMSPSY.

Moreover, about two third of women knows about any scheme at a time wherein the maximum number of women knows about Janani Suraksha Yojana about 68% i.e., 1078 women, followed by PMMVY by 998 women and MMSPSY by 613 women only.

It was also obvious certain that women were not able to recall schemes with their name rather the amount/ incentives, provided under the schemes. For case like PMMVY, women could able to recognize the scheme as 5000-rupee scheme. On similar note, PSY also known to many as 12000-rupee scheme, where many of them are unsure about the total amount provided. JSY is known as Janani Scheme only

9.1.1. Types of Information perceive

One in every two women knows about the incentives provided under PMMVY and knows the scheme with the amount only. i.e., 5000 rupees amount scheme or Vandana scheme. Sixty six percent of women have no clue about incentives while 433 women (27% of total beneficiaries) know about the condition of full immunization that they need to get their children immunized to avail the benefits as informed to them by Anganwadi workers. Only twenty percent (314) of women know that they have to get their child birth at any government facilities. Only eleven percent (182) of women are

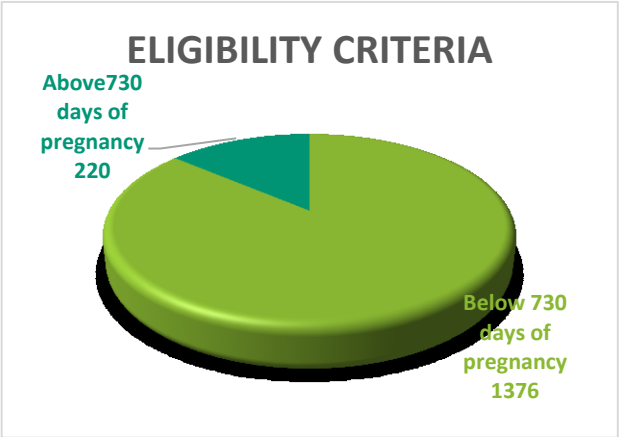
Schemes	PMMVY	%age
Incentives	843	53%
ANC	539	34%
Full Immunization	433	27%
Health and Nutrition Security	344	22%
Institutional delivery	314	20%
All information	182	11%

found to be aware of all the provided information

9.2. Eligible beneficiaries

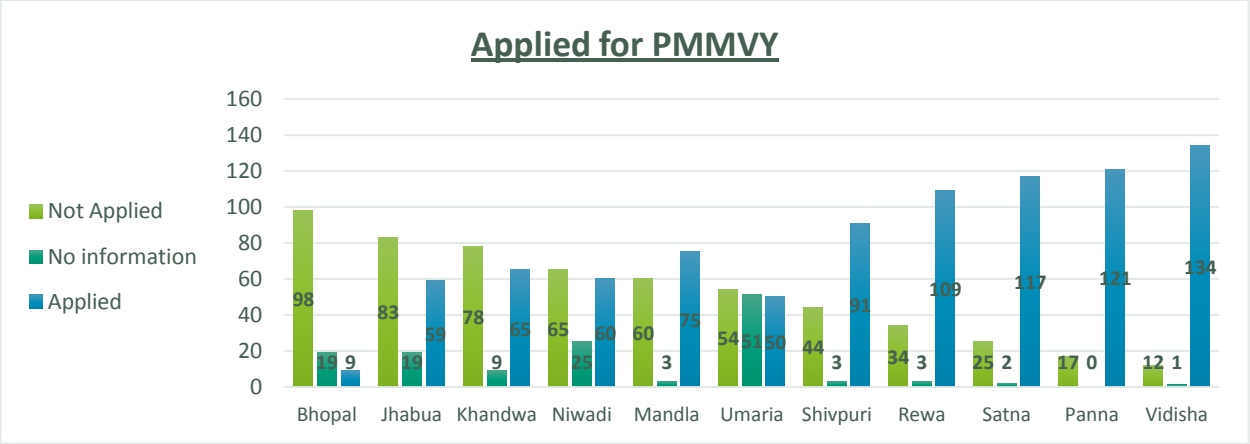
Of all the women interviewed 99.9 percent of women (1595 women out of 1596 total women) appeared eligible under the scheme, except for one who was observing her second pregnancy and is covered under PSY and JSY. Moreover, the conditionality under PMMVY states that - ***No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect.*** This conditionality sets another eligibility criterion of 730 days of pregnancy where LMP marked on MCP card is taken into consideration.

As depicted from the figure about 86.2 percent of the eligible women are entitled for PMMVY under 730 days of pregnancy while that of 13.8 percent of women (i.e., 220 women) are now above 730 days of pregnancy. However, those have been covered under the survey to see if they had availed the benefits under the scheme or not.



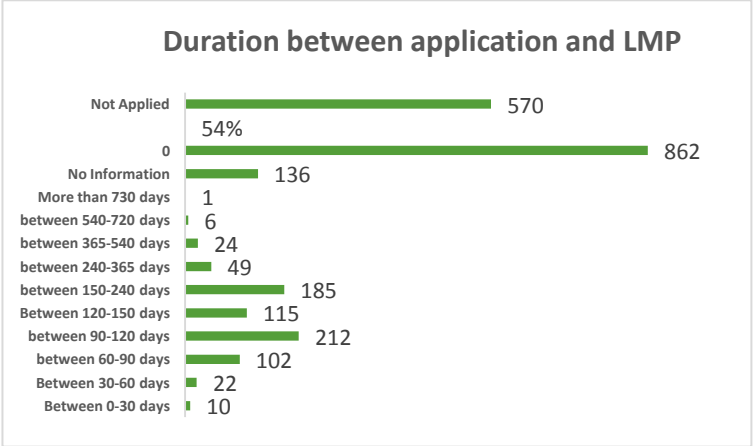
9.3. Applied for PMMVY

As shown in the graph below more than half (56 percent – 890) of the women interviewed (pregnant and lactating mothers after January 1 2017), have applied for the schemes against nine percent those who failed to provide any information (MCP card, details etc). Nearly 4 in ten women have not yet applied under the scheme that makes thirty six percent of the women (570).



9.4. Duration between Application and LMP

The gap between the date of application and date of LMP recorded on MCP card is analysed to check the difference in number of days taken in applying under the scheme.



As interpreted through the figure, about, majority of application of about 13 percent (212) for PMMVY were filed with a gap of 90-120 days i.e., after 2-3 months. This is followed by 12 percent of applications (filed within 150-240 days i.e., after 5-6 months of pregnancy. Nearly 7 percent of women (115) got their application filed within four to five months.

A very small proportion of one percent i.e., 10 women got their application filed within a month while one percent (22) of application were filed within 2 months. About 136 women could not provide any information on application date while error is found in the information provided by ten percent women (136). About three percent of women have their application filed after a year while about 30 women (2 %) have applied even after 2 years. Thus, it is interpreted that about 29% of women (461) have applied within 150 days and fulfils the criteria of PMMMVY that states ***Early registration of pregnancy within 150 days from the date of LMP*** **to claim first installment.** About 15 percent (234) of women have applied between 5 months to one year. And about 2 percent (30 women) got applied under the scheme between 2 years i.e. within 730 days. One District wise information is displayed in the table below. The data shows that maximum applications are filed in Panna (81%) followed by 70 percent cases of Satna (101), 60 percent of Vidisha (102), 63 percent of Umaria (97), 60 percent of Rewa (88) and so on, whereas the lowest is recorded for Bhopal (22 percent).

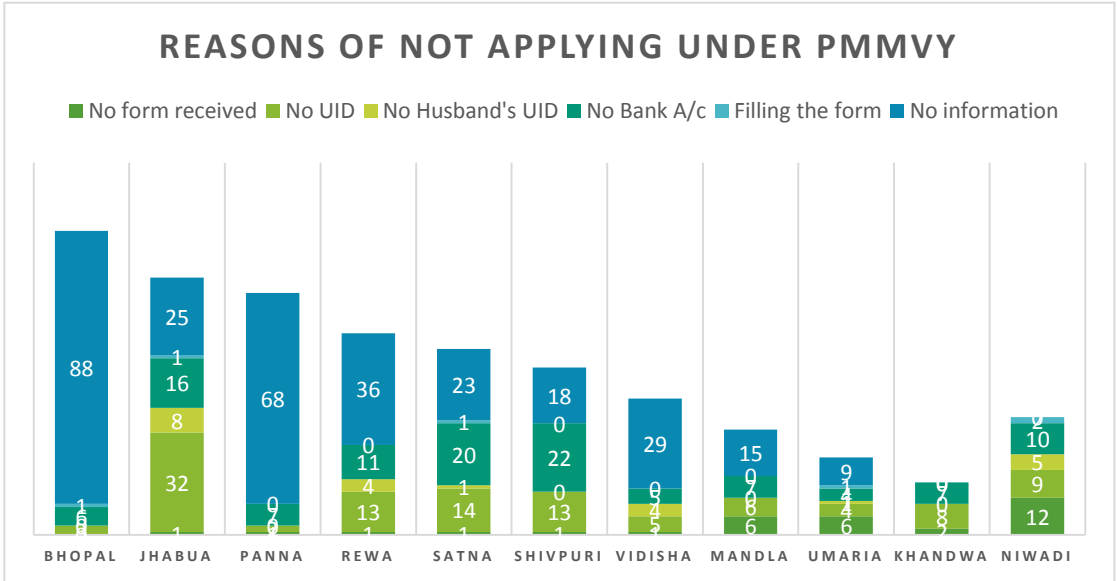
Days	Bhopal	Jhabua	Khandwa	Mandla	Niwadi	Panna	Rewa	Satna	Shivpuri	Umaria	Vidisha	Grand Total
Between 0-30 days			1		3	1	1	2		1	1	10
Between 30-60 days		2	3	3	3	5	1	1	1	2	1	22
between 60-90 days	2	3	10	11	14	18	8	2	5	3	26	102
between 90-120 days	2	4	14	20	9	51	20	18	21	16	37	212
Between 120-150 days	3	2	10	14	5	19	12	13	5	11	21	115
between 150-240 days		23	12	16	14	15	25	47	13	8	12	185
between 240-365 days	1	6	3		2		11	10	10	3	3	49
between 365-540 days		4		4		2	5	4	3	2		24
between 540-720 days	1			1	1		1	2				6
More than 730 days							1					1
No Information	19	19	9	3	25	1	3	2	3	51	1	136
Not Applied	98	83	78	60	65	17	34	25	44	54	12	570
Error in dates		15	12	6	9	10	24	18	33	4	33	164
Grand Total	126	161	152	138	150	139	146	144	138	155	147	1596

Twenty nine percent of the women interviewed have applied within 150 days against15 percent (234) of women whose applications are filed between 5 months to one year against 2 percent of application filed within 730 days.

9.5. Reasons for not applying

The reasons as recorded from the women interviewed are portrayed in the figure below. It explains that in maximum cases women could not have sufficient information regarding the reasons for not applying.

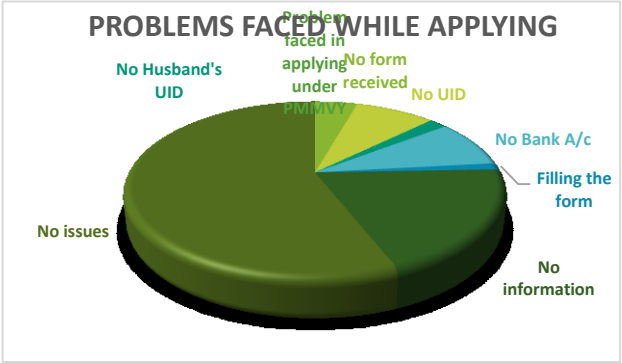
About 20 percent of women those who have not applied confirmed that



unavailability of bank account is the reasons they couldn't apply and have been trying opening one.
Two in every ten women (109) who haven't applied, didn't have their Aadhar card and four percent (23) didn't have their Husband's Aadhar cards. Six percent (32) didn't receive the forms from the Anganwadi centres.

9.6. Problems faced during applying

Interestingly the problems faced during applying appeared on same line as the reasons for not applying. The data checks that 56% of women who confirmed they have faced no problems are actually same as the number of women who have applied for the forms.
Twenty percent said they have no information while 10 percent (162) women did not have their or their husband's Aadhar cards

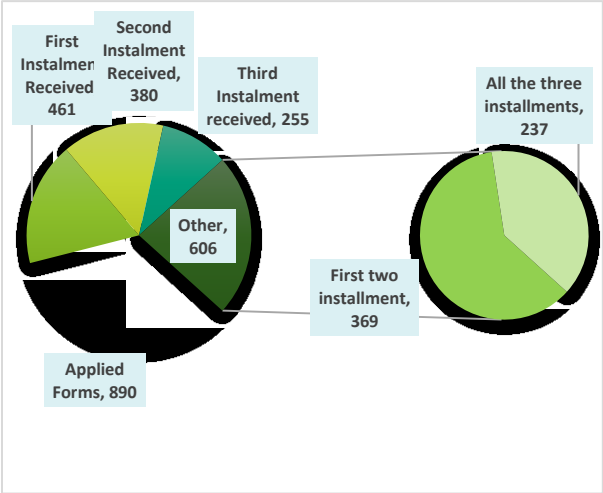


9.7. Incentives of Schemes

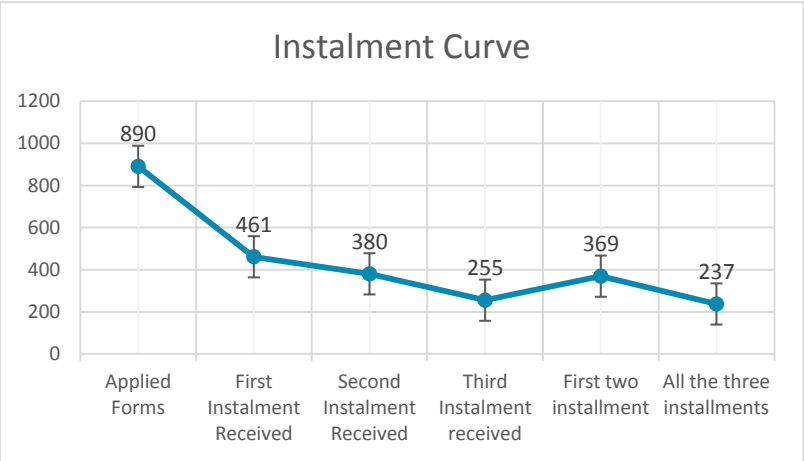
9.7.1.1. Details of three instalments

The graph is carved against the number of applications towards the three instalments in a row, received at beneficiaries' end and the interpretation is displayed in figure below. The data suggests that from 890 forms applied, the first instalment is received only to fifty two percent of women (461) only which is 29 percent of total eligible beneficiaries.

The second instalment is received by forty three percent (380 of 890 forms applied) which is 24 percent of total eligible beneficiaries. This is dropped down to only 29 percent for third instalments received to 255 women (16 percent of total beneficiaries).



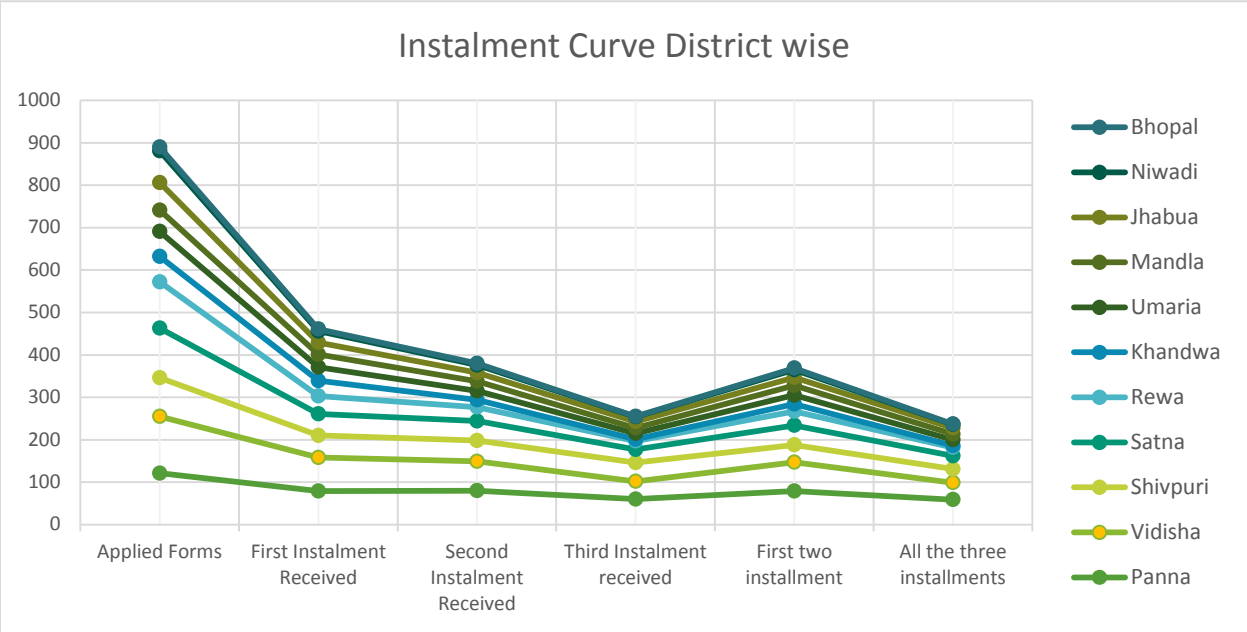
	Applied Forms	First Instalment Received	Second Instalment Received	Third Instalment received	First two installments	All the three installments
Proportion (No.)	890	461	380	255	369	237
Proportion (%age) from total	56%	29%	24%	16%	23%	15%
Proportion (%age) from applied forms	100%	52%	43%	29%	41%	27%



When imbricated instalment is computed, the first two instalment is estimated to be received by 41 percent of the number of beneficiaries applied (369 out of 890 applied) which is 23 percent of total beneficiaries.
Likewise, all the three instalment is shrinking to only twenty seven percent of the total application filed (237) which is only 15 percent of

total eligible beneficiaries. The drop off curve is shown in figure below

The district wise instalment curve is also placed below that portray that all the instalments received by beneficiaries are recorded maximum in Panna (49-65%) least in Niwari (24% to 36%) except for third instalment which is reported to be lowest in Khandwa (7%)



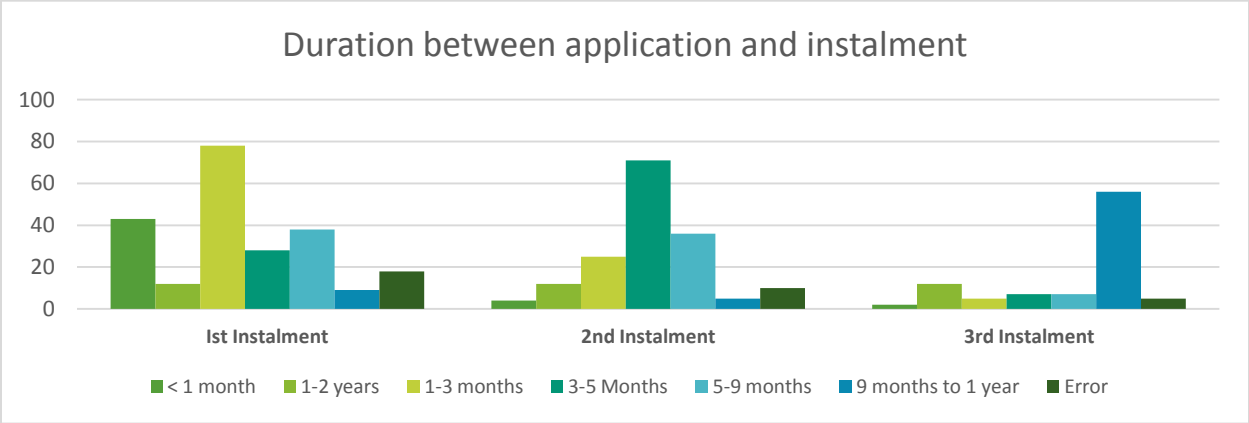
9.8. Duration between application and instalment received

The gap between the date of application and instalment received by beneficiaries is analysed and composed in the table and graph below. The data shows that 75-80 percent of women (664-794) have no information or able to provide the dates of any instalments received.

For first instalment, five percent of women received their instalment within a month while none of the beneficiaries have received either 2nd or 3rd instalments within a month.

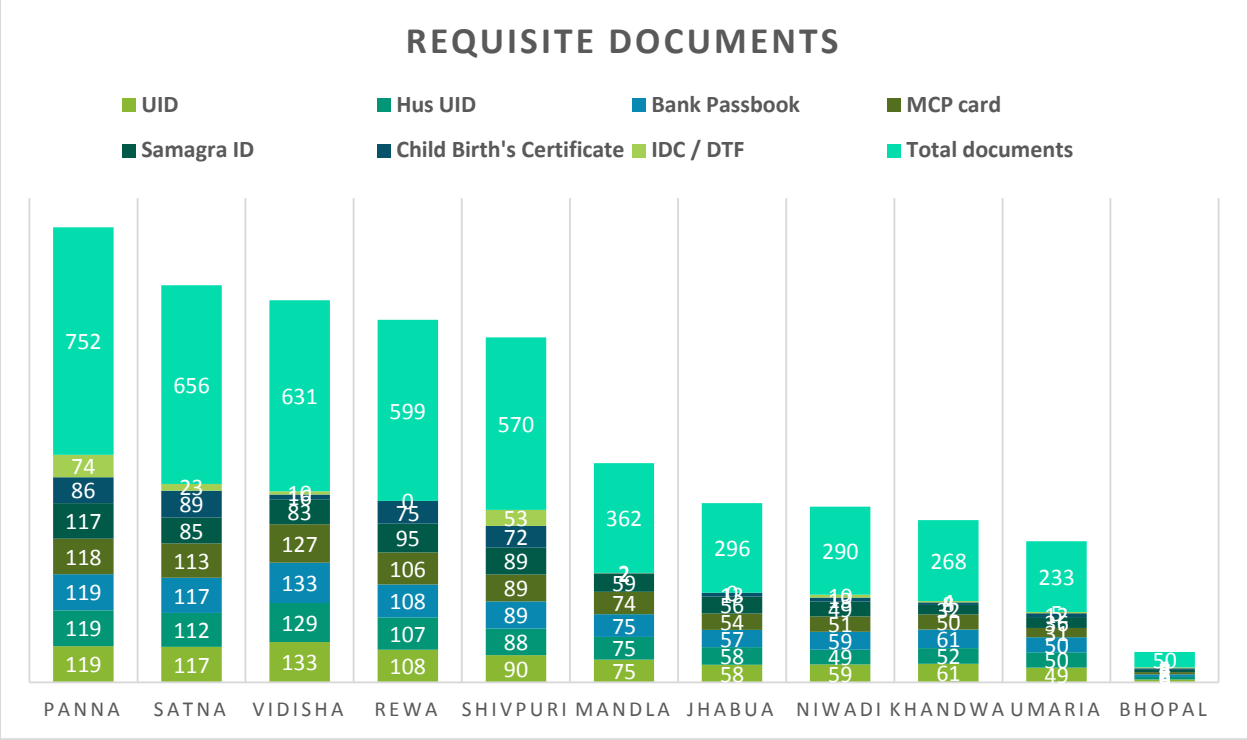
Within 3 months, about nine percent of women (25) those who have applied have received their first instalment whereas only 3 percent have received their second instalment and 1 % their instalment. Second instalment is received largely by 8 percent of women (71) between 3-5 months and 4% within 5-9 months. Third instalment is received majorly between 9 months to 1 year (6 percent i.e., 56) followed by only two percent those who have received it between 1-5 months.

	< 1 month	1-2 years	1-3 months	3-5 Months	5-9 months	9 months to 1 year	Error	More than 730 days
1st Instalment	43	12	78	28	38	9	18	0
2nd Instalment	4	12	25	71	36	5	10	2
3rd Instalment	2	12	5	7	7	56	5	2

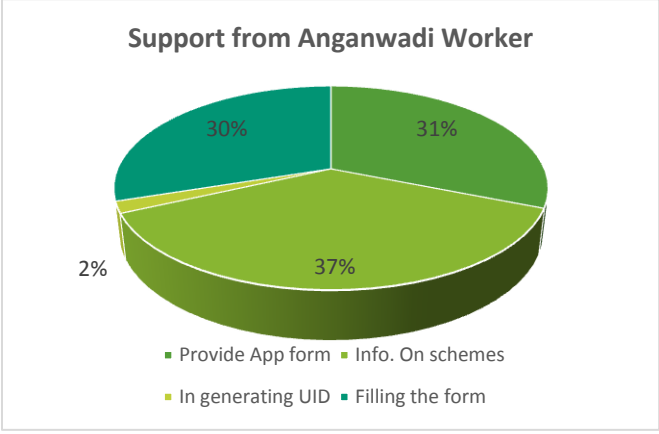


9.9. Prerequisite Documents

The requisite documents to be submitted for applying under PMMVY were analysed on the basis of requirement and availability with the beneficiaries and interpretation is laid out in the following table and figure



About 99 percent (878) of the women (who have applied for PMMVY) informed that they were asked for UID, followed by 98% (876) of Bank Passbook, 95 percent (848) for Husband's UID, 92% were asked about MCP card, 80% of Samagra ID, forty four percent (391) confirmed about child's birth certificate, while 21 percent were asked from the institutional delivery certificate or discharge tickets.



Support from Anganwadi

About 33 percent of beneficiaries confirmed AWW's support to provide application form while 39 percent got assistance on the information.

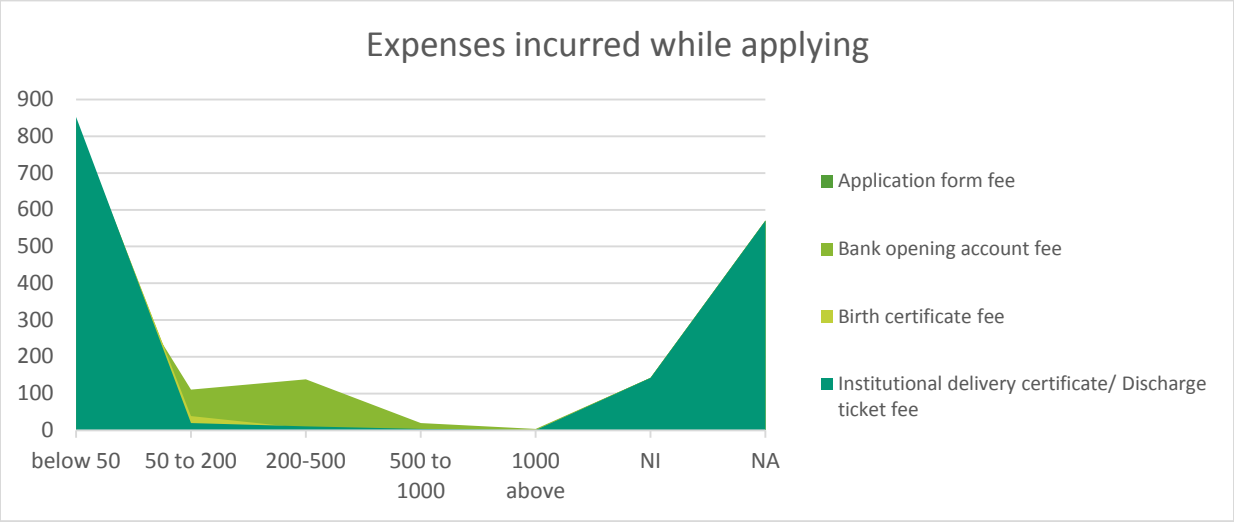
In 2 percent cases. The support is also provided in generating UID by taking the beneficiaries to the portal

32 percent (508) of total beneficiaries have confirmed the support from Anganwadi worker on filling the form i.e., 57 percent of those who have applied under PMMVY

9.10. Expenses incurred on Applying PMMVY

Expenses incurred by beneficiaries (those who have applied under PMMVY) on the application process is computed and laid out in the figure below. Based on the amount spent, the expenses are categorized further. This states that about 96% women (837) have spent below 50 on application form, followed by 4 percent those who have spent between 50-200 rupees in getting the forms. This includes the photocopy of the document, travel or giving the amount to the concerned person or going to hospital in case of no information.

On opening of bank account about 71 percent of women (614) have spent below 50 rupees, followed by 16 percent of women (138) who have spent between 200-500 rupees and 13 percent (110) have spent between 50-200 rupees. In case of Birth certificate, 97 percent (840) have spent about 50 rupees on the BC fee while some (4 percent) spent about 40 – 200 rupees.



	Application form fee	Bank opening account fee	Birth certificate fee	Institutional delivery certificate/ Discharge ticket fee
Below 50	837	614	840	852
50 to 200	37	110	38	19
200-500	4	138	5	10
500 to 1000	5	19	0	3
1000 above	1	3	1	0
NI	142	142	142	142
NA	570	570	570	570
Grand Total	1596	1596	1596	1596

In institutional delivery certificate or discharge ticket, 98percent (852) have spent 50 rupees followed by 2 percent of people who spent 50-200 rupees

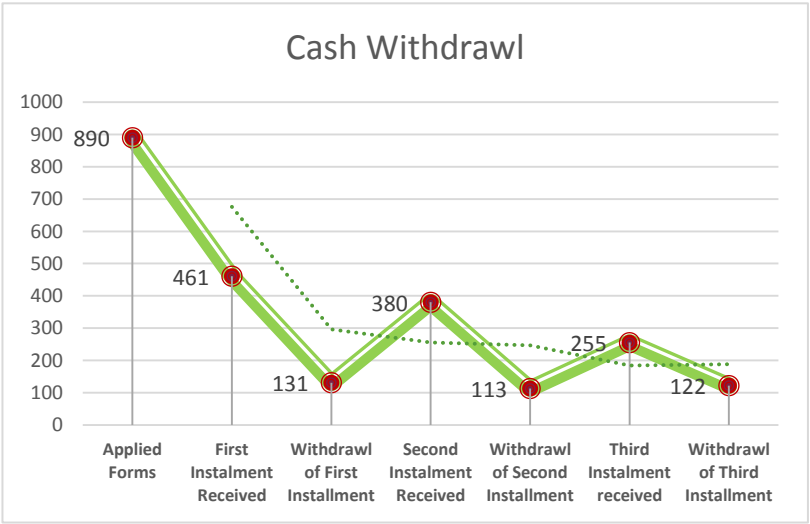
The amount spent on xerox, transport, getting forms, collecting documents. In some cases, concerned officials also take some token amount.

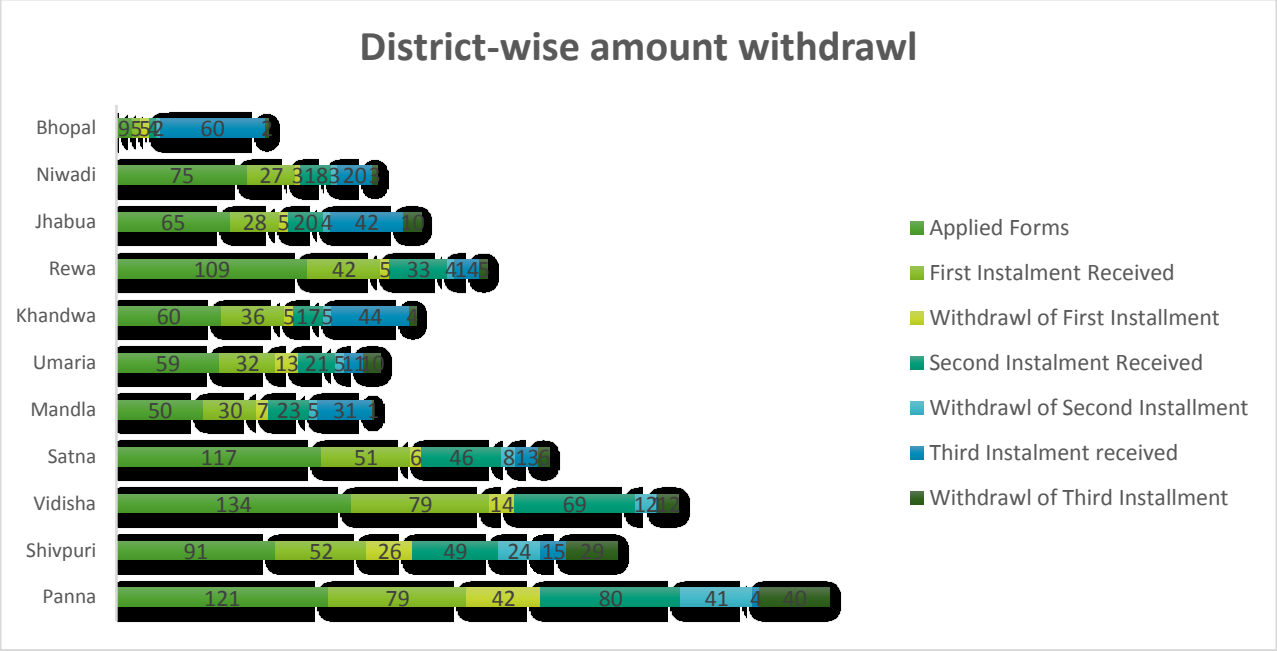
9.11. Usage of Amount

Cash Withdrawal

The amount withdrawn by the beneficiaries as per their responses are graphically and statistically presented in the figure below. The data further hints that out of 461 women who have received their first instalment, 131 (15% of applied, 8% of total) withdrew the amount as per the need.

For second instalment received to 380 women, 113 women (13% of applied, 7% of total) have withdrawn their second instalment while only 122 women (14% of applied; 8% of total) have used the amount against 255 of women those who have received it

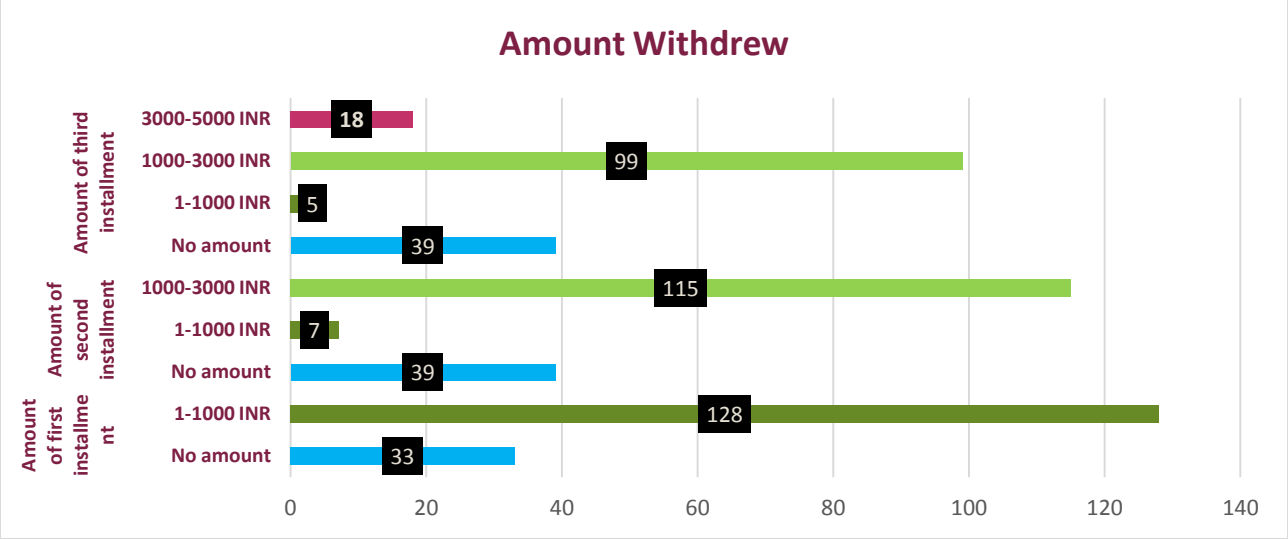




Amongst the districts, the maximum withdrawal of first instalment is seen in Panna (42) followed by Shivpuri (26) and Vidisha (14). The least is observed in Niwari. Similarly, in case of second instalments too, maximum withdrawal is again reported in Panna (41) followed by), Shivpuri (26), Vidisha (12while least is recorded in Bhopal (2). Status of withdrawing amount is no different for third instalment as well Panna (40) followed by Shivpuri (29) and Vidisha (12)

Amount withdrew

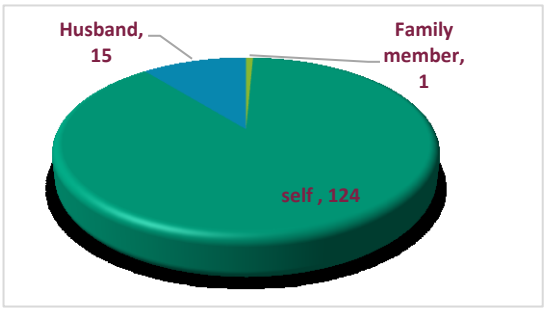
Based on the amount withdrew, the amount is categorized further and is expressed for all the three instalments through graph below. The data shows that about 128 women have taken out upon 1000 INR from their first instalment while 33 have not withdrawn any.



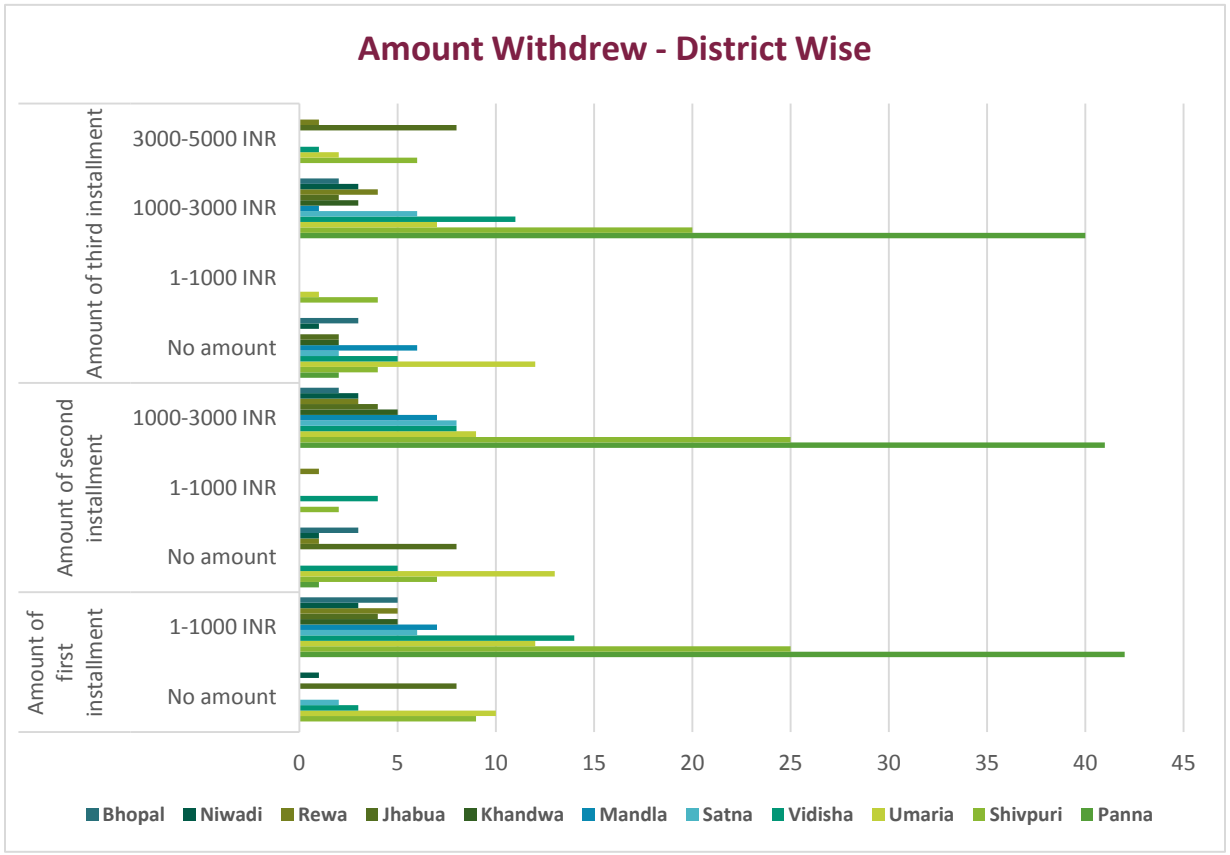
In case of second instalments, about 115 women (13% of applied, 7 % of total) have withdrawn up to 3000 INR while 7 (one percent) only used up to 1000 rupees. In third instalment given last incentive, about 18 women (1-2%) have withdrawn 5000 rupees, while 99 women (11% of applied, 6 % of total) have taken out up to 3000 rupees. Amongst the districts, maximum withdrawal amount is observed in Panna followed by Shivpuri and Umaria while the least is recorded in Bhopal preceded by Niwadi.

Withdrew by

Shown in the figure is the proportion of the family members and woman herself in withdrawing amount from the bank as informed by the women and respondents.
About 124 women (14 percent of applied) have made their own withdrawals against 15 cases where husband (2 percent of applied) withdrew the amount and in one case only the amount was taken out by the father-in-law



The graph computed for all the districts suggest the same proportion.



However, the maximum cases of withdrawal by husband are reported in Shivpuri i.e. 73 percent of total withdrawal by Husband (11 of 15). The other districts in line are Jhabua, Vidisha, Bhopal and Khandwa.

Decision by

Similarly, the decisions for spending the amount are taken largely by women (53% - 86 women) as interpreted from the assessment. About four percent of women have to look up to their husbands for making any decision while nearly two in every ten women take this

decision in consensus with their husband

Expenditure of amount received under PMMVY

Expenditure of amount withdrawal under scheme by 161 women in total is tabulated below –

Expenses from PMMVY Amount	Children clothing expenditure	Nurse Expenditure	Medicines during hospitalization	Provisions	Nutritious food/dry fruits/laddu Expenditure	Travel Expenditure
0	**97**	**142**	**124**	**105**	**50**	**129**
Below 500	**46**	**17**	**16**	**10**	**18**	**11**
500-1000	**15**	**2**	**7**	**20**	**13**	**21**
1000-2000	**2**	**0**	**6**	**21**	**30**	**0**
2000 - 5000	**1**	**0**	**8**	**5**	**50**	**0**
NA	**1435**	**1435**	**1435**	**1435**	**1435**	**1435**
Grand Total	**1596**	**1596**	**1596**	**1596**	**1596**	**1596**

Clothing expenditure

Depicted from the table 46 on children clothing about women have spent below 500 followed by 15 women who have spent around 1000-2000 and only one woman has spent more than 3000. Umaria is reported to have maximum number of women spending below 500 on children's clothing

Expenditures on Nurses/Hospital Staffs/Cleaners

About 17 women (11 % of total withdrawal) have spent below 500 on nurses and hospital staff or have given the token money

Medicines during hospitalization

Expenditures on medicine was below 500 for 16 women (4% of total withdrawal); while around 15 women have spent between 1000-2000.

Provision

21 women (13%) have spent around 1000-2000 on buying provisions while 20 have spent below 1000 rupees

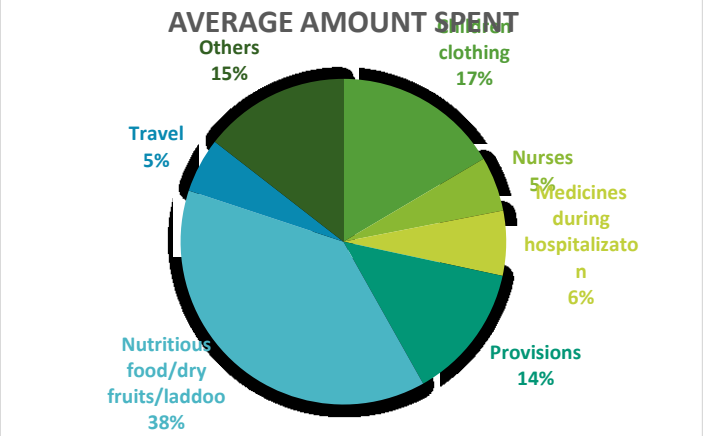
Nutritious food and laddu

Around 111 (69%) women have spent some amount on the nutritious food or laddu after delivery amongst which majority (50-31%) have spent between 2000-5000, about 30 have spent below 2000 and about 18 women have spent below 500 only.

Expenses from PMMVY Amount	Children clothing expenditure	Nurse Expenditure	Medicines during hospitalization	Provisions	Nutritious food/dry fruits/laddu Expenditure	Travel Expenditure
1000-2000	2	0	6	21	30	0
1000-2000	1%	0%	4%	13%	19%	0%
2000 - 5000	1	0	8	5	50	0
2000 - 5000	1%	0%	5%	3%	31%	0%
500-1000	15	2	7	20	13	21
500-1000	9%	1%	4%	12%	8%	13%
Below 500	46	17	16	10	18	11
Below 500	29%	11%	10%	6%	11%	7%

The average amount spent is calculated for 11 districts as 820 rupees on buying children's clothing and other stuff which is 17 % of total amount. The average amount spent in hospital as a token money is 270 rupees (5%) while 320 rupees spent on medicines and hospitalization on an average (6%).

For provision about 670 rupees is kept. An average calculation for transport/conveyance is 270 while women are also estimated to have been sharing the amount with husband or for other purposes as much as 720 rupees. Although the maximum is spent on nutritious food largely



on laddus after delivery for about 1900 rupees (38% of total amount)

9.12. Scheme from beneficiaries' perspectives

9.12.1. Behavior change

Closely four in every ten women have admitted of consuming more of nutritious food which was missing on the plate and that the incentives have provided aid in bringing some food to their plate. This includes largely laddus, pulses, eggs in case of those who consumes egg or flesh, Few added inclusions of more greens. About 9 percent of women have confirmed improvement on health part as they could now see doctors more in case of any medical aid and may provide fee. For 19 percent (31) it is nothing new, the scheme is no change for them. Having said that, they mean the incentives are normally spent on household things just like the usual one.

9.12.2. Improvisation

For forty two percent of cases of those who have withdrew the amount thinks that the incentives on the scheme is low and must be hiked in order to meet their nutritional requirements. 14 percent women were vocal on the time the scheme should benefit in, that the incentives to be received within stipulated time else the purpose of the scheme gets diluted. About 12 percent of women strongly objected on the lengthy process and they want it to be simpler and shorter. Eleven percent women feel that the provision should be made for all the pregnancies and not just one and not just one living child.

9.12.3. Expected Incentives

More than half of the women who have received the incentives after having spent the amount feel, the incentives should be more than 5000 and must be hiked upto 10000. Followed by 28% of these women who think it should be even more than 10000 looking to once for every live birth, it should eb able to provide the required things for the entire pregnancy period. About 19% women are okay with the amount (31). About 3 percent women want it upto 20000.

10. Chapter Ten – Mukhya Mantri Shramik Sewa Prasuti Sahayata Yojana (MMSSPSY)

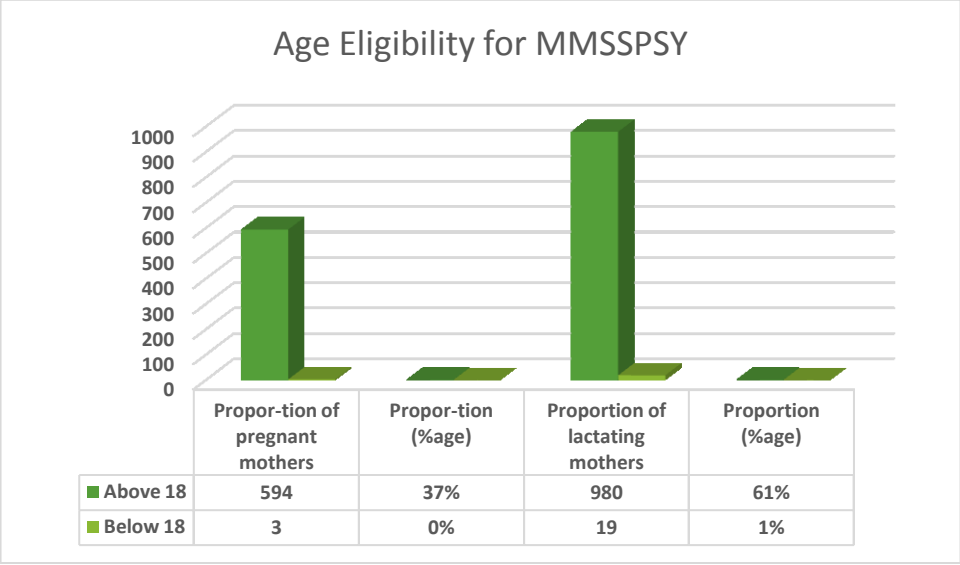
10.1. Awareness about Scheme

Only 38% of beneficiaries (613) knows about the scheme while 62% (983) women had no information on MMSSPSY. Between the three schemes, fairly low percent of women have information on all the aspects compared to other two schemes. Only thirty two percent women knows about the amount of incentives provided which is not clear in majority of the cases. Few said they can get as much as 16000 while few had the say on 12000 while others said it could be only 10400 clubbing the amount with JSY. Eleven percent know about the health and nutrition security and similar proportion knows about mandate of institutional delivery. Only 94 women from 1596 know about all the essentials of MMSSPSY.

Schemes	MMSPSY	%age
Incentives	506	32%
ANC	340	21%
Full Immunization	193	12%
Health and Nutrition Security	175	11%
Institutional delivery	171	11%
All information	94	6%

10.2. Eligibility

10.2.1. Age Eligibility

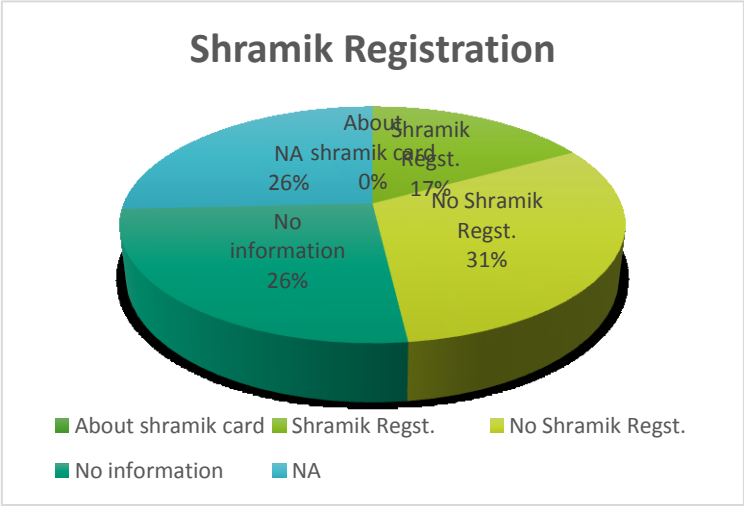


Expressed in the figure is the age eligibility as indicated in the MMSSPSY scheme guidelines which is above 18 confers upon the assessment where about 3 women are recorded to have their pregnancy below 18 while 19 lactating mothers were below 18 while they were pregnant. This totals up the number to 22 framing 1.4 percent of the total beneficiaries covered under the scheme belongs to below 18 group when they were observing their pregnancy.

10.2.2. Eligibility of Registration under Shramik Portal

The age eligibility of PSY stands same as that of PMMVY with the same conditionalities wherein early registration is required to be made within 150 days. Also, the women who have their either of the two children or pregnancy after April 1 2018 are covered under the scheme. Provided the Shramik card registration which is recorded as per the women responses and is demonstrated below

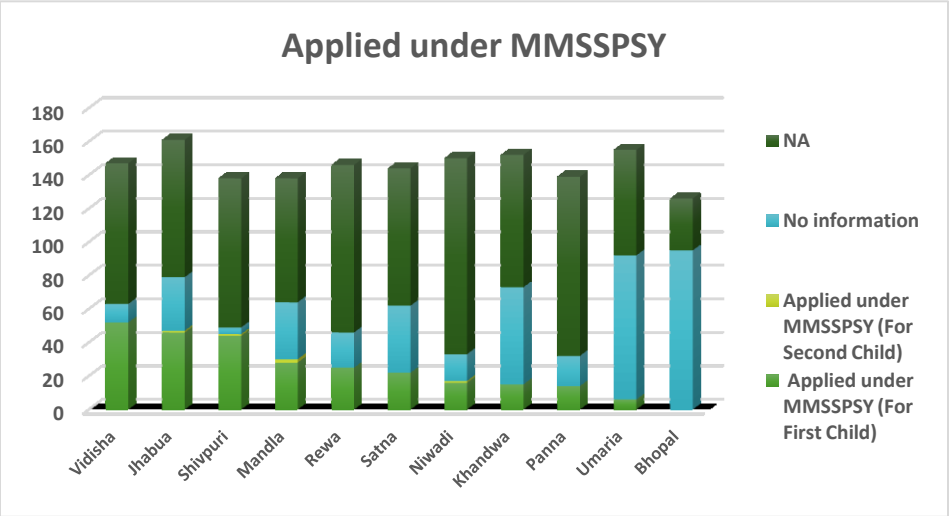
Amongst the interviewed beneficiaries, about 17% (271) had Shramik registration while about 26% failed to provide any information on the same whereas, 31 percent (497) have no sharamik card registered.



This makes the eligible number dropped down to 688 for PSY

10.3. Applied for MMSSPSY

The data on applications under MMSSPSY is demonstarted in figure below that suggests that only 273 women (39 percent of eligible beneficiaries or 17% of total beneficiaries) have applied for their first child under MMSSPSY while only 5 women have applied under MMSSPSY for their second child. Forty Six percent women (908) are not eligible.



Amongst the district the maximum applications are filed in Vidisha about 52 applications that frame about 35% of the district.

This is followed by Jhabua (46 application – 26% of the districts total interviews conducted). The least is recorded for Umaria (6 applications – 4 percent of the districts total women interviewed) while zero cases are filed in Bhopal.

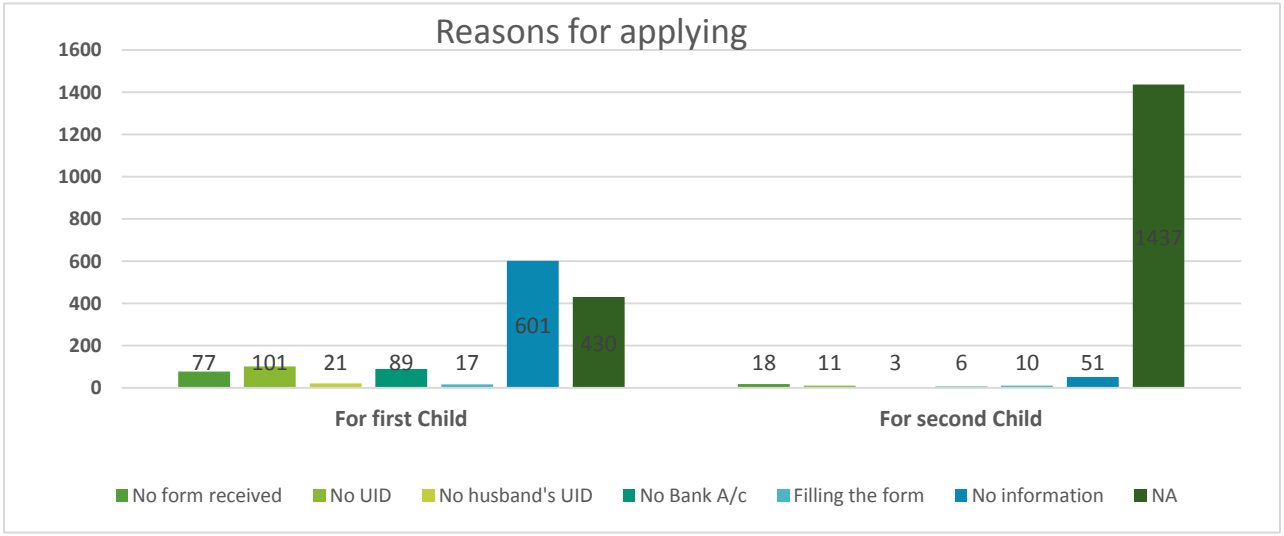
For second child only 2 cases from Mandla and one cases each from Jhabua, Niwadi and Shivpuri was filed. In this case urban cases are reported to have lower cases applied comparative to rural cases i.e., 5-23 percent.

10.4. Reasons for not applying

Reasons for not applying under the MMSSPSY is analysed for either of the two children is laid out through chart below which suggest that for first child, thirty eight percent (601) could not provide any information on the same while majority of the rest about 7 percent (122) could not provide their UID or Husband's UID while 5 percent (89) had no bank account; nearly five percent (77) have not received any forms or know anything about the process

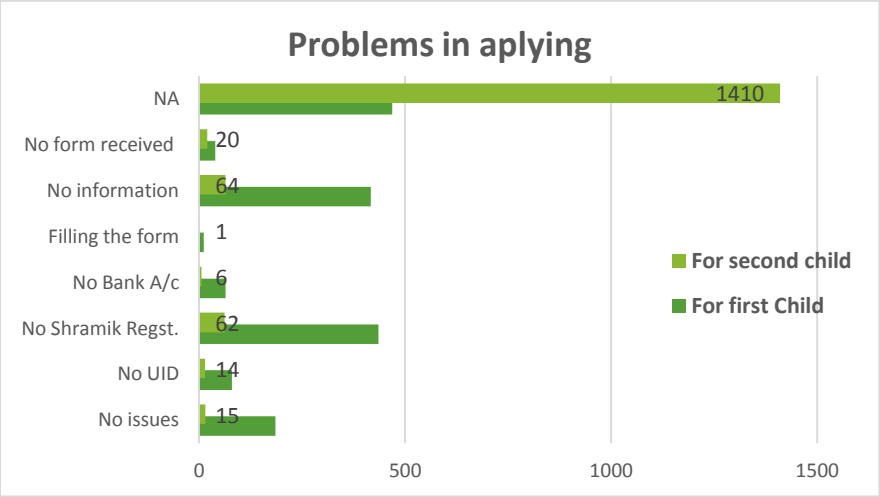
For second child, from 166 women who were eligible under PMMVY only five could applied leaving as much as 11 women who had no UID, 3 women didn't have their husband's Aadhar card while 6 women have no bank account.

Amongst the districts the maximum issues re reported in Jhabua, followed by Rewa, Niwari whereas least issues are recorded for Bhopal and Panna



10.5. Obstacles in applying

The hurdles faced by women during applying under MMSSPSY is overviewed and is shown in figure below. As depicted. For the first child, 27 percent of eligible beneficiaries (185) faced no problems while, 12 percent (80) faced UID problem, while majority of them i.e. 63% had no Shramik Registration; 9 % couldn't file the form. For second child, nine percent (62 women) had no shramik registration while 2 percent faced problem for having no UID



10.6. Incentives of Schemes

10.6.1. Details of two instalments

Defined in the guidelines about the two instalments in the schemes are evaluated in the table below against the number of forms applied for both or either of the two children if applicable.
The data captured clearly delineates that 16 percent (43) of the first instalment are received against 271 total application filed. While only 11 percent of applications have gotten processed to second instalments against the total forms applied.

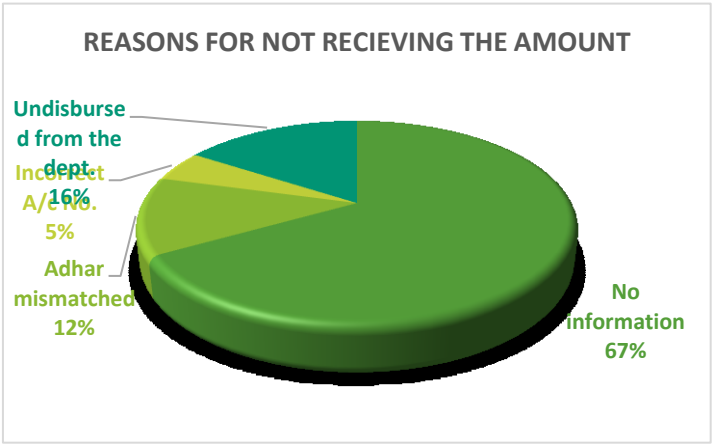
Inference:

Amongst the total beneficiaries only 688 women were eligible for MMSSPSY based on their age and shramik card details. Out of 688, only 268 women (39 percent eligible beneficiaries or 14% of total beneficiaries) have applied for their first child under MMSSPSY while only 5 women have applied under MMSSPSY for their second child. Out of 271 (excluding the overlapping) total application only 43 got their first instalments while 31 got their second instalments

Districts	Applied	First Installment received PSY	Second Installment received PSY	NA	No	No information
Bhopal	0	2	1	114	10	0
Jhabua	47	14	10	88	53	6
Khandwa	15	4	2	134	12	2
Mandla	28	2	2	101	32	3
Niwadi	17	7	4	24	96	23
Panna	14	4	2	81	52	2
Rewa	25	2	2	140	1	3
Satna	22	2	2	140	2	0
Shivpuri	45	0	1	128	9	1
Umaria	6	1	1	154	0	0
Vidisha	52	5	4	119	21	2
Grand total	**271**	**43**	**31**	**1223**	**288**	**42**

10.6.2. Reasons for not receiving the instalments

The reasons for not receiving the incentives based upon the responses is shown in figure which shows that about 67% (177) have no information of the process at all (this includes the beneficiaries who have received the amount). Followed by 16 percent (42) who have said of not receiving it from the department, but their application has been processed by ANM. About 12 percent (33) had problems of Aadhar mismatched which disqualified their application processes and about 5 percent (13) had incorrect bank details disqualifying their application under MMSSPSY



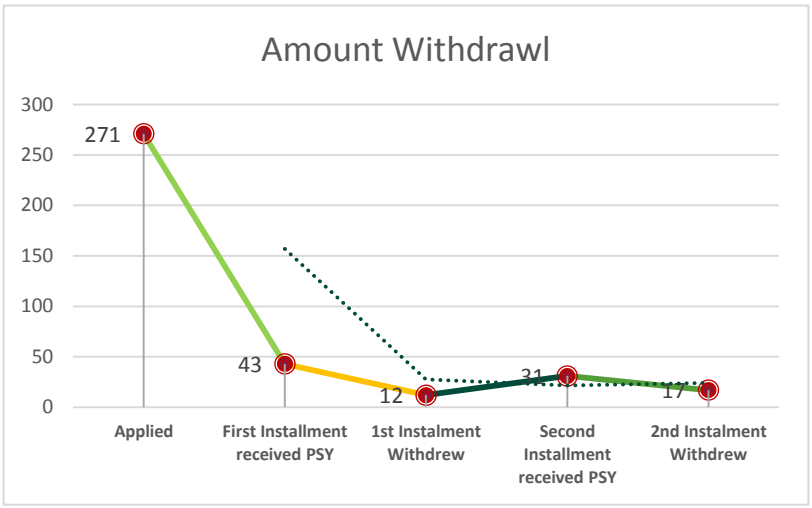
This is computed against the number of applications submitted.

10.7. Usage of Amount

Amount Withdrawal

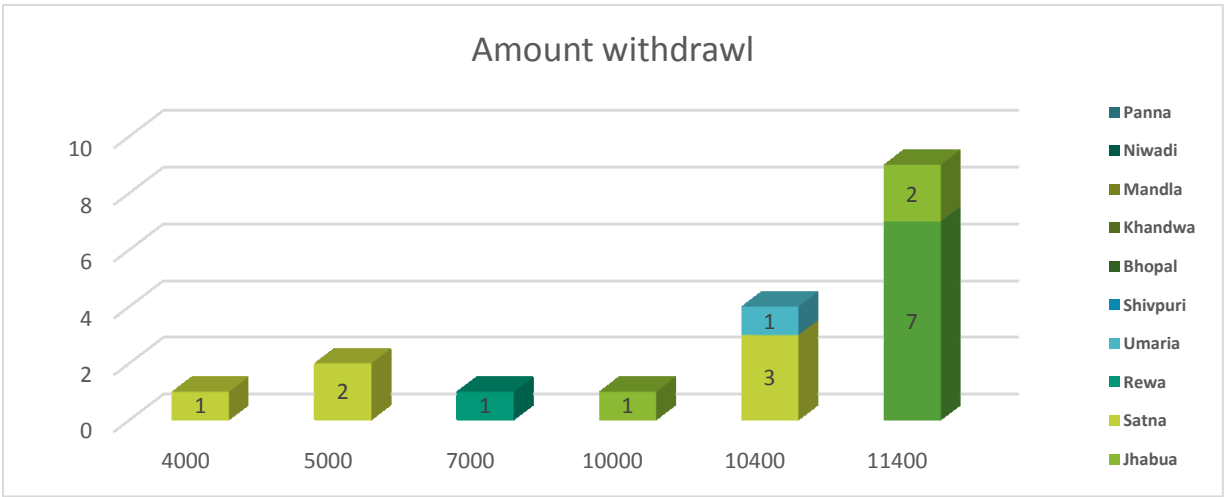
As shown from 271 applied the first instalment received was 43 out of which only 12 women (4% of applied; 1 percent of total) took out their money from the banks while only 17 women 6% of applied; 1 percent of total) have withdrawn their second instalment against 31 those who have received it.

Amongst the districts, for both the instalments, maximum withdrawal is recorded in Vidisha (7+7) followed by Satna (2+5), Jhabua (2+3) and Rewa (1+1) respectively
in both the instalment.



Amount withdrew

As for all the cases recorded the beneficiaries when withdrew amount was cross validated with the passbook and incentives provision it is found that all beneficiaries have received the amount all at once. Nevertheless, it was caught that as a common practice, the concerned FLWs including ASHAs and ANMs collect the documents from the beneficiaries during their pregnancy period while process them only after birth takes place. This cause receiving of instalments at receiver's end. The only amount they might get is from the PMMVY (the first two clubbed instalment, provided if woman is observing pregnancy first time). In total 18 withdrawal are seen. Details below -



Depicted from the figure, the maximum number of withdrawal are seen in Vidisha where about 9 withdrawal of as much as 11400 is made; followed by Satna where an amount of 10400 was withdrawn by 3 ; 5000 by 2 and 4000 by 1. This is followed by Umaria and Rewa where one withdrawal each of 10400 and 7000 is recorded respectively.

Withdrew by

89 percent of withdrawal (16 of 18) were made by the beneficiaries as responded against the two percent (2) where husband withdrew the amount

Duration of Withdrawal

About seventeen out of eighteen (94%) beneficiaries withdrew their amount within 3 - 6 months post the birth of the child only while one could not provide the information on the same.

Decision of spending amount

In 67% cases, the decision of spending amount is taken by the beneficiaries only while in 13% cases it was husband who took this decision (reported in Vidisha). In 6% cases both husband and wife together took the decision (in Jhabua)

Expenditure of amount received under PMMVY

Clothing expenditure

Twelve percent (5 women of 43) have spent between 1-1000 rupees on buying children's clothing and other stuff. About 2 percent have spent between 1000-2000 rupees

Expenditures on Nurses/Hospital Staffs/Cleaners

Only two women have spent around 500-1000 rupees as token money for nurses, midwives, cleaners

Medicines during hospitalization

About 19 percent women (8) have expended about 1000 on medication while one woman had to spent around 5000 while the other got hospitalized for medical emergency and had to put around 15000 in the hospitalization and medication.

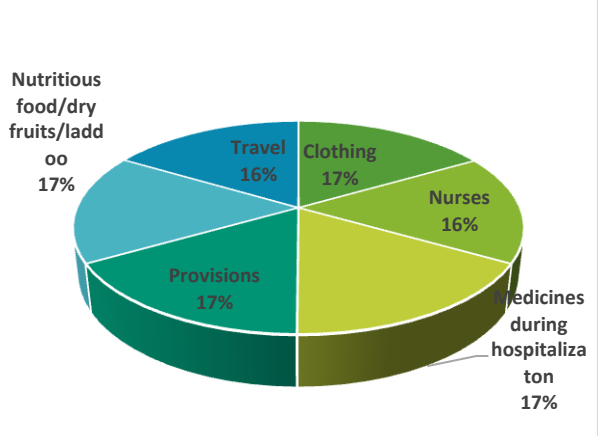
Provision

About 19% women bought provisions for 3000-5000 rupees

Nutritious food and laddu

About 27% women (12) have invested he amount in consuming nutritious food in the form of laddu wherein, 16% invested upto 5000 rupees while 2% spent as low as 1000. About 9% have spent upto 10000 which includes their *pach (chhathi)* ceremony as well where they bought food for themselves including laddu and certain provender and rations as part of the ritual.

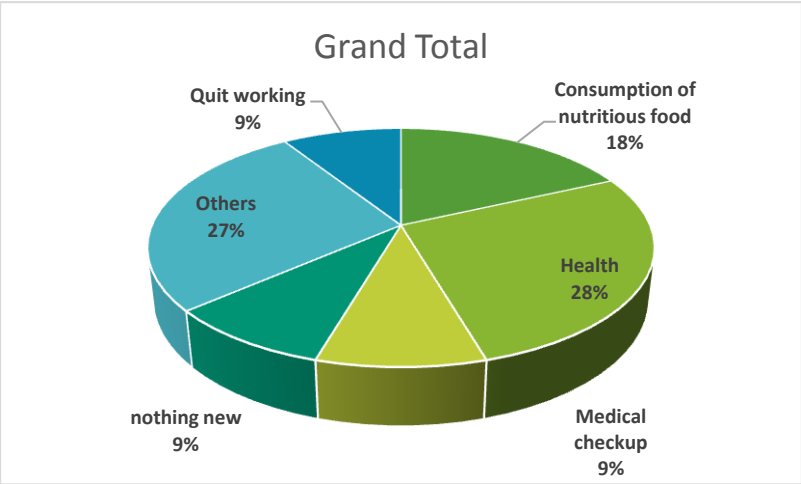
The average amount spent is calculated for 11 districts as 2656 rupees on buying children's clothing which is 17% of total amount. The average amount spent in hospital as a token money is computed around 2629 rupees (16%). About 2683 rupees on an average is put in on medicines and hospitalization on an average (17%). For provision on an average a woman is spending 2656 rupees which is again 17% of the total amount. The similar proportion is spent on nutritious food while around 15-16 percent is used in public transport and other work or by husband



10.8. Scheme from beneficiaries' perspectives

10.8.1. Behaviour change

About 18% of women those who have utilized the amount confirmed using more of laddu which was not possible earlier while 9 percent were happy to have quit the work. For another 9% women the scheme is nothing new to them as it has not brought any significant change to their lifestyle. (Perhaps same proportion of beneficiaries where amount is being used by husband or other members and have no controlling power on their money)



Nine percent said their medical check-up procedure has improved and they can seek medical opinion without looking into the pockets. While 28% have said that they health status has improvised provided the utilization of money on medicines, health and nutritious food.

10.8.2. Improvisation

Just about four in every ten women feel the amount to be increased for improvising the scheme whereas 3 in every ten women want the simplification of the process further which otherwise have introduced these women to extra inconvenience which is an added constraint looking to their physiological and financial conditions.

Similarly, about 36 percent of women think that the incentives should reach them in due time to be utilized in the purposes it is meant for.

10.8.3. Expected Incentives

One in every ten women who have received the incentives after having spent the amount suggested that the provided incentives are not barely enough looking to the conditionalities and circumstances a pregnant woman goes through. Thus, they want a rise up to 18000 while four-tenth of woman think the raised amount should be 20000 while 45% suggested an amount up to 20-30000 for inclusion of medical emergencies and private check-ups due to complications or extra amount for caesarean.

11. Chapter Eleven – Janani Suraksha Yojana (JSY)

11.1. Awareness about Scheme

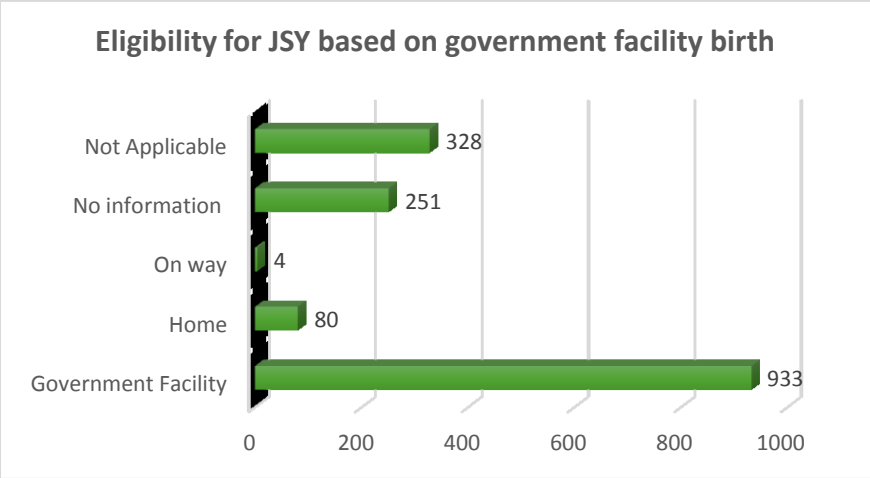
About 68% (1078) women knows about the scheme against 32% of the interviewed women (518) know nothing about JSY.

About fifty five percent (881) of the women interviewed knows about the incentives that Janani Yojana provides them with 1400 rupees soon after the delivery. Nearly 32 percent (508) of the women knows about the antenatal care is important for availing JSY however still unclear about the number of ANC. Only one in five women have any information on immunization for JSY while twenty seven percent of the women confirm that institutional delivery is important for getting the amount and about a very low percent (12) knows all the details of the scheme

Schemes	JSY	%age
Incentives	881	55%
ANC	508	32%
Full Immunization	317	20%
Health and Nutrition Security	0	0%
Institutional delivery	430	27%
All information	194	12%

11.2. Eligibility on government facility

Displayed in the figure is the eligibility criteria set as per the institutional delivery norm as per the provision made under JSY.

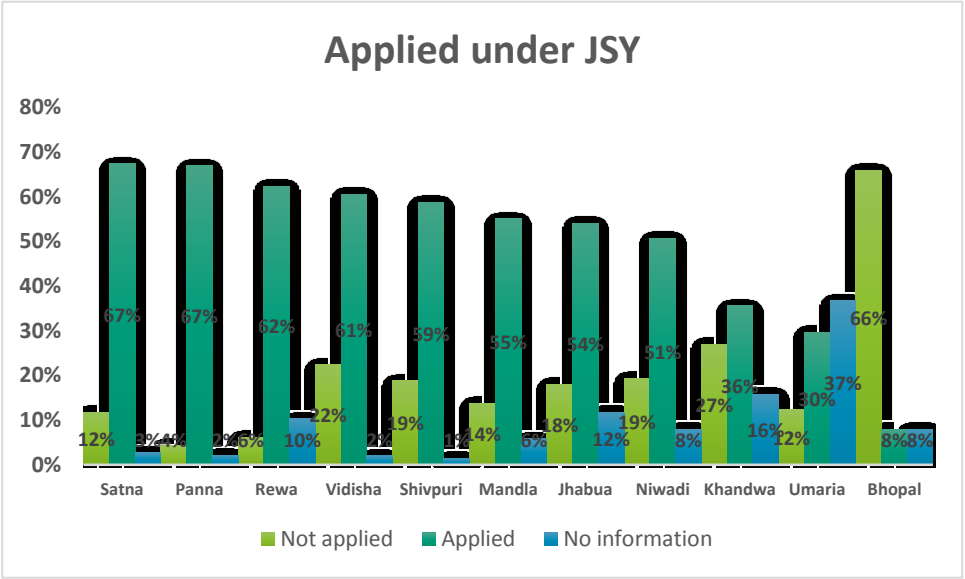


About 21 percent of women were observing pregnancy for the first time. This excludes them from JSY eligibility in the present assessment, given the fact the birth is yet to take place.

Fifty eight percent (933) women had their institutional delivery whereas 251 could not provide any information on the same given the older deliveries or have children above 2 years. Thus, total eligible for the JSY is computed as 1184 frames sixty one percent of the beneficiaries covered under the assessment. About eighty-four women who have delivered their child at home or on way while reaching to hospital got immediately excluded from the eligibility. Including this totals the sum up to 1268.

11.3. Applied under JSY

Computed against the responses received from the beneficiaries is the figure below, that states that 800 women got their applications registered by ASHA for JSY. This number constitutes 63 percent of eligible beneficiaries and 50 percent of total beneficiaries. About 311 women confirmed that they have not got any

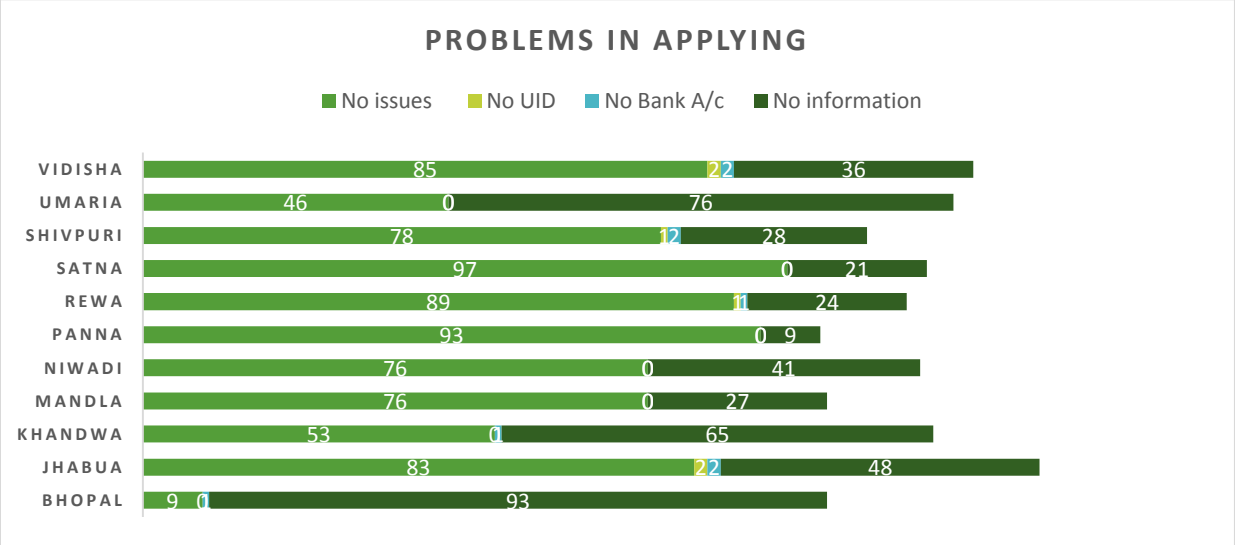


registration process or application process under JSY by ASHA or ANM or any other front-line workers. This frames 26 percent of total eligible JSY beneficiaries and 10 per cent of total beneficiaries interviewed.

11.4. Problems in applying

11.4.1. Reasons for not applying

Women left out from the process on JSY registration and application were asked about the reasons for the same and analysis of the responses are graphically presented in the figure. It expresses that about 100 percent of the women who have not applied have gathered no information on the subject. They have no clue about the reasons for not processing of their application nor they were informed about the same.

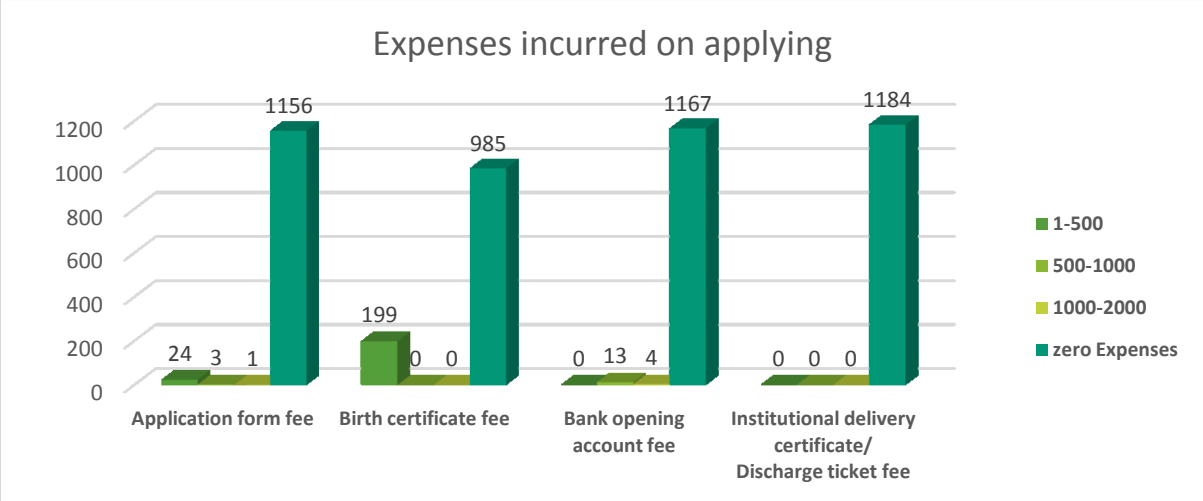


11.4.2. Obstacles in Application process

Data interprets that about 9 women couldn't apply as they didn't have any bank accounts whereas 6 women faced UID problem including mismatching or incomplete details of Aadhar card or missing UID. Amongst the districts, the problems of UID are seen largely in Jhabua and Vidisha compared to other districts.

11.5. Expenses incurred while applying

Counting the expenses, if borne by the beneficiaries to avail the benefits of JSY which is to be registered mandatorily by ASHA once institutional delivery is ensured, and computing it through the following graph,

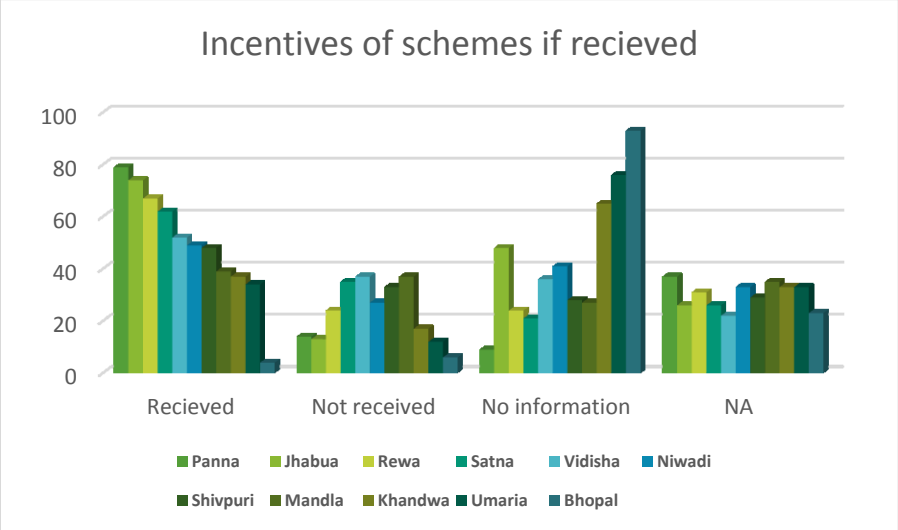


suggests that about 223 women have spent between 0-500 in either getting the application form paying nominal charges as asked for (ranging between 50-200 rupees) or on birth certificate fee. About 16 women (one percent of total eligible beneficiaries have spent around 500-1000 INR in opening up bank account which includes, conveyance, xerox, application form, token amount taken by any worker. Remaining 83% of women those who have applied have no expenses brought down on applying for JSY.
In the districts Jhabua has the maximum number of women (29 women) who had to spent amount on Birth Certificate fee followed by Shivpuri (17).

11.6. Instalment of Schemes

Receiving incentives

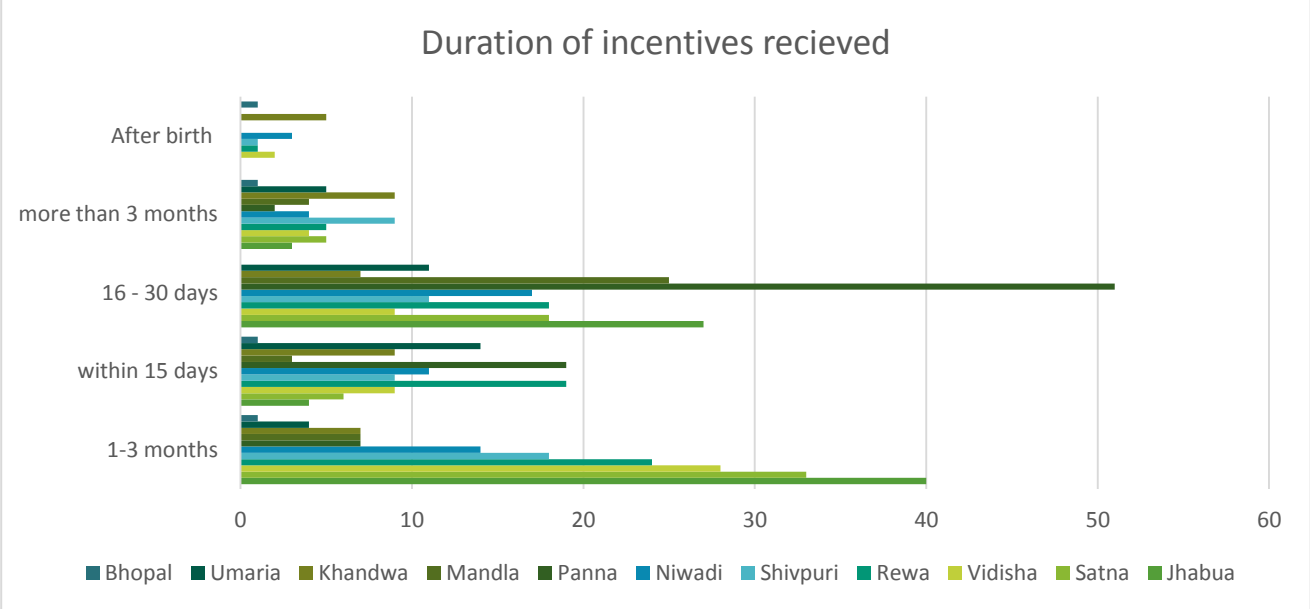
The women were asked if they have received the incentives under JSY and their answers are analysed and shown through figure below. The interpretation suggests that out of 800 beneficiaries whose application under JSY was processed, only 545 women (68% of total application) have confirmed receiving of incentives i.e., 46 percent of total eligible beneficiaries and 34 percent of total beneficiaries against 255 women who have not received any incentives as of yet (the last date of the assessment – 31st December 2020)



Amongst the districts the maximum women received incentives are recorded in Panna (79 women – 57% of total beneficiaries of the districts) followed by Jhabua (74 – 46%), Rewa (67-45%)

Duration of incentives received

Delineated in the figure below, is the duration within which the beneficiaries have received the incentives and it hints that maximum women have received their incentives within 16-30 days of birth (183 women – 34 percent of those who have received the incentives and 11 percent of total beneficiaries interviewed).

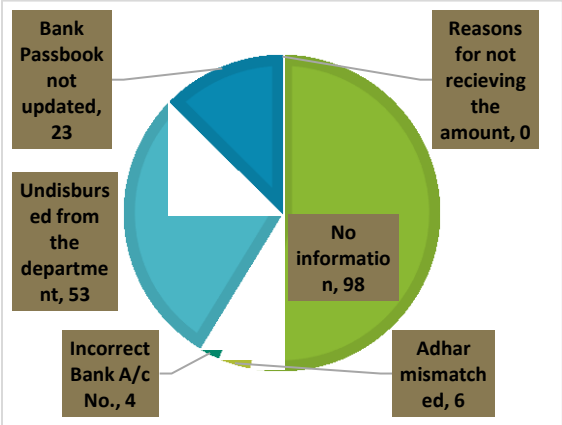


Panna has reported to have the maximum case where 51 women have received the incentives within the stipulated time this is followed by Jhabua (27 women); Mandla (25). Least are recorded for Khandwa and Vidisha.

Remarkably, 104 women (19% of applied, 7% of total) have received their incentives within a fortnight only. Yet again, Panna along with Rewa have the largest proportion amongst the districts (19). About 34 percent of the eligible beneficiaries i.e., 183 women (11% of total) have received their incentives between 1-3 months of their deliveries. Jhabua has maximum of such cases (40) followed by Satna (33).About 51 women have received even after three months maximum cases are seen in Shivpuri (9) and a very small proportion of 13 women (2 percent of applied, 1 of total) have confirmed of receiving soon after birth.

Reasons for not receiving the incentives

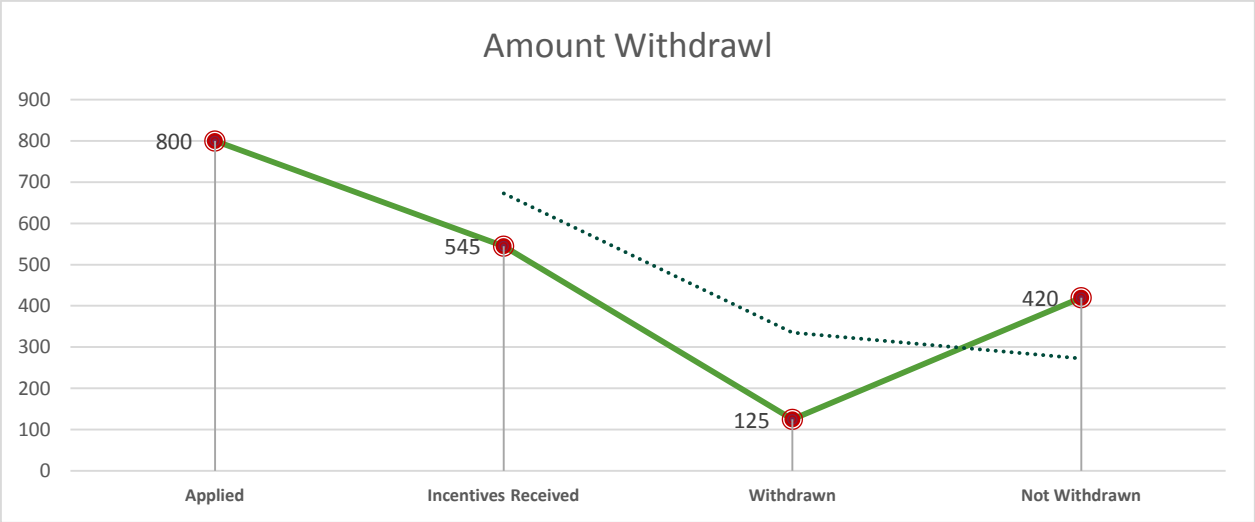
The reasons for not receiving the incentives inferred upon the responses received is presented out through figure below. The data shows that 53 women have shared that the process has been done by ASHA but the payment is yet awaited from the department. The confirmation of the same is required from the concerned districts though as during the interviews. About one percent of eligible (6 women) have mismatched Aadhaar while 4 had incorrect bank account details.



11.7. Usage of Amount

Withdrawal

Shown in the figure is the graph plotted for number of withdrawals against the application processed under JSY (800), incentives received (545)
The statistical analysis depicts that only 154 women (15.6 percent of applied; 8% of total) whose application for JSY was processed (as known to them) have withdrawn the amount in case of need. Amongst the districts, maximum withdrawal is recorded in Shivpuri (24), followed by Umaria (18), Vidisha (17). Niwadi recorded the least while Bhopal recorded the zero.



Amount withdrew

In all the 154 cases withdrawal of 100 percent of amount i.e., 1400 INR in rural and 1000 INR in urban. In Panna 16 women (3 percent of women those of received the incentives; 13% of withdrawal) have taken out 1400 rupees against the rest of the districts where 87 percent of the women have withdrawn 1000 INR.

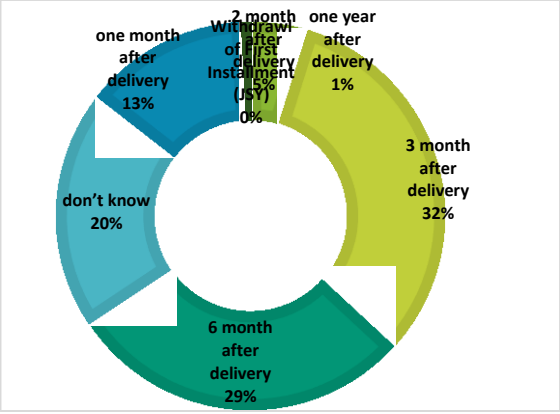
Withdrew by

96 percent of women (120) have withdrawn their money on their own as responses received during the interview. About four percent of the withdrawal was done by their husbands while 2 percent could not be able to provide any say on this

Duration of Withdrawal

About 32% have withdrawal the amount seventeen out of eighteen (94%) beneficiaries withdrew their amount within 3 - 6 months post the birth of the child only while one could not provide the information on the same.

About 32% withdrew it after three months of child birth followed by 29% women (36) who withdrew it when their child turned 6 months. Seventeen women (17%) withdrew it within a month of delivery while one took out the amount after 1 year.



Decision of spending amount

Seven in ten women have affirmed on taking the decision on spending the amount they have received (majorly seen in Panna (16 women) followed by Umaria (14); Vidisha (13); and 10 women in Satna). For 20 percent cases decision is taken in accord by both husband and wife and is observed in Shivpuri (16). In six percent of cases the decision is solely of husband and is observed in Umaria and Vidisha where 4 cases each from the districts are recorded.

Expenditure of amount received under PMMVY

Clothing expenditure

Thirty percent (43 women of 154) have spent below 500 on children's clothing while in t3 percent cases, the amount spent on clothing is exceeding 500-1000 rupees

Medicines during hospitalization

About 15 percent (23) have spent around 500-1000 rupees on medication while eight had to spent more than 1000 provided the rural concept i.e. 1400 rupees

Provision

15% women spent below 500 while 9 percent above 5000 to buy provisions

Nutritious food and laddu

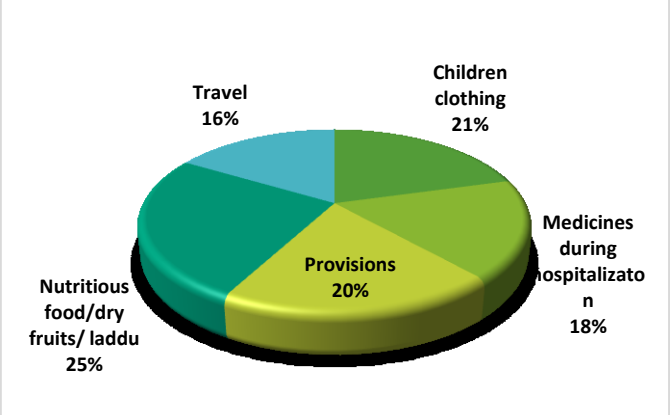
About 17% women (26) have expended the money on food and making laddus followed by 28 women who sent a bit more on it about 1000 rupees while in 13% cases the women have spent 1400 on consuming laddu only.

Average amount spent

The average amount spent is calculated for 11 districts as 207 rupees on buying children's clothing which is 21% of total amount. About 176 rupees on an average is invested on medicines and hospitalization which is 18%.

Around 196 rupees on an average is expended on buying out the provisions for the family which is 20% of the total amount.

However, the maximum is spent on the nutritious food which is laddu post birth and about 256 is going in buying food items which is the largest proportion of the amount i.e., 26% while 17% of the total amount computed as 165 rupees is also kept for transport conveyance or for husband's expenses.



11.8. Scheme from beneficiaries' perspectives

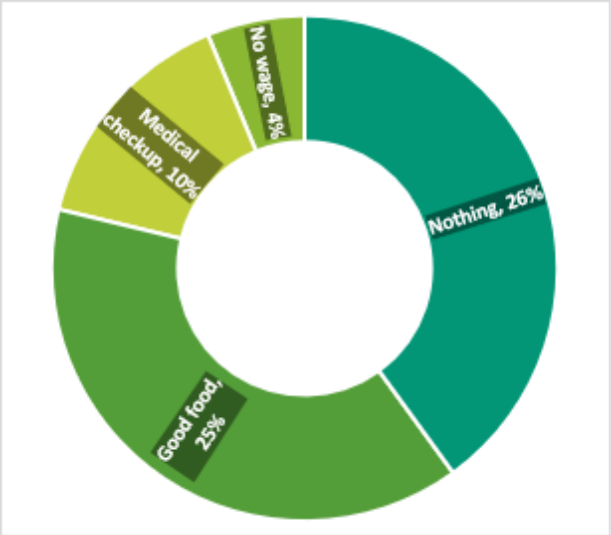
11.8.1. Behaviour change

One-fourth of the women (31), those who have availed the benefits talked about the positive side of the policy that is bringing good food to their plate be it for smaller period but having it, had contented the women slightly.

Followed by is that proportion (26%-32) who have never ever used the amount for any good and feel that Scheme has nothing new to offer. It has brought zero change to their lifestyle. (16 women from Umaria 7 from Rewa and 2 from Satna follow this league).

The other proportion of women is 4% which says that scheme has befitted them in a way there they could rest a bit at home and have not to go for the work but the amount provided to them is least to talk about.

One in every ten women who have availed the benefit believe that their medical check-up has increased in a way including both ANCs and private check-ups.



11.8.2. Improvisation

About 26% women (32) feel the need of increased amount Eight percent (13) could not provide any say. One percent say that profit during pregnancy is to be thought of in terms of providing the benefits.

Approximate 26% talk on the implementation of the scheme where 12% said to bring in the transparency while easing out the process making it simpler and reachable scheme. The 14% consider the scheme should be thoughtful much on adding the money to the account within the time so as the purpose doesn't get lost.

11.8.3. Expected Incentives

Three in every ten women who have availed the benefits consider 1500-3000 rupees as the righteous amount for the scheme against 16 percent (20) who assume that the amount should be up to 5000 rupees while 13 % (17) even want it upto 10000 or more.

D. SECTION FOUR – ANALYSIS, CONCLUSION AND RECOMMENDATION

The findings are analysed and concluded against the primary objectives set for the assessment based on which the recommendations are made, and are covered under this section

12. Chapter Twelve – Analysis and Conclusion

12.1. Design and Implementation Issues

12.1.1. Coverage of the Schemes

PMMVY

Out of the 1596 pregnant/lactating women covered under the assessment, about 99.9 percent of women (1595 women out of 1596 total women) appeared eligible under the scheme, except for one who was observing her second pregnancy and is covered under PSY and JSY (from Panna). Only 56% could apply, while only 29% have received their first instalment; 24% their second and 16% their third instalments. Nearly seven in ten women are yet to apply for they do not have any information regarding applying or submitting document to AWCs or unable to submit the requisite documents. That concludes the missing angle on the information provided to the beneficiaries regarding the scheme by the Anganwadi workers and raised question on the schemes outreach in terms of information at least to the beneficiaries.

Besides, the factor to be kept in mind while considering the third instalment ratio is that about 328 women are still pregnant at the time of survey, while only 136 women had their third trimester ongoing during the assessment and that that usually women receive their second instalment right before their pregnancy ends and third instalment after the birth of the child takes place. That means amongst 192 women, 42 women (First trimester) are yet to apply for second and third instalments and 150 women (Second trimester) are yet to apply for third instalment.

In the districts, Vidisha has better application processes against Bhopal that has recorded the least of the application filed under PMMVY despite of being the urban setting. Contrary to this, the other urban district – Panna is the second highest in having the maximum application filed. Amongst the rural setting the least application is observed in Umaria. Further, all the instalments received by beneficiaries are recorded maximum in Panna (49-65%) which is the Urban setting while least in Niwari (24% to 36%) except for third instalment which is reported to be lowest in Khandwa (7%)

Nearly seven of each ten women (71.1% of eligible beneficiaries) are still waiting to receive any of their instalments, while 76.2% have to receive their second instalments and 84percent of total eligible beneficiaries are awaiting their third instalment

MMSSPSY

The age eligibility of PSY stands same as that of PMMVY with the same conditionalities wherein early registration is required to be made within 150 days. Also, the women who have their either of the two children or pregnancy after April 1, 2018 are covered under the scheme. Provided the Shramik card registration available to 17% (271) marked the eligible beneficiaries to 688 only. Out of 688 women (43% of total women) around 273 women (17% of total beneficiaries) have applied for their first child whereas only 5 women could apply for their second child.

Vidisha has the maximum application filed (52) then Jhabua (46 application – 26% of the districts total interviews conducted). The least is recorded for Umaria (6 applications – 4 percent of the districts total women interviewed). For second child only 2 cases from Mandla and one cases each from Jhabua, Niwadi and Shivpuri was filed. In this case urban cases are reported to have lower cases applied comparative to rural cases i.e., 5-23 percent.

Likewise the PMMVY, the proportion of the women receiving the instalments has dropped down remarkably in case of MMSSPSY and is confined to 3 percent (46) for first instalment 2 percent (31) for second instalment. Two in every ten women do not have any information about the scheme. ***The pregnant women who were observing their first or second trimester (192) are yet to apply***

About 26% of women are yet to apply to avail the benefits of the schemes while 40% are still waiting to receive any of their instalments, while 41% have to receive their second instalments

JSY

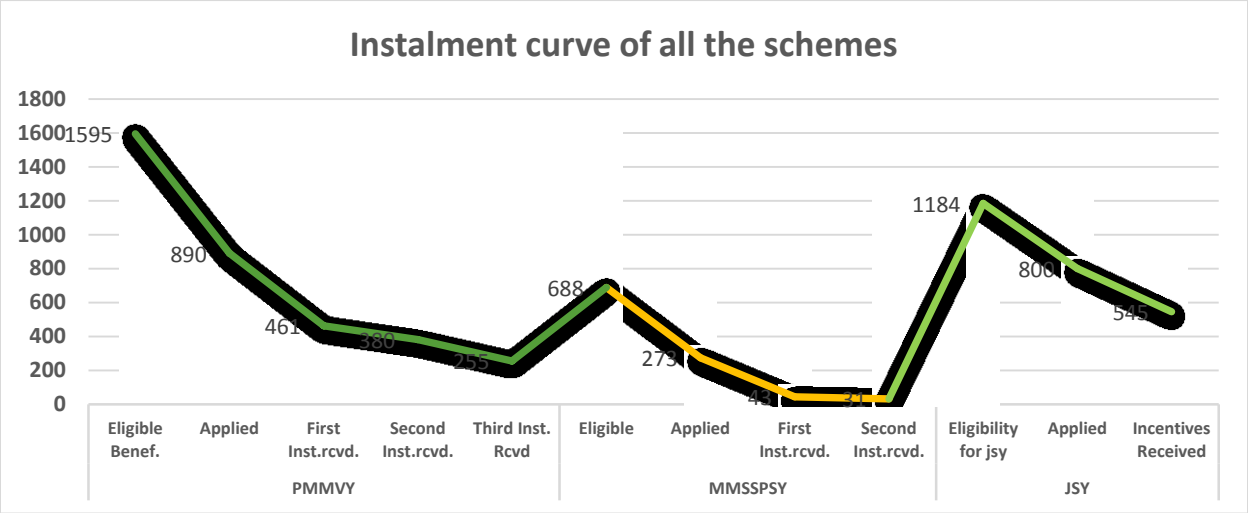
The eligibility criteria set against the institutional delivery norm as per the provision made under JSY excludes 84 women out of which 80 women had their child birth at home whereas 4 delivered their child while going to hospital. Fifty eight percent (933) women had their institutional delivery whereas 251 could not provide any information on the same given the older deliveries or have children above 2 years. Moreover, 21 percent (328) had their first pregnancy are immediately excluded, thus, dropping the eligible beneficiaries to 1184 only i.e., sixty one percent of the total beneficiaries. The institutional delivery falls out has excluded women from the eligibility criteria in JSY excluding 84 women from the eligibility criteria. Only 50% could processed their forms leaving only 26% receiving their incentives

From about 800 women got their applications registered by ASHA for JSY which is just the half (50 percent) of the total beneficiaries interviewed and the incentives are received to only 545 women (68% of total application). 255 women who have not received any incentives as of yet (the last date of the assessment – 31st December 2020). Amongst the districts the maximum women received incentives are recorded in Panna (79 women; Jhabua (74 – 46%), Rewa (67-45%).
In rural settings, Satna has the maximum applications processed with 90% of the total beneficiaries (97 of 108 eligible beneficiaries) from the district of which 73 percent have received the (79) incentives, followed by Rewa with 88 percent applications, the least is recorded in Umaria with only 39% of applications processed. While in urban settings, Panna has 79% of applications processed and 53% incentives disbursed while Bhopal is recorded at the lowest both in terms of application processed (10%) and incentives disbursement (4%).
Nevertheless, under the JSY provision if birth of a child takes place in the home due to emergency situation of due to failure of Janani Express services, the women have to reach the institution within 3 hours and to get themselves registered with support of ASHA. Twenty-one such cases are also recorded to have successfully registered and have filed their applications while 10 of them have received the JSY others have no clue of any incentives

About 328 women were pregnant for the first time and yet to observe the benefits under JSY, 32% of women are yet to apply to avail the benefits of the schemes while 54% are still waiting to receive any of their instalments

Concluding Point

Instalment curve is carved for all the three schemes against the eligibility, applications and incentives received at beneficiaries' end and it concludes that -



- In PMMVY, instalment curve is falling from the number of applications towards the three instalments in a row, received at beneficiaries' end and the interpretation as displayed below suggests that from

890 forms applied, the first instalment is received only to fifty two percent of women (461) only which is 29 percent of total eligible beneficiaries. The second instalment is received by forty three percent (380 of 890 forms applied) which is 24 percent of total eligible beneficiaries. This is dropped down to only 29 percent for third instalments received to 255 women (16 percent of total beneficiaries).

- Likewise, the PMMVY status, the curve of MMSSPSY seems going in the descending pattern where the number keeps on declining right from 1596 to 688 eligible beneficiaries (43%) to 273 applications (17%) to 43 women (3%) who have received first instalments to 31 (2%) receiving second instalment.
- Even in JSY the instalment curve is recorded in down turn pattern where the number of women at the receiving end is kept on declining right from total (1596) to eligibility (1184) to number of application (800) to receiving the instalment (545).

In all the schemes the coverage of the schemes is continued to be falling with each process and is the entry point for the advocacy process for ensuring the rights of women in place which is lagging out irrespective of the eligibility criteria.

12.1.2. Gap in design of Schemes

The gaps in implementation of the schemes are triggered with the issues occurred at beneficiary's part while disposing the complete procedure under the schemes right from the applications process including collecting the requisite documents to availing the benefits in terms of receiving incentives to the bank and in hand to actually get benefitted. The assessment highlights these issues as the dawdler preventing the pregnant women and lactating mothers to enjoy their due privileges. It includes –

Ponderous application procedure

PMMVY

Under PMMVY, in maximum cases women could not have sufficient information regarding the reasons while others who have applied have to go through the long and tiring application process where a form as lengthy as more than twenty pages test their patience. To add on bringing in all the requisite documents including MCP cards, UIDs (self and husband), bank account details, further saddles the process. MCP card in two-third of the cases are retained by the Anganwadi workers in order to not get missed out by beneficiaries whereas producing other documents is still a tough nut to crack to many.

Twenty percent have no bank accounts and are in the process of opening one, two in every ten women (109) didn't have their UIDs and one in every ten women (162) didn't have their Husband's Aadhar card in place. Six percent (32) also have reported to have not received any forms from the Anganwadi centres. This has side-lined four in every ten women (44 percent -705) to apply. The missing Aadhar card of either the beneficiary or her Husbands are observed maximum in Jhabua while women with no bank accounts are largely seen in Shivpuri. In the urban setting, Bhopal has shown the maximum cases of women having no information

MMSSPSY

The hurdles faced by women during applying under MMSSPSY suggest that for first child, largely women are unknown to schemes, those who know failed to provide sufficient IDs as requirement including UID or Husband's UID or bank account details bank account; the majority of the women unable to process for not having their updated Shramik card registration or not having it at all. Similar problems were faced by women while applying for their second child where due to cancellation of Shramik Registration they could not provide updated Shramik Cards. Linking the Aadhar with the Husband's aadhar is the troublesome for women. Amongst the districts the maximum issues are reported in Jhabua, followed by Rewa, Niwari whereas least issues are recorded for Bhopal and Panna

JSY

Shockingly none of the women whose applications under JSY are yet to processed had no information on the subject. They have no clue about the reasons for not processing of their application nor they were informed about the same. While those who have applied if they had faced problems while applying confer that about 9 women couldn't apply as they didn't have any bank accounts whereas 6 women faced UID problem including mismatching or incomplete details of Aadhar card or missing UID. Amongst the districts, the problems of UID are seen largely in Jhabua and Vidisha compared to other districts.

Concluding Point

About 99 percent of the women (who have applied for PMMVY, PSY and JSY) informed that they were asked for UID, followed by 98% were asked for Bank Passbook, 95 percent for Husband's UID, 92% were asked about MCP card, 80% of Samagra ID, forty four percent confirmed documents on child's birth certificate, while 21 percent were asked for the institutional delivery certificate or discharge tickets.

The Aadhar angle has played the substantial role in determining whether the woman should get the mandatory incentives or not, if it is missing, it's the missing loop as well and to add a new wrinkle, Husband's Aadhar seconds that. The missing information didn't let beneficiaries to apply under PMMVY (271 women), MMSSPSY (122 women), and JSY (6 women). The problems related to bank accounts including no bank accounts, mismatched bank account details, incorrect account number etc. are the next in row which derailed the processes more. In case of JSY missing loop of women not having any information of the application process appeared largely. They come to know only if the amount is transferred into their bank accounts.

Even not having bank accounts, also plays an angle where opening of bank account involves a whole lot of exercise on women's part. UID again stuck the process for as much as 13% women where they could not open bank accounts in the absence of the document. For rest reaching the bank is tougher as it is located at far end discouraged them opening the bank account howbeit for the availability of time to reach the bank and getting the process done also is the matter of concern for fewer. The positive angle is that about eighty seven percent (1387) already had their accounts and did not acknowledge any trouble while opening their bank account.

Mother's age – Underage factor

The maximum beneficiaries (33 percent -542 PWLMs) observed their pregnancy at the age ranging between 18-25 while 22 women conceived below the age of 18 years. This includes everyone who have participated in the assessment covering their age while they were first pregnant. Considering the fact that very low number of about 1 percent (12) who were currently under-age, the criterion is almost insignificant, however when such women who have their age lower than 18 years were asked about the benefits if they have availed under any of the schemes, it is inferred that only 4 women out of 12 could apply under PMMVY considering their UID which suggested that the women are above 18. However, this doesn't satisfy the given norms under the PMMVY scheme, the woman shall be of 19 years during her first pregnancy. The women would could not provide any information on this. Further only one out of 4 have had received the first two instalments while other had no clue about the schemes. While Kali from Petlawad Jhabua has applied under MMSSPSY but yet to receive the instalment while Durgavati and Somvati Mawasi from Satna have got their JSY applications processed but have not received the amount yet.

According to frontline workers, the women had no idea of their age where MCP card is to be considered as the authentic source only be, because of incorrect information registered at UID provided by beneficiaries. This is again the entry point of further cross investigation on the age factors registered at MCP and UID.

However, if women to be believed there are still 9 women who are under age and is still facing issues in applying under the said schemes.

Conditionalities of the Schemes

Early Registration

Given the prevailing taboo of hiding the pregnancy in early days, in the village setting, the early registration of the pregnancy is a hard row to hoe. This seems on surface during the assessment as well. About 97% of the beneficiaries got the registration. Twenty women were not informed on their registration process. However, when comes to early registration fairly low percent (4%) of beneficiaries were registered during their first month. Four in ten women were registered after two to three months of their LMP while one fourth of the women were registered in their second trimester. Two cases have not yet registered in the Anganwadi centers for their pregnancy. This early registration process stands more crucial when women is to apply for PMMVY, if the process is late it would also delay their application process.

150 days criterion under PMMVY – A hit or miss

Given the criteria in the clause 3.1.2. b. [15] stating women will claim the instalment if applied under 150 days, covers only 29% of women (461) have applied within 150 days are eligible for first instalment as specifically, 101 women (6 percent of total sampled beneficiaries) got their registration delayed by 5 months i.e., 150 days, whereas rest of them applied beyond 150 days. Clearly 150 days criterion is a miss as the first instalment is received to only 461 women which is exactly the same number who met this criterion. This means that women who have applied after 150 days are still waiting for their first instalment.

730 days Criterion under PMMVY

The criteria of 730 days mentioned in the Clause 3.6. i.[16] and 3.6. ii[17] stating exclusion of maternity claim after 730 days excludes five percent of women from filing their application i.e., eighty-six women have not filed their applications yet and chances for application procedure dropped to negligible given the above clause.

ANC criteria under 3 schemes

Antenatal care determines the screening and proport treatment and early detection of any complication while ensuring the safer pregnancy for mother as well as child. The recommended number of ANC if check on regularity can drop the MMR and IMR as scientifically proven. Thus, kept as mandatory under application process to ensure timely Ante natal checkup however, as the assessment unfolds that **only 53 women (three percent) have received antenatal care during the first trimester of pregnancy according to the recommended visits and that** four percent of beneficiaries (41PWLMs) did not receive any antenatal care while one percent (9) have no information on ANC checkups. During group discussions, women confirmed of not attending the ANC regularly given their chores schedule which is bit tedious for them to cope up with. This compromises their health on so many levels. **As per the clause 3.5c. ii.[18] one ANC as must for receiving the second instalment excludes 14 women to not file their application under PMMVY, 24 women under MMSSPSY and 10 women under JSY because of having received no Ante Natal Checkup.**

Shramik Registration under MMSSPSY

In case of MMSSPSY, the Shramik Registration is the important criteria as per the guideline/norms which was missing in case of 435 women (wherein, 20 got it done during the process of application) for first child and 62 women for their second child. This has set in the ambiguity in the clarity of the process as officials confirmed during the interview (Block Medical Officer, ANM and ASHAs) that the process is streamlined on the portal once the Sambal registration number gets confirmed from the Sambal Portal only. Due to cancellation of Sambal IDs by the government, in majority of the case, the sambal id number provide by the beneficiaries isn't found in records at Portal excluding them from availing benefits. The official confirms further that Sambal Portal details are to be considered as the final eligible beneficiaries under the Scheme which is however not known to women and their families claiming for MMSSPSY. Neither there is a provision nor there are confirmations on the Shramik registration or Sambal ID is maintained at present. This has complicated the procedures at BMO and Date entry operator level.

12.1.3. Gap in implementation of Schemes

Gap between application and LMP: Do applications hit on time?

The gap between the date of application and date of LMP recorded on MCP card concludes the difference in number of days taken in applying under the scheme where, majority of application of about 13 percent (212) for PMMVY were filed with a gap of 90-120 days i.e., **after 2-3 months**, about 12 percent of applications (filed

[15] *The beneficiary will be eligible to claim the first instalment under the scheme only if she registers her pregnancy at the AWC or with ASHA/ANM within a time frame of 5 months (i.e., 150 days) from the LMP date (both dates are as captured in the MCP card).*

[16] *No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect. No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect.*

[17] *A beneficiary can apply, at any point of time but not later than 730 days of pregnancy, even if she had not claimed any of the instalments earlier but fulfils eligibility criterion and conditionalities for receiving benefits.*

[18] *PMMVY Guidelines for receiving the second instalment at least one Ante-Natal Check-up of beneficiary duly certified on MCP card by an officer/ functionary of Health Department not below the rank of ANM is must.*

within 150-240 days i.e., **after 5-6 months of pregnancy.** Nearly 7 percent of women (115) got their application filed **within four to five months.** Only 10 women got their application filed within a month while one percent of application were filed within 2 months. About three percent of women have their application filed after a year while about 30 women (2%) have applied even after 2 years.

Gap between application and instalment received: Do instalments arrive on time?

Once the application is filed, the beneficiaries have to have their share of wait to receive their long-desired instalment which may or may not appear on time given the number of glitches including missing requisite documents or filing of applications beyond the stipulated time or others. The present assessment showed that only 6 % (49 women) have received their instalment lesser than a month time; 12 percent (108) have received within 3 months; 11 percent (106) received it within 3-5 months; 17% (151 women) received it within a period of 5-9 months. Four percent of those have applied (36 women) even have got their incentives within a period of 2 years. Four women even got it after 730 days of filing their applications. 75-80 percent of women (664-794) have no information or able to provide the dates of any instalments received.

Concluding Point

This concludes that applications getting applied on time have lesser ratio compared to those are not on time and are often delayed due to numerous reasons including unavailability of requisite documents, late pregnancy registration and mismatched UIDs problems, insufficient information, and not having enough bank accounts. In most of the cases women were not aware of the same causing them to suffer on their rights. Even after application process is done, either the conditionalities or delayed disbursement never make the incentives appearing on time at beneficiaries' end.

12.1.4. Equity Dimension

Inclusion of Social groups

PMMVY

From 716 ST women, the scheme could reach only to half (414- fifty seven percent) that means 302 women (42 percent) could not apply against 77 ST women (11 percent) who had no information on the same. Whereas only 23% i.e., 163 ST women could only have received the incentives.

Similarly, out of 312 SC women, the scheme outreached to 200 women (64%) whereas 112 women have not yet applied under PMMVY while 6 percent of SC women had no information on the scheme. Twenty seven percent of the total SC women (85) only have received their first instalment only. In other Backward classes, the scheme outreach in terms of benefits is accessed to 72% of total OBCs (312 OBC women) that means 123 women are yet to receive the benefits; whereas in terms of information the scheme is not reaching to 32 OBC women. However, the 36% of OBC women have received their at least one instalment

MMSSPSY

Eighty four percent of ST population (604) have not applied under MMSSSY, 90 had no information on the subject while only 22 could receive their first instalment whereas only 2 percent could actually receive their second instalment.

Only 18 percent of SC population (57 SC women) could apply under the scheme while only 17 women didn't hold any information against only 4 women who received first instalment and 2 who have received their second instalment.

About nineteen percent of OBC women (81) have applied while the scheme is not known to 33 women, whereas 13 women have received first and 10 women have received second instalments.

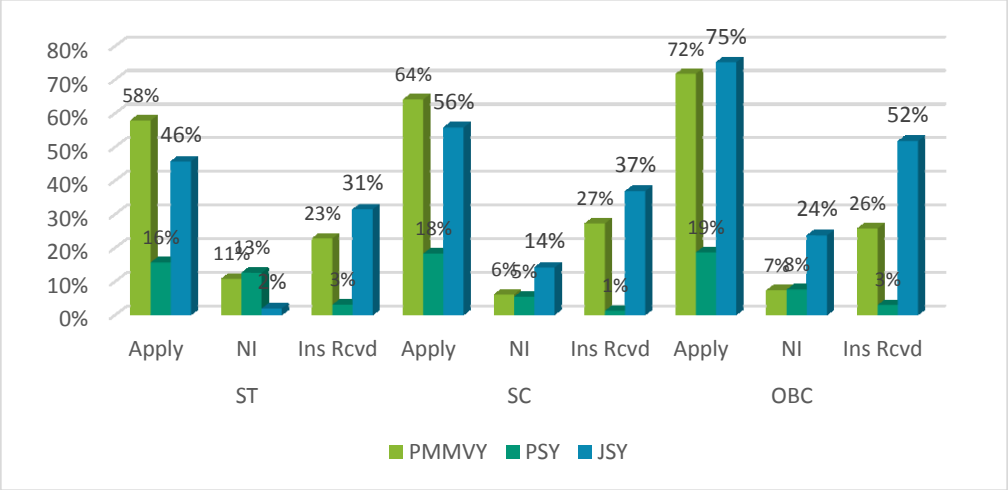
JSY

Even after being the popular and oldest of all the schemes, JSY still could not reach to fifty four percent of ST women that is only 327 (46%) applied under the scheme. In terms of information also 14 percent of ST women still have no information on the scheme. Sixty nine percent of ST women are yet to receive the benefits from the scheme that is only 225 women have received their incentives provided the bank statement details.

Out of 312 SC women, 174 women have applied under the scheme that concludes that about 44 percent of SC women are yet to apply while incentives are received by 115 SC (37%) women. However, the majority of SC women knows about the scheme while only four percent could not provide any information.

Amongst the OBC, seventy five percent (327 OBC women) have applied under JSY and while 225 have received the JSY incentives as well against 48% of OBC women who are still awaiting their incentives against 103 SC women who had no information on the scheme and application process.

Concluding Point



Amongst all the social group the outreach of all the three schemes is comparatively good to other backward classes followed by SC and then ST women in the last. As it was observed during the assessment that majority of ST households are dispersed between the hamlets, in few cases like Jhabua which has set in the maximum of ST proportion in the assessment has their ST population situated traverse in large hamlets located at a distance of 5-10 kms from each other making them geographically vulnerable reducing their outreach to basics including AWCs or CHCs or PHCs.

Socio-economic Lens

The schemes are meant to provide the financial back to support the nutritional, rest and economical and growing physiological needs pregnant and lactating mothers rather than causing extra burden on women's part as seen in the assessment where gruesome expenses incurred by women both on deliveries as well as application processes.

Is delivery the extra financial load?

The women hail from weaker economical segment or marginalized areas have to spend extra apart from their earnings on their deliveries and even on application processes and thus have to take the loans and debts as confirmed by the assessment. Certainly, the amount loaned to encounter the emergency situation concerning the complications or c-sections or any other medical emergency during delivery where the patient is referred to private hospital. About four percent of the total births were delivered by caesarean section. Other complications as informed by women includes excessive labour pain, excessive bleeding during their delivery, pre mature births. On an average a woman is spending about 3953 rupees on delivery care and birth processes. This includes transport expense as 411 rupees, 1198 rupees on medicines, 1080 rupees on health facilities, 483 rupees on medical tests and check-ups, 160 on blood transfusions in few cases, and 622 rupees as a token money given to nurses, midwives, cleaners etc.

Not only this a woman has to spend meagrely on the application processes too ranging between 50- 2000 rupees on managing different thing include producing the documents, the photocopy of the document, travel or giving the amount to the concerned person or going to hospital, opening a bank account or producing institutional delivery certificate or birth certificate or giving token money to any official or staff in concern to get their things done.

On one hand these are the extra burdens on the pocket and on the other hand they have the limited earnings If the earning angle is looked upon, the income derived from different sources by these beneficiaries are not sufficient to handle their daily requirements. The maximum families of about 39 percent earn between 10000 to 30000 in a year from different sources while about 30 percent earn between 50000-90000 in a year. Fewer families given their agriculture land, could earn up to one or two lakhs in a year. **Shockingly 2 percent of the families are earning below 10 thousand in a year.**

Concluding Point

In such a situation for managing extra expenses on deliveries they had to spend apart from their earnings with the only available option as debt. About 10 percent of the beneficiaries have confirmed taking debts to meet the pregnancy expenses. Amount owed varied between 5000 to even 20000 whereas 4 percent who owed an amount more than 20000 rupees to meet the expenses. Looking to the socio-economic status of these families, pregnancy comes as added financial burden where maximum families are earning as low as 6232 rupees a month on an average.

Amongst the districts, Niwadi has reported to have the highest expenses (7162 rupees) while the lowest expenses are reported in Shivpuri (1474 rupees). The average expenses for 11 districts are slightly lower than four districts including Niwadi, Umaria, Rewa and Panna. Maximum cases of complications are seen in Rewa that defines the clear geographical and health facilities of the area which is followed by Satna, Bhopal and Vidisha. Amongst the districts, maximum debts cases are seen in Vidisha (35 percent) and lowest in Mandla (one percent), and Satna zero debts. Additionally, rural women (4%) tend to have more debts than urban (3%).

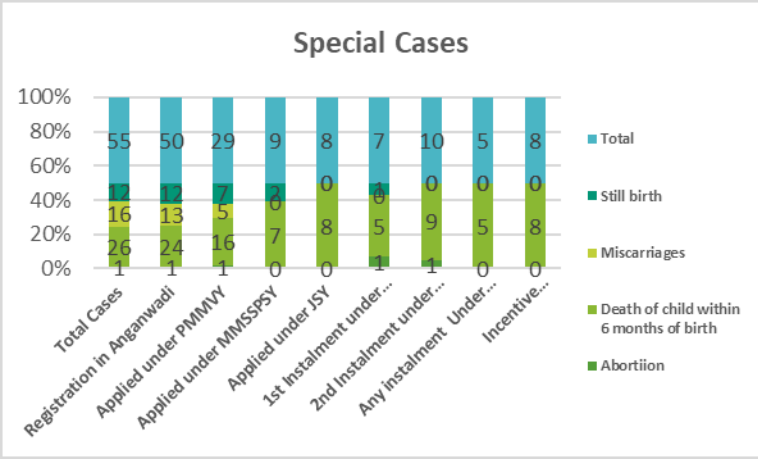
Looking to the socio-economic status of these families, pregnancy comes as added financial burden where maximum families are earning as low as 6232 rupees a month on an average.

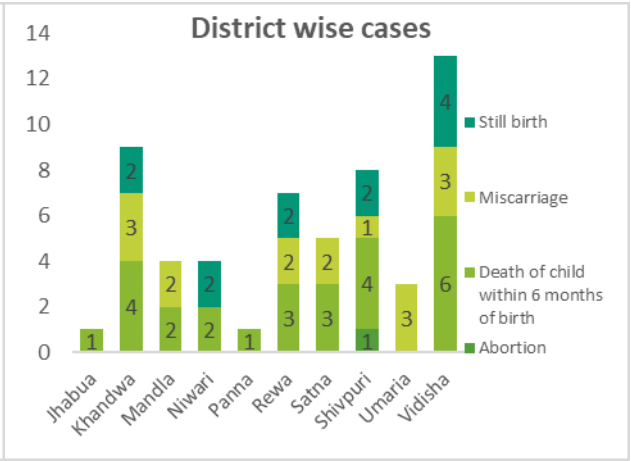
12.1.5. Special Cases

There were 55 special cases recorded in the entire assessment that includes 16 miscarriages, 12 still births, single case of abortion, and 26 cases of death of a child within 6 months. The analysis of these cases infers that 91% of these cases are registered under the Anganwadi centres wherein three cases of miscarriages and 2 cases of child death are never registered.

Access to PMMVY

53% of these cases (29) have applied under PMMVY, 45% (25) were not applicable as it was either their second pregnancy or second child whereas one didn't apply in spite of being eligible under the scheme due to missing documents. Only 13% of these cases (7) have received their first instalments while 18% have received their second instalments (10 cases).





Access to MMSSPSY

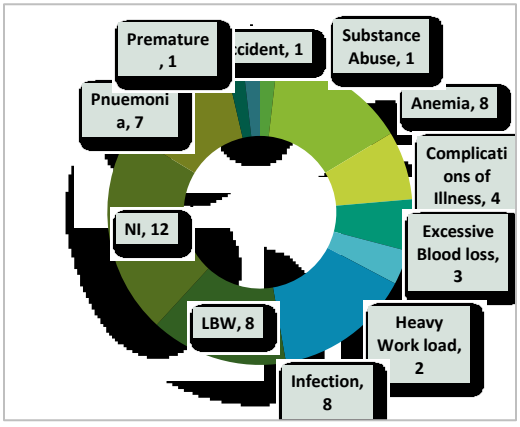
About 54% (30 from 55) were eligible for MMSSPSY. 16% of total cases (9) have applied for MMSSPSY whereas only 9% who have received their first instalment were the cases of death of a child within 6 months.

Access to JSY

Only 47% (26 of 55) women were eligible from cases of death of a child within 6 moths of birth. 34% women never got their application processed and were not even aware of the reasons. Although only 15% (8) women could apply under JSY but all of them have received their incentives. None of the cases of still birth have received the incentives as the child was delivered at home.

In the districts the maximum cases are recorded in Vidisha (13) followed by Khandwa (9), Shivpuri (8) and Rewa (7). Urban has better scenario in not having such cases where Bhopal is recorded to have no such cases whereas only where only 1 case of death of a child within six months is recorded for Panna.

The reasons as informed by beneficiaries for miscarriages and abortions are complications, illness, loss of blood and anaemia, 2 cases of miscarriage and still birth from Mandla have shared that due to heavy work loads they had to face these consequences. Reasons like infections and pneumonia have contributed largely in case of child deaths



12.2. Impact of the Schemes

12.2.1. Awareness and communication

Effectiveness of the information and communication to aware the community on the schemes its processes and benefits, the disregard of which may collapse the schemes on implementation level and at ground level. The majority of women of about 71 percent do not have any information of all the three schemes where only 29 percent knows about all the schemes. This clearly is reflected in the application process of PMMVY, MMSSPSY and JSY where maximum women could not apply due to insufficient information on their part. Moreover, about one third of the women interviewed know about at least two schemes at a time. Amongst the scheme, JSY being the oldest is known to more women comparatively.
When women were asked about the schemes, it was certain that women were not able to recall schemes with their name rather the amount/ incentives, provided under the schemes. For case like PMMVY, women could able to recognize the scheme as 5000-rupee scheme. On similar note, PSY also known to many as 12000-rupee or 10400 schemes, where many of them are unsure about the total amount provided. JSY is known as Janani Scheme only. As far as the types of information regarding different schemes known, the women largely know about the amount compared to the benefits including compensation of wage loss, rest, nutrition benefits in PMMVY and MMSSPSY and institutional delivery in JSY.

All the provisions under the different schemes are known to 12 percent of women for JSY followed by 11 percent for PMMVY and merely 6 percent for MMSPS. The lack of information on beneficiaries' part has definitely derailed the coverage of the schemes in terms of both application process and disbursement of incentives

12.2.2. The Gender Lens

It becomes important to look into the gender lens part in the assessment as in the given context, the male counterparts including both husband and father in laws or brother in laws hold the decision-making power especially in most of the rural scenario. Thus, determining their role in making decisions related to money coming from schemes which the beneficiaries is eligible of, becomes crucial. Amongst the 1596 beneficiaries only 18% of the males either husband or father-in-law have any information on the subject/schemes. No information in terms of schemes in particular are known to the spouses or any other male members of the family. During group discussion it appeared that women shared that most of the time males are engaged in daily wages or have gone far or to some other districts and they are only left out to handle the affairs back end. This makes them less informative. However, the Gram Sabha or any community meeting if held are the only medium of information if are attended by any family member provided the time. But they do not know specific knowledge pertaining to purpose, processes of schemes and ways to avail them. However, Janani Yojana being the oldest is still known to males in the rural settings.

In two in every ten cases, the cash withdrawal and spending decision are controlled by husband of the beneficiaries against eighty percent where women take decisions of both withdrawing as well as spending the amount. However, the maximum cases of withdrawal by husband are reported in Shivpuri followed Jhabua, Vidisha, Bhopal and Khandwa. About four to five in each hundred women have to look up to their husbands for making any decision while nearly two in every ten women take this decision in consensus with their husband. For 20 percent cases decision is taken in accord by both husband and wife. When control on money and expenditure by the spouse is computed, it is observed that on an average beneficiaries' husband has a control over 14.4 percent of their PMMVY money that equals to 720 rupees; in case of MMSSPSY, it is seventeen percent of MMSSPSY which equals to 2656 INR from a total of 16000; while 17% of the total amount of JSY computed as 165 rupees is kept for husband's expenditure. Either it could be on personal expenses including substance abuse or it could be on travel and managing other thing.

12.2.3. Accessing the instalment

Beneficiaries accessing the incentives to meet the nutrient requirement, and taking rest from work is the ample purpose the scheme is meant for. The withdrawal of the amount is assessed to validate if the instalments are accessed by the pregnant women and lactating mothers, or not.

Cash Withdrawal

Under PMMVY, 15% withdrew the first instalments 14% their second instalment while 13% withdrew their third instalment. Under MMSSPSY only 28% withdrew their 1st instalment against 55% who withdrew their second instalment. In JSY, only 28% withdrawn the amount in case of need.

Amongst the districts, the maximum withdrawal of first instalment is seen in Panna followed by Shivpuri and Vidisha. The least is observed in Niwari and Bhopal.

Utilization of Cash Incentives

PMMVY

About 29 percent (46 women) have spent below 500 on child's clothing followed by 15 women who have spent around 1000-2000 and only one woman has spent more than 3000. Umaria is reported to have maximum number of women spending below 500 on children's clothing. About 17 women (11% of total withdrawal) have spent below 500 on nurses and hospital staff or have given the token money. Expenditures on medicine was below 500 for 16 women (4% of total withdrawal); and between 1000-2000 by 15 women. 21 women (13%) have spent around 1000-2000 on buying provisions while 20 have spent below 1000 rupees. As far as nutritious food is concerned around 111 (69%) women have spent some amount on laddus or food amongst which, majority (50-31%) have spent between 2000-5000, about 30 women (19 percent) have spent below 2000 while 18 women have spent below 500 only.

MMSSPSY

Twelve percent (5 women of 43) have spent between 1-1000 rupees on buying children's clothing while 2 percent have spent between 1000-2000 rupees. Only two women have spent around 500-1000 rupees as token money for nurses, midwives, cleaners. On medication, 19 percent women (8) have expended 1000rs one had to spent around 5000 while the other got hospitalized for medical emergency and had to put around 15000 both in the hospitalization and medication. Around 19% women bought provisions for 3000-5000 rupees.

About 27% women (12) have invested the amount in consuming nutritious food in the form of laddu wherein, 16% invested upto 5000 rupees while 2% spent as low as 1000. About 9% have spent upto 10000 which includes their *pach (chhathi)* ceremony as well where they bought food for themselves including laddu and certain provender and rations as part of the ritual

JSY

Thirty percent (43 women of 154) have spent below 500 on children's clothing while in 3 percent cases (5), the amount spent on clothing is exceeding 500-1000 rupees. About 15 percent (23) have spent around 500-1000 rupees; eight had to spent more than 1000 (1400 in rural). 15% women spent below 500 while 9 percent above 5000 to buy provisions. 17% women (26) have expended 500 rupees on food and making laddus followed by 28 women who spent a bit more on it about 1000 rupees while in 13% cases the women have spent 1400 on consuming laddu only.

Average expenditure

PMMVY

The average amount spent is calculated for 11 districts as 820 rupees on buying children's clothing (17% of total amount); 270 rupees (5%) as average amount spent in hospital as a token money; 320 rupees spent on medicines and hospitalization on an average (6%); 670 rupees on an average on provision; 270 rupees on for transport/conveyance while around 720 rupees on an average is utilized by their spouse. Although the maximum is spent on nutritious food largely on laddus after delivery for about 1900 rupees (38% of total amount)

MMSSPSY

The average amount spent is calculated for 11 districts as 2656 rupees (17%) on buying children's clothing; about 2629 rupees (16%) on hospitalization and token money; 2683 rupees on an average is put in on medicines and hospitalization (17%). For provision on an average a woman is spending 2656 rupees which is again 17% of the total amount. The similar proportion is spent on nutritious food while around 15-16 percent is used in public transport and other work or by husband.

JSY

The average amount spent is calculated for 11 districts as 207 rupees on buying children's clothing (21% of total amount); 176 rupees on an average is invested on medicines and hospitalization which is 18%. Around 196 rupees on an average is expended on buying out the provisions for the family which is 20% of the total

amount. However, the maximum is spent on laddu and about 256 is going in buying food items which is the largest proportion of the amount i.e., 26% while 17% of the total amount computed as 165 rupees is also kept for transport conveyance or for husband's expenses.

12.2.4. Experience and level of Satisfaction

Behavior change

Women have admitted of consuming more of nutritious food which was missing on the plate and that the incentives have provided aid in bringing some food to their plate. This includes largely laddus, pulses, eggs in case of those who consumes egg or flesh, Few added inclusions of more greens. Others have also have confirmed improvement on health part as they could now see doctors more in case of any medical aid and may provide fee. Women those who have utilized the amount confirmed using more of laddu which was not possible earlier while few were happy to have quit the work. For as much as 10-15 women in it is nothing new, the scheme is no change for them. Having said that, they mean the incentives are normally spent on household things just like the usual one. Interestingly the women who have noticed no change in the scheme are those where the amount is withdrawn and spent by their husbands

Improvisation

Those who withdrew the amount thinks that the incentives on the scheme is low and must be hiked in order to meet their nutritional requirements. The women were during their discussion and interviews are even vocal on the duration and the period, the scheme should benefit in, that the incentives to be received within stipulated time else the purpose of the scheme gets diluted. About 15-20 women in hundred feels that the provision should be made for all the pregnancies and not just one and not just one living child. A significant proportion of women strongly objected on the lengthy process of all the schemes and they want it to be simpler and shorter which otherwise have introduced these women to extra inconvenience which is an added constraint looking to their physiological and financial conditions. The timely settlement of money and availability into their account is what the women mostly demands

Expected Incentives

More than half of the women who have received the incentives after having spent the amount feel, the incentives should be more than 5000 and must be hiked up to 10000 or more for PMMVY, while amount of JSY should be increased up to 5000 while MMSSPSY should be increased to 20000 and must not confined to only two living births.

12.3. Impact of Covid-19

12.3.1. Availability of Nutritious food during the Covid times

Food sufficiency

The assessment focused on the availability of nutritious food at the time of Covid lockdown within the household to meet the growing nutrient requirements of both pregnant and lactating mothers. In the current assessment, majority of the beneficiaries stated the availability of nutritious food. When asked about the definition of nutritious food, women have confirmed having eaten stomach full, their plate is however devoid of all the food groups but are mostly full of cereals and carb-dense food. Based on the responses, it is estimated that eight in every ten women have had plate full of food during their pregnancy and lactation period. About eight percent of women (83 women) have had insufficient food on plate compared to 4 percent (13) of women who were unable to provide this information.

Amongst the districts the highest percentage of availability of nutritious food is recorded for both urban setting comparative to rural settings i.e., 99 percent to 82 percent. Panna and Bhopal has shown the highest percentage while the least is reported in Khandwa where only 37 percent women have confirmed the availability of nutritious food. This is preceded by Jhabua (81%), Rewa (83%) and rest of the districts with more than 90 percent of women having nutritious food in their diet.

Food Groups

Provided the six basic food groups viz. Cereals and grains, Lentils and pulses, Oil and fats, Green leafy vegetables, vegetables and tubers, Fruits and Milk and milk products, their availability in the diet of pregnant

and lactating mothers is assessed. It is observed that plate of both pregnant and lactating mothers is loaded with cereals and grains. The majority consumes a very little portion of other food groups including pulses, greens, fruits, oils other vegetables, tuber etc. It is observed clearly that according RDA the grains and cereals are consumed by only 40% (632 women) while, pulses by 18 percent (288); Oil by 12 percent (201); Green leafy vegetables and other vegetables by 12 percent (196); fruit by ten percent (152) and milk by 8 percent only (135). The recommended portion for cereals and grain are 270/ 300 grams; for pulses is 60/120 for both pregnant and lactating mothers respectively while RDA is 100 grams for root and tubers and vegetables, 30 grams for oil; 100 grams for fruits.

Concluding point:

The majority of the women are only consuming between 50-75% of all the food groups except for milk and fruits which is consumed lesser than 25% of RDA by a very small proportion of women (14%) while majority are not consuming milk of fruits at all. Pulses being the contributor of protein in the diet plays the role of building blocks in the food plate and its consumption is reported more in Umaria (6 %) and Mandla (3%) where pulses are consumed on higher notch however the quality of the pulses consumed in these districts are compromised provided the fact that they buy the pulses of lowest rate possible. Greens and vegetables being the richest sources of antioxidants, fibers, and vitamins and minerals combined with roots and tubers which are riches sources of complex carbs and Niwari has the highest percentage of women consuming 100 percent of greens compared to Khandwa Bhopal and Vidisha where only 5-6 percent of women can afford to have greens. Oil and fats the energy giving food group to be taken as much as 30 grams in a diet are consumed cent percent consumption is majorly seen in Umaria (2 percent) followed by Panna and Niwadi. The least is seen in Satna. Milk which provides high biological proteins and calcium becomes the essential food entry on plate and again Niwadi is reported to have highest consumption of milk followed by Umaria; least is recorded for Satna where only 3 percent could consume cent percent of milk as per RDA which is 500 ml per day for both pregnant and lactating mothers. Fruits being the part of protective food groups are as important as vegetables and Niwari again hits the record in having highest proportion of women consuming the fruits as per the RDA while Satna as the least.

12.3.2. Work and Rest pattern

Rest and Precaution

About forty seven percent of women took rest of two to three hours. Forty three percent women took precaution while lifting heavy weights during pregnancy but this doesn't concern in lifting vessels for water or carrying their child at all. They have to do their household chores, but by heavy weight they meant carrying woodden logs or doing *dihadi mazdoori* in few cases. Moreover, seven percent of women (223) never took any kind of precautions or rest or care during their pregnancy and lactation. Their household chores are never off limit things and are considered under the rest pattern only by these women. Rest and precaution patterns are observed better in urban setting where in both the districts Bhopal and Panna, where 99-100 percent of women compared to rural districts wherein 90-97 percent of women have taken rest provided the COVID-19 conditions which made it easier compared to normal times where they can actually rest and took the necessary precautions.

Work pattern

As a common practice in villages women tend to work right before their delivery to make their basic earnings. The assessment confirms that nearly seven in ten women (65 percent) have not worked during pregnancy and lactation and maintained their rest protocols. Nevertheless, this is added up with other constraints including Covid-19 condition where they didn't have to go out for work largely and have to have their time spent at home. However, 23 percent (434) continued working irrespective of their physiological conditions. Among those who were working, forty percent (172) continued working till trimester one; 28 percent (121) who worked till trimester 2 and 22 percent (95) who worked during their trimester three. About eleven percent (46) continued working right till birth of the child.

Concluding Point

Work pattern as observed amongst the districts clearly affirms that both in Bhopal and Panna (urban setting) has the maximum number of women observing rest at home rather going to work with 99-100percent. Contrary to this, the maximum work pattern during pregnancy and lactation is recorded highest for Jhabua followed by Shivpuri, Umaria, Khandwa, Mandla and so on. The least work pattern is recorded in urban

setting. The proportion of work till pregnancy is estimated as zero to one percent to three percent for urban to rural to total respectively.

Work resumption

The women were asked about resuming back to their work once the child is born. Sixty five percent (1031) of women have no work after the pregnancy (given the Covid situation) whereas eighteen percent (279) of women have started work again after 3 months of child birth. Amongst them three percent of the women resumed their work when their child turned 6 months of age; three percent i.e., 54 women had to give it a start within a fortnight while nine women started off in a week only. The highest proportion is seen in, work resumption within three months, in Jhabua (104 women) followed by Umaria (47). Urban settings have comparatively higher proportion of women to not resuming work after pregnancy than rural setting (98 percent to 51 percent)

Services Delivery

Ten percent have not received any nutrition counselling while a very low of about 27 percent (82 LMs and 84 PWs) has confirmed of having no information on the same. Those who have not received the counselling has confirmed of their fear of meeting the AWW as an outsider during the Covid times and also due to lockdown the services were affected

12.3.3. Issues surfaced during Covid 19 lockdown

Based on the group and one to one discussion with the women group, the problems surfaced during the lockdown was broadly talked about. According to women, the facilities and services by the government were largely affected where few pregnant women could not able to assess the delivery services including institutional delivery provision where women had to deliver their child back at home. Also, the availability of THR was affected and not all the pregnant and lactating mothers during lockdown have received the number of packets they were eligible for.

The lockdown had also hindered the earnings and livelihood options for the beneficiaries and their families making situation more vulnerable for them. This has increased the rest patterns amongst the women as confirmed by them as they had no work to go to. However, this also has reduced the availability of food on comparative note due to reduced income and no assess to market during the lockdown phase. Moreover, disruptions in the supply chain of medicines, discontinuity in immunization campaigns, transportation restrictions, massive migrations and loss of livelihoods and incomes, have all resulted in limiting access to maternal and child health care services

When enquired about the effectiveness of the schemes, the application process was hindered as confirmed both by the beneficiaries as well as front line workers. During the interview process, the anganwadi workers and CDPOs have confirmed that the lockdown has affected their annual targets of PMMVY beneficiaries, given to by the department due as lesser marriages were performed. The registration process of the pregnancy is also delayed due to low home visits. Women have confirmed that, they were scared of meeting the outsiders including AWWs, ASHAs and ANMs given the corona safety procedures. This let them hiding their pregnancy to avoid meeting the anganwadi workers.

Moreover, the women those who didn't have their or husband's UIDs which are requisite for the application process had to wait till the UID portal gets opened which was closed in the event of the lockdown. This process has delayed their application process as confirmed by supervisors, CDPOs and DPOs during the interview.

12.4. Linkages between the Schemes

Apart from the fact that all three schemes have broadly similar objectives and aim to reduce the maternal and neo-natal mortality/infant rates through improved mother and child care, they also have funding linkages: both PMMVY and MMSSPSY draw from JSY for institutional deliveries (PMMVY-Rs.1000; MMSSPSY-Rs.1400); and MMSSPSY, in the case of support for the first live delivery, draws from the first and second instalment of PMMVY (Rs. 1000 on early registration of pregnancy + Rs. 2000 after completion of at least one ANC) to cover its own first instalment commitment. All three schemes are also dependent on the network of Anganwadis, ASHAs and ANMs to mobilize communities and deliver services. However, apart from the obvious difference in eligibility criteria- not registered vs registered as an unorganized worker, first live birth

vs two live births - the implementation mechanisms, including monitoring, also vary as PMMVY is under WCD and MMSSPSY and JSY are under the Health and Family Welfare Department. PPMMVY uses a centrally deployed MIS software to directly transfer the incentive amount to the account of the beneficiary in instalments, while MMSSPSY uses NHM and SAMAGRA portals for registration and disbursement of incentives. Given the linkages between schemes and also given that they are implemented by different departments, effective coordination to reach common outcomes is observed as a challenge. The major observation on the synergies between the schemes are pointed below –

12.4.1. Convergence between Frontline workers

The synergies between the scheme is observed to be lacking on the implementation level. Where two different departments are playing the role, the frontline workers face issues at the grounds when comes to proper roll out of schemes. The assessment concludes the missing loop at the coordination level between the schemes surfaced at Anganwadi Centers right from filing of applications under PMMVY and MMSSPSY to the incentive disbursement at the beneficiary's level.
On information part, based on the frontline workers including ASHA, ANM and AWWs' interviews, it is confirmed that Anganwadi workers have clear understanding towards PMMVY while have little information on the processes of MMSSPSY. 2-3 Anganwadi workers have understanding about the applications process but failed to provide the details including the timeline of application and disbursement, duration with which the beneficiaries should get enrolled or the exact amount beneficiaries are eligible of. On similar ground the information is missing on ANMs part when it comes to PMMVY. Comparatively her awareness level is better than those of Anganwadi workers.
However, the complete coordination is remarkably absent when comes to linked application processes between PMMVY and MMSSPSY especially for the first pregnancy.

In JSY, all ANMS are aware about this scheme. During the admission in hospital, application is filled and documents are collected. After a week or so amount is transferred to account of beneficiary, in rare cases the payment is delay due to non-submission of documents.
Both for JSY and MMSSPSY, ANMs said they disseminate information about the scheme in community meetings and during the home visits. Also, they ask women to apply, ASHA worker helps them to fill forms and other formalities. Documents like labor registration card, AADHAR, Bank details, Birth Certificate etc are collected with form. They verify immunization and three ANCs. The application along with all documents are verified at block Level on Department Portal, only the women who are not able to provide documents, face problems, else there is no issue.

AASHA plays an important role in implementation of JSY, as she keeps an eye on pregnant woman, inform 108 and calls upon the ambulance for transport, in her presence admission takes place and she helps in filling the forms for scheme. All AASHAs are aware about this scheme. During the admission in hospital, application is filled and documents are collected. After a week or so amount is transferred to account of beneficiary, in rare cases the payment is delay due to non-submission of documents. During the pandemic community was scared about the institutional delivery and this resulted less number, even who so ever reached in hospitals for delivery, payment got delayed. *AASHAs said now things are again on track and we are working effectively, getting all medicines from SHCs, PHCs and CHCs on regular basis. Also, we are trying to expedite the process of pending cases of money transfer.*

Concluding Point

When comes to the schemes' connection in terms of amount disbursement the application process clearly plays the significant role where the information perceive by the community is the missing loop in the whole cycle. The lack of coordination between the activities on AWWs and ANMs part have affected the awareness level of the community. The PMMVY beneficiaries are more informed compared to MMSSPSY beneficiaries largely due to active role of AWWs while lesser information is perceived due to lesser meetings with ANM**.**
However, ASHAs is the connecting dot between both AWWs and ANMs apart of which the coordination between AWWs and ANMs are mislaid terms of Schemes implementation due to their own work loads.
It is also visible on the benefits of the schemes where only 184 women have got all the three instalments of PMMVY and JSY. Only 11 women have got all the three instalments of PMMVY and PSY. Only 9 women have got all the three instalments of PMMVY and PSY. Only 7 women have got all the instalments of all the schemes which is bizarrely low.

12.4.2. Convergence between Departments

Block Medical Officer, Health

MMSSPSY is coordinated by Family and Welfare department where role of BMO is utmost crucial in sanctioning of applications and disbursement of payments. BMOs are found to be quite acquainted with the MMSSPSY but knows nothing about PMMVY much but on the amount that should be provided to women during her first child.

BMO Mandla informed that "*In CMPSY registration under labour card is must, many women are not aware that their card has been suspended. Process of registration is not going on as of now, and in lieu we cannot pay to any woman. Timely submission along with all required documents is important. Most of the time women who are not eligible apply, they often discuss with hospital staff, it becomes embarrassing to explain them. Some time they lodge complaint on 181, we as BMO resolve on level -1, then CMHO on Level – 2, joint director at 3 and finally Commissioner at level 4 resolves, although most of the complaints are resolved at Level -1 only. We face many political pressures and along with responsibility of hospital, block administration; it becomes cumbersome to manage many things at a time. Resolving all 181 complaints is a major constraint. Under JSY, we register in hospital and amount is paid in time, only thing documents must be ready. During Covid-19, we confess that there was delay, institutional delivery was less, we could not pay in time as our field staff was engaged in pandemic. But now things area gains at pace and we are coping up with old cases too.*"

District Program Officer, WCD

PMMVY is being implemented by WCD and Sector Supervisor, Block officer and DPOs play major role. In many districts, DPOs are acting as Assistant Director and District Nodal officer as well. The Anganwadi worker fulfils the formality of application along with all documents and forwards it to Supervisor. Supervisor checks and ask the Data Entry operator for updating on portal, applications are kept safe. Entire staff has been trained 4 times as informed. DPO sanctions the application.

The application which has some issue or incomplete, it falls under correction que as portal does not accept wrong application. Application is sent back to anganwadi worker through supervisor for correction. She corrects and sends back. "*Often payment becomes late due to non-submission of required documents"* – a supervisor said.

Non submission of required documents, migration, late submission of application, AADHAR, Bank account, beneficiaries from other districts - who do not update their information, often face problems. In lieu the in-laws of beneficiary often complaint to supervisors, 181 or in public hearing. CDPO resolves and send back report of compliance to DPO.

Panchayat Secretary

Around 11 Secretaries of 11 Grampanchayats were interviewed to understand role of Panchayat and secretary in effective implementation of Schemes. Only 5 out of 11 were aware of the schemes, processes and implementation where lack the information and knowledge required for smooth lining the processes. They gave a no node when asked about their accountability on schemes. They categorically narrated that Panchayat does not prepare any scheme for women in general, although some admitted that in Gramsabha they would talk about schemes. Nonetheless in selection and monitoring of beneficiary their role is almost negligible. Further Panchayat only registers women for Labor card as per the direction of scheme which was discontinued during Covid as the portals were closed causing the suspension of registration process. They confirmed that registration process becomes tedious in absence of the required document. They realize their role only in registration of Shramiks at the portal but have shown the inefficiency to conduct the process due to cancellation of Sambal IDs lately.

12.4.3. Cases from fields

Case assessment method helps to understand the situation and status of any scheme pertaining to implementation on ground in a better way. In the current assessment, 10 case studies have been documents providing thelandscape view of various schemes of maternal health being implemented in state.

1. Krish awaits benefits from PMMVY and MMSSPSY –

Krish, 20 years old tribal woman lives in village Madkheda Block Pohari District Shivpuri with her husband Satywan. They own small piece of land, both husband and wife are handicapped and this land is the only source of their livelihood. Due to physical conditions they are not able to work effectively as labour and hence completely banking upon land and agriculture. When Krish became pregnant,family could not arrange quality food for her. She was expecting benefits from various schemes but could not avail any. She registered herself in Aanganwadi and got services, she delivered a healthy girl child weighing 3 kg in CHC, and she also fed her child with first milk in 30 minutes. She did not get THR post delivery; her parents gifted her healthy and nutritious laddoos. After one month of her delivery, her MCP card was prepared, recently she has applied for PMMVY but money is not received till date. Her Shramik card is also not prepared; she has requested secretary for the same. The Aanganwadi worker has assured her that she will get all three instalments in one go soon.

2. Sangita Raikwar under debts

Sangita raikwar lives in village Nivadi Bhata, 7 KM away from district head quarter. She belongs to schedule caste and her family is economically weak. Labour work is the only income source of her family; She has a daughter of 7 months. Sangita worked all 9 months during the pregnancy as financial condition was critical. Soon after the delivery she had to again start the work because there was no other alternate for income. She thought of getting some benefits of maternal health, she also registered herself in Aanganwadi in 75 days. During the full term she faced severe problems in delivery. She did not get IFA nor THR as she would go out very often for labour work. She even did not get ambulance, therefore she delivered child in a private hospital and was admitted for 3,4 days. Her husband Raja took loan of 40,000/- for the cost of private hospital. Sangita gave all the documents in Aanganwadi after registration, there was no gap in form, in spite of that amount is not transferred to her account. She kept an eye on her account but neither PMMVY nor CMPSY amount was released. She has asked to prepare Sharmik Card but the secretary did not support. Sangita still has a debt of 40000/- and worried for repay. She is hoping to get benefits of schemes but papers are in vain. Wait is really long for her.

3. Loss of lives – Neha and her child

Namapura village is 20 km away from Niwari, Neha, 20 years, lives there with her husband Shobhram Sour in village. Financial condition is very poor and hence both husband and wife work rigorously to earn bread and butter. When Neha became pregnant first time she registered herself in village Aanganwadi. She gave birth to a dead child. They would often go on migration for labour work to Gwalior or Delhi and due to this cannot pay attention on health. After registration, she went to Delhi and when back to village, she fell ill. She was observed in govt hospital, ate medicines for a month. One day she felt labour pain and was taken to hospital, unfortunately doctors could not save her child. She could not apply for PMMVY as she did not have AADHAR card and bank account. Now Neha is second time pregnant, she has registered in Aanganwadi in June 2020 and taking THR, IFA, immunization and benefits of various services. But she has not applied for any scheme till now.

4. Radha benefits delayed, benefits denied

Radha, 24 years, lives in village kelhoura block Majhganwa, Satna, MP in a joint family. There are 9 members in family and all are working as daily labourers. Her husband often goes on migration. The family owns a ration card and gets 35 kg from PDS shop. Radha's daiughter Laxmi is not enrolled in card hence she does not get benefit. In backyard they have grown a kitchen garden and this suffices for 3 -4 months. Radha is pregnant second time, her first delivery took place in PHC Majhgawa safely – Laxmi was low weight baby and was weighing 2.5 kg. Now Radha is 24 and getting all facilities from Aanganwadi like IFA, immunization, her weight is 40 kg and this is her 8th month. She works home and remains at home. During first delivery she did nt get benefit of PMMVY due to non linked AADHAR card. She kept asking worker and supervisor but every time she was asked to wait but did not get money. Finally one day her AADHAR was updated and then again she submiited and got money in her account. She lodged complaint on 181 and did lot of follow ups finally she got money after 2 years. There is a CRIOSK in village, she withdrew money from her account but sad part was that the money is controlled by her in laws.

5. Nilopher still waiting for money

Nilopher W/O Muttan, 23 years, lives in Kishorganj Panna. Her husband works in Panna as daily labour and earns Rs 250/- a day. Somehow they manage the family. Nilopher was told about the schemes by Aanganwadi worker, but she was not aware about the documents required, also the process was not known to her. She gave her

documents to Aanganwadi worker, in turn when she checked her account, there was no money transferred. When she complained she was told that her account was of UP State hence ther will be delay. Still she is waiting for the same.

6. AADHAR becomes no aadhaar

Puja Devi 20 years lives in Dabhoura, Rewa. There are 8 members in her family and they own BPL Card. 3 members are not endorsed in card till date and hence they do not get 15 kg grains. Family works on daily wages and hardly get 15 to 16 days in a month. Puja was expecting money from various schemes but she did not get any hence she had to migrate with family for earning. She got married at the age of 18 and got pregnant soon after one year. She registered herself in Aanganwadi and got THR but other medical checkups were missing. She had to migrate with her husband and due to this could not pay attention. One day when she had gone to forest to collect wood, she got aborted badly and became severe. Now Puja is again pregnant and this is her 4th month. She has registered her self, she has been given doze of tetanus and IFA. She is getting THR regularly, this time she is particular about her health and remains at home. Since she does not have AADHAR card so she is not registered for PMMVY, though she has filled forms for several times but her AADHAR is not yet prepared.

7. The wait is never ending - Parvati

Parvati Devi . 22 years, lives in village Dabhoura, Rewa. She has a joint family and husband often goes on migration for 6 to 8 months. He earns a sum of Rs 10 to 12 thousand out of this. The family owns a land of 9 Beegha but it is baron land and hardly have they got good production. They are not getting ration from PDS as there was some problem and names were cut from list. Parvati got married at the age of 16 and became pregnant at 17. She was registered and got all ANCs, IFA and THR, on full term she was brought to PHC Dabhoura but doctors could not perform, hence she was taken to a private hospital, unfortunately, in spite of proper operation, she gave birth to a dead child. When second time she was carrying, she was conscious this time and taking rest. She was taken to Allahabad this time and it was a safe delivery. She has applied second time also to avail benefits of PMMVY but till now there is no positive news about money transfer.

8. Jyoti – good things come to those who wait can't be true every time

Jyoti, 20 years, lives in Lamnya, Ganjbasouda, district Vidisha. She is 8th passed and belongs to Ahirwar community, financially weak Jyoti's husband work as agricultural and mine worker in vicinity. She has a daughter. Joti was married at the age of 18 and after one year she became pregnant. She registered herself after 150 days of pregnancy, everything went well. She would get THR, immunization and at the time of full term an ambulance also helped her. She took a loan of Rs 5000/- for delivery expenses. She applied for PMMVY and CMPSY along with all the documents on 10th Feb 2020. She kept an eye on her bank account but till date date there is no transaction and amount of any scheme is not deposited. She is looking forward for amount desperately.

9. Maternity Rights and Bonded Labour

Lalita is 24 years old, a Korku woman lives in Siraliya block Khalwa , Khandwa. Her family is dependent on labour work, during her pregnancy, her husband Dharmendra took a loan of Rs 20000/- and signed a bond as bonded labour for both. The duration was of six months. They could not re pay in six months and came back to village for delivery. Again, they started working as bonded labor in village and to pay the previous loan, they took 18000/- from local person. Still both husband and wife are working as bonded labor in village to re pay the loan.
She registered herself and submitted all documents but her form was returned back due to noncompliance of documents. A revised form was filled, and she got first instalment of Rs 3000/- and soon after she got 2000/- the money was used for her health and food. But unfortunately, the child died after 15 months. Lalita is again carrying and this is her 8th month. Hope things will be smooth this time.

10. Timely implementation is the key

Annu, 22 years, lives in village Bavadiay in Khalwa block of Khandwa. There are 5 members in family; they own a piece of 2 acre baron land. Her husband works as labour and she remains at home and performs house hold responsibilities. Annu's first baby died soon after 3 days. She delivered a child in PHC Roshani, the child became serious after 12 hours and was referred to DH Khandwa, but his health ws not improving so he was referred to Indore. After 24 hours of care child could not survive and passed away. She got all the facilities from Aanganwadi, she also got Rs 4000/- as first instalment but later she did not get any amount. After second delivery she got Rs 12000/- after two months under CMPSY.

11. Migration cuts down the benefits

Sunita is 26 years old and lives in tribal village Lalpur of Mandla district. She has a child of 6 months. She would work hard as labour when pregnant; also family would go for seasonal migration as there was no work in village. Though she was registered but could not get any benefits of maternity schemes from Aanganwadi. She just

submitted form for PMMVY without any documents and left village. She delivered child in Raipur hospital. She is still seeking help to avail benefits of various schemes.

12.4.4. Missing links: Conclusion

- Given cases conclude that of all the major problems faced by women, submitting the requisite documents snagged their application procedures as most of them do not possess all the required documents, even the support from the families are lagging out, especially when they are married off in other village, updating the documents is a wholesome process which also costs them a lot adding burdens of debts and loans. Various schemes being run by Central and state govt are meant to safeguard women from any health risks, and issues while ensuring the safer motherhood and delivery in government facilities while focusing the service deliveries like ANC, THR, IFA consumption. However, the effective coordination missing at the ground become the barrier on the ground and resulting in the growing IMR and MMR. The above case studies conclude that –
    1. Women in the case assessment belong mostly to women belong to labor or migrant families compromising their access to health services and cause them paying less attention on their health due to which they often face complications like miscarriages, multiple abortions and still births.
    2. Producing and preparing the documents for availing benefits of various services is hectic as there are no village level plans by AASHA, Anganwadi worker or ANM to establish the coordination between the schemes. Timely compilation of documents and submission is missing badly. Nor family takes interest.
    3. There are several mistakes in AADHAR, Labor Card, BPL Card, Ration Cards stopping the benefits from PMMVY and MMSSPSY on time.
    4. Only superficial information is available to community in the absence of procedural information many women are unable to avail benefits.
    5. Some women shared that they have received the amount but given the weaker economic conditions, the money is utilized by the family and not on their health and nutrition.
    6. Informed women themselves conduct regular follow-ups but receive delayed responses in return.
    7. The prominent fall out in MMSSPSY is not having or registered under Labor Schemes, lack of accountability on Panchayat's part in taking up this on priority basis, causing women panchayats are not taking it on priority basis and the ultimate sufferer is the beneficiaries.
    8. In spite of huge budget, trainings and infrastructural development, PHCs are not upgraded lending the women referral cases. The time loss result in the death of child and women as well, or may cause the complications which is to be borne by women in the end.
    9. The poor economic conditions cause the women to work during the pregnancy and till the birth as also evident from the assessment. The extra toil, heavy loads, no rest, workloads making them even more vulnerable and critical towards delivery

- The data entry portal for both the schemes are different and thus make it cumbersome at both CDPOs and BMOs level to coordinate. They do not work in line with each other to verify or cross verify the beneficiaries' details when comes to information received from beneficiaries. They only check their tasks and ensure that complaints queue gets clear due to pressure build up from the state. The deliveries of different blocks become more hectic at the part of the block medical officer in ensuring the amount to be delivered from the block where child births have taken place.
- The link between the PMMVY and MMSSPSY is seen only in case of first child where AWWs ensure submission of documents whether on or off time making the clearance of at least first two instalments of about 3000 which reaches the beneficiaries somehow because the guidelines of MMSSPSY states of providing the 3000 from first two instalments from PMMVY when a woman is pregnant with her first child given if she has the Shramik registration and fulfills the criteria of PMMVY as well. However, as a common practice it is observed that no form submission is maintained in second child during her pregnancy rather the documents are collected beforehand but are submitted in one go, once the birth of the child takes place. This is outright violation of the rights of the pregnant women who have to have their 4000 in hands before the delivery under MMSSPSY.
- When women were asked about attending Gram Sabha or reaching out to Panchayat for any assistance, they informed that most of the cases they do not have a practice of going out to gram Sabha or sharing their problems on the contrary only male members attend the gram sabha. However the responses

recorded depict that seventy-eight percent of women have no ifnormation on any support provided by Panchayat which remains the same in case of Gram Sabha as well where 1277 women have the same say. Eight percent of the women have confirmed Panchayat and Gram Sabha role in generating birth certificates while the latter act as the channel. About 15 percent women have suggested that Panchayat also helps in generating Labor registration card and that the issues are heard in Gram Sabhas on birth certificate confirmed by 12 percent of women based on the discussion with their male counterparts those who attend gram Sabhas.

- Further in MMSSPSY, the sambal portal has the substantial aspects where Panchayat Secretary's role becomes imperative in registering the eligible beneficiaries on the portal while providing the similar information to ASHAs and ANMs. The absence of registration on Shramik irrespective of the eligibility excludes beneficiaries to avail the benefits.
- Lack of monitoring from the departments is adding up the bubbles. The receipt is not received to any of the beneficiaries under PMMVY except for once case as reported from Umaria while there is no one to keep a tab. Similarly, when CDPOs and DPOs were asked about the payment issues, they informed the payment does get the clearance from the department but not reaching to beneficiaries account given the fact that women might have provided the bank details of the account handled by them before marriage. This issue was confirmed when the account details were verified from the fields where women have informed that they have not got the amount in their bank accounts as of yet when these were cross checked with the supervisors and CDPOs of respective area, they confirm the disbursement of the payment while back at the village the amount is never received. The issue becomes static when there are no bank account details, passbooks are available at the beneficiaries to cross check the said statement.
- Moreover, CDPOs have confirmed of cross transactions in other bank details due to mis information provided.

Deliberate planning and synch and convergence between various departments and officials are seen as unaccounted and mis-linked compromising the effective implementation of the schemes on ground level. Thus, there is a dire need to look back into the schemes from design and implementation lens and to establish the synergies between the departments for making the schemes effective at doors of beneficiaries

13. Chapter Thirteen – Recommendations

Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth. Between 2000 and 2017, the maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) dropped by about 38% worldwide. 94% of all maternal deaths occur in low and lower middle-income countries. Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy. Maternal mortality is unacceptably high. About 295 000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94%) occurred in low-resource settings, and most could have been prevented.19

Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman's care. The major complications that account for nearly 75% of all maternal deaths are severe bleeding (mostly bleeding after childbirth); infections (usually after childbirth); high blood pressure during pregnancy (pre-eclampsia and eclampsia); complications from delivery; unsafe abortion. The remainder are caused by or associated with infections such as malaria or related to chronic conditions like cardiac diseases or diabetes.

Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth.

Poor women in remote areas are the least likely to receive adequate health care. The latest available data suggest that in most high income and upper middle-income countries, more than 90% of all births benefit from the presence of a trained midwife, doctor or nurse. However, fewer than half of all births in several low income and lower-middle-income countries are assisted by such skilled health personnel – WHO

Lancet series paper 1 states that Maternal and child undernutrition is extremely widespread in low-income and middle-income countries, resulting in substantial surges in mortality and overall disease burden. It estimates that stunting, severe wasting, and intrauterine growth restriction together were responsible for 2·2 million deaths, deficiencies of vitamin A and zinc were estimated to be responsible for 0·6 million and 0·4 million deaths, respectively. Iron deficiency as a risk factor for maternal mortality 0·4% of global total DALYs and Suboptimum breastfeeding was estimated to be responsible for 1·4 million child deaths. Poor fetal growth or stunting in the first 2 years of life leads to irreversible damage, including shorter adult height, lower attained schooling, reduced adult income, and decreased off spring birthweight. Maternal and child undernutrition has long-term consequences for intellectual ability, economic productivity, reproductive performance and susceptibility to metabolic and cardiovascular disease (Black et al., 2008; Victora et al., 2008). There is evidence informed interventions that, when implemented effectively, can dramatically reduce the rate of malnutrition (WHO, 2013a). This establishes the importance of nutritional care during pregnancy and lactation period.

It therefore stands as the accountability of the concerned departed to serve the women with their maternity entitlements and benefits with umpteenth priority. International Covenant on Economic, Social and Cultural Rights (ICESCR) recommend the states for taking initiatives to reduce the still birth as well as infant mortality to have a healthy developed child.

In the event of this, schemes like PMMVY, MMSSPSY and JSY are in accord of assisting pregnant and lactating mothers to cover their health and nutritional aspects while supporting them compensatory wage losses and promoting institutional delivery to deliberate the care of both mother and children. However, this could only be ensured if these schemes get implemented the way these are actually thought of.

The assessment concludes the various shortcomings and gaps on the implementation of these schemes both at ground and policy level. Majorly the untimely allotment of amount to the beneficiaries, ill-times and weighty application process, and problems faced by women during the entire procedure are one of the major drawbacks in combination of lack of convergence between the departments at the official as well as frontline workers' part.

The assessment also raises questions on the amount set by the government under various schemes which has no connect anyhow when comes to women availing the benefits that should save them from health complications including miscarriages, still birth, abortion and infant and child deaths. As the schemes promises of the nutrition and care (PMMVY) and compensatory wage losses (MMSSPSY) while promoting the institutional deliveries (JSY), it is important to have a deeper insight if these promises are implemented to reduce the IMR and MMR or not. Based on the detailed analysis following recommendations are made –

[19] **WHO, September 19**

13.1. Recommendation for Design and implementation issues

1. Application process needs to be simplified in order to improve the coverage in terms of processing more applications on time. The provisions of requisite documents which hinders the processes largely should be considered upon and must be confined to least possible documents available to the beneficiaries which is otherwise are nine documents.
    a. Aadhar mandate of husband card to be removed as in few cases if husband and wife get separated the husband denied of providing the Aadhar to the beneficiaries. Also, as a practice, getting the Aadhar cards updated and prepared requires a whole lot of time which should be cut short. Even women married off to other villages face difficulties in updating the Aadhar card, Thus, any available ID can used as the base requisite document
    b. Mismatched information on UIDs, bank details and other need a cross verification.
2. **Cutting short the Applications forms:** The Form A, B and C of PMMVY needs a revision and cut in length as filling the 20-30 pages form for 2-3 consecutive times makes the process lengthy and cumbersome for the beneficiaries to provide the necessary details. In maximum cases the details are set in by the frontline worker itself as also is seen during the applications of MMSSPSY and JSY, still the women are needed to be present while filling the application, this draws them back.
3. **Acknowledgements/ Receipts of applications to be maintained:** The receipts of the forms should be given as per the mandate under the guideline but as depicted from the assessment, it is entirely missing and must be maintained across in order to make the beneficiaries aware and informed on the process and follow ups.
    a. **Transparency in MMSSPSY and JSY applications:** As none of the women were found to have known their applications if processed under JSY and MMSSPSY there should be transparency in the system where beneficiaries should be informed about the same. They only know if their documents are collected but have no idea if those are processed or not. Similar acknowledge system should be maintained herein as well.
4. **Kiosks to be provisioned and monitored under Bank system**: One of the major issues faced by the beneficiaries was cross checking the amount from the bank or kiosks. Updating a passbook is comparatively easier work for the women and their families than getting it done through Kiosks. In maximum districts covered under the assessment the amount charged for the kiosks is Rs 140 for getting the statement which is almost a day labour for the family. In the event of this, the beneficiaries never go to check whether they have received the amount as of yet or not. This is the system's fault and is required to be corrected at the policy level where zero bank accounts should be provisioned under bank only and the banks should be informed that certain women should be given the priority to get these statements checked.
    a. In addition, there were issues reported on Kiosks operator fraud wherein by using the thumb impression of the beneficiaries, the kiosks operator has had taken out the amount and informed the beneficiaries that they have not received their amount yet. Bank should be provisioned to monitor this and the officials should be informed about the schemes and rights of beneficiaries in the absence of which, they are not gentle towards these women drawing them back.
5. **Beneficiaries to be informed on Payment disbursement:** Information on incentive disbursement is entirely lacking from the system as not a single woman is informed even through a message if they have received the money into their accounts or not. This needs to be checked. The SMS or text system should be set in.
6. **Revisiting the design of PMMVY:** Given the fact that conditionalities of the schemes has excluded number of women from availing the benefits irrespective of being eligible. The conditionalities in the schemes focusing on the 150 days criterion (Early registration of pregnancy within 150 days from the date of LMP to claim first instalment); 730 days criterion (No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect. No maternity claim under the scheme shall be admitted after 730 days of pregnancy.); ANC criteria (one ANC is must to avail the benefits); Although these clauses were meant to provide the benefits rather excluding out the beneficiaries as suggested through the current assessment.
    a. This requires revisiting of the conditionalities which should turn more in favor of women than acting against.

b. The registration process can be clubbed with the form filling (already mentioned in the scheme but are not being implemented) plus more early registration should be charged in to avoid 150 days clause.
c. Secondly the women whosoever is eligible from PMMVY effective date should be included irrespective of more than 730 days and must be motivated to use the money on their health and nutrition
d. ANC should be clubbed with the Registration to ensure at least one checkup so that exclusion of women on this basis can be avoided.
e. Underage clause: the women who are pregnant or are lactating mothers already should be included under the scheme. By recommending that this assessment is not meant encourage child marriage but the girl who is already married early and is now pregnant or lactating is denied her rights of education and health in the past and this clause is again excluding her maternity rights. As per census 2011, 30 percent of Indian women get married before they turn 18. This percent needs an inclusion

7. Revisiting the design of MMSSPSY:
    a. Combining the scheme with PMMVY has become the positive deviance in MMSSPSY which is only maintained for the first pregnancy where women are benefitted under PMMVY while in the second case the women are not even aware if their applications are processed. This is done by the concerned FLWs once the delivery is over which delays their instalment. This practice should be discouraged and the beneficiaries' applications should be processed during her pregnancy period only.
    b. Underage clause should be checked in MMSSPSY too where the women of all age should be covered.
8. **Special mention of SC, ST and marginalized:** Looking to the coverage for ST, SCs and Marginalized women which is comparatively poor than OBCs and given their poor nutritional status and accessibility of the services, the schemes should have a special mention for the said social group in terms of fixing the targets for SCs, STs and marginalized section while including more provisions even counting extra amounts
9. **Provisions for miscarriages, abortions, still births and child deaths:** As evident from the assessment, the women who have gone through the miscarriages and abortions or have had child deaths or still births are prominently due to serious health complications including anaemia, infections, excessive blood loss and workloads which is needed to be checked at various levels.
    a. The women name is displayed on the pending queue on the portal, till she receives her remaining instalment in her next pregnancy. The women already have suffered the emotional and physical traumas and need a reimbursement on health and nutritional status to survive through her next pregnancy and shall be provided with the complete amount rather than in pending mode.
    b. There should be fresh registration for her next pregnancy with a defined amount of money similar to the provisions set.
    c. The multiple abortion and miscarriages should be seen as a separate facet and such cases should immediately be taken into priorities with extra provisions under the Schemes.

13.2. Recommendations to create impact through schemes

1. **Awareness and communication campaigns:** In maximum cases the information is found on the superficial levels at the community level leaving no impacts on ground. The women are barely aware of the processes, acknowledgements, amount, eligibility duration and disbursements.
    a. Thus, the full fledge awareness campaign is recommended,
    b. The BCC and PLA processes can be used a tool to delve information
    c. The women should be informed not only of the processes but the importance of the amount and that it should be used on the health and nutrition rather than provisionary stuffs of households.
    d. Awareness to the spouses and male members through community meetings, PLAs and BCC should also be act in. The counselling should include the discussion with male members
2. **Establish central monitoring Mechanism:** The central monitoring mechanism should be established in order to bring in the homogeneity in the process which is lacking gravely.
    a. Monitoring at each step including the early registration, and application filing, acknowledgement receipts, timely disbursement of money, continuous follow-ups, cross-

verifying the documents to avoid the mismatching loop, monitoring at banking and kiosk system to avoid the fraudulent.

b. Village level committees including SMC, Sahyogini Matru Samit, VHSNC should be involved.

c. Prompt social audit process should be maintained across to look into the procedural delays and disputes if any

d. Appointing one nodal monitoring officer for all the schemes

e. Keep a tab on expenditures on application and withdrawal processes of the schemes

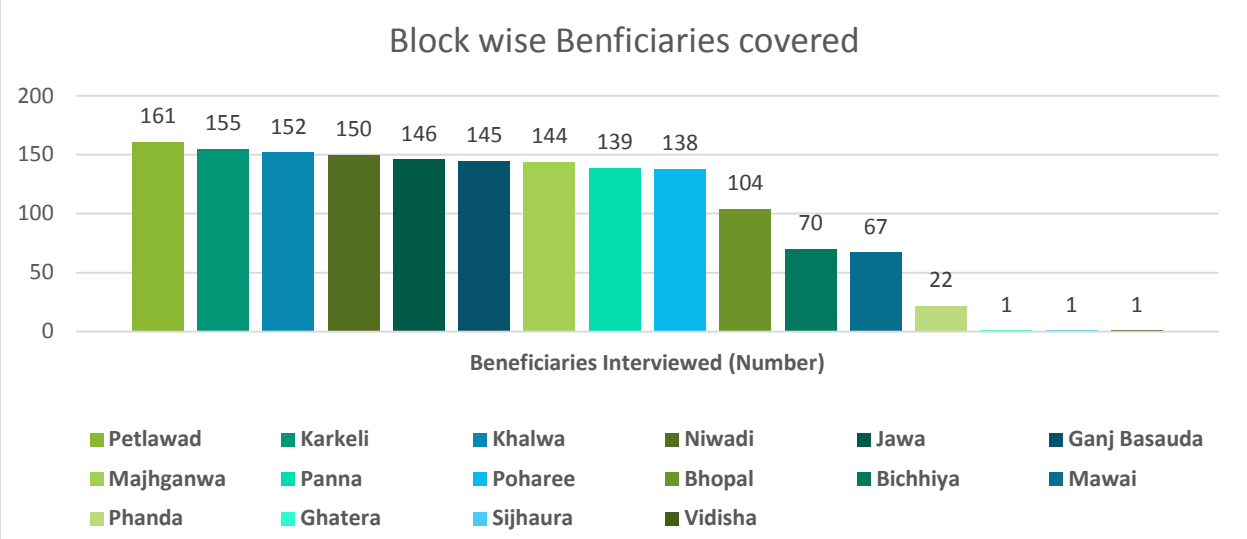
13.3. Recommendations for Linkages between the schemes and better Implementation

1. **One single scheme clubbing the three:** One single centrally sponsored scheme in collaboration with state is recommended to have the benefits entailed in one. This is needed to avoid the ambiguity and missing linkages between the two different departments. This would ensure –
    a. The convergence between the different officials and frontline workers to work in line towards one scheme only.
    b. Amongst the frontline workers, the outreach of Anganwadi worker is comparatively more, therefore she should be the nodal FLW in reaching out to beneficiaries for the complete process at field level with support of ASHAs and ANMs. This will avoid data overlapping and vagueness of schemes
    c. This will establish the coordination between CDPOs and BMOs and the problems faced by them while sanctioning the application. They will work in accord under one nodal officer which could be DPO
    d. Once central data entry portal should be maintained - The different data entry portals for different schemes should be maintained in one as the problems shared by BMO and CDPOs on data entry is the weakest point in the process and can be overcome through this.
    e. The data entry operators should be provided with the staffs to look into these details in specific to avoid the failure on this part. For doing this separate data portal can be maintained for the beneficiaries where their correct information can be updated periodically. This portal can be a stand-alone unit for all the schemes altogether.
2. **Amount of the schemes should be hiked –** Given the various health, physiological and emotional conditions of women where they have faced the abortions, miscarriages, still births and child deaths due to medical complications in the event of unavailability of services, proper nutrition and health care, migration pattern and weaker economic status, the women have to have their share of work which includes household chores as well counting in lifting the water filled heavy vessels, carrying their child etc. They are not financially sufficient to deal with the complications and have to take the loans to suffice their delivery burdens (as appear to them in absence of facilities).
    a. In the event of these aspects, the amount provided are not enough for them and therefore must be raised based on their delivery requirements.
    b. The amount should not be fixed for the first or second child in case of PMMVY and MMSSPSY and certainly not to living children as the foetal losses bring more adversity to the families
3. **Activating Panchayats and Gram Sabhas**
    a. The Shramik portal registration which is a must in MMSSPSY is a difficult thing to maintained at the field in lack of sufficient information on beneficiaries' part and thus timely registration and updation processes is recommended.
    b. The family at the time of Shramik registration should be informed about the scheme well in advance.
    c. Information portal at Panchayat Bhawan should be maintained having the complete information of the number of pregnant and lactating mothers with a provision of the documents' verification.
    d. Gram Sabha may act as catalyst on information for the complete processes and nitty gritty of schemes and should be triggered much on the issues which is lacking at present.
    e. Village Action plan should be maintained with the support of Frontline workers and Village level committees

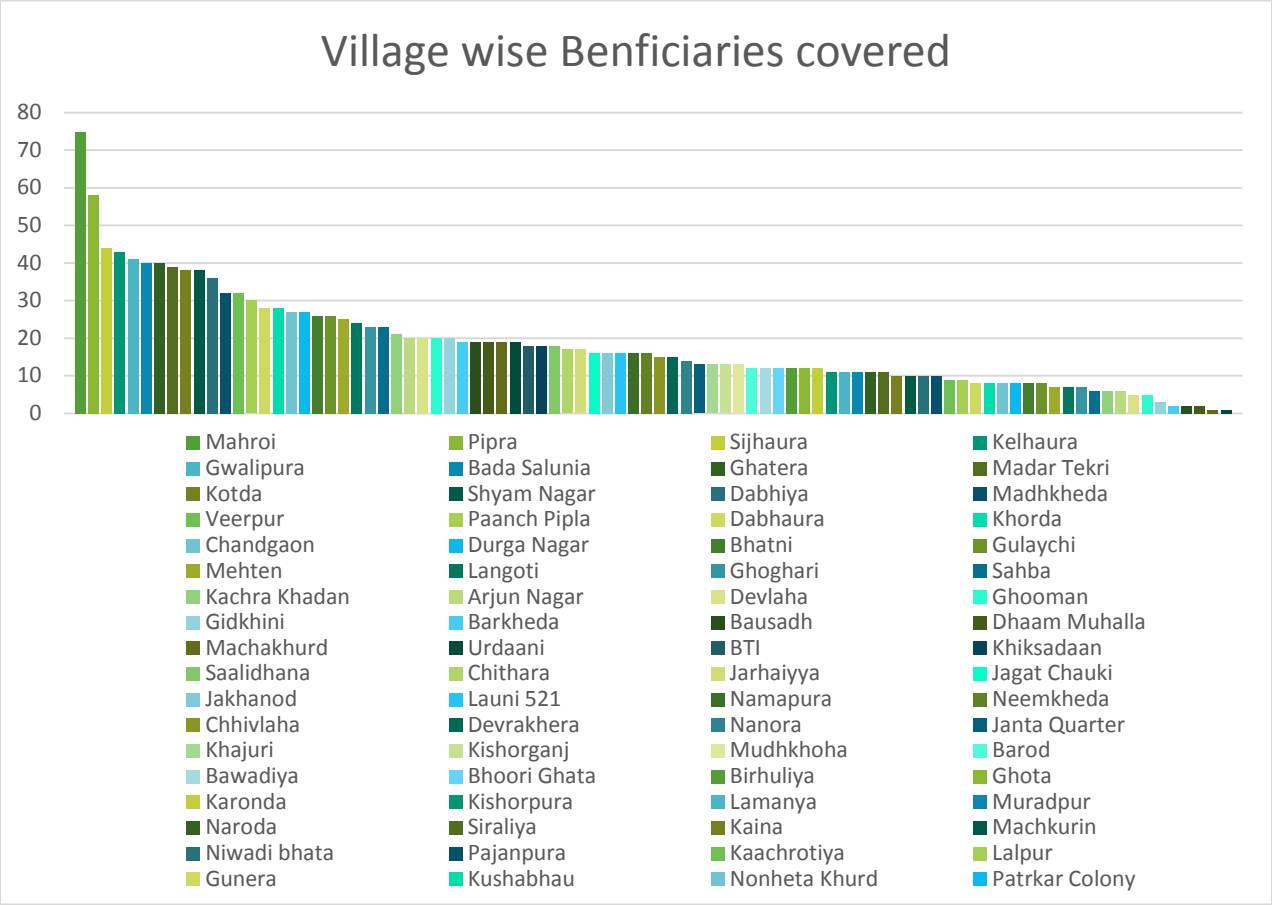
Annexure I – List of Village, Blocks and Districts

The detailed list of Block and Village is demonstrated through graphs below –

District wise Sampled Population



Village-wise Sampled Population



Annexure II – Average Annual Income (Primary, Secondary and tertiary)

Districts	Primary		Secondary		Tertiary	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Bhopal	4337	52199	1515	18176	245	2938
Jhabua	4338	52204	1521	18255	245	2936
Khandwa	4337	52191	1522	18266	245	2938
Mandla	4338	52205	1523	18278	245	2940
Niwadi	4337	52193	1524	18289	245	2942
Panna	4336	52180	1525	18300	245	2943
Rewa	4332	52137	1520	18237	245	2945
Satna	4328	52094	1521	18248	246	2947
Shivpuri	4328	52089	1522	18259	246	2949
Umaria	4327	52077	1523	18271	246	2951
Vidisha	4326	52064	1524	18282	246	2953
All districts	4338	52204	1521	18255	245	2936

Annexure III – District-wise food group consumption as per RDA

	Districts	Bhopal	Jhabua	Khandwa	Mandla	Niwadi	Panna	Rewa	Satna	Shivpuri	Umaria	Vidisha	Total
Grains	100 percent	7	32	104	68	65	18	27	143	1	134	33	632
Grains	125 percent	11		2	27	13	3	9		51	8	19	143
Grains	150 percent				35	1				15		3	54
Grains	25 percent	12	1		1	11	1	5		3		7	41
Grains	50 percent	83	50	7		23	56	55		42		26	342
Grains	75 percent	13	78	39	7	37	61	50	1	26	13	59	384
Grains	Total	126	161	152	138	150	139	146	144	138	155	147	1596
Lentils	100 percent	2	21	27	50	35	12	13	12	5	108	3	288
Lentils	125 percent	7	3		7	6	1				11		35
Lentils	150 percent	1		4		1		5	1	1	1		14
Lentils	25 percent	61	5	14	4	10		52	11	52	5	40	254
Lentils	50 percent	44	49	38	16	47	40	44	43	53	7	58	439
Lentils	75 percent	11	83	69	61	50	86	28	77	26	23	44	558
Lentils	Didn't Consume					1		4		1		2	8
Lentils	Total	126	161	152	138	150	139	146	144	138	155	147	1596
Oil	100 percent	11	15	73	11	23	23	10	1	2	32		201
Oil	125 percent	4				3	4			4	5		20
Oil	150 percent	2			5			18			6	9	40
Oil	25 percent	61	4	2	28	20	1	80	4	71	57	73	401
Oil	50 percent	39	42	25	55	57	34	33	52	57	11	39	444
Oil	75 percent	9	100	52	39	47	77	4	87	4	21	25	465
Oil	Didn't Consume							1			23	1	25
Oil	Total	126	161	152	138	150	139	146	144	138	155	147	1596
GLV	100 percent	5	22	5	38	47	5	23	6	12	27	6	196
GLV	125 percent	6			32	9		5			9	2	63
GLV	150 percent	3		4	3	1		4			6		21
GLV	25 percent	63	2	32	13	4	3	13	6	13	46	28	223
GLV	50 percent	34	55	56	26	31	46	52	65	67	17	53	502
GLV	75 percent	15	82	54	26	58	85	49	67	46	25	57	564
GLV	Didn't Consume			1							25	1	27
GLV	Total	126	161	152	138	150	139	146	144	138	155	147	1596
Fruit	100 percent	4	27	3	3	34	14	10		9	22	26	152
Fruit	125 percent	7			3	11	2	1		1	11	4	40
Fruit	150 percent	6		29	19	5		9	1	2	2	4	77
Fruit	25 percent	74	5	57	48	22	4	54	100	68	40	31	503
Fruit	50 percent	28	57	26	21	45	31	26	14	30	6	37	321
Fruit	75 percent	6	72	14	9	33	88	11	3	16	10	35	297
Fruit	Didn't Consume	1		23	35			35	26	12	64	10	206
Fruit	Total	126	161	152	138	150	139	146	144	138	155	147	1596
Milk	100 percent	5	21	3	1	27	22	18	3	6	23	6	135
Milk	125 percent	5	6		1	9	8	4		1	10	2	46
Milk	150 percent	6		8	17	6		4		2		3	46
Milk	25 percent	71	11	65	58	27		39	83	80	27	43	504
Milk	50 percent	30	48	6	14	42	24	23	24	13	3	24	251
Milk	75 percent	3	74	7	5	34	83	27	14	6	9	8	270
Milk	Didn't Consume	6	1	63	42	5	2	31	20	30	83	61	344
Milk	Total	126	161	152	138	150	139	146	144	138	155	147	1596

Annexure IV – District wise Gap between application and instalment received

1st Instalment												
	< 1 month	1-2 years	1-3 months	3-5 Months	5-9 months	9 months to 1 year	Error	More than 730 days	NA	No Information	Not Applied	Grand Total
Bhopal	1		3	1				0	4	19	98	126
Jhabua	2	1	8	5	3		3	0	37	19	83	161
Khandwa	3	2	6	3	8	4	3	0	36	9	78	152
Mandla	2	1	5	5	7		3	0	52	3	60	138
Niwadi	7	1	6	1		1	1	0	43	25	65	150
Panna	7	2	14	4	3			0	91	1	17	139
Rewa	1	1	4	1		1	1	0	100	3	34	146
Satna	3	1	7	3	3		3	0	97	2	25	144
Shivpuri	6	1	6	3	5	3	4	0	63	3	44	138
Umaria	1		2	2				0	45	51	54	155
Vidisha	10	2	17		9			0	96	1	12	147
Grand Total	43	12	78	28	38	9	18	0	664	136	570	1596
2nd Instalment												
Bhopal		1	1	1		1			5	19	98	126
Jhabua	1		1	7	4		2	1	43	19	83	161
Khandwa		4	2	3	1	1	1		53	9	78	152
Mandla				3	7	1	2		62	3	60	138
Niwadi		1	1	5	1			1	51	25	65	150
Panna	1	2	5	19	5				89	1	17	139
Rewa			2	1					106	3	34	146
Satna				7	5	1	3		101	2	25	144
Shivpuri		2	5	12	5		2		65	3	44	138
Umaria			1	1					48	51	54	155
Vidisha	2	2	7	12	8	1			102	1	12	147
Grand Total	4	12	25	71	36	5	10	2	725	136	570	1596
3rd Instalment												
Bhopal				1					8	19	98	126
Jhabua	2	1				7	2		47	19	83	161
Khandwa				1		1			63	9	78	152
Mandla				1		2			72	3	60	138
Niwadi					1	4		1	54	25	65	150
Panna		5	1	1	1	13			100	1	17	139
Rewa				1					108	3	34	146
Satna		1			1	4	1		110	2	25	144
Shivpuri		2	3	1	3	15	2		65	3	44	138
Umaria					1				49	51	54	155
Vidisha		3	1	1		10		1	118	1	12	147
Grand Total	2	12	5	7	7	56	5	2	794	136	570	1596