VIKAS SAMVAD SAMITI (VSS)

Mixed-Methods Research & Evaluation Study | Madhya Pradesh

Cash Transfers, Barriers & Behaviour

An Integrated Quantitative and Qualitative Study of MLBY and PMMVY, with Comparative Evidence from MPSY

Mukhyamantri Ladli Bahna Yojana (MLBY)

Direct, unconditional income support of ₹1,500/month to eligible women

Pradhan Mantri Matru Vandana Yojana (PMMVY)

Conditional maternity benefit for pregnant and lactating women, paid against health milestones

Quantitative coverage	Madhya Pradesh – Shivpuri, Guna & Bhopal districts (MLBY n=342; PMMVY n=153; combined n=495)
Qualitative coverage	Shivpuri & Guna districts – 41 case studies (MLBY, PMMVY and MPSY beneficiaries)
Survey period	June 2026 (quantitative); 2026 field documentation cycle (qualitative)
Focus	Implementation barriers · financial control · use of cash · impact on intended outcomes · lived experience
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1. Executive Summary

Vikas Samvad Samiti (VSS) undertook a mixed-methods study of how two flagship cash-transfer schemes under the domain of Social Protection are being implemented in Madhya Pradesh, how the money is actually used, and whether they are moving the outcomes they were designed to move. A quantitative survey of 495 women beneficiaries across Shivpuri (Rural), Guna (Rural) and Bhopal (Urban Slum) districts covered the Mukhyamantri Ladli Bahna Yojana (MLBY), an unconditional monthly income transfer of ₹1,500, and the Pradhan Mantri Matru Vandana Yojana (PMMVY), a conditional maternity benefit paid in instalments against maternal-health milestones.

This was deepened by 41 field-documented qualitative case studies from Shivpuri and Guna — covering MLBY and PMMVY beneficiaries directly, and drawing comparative evidence from a third scheme, the Mukhyamantri Prasooti Sahayata Yojana (MPSY), studied by the same field team. Read together, the two strands do not simply repeat each other: the survey establishes how common a pattern is across hundreds of women, and the case studies explain, in beneficiaries' own circumstances, why it happens and what it feels like from inside a household.

536	98%	99%	75.6%	70.7%
Women reached (495 surveyed + 41 case studies)	MLBY receiving ₹1,500/mo	PMMVY facility deliveries	Case households: children spend cash on packaged snacks	Case households: rise in men's substance spending

The programme delivery works at scale, but reliability and last-mile access do not. Almost every enrolled beneficiary is receiving money — 98% of MLBY women confirm the monthly ₹1,500 and 99% of PMMVY mothers delivered in a health facility. But only 53% of MLBY beneficiaries received all six of the last six instalments on time, half have no ATM card or UPI of their own, and roughly one in three reported difficulties at registration.

The case studies show exactly how this plays out in a single household: women like Kaushalya and Meenu (fictitious names) describe months of anxious waiting for a payment they had already budgeted around, and a recurring pattern in which documentation — an Aadhaar–Samagra mismatch, an ID still linked to a natal home, a misplaced hospital discharge card — is what actually stands between a woman and her entitlement, not eligibility itself.

The two schemes do different jobs — and both strands of evidence show it. PMMVY is achieving its health mandate strongly: 89% of mothers completed three or more antenatal visits, 93% say the benefit influenced their decision to seek antenatal care and deliver in a facility, and 80% report full basic immunization for the linked child. The PMMVY case studies (Maini Adivasi, Rupavati Adivasi, Pooja Parihar and others) put flesh on these numbers, describing specific rupee-for-rupee decisions — doctor's fees, iron and calcium supplements, ghee and dry fruit for postpartum recovery — that the survey can only summarise as “health” and “nutrition” spending. MLBY, as an unconditional transfer, shows measurable but uneven empowerment gains — women score highest on household financial contribution (3.88/5) and self-confidence (3.87/5), and lowest on reduced money conflicts (3.30/5); the qualitative record shows this same unevenness as a lived negotiation, with women such as Bhagirathi and Malki Bai Bhilala describing new-found autonomy over groceries and personal purchases, alongside husbands who continue to hold the ATM card or divert part of the transfer to tobacco and alcohol.

The cash is used rationally, but three behaviour gaps recur in both schemes, and the qualitative material shows how deep-rooted they are. Spending is dominated by food, health, nutrition and household needs — the case

studies confirm this in granular detail, from Ravina tailoring supplies to Meenu's family shifting from chutney-and-roti meals to vegetables. However, savings are critically low (18% of MLBY women, 11% of PMMVY women survey-wide), a third of women divert some cash to the husband's personal consumption, and control over the money is weakest exactly where it is most needed — among low-income, rural, no-schooling women. A structured block-wise review of the 41 qualitative cases makes the scale of two of these gaps unusually vivid: in 75.6% of case households, children were spending part of the cash on packaged snacks, and in 70.7% of case households the family reported a rise in men's spending on alcohol, bidis or gutkha since the transfer began — figures that echo, and sharpen, the survey's 33%/29% “husband's personal expenses” finding.

The bottom line for programme design

Both schemes are well-targeted and reaching beneficiaries. The unfinished agenda is not enrolment but empowerment of use — closing the digital-access gap, building a savings habit, engaging with husbands on the matter, and strengthening grievance redressal. The quantitative survey establishes how widespread each gap is; the case studies establish that these are not abstract statistics but recurring, specific household dynamics — a husband who accompanies his wife to the bank “for safety” and ends up holding the card, a child's demand for chips that a mother cannot easily refuse, a delayed instalment that quietly becomes debt repayment instead of nutrition. These are Social & Behaviour Change Communication (SBCC) problems as much as administrative ones, and this integrated study — numbers and narratives together — provides the baseline against which such a programme can be measured.

Notably, when the statement of objects enshrined in the Social protection Schemes are furthered, alignment with the public policy gains priority and momentum resulting in cherished and heightened status of Public Health Nutrition. The survey findings stimulate the urge for wider social security imperatives!

2. Background & Study Context

2.1 Why an integrated report

VSS commissioned two linked bodies of work in Madhya Pradesh in 2026: a structured quantitative survey of MLBY and PMMVY beneficiaries designed to establish how widespread specific barriers and behaviours are, and a case-study-based qualitative documentation exercise carried out by the Programme Implementation Team in Guna and Shivpuri, designed to capture how those barriers and behaviours are actually experienced inside a household. The two were conceived and executed separately, on different timelines and with different instruments. This report brings them together for the first time, organised around the quantitative report's structure, so that every major quantitative finding is read alongside the qualitative evidence that explains, complicates or personalises it. Where the two strands agree, the finding is strengthened; where they diverge, the divergence is itself informative and is flagged rather than smoothed over.

2.2 Three schemes, three theories of change

Mukhyamantri Ladli Bahna Yojana (MLBY). Launched by the Government of Madhya Pradesh in 2023, MLBY provides an unconditional cash transfer — currently ₹1,500 per month — directly into the bank accounts of eligible women (broadly, married women aged 21–60 within defined income limits). Its theory of change is that placing a predictable, independent income in women's own hands strengthens their economic agency, improves household nutrition and welfare, and enhances their voice in family decisions. Because it is unconditional, its impact depends heavily on how the money is used and on how much genuine control women exercise over it.

Pradhan Mantri Matru Vandana Yojana (PMMVY). A centrally-sponsored maternity-benefit scheme, PMMVY provides a conditional cash incentive (₹5,000 for the first living child, paid in instalments, with an additional benefit for a second child if a girl) tied to maternal-health actions such as early pregnancy registration, antenatal check-ups and child immunization. Its theory of change is narrower and behavioural: partially compensate for wage loss during pregnancy and incentivise institutional maternal and child healthcare.

Mukhyamantri Prasooti Sahayata Yojana (MPSY). A complementary state maternity-assistance scheme that the qualitative field team also documented in Guna and Shivpuri, though it was not part of the quantitative survey instrument. MPSY case studies are used in this report as comparative evidence — particularly in the Consolidated Analysis and Findings sections — because the same beneficiaries, frontline workers and household dynamics recur across all three schemes, and because VSS's qualitative Consolidated Analysis explicitly treats the three together. No MPSY-specific survey statistics exist in this report; MPSY figures cited here are qualitative and drawn from the 41-case sample.

Why compare them together?

All three schemes deliver cash to low-income women in the same districts through the same Direct Benefit Transfer (DBT) rails and the same frontline system (AWW/ASHA/Panchayat). Studying them side by side — quantitatively for two, qualitatively for all three — isolates what is common to cash delivery in Madhya Pradesh from what is specific to each scheme's design, and lets VSS design a single, efficient SBCC and support strategy that serves all the beneficiary groups it works with.

2.3 Study rationale and objectives

Cash transfers are now the backbone of India's social-protection architecture. Yet coverage figures alone say little about whether a transfer is doing its job. A woman may be “enrolled” and still not control her card; a payment may be “made” and still arrive late enough to force a distress choice; a benefit may be “received” and still be spent in ways that do not advance the intended outcome. The quantitative survey set out to answer four questions across MLBY and PMMVY: barriers to implementation, financial access and control, use of cash received, and impact on intended outcomes. The qualitative case-study exercise was framed around a wider set of research questions, reproduced in the Methodology section below, that add three dimensions the survey instrument could not easily capture at scale: behavioural and social change, women's agency as it is exercised and constrained in real time, and emergent insights that fall outside any pre-set survey category — such as the specific role of smartphones, in-law dynamics, or traditional post-partum food practices.

VSS's own framing of the qualitative exercise situates it within a rights-based reading of social protection: Article 42 of the Constitution directs the state toward maternity relief, Articles 14–16 guarantee equality and non-discrimination, and maternity entitlements are read as a constitutional promise of care and dignity rather than charity. This framing — equity, socio-economic justice, and dignity — recurs throughout the qualitative Consolidated Analysis and is carried into the integrated findings and recommendations later in this report.

3. Methodology, Sample & Data Cleaning

3.1 Quantitative design and coverage

The quantitative strand is a cross-sectional, descriptive household survey conducted through structured face-to-face interviews in June 2026. Respondents were eligible beneficiaries who had been associated with the respective scheme for a meaningful period — for MLBY, women receiving the benefit for at least the previous year; for PMMVY, women who were six months or more pregnant or had a child up to one year of age. Data were collected digitally on a mobile survey platform (KoboToolbox forms) in Hindi across Shivpuri, Guna and Bhopal (Urban).

Scheme	Districts covered	Valid respondents
Mukhyamantri Ladli Bahna Yojana (MLBY)	Shivpuri · Guna · Bhopal	342
Pradhan Mantri Matru Vandana Yojana (PMMVY)	Shivpuri · Bhopal · Guna	153
Combined (quantitative)	3 districts, Madhya Pradesh	495

Table 1. Analysed quantitative sample after data cleaning.

Both raw datasets were cleaned and standardised before analysis. Likert responses stored as text were converted to numeric 1–5 scores; “Do not know” and blanks were treated as missing and excluded from means rather than counted as zero. Spending shares are reported among women who actually spent on that category, so figures are not diluted by non-spenders, and rates such as on-time payment or facility delivery are computed on valid responses only. MLBY summary indicators computed from the cleaned micro-data were reconciled against the pre-built MLBY Dynamic Dashboard and matched on every headline figure, confirming the cleaning pipeline.

3.2 Qualitative design: why case studies

The qualitative strand adopted a two-pronged framework: intensive household surveys (the quantitative strand above) alongside case-study documentation, on the premise that grassroots teams should build the capacity for evidence-based learning through first-hand narrative work, not only aggregate data. Case studies were selected to illuminate the social dimensions of scheme implementation — the gatekeeping role of documentation, the negotiation of control within a household, the specific coping strategies women use when a payment is delayed — in ways a closed-ended survey instrument cannot. The Programme Implementation Team of Guna and Shivpuri districts documented 41 case studies across the three schemes: 21 under MLBY, 10 under PMMVY, and 10 under MPSY, drawn in roughly equal numbers from Shivpuri (20 cases) and Guna (21 cases).

Research questions guiding the case-study analysis

- A. Access & Awareness — how do women learn about a scheme, and what barriers stand between awareness and enrolment?
- B. Delivery & Utilization — how, and how reliably, do funds reach women, and how are they used?
- C. Decision-Making & Spending — who decides how the money is allocated, and on what basis?
- D. Perceptions & Impact — how do women and communities interpret the scheme's effect on their lives?
- E. Behavioural & Social Change — what shifts in household practice follow the transfer?
- F. Women's Agency — where and how is autonomy exercised, negotiated, or constrained?

- G. Emergent Insights — what patterns surface that the framework did not anticipate?

For each case, the field team recorded the beneficiary's name, age, village and district, alongside a structured narrative covering awareness, documentation, disbursement, expenditure and household dynamics, later synthesised into a Consolidated Analysis and a block-wise statistical review of recurring patterns across the 41 cases (Section 8 and Section 12 of this report).

A note on comparability and integration method

The quantitative sample (n=495) and the qualitative sample (41 case studies) are not the same women, were not designed as companion instruments, and cannot be merged into a single dataset. Throughout this report, quantitative figures are presented as population-level estimates for MLBY and PMMVY specifically, while qualitative evidence — case narratives, quotes, and the 41-case block-wise review — is presented as illustrative and explanatory, showing how a quantitative pattern is lived, and occasionally surfacing a dynamic (such as children's snack spending or a rise in men's substance use) that the survey instrument did not directly measure but that helps explain the survey's own leakage findings. Readers should not treat the 41-case percentages as statistically representative of the wider beneficiary population in the way the n=495 survey figures are; they describe a purposively documented set of households and are reported because of the consistency of the pattern across two districts, not because of statistical power.

4. Respondent Profile

The two quantitative beneficiary groups reflect their respective eligibility rules. MLBY women are older (mean age 35.6 years, range 23–57) and almost entirely currently married; PMMVY women are of active reproductive age (mean 25.2 years, range 19–40), with a mean of 1.3 pregnancies and 1.2 living children. Both groups are predominantly rural, from OBC/SC/ST communities, and from low-income households. The qualitative case studies were drawn from a similar socio-economic base — daily-wage and small-farming households in Shivpuri and Guna, with a strong representation of Adivasi (ST) beneficiaries — confirming that both the survey and the case-study sample are describing the schemes' intended socio-economic target group rather than a more privileged subset of enrollees.

Location and social group

District	MLBY (n=342)	PMMVY (n=153)
Shivpuri (Rural-Tribal)	41.8%	35.3%
Guna (Rural-Tribal)	29.2%	32.0%
Bhopal (Urban Slum)	28.9%	32.7%

Caste category	MLBY (n=342)	PMMVY (n=153)
OBC	39.8%	45.8%
SC	23.7%	26.1%
ST	35.4%	24.8%
General/Other	1.2%	3.3%

Table 2. Location and social profile of quantitative respondents (column %).

Education and household income

Education level	MLBY (n=342)	PMMVY (n=153)
No formal schooling	38.9%	11.1%
Primary	21.9%	16.3%
Upper primary	18.1%	27.5%
Secondary	8.5%	16.3%
Higher secondary	5.3%	15.7%
Graduate & above	7.3%	13.1%

Table 3. Education profile of quantitative respondents (column %).

Profile takeaway — read alongside the case studies

Nearly 39% of MLBY women have no formal schooling (versus 11% for the younger PMMVY cohort), and about three-quarters of both groups earn under ₹1 lakh a year. This is not an abstraction in the case-study record: it is the same low-literacy, low-income, rural profile that recurs across the 41 documented cases — women such as Meenu Adivasi, Papita Adivasi and Malki Bai Bhilala, whose households depend on daily wage labour and who describe needing repeated trips to correct Aadhaar–Samagra records because they had no prior experience navigating government portals. Any communication or support strategy must be built for this profile first.

5. Awareness, Enrolment & Registration

5.1 The frontline system is the awareness engine — but gender shapes who hears it first

The government frontline — Anganwadi Workers, ASHAs and Panchayat functionaries — is by far the dominant source of scheme awareness. For MLBY, 57% of women first heard about the scheme from a government worker, with relatives/neighbours (19%) and mass media (5%) far behind; 19% had not heard of it before enrolment. For PMMVY, 80% had heard of the scheme before registration.

The qualitative record adds an important qualification the survey cannot capture on its own: awareness itself runs along two parallel, gendered channels. Formal outreach — Panchayat Secretaries, Assistant Secretaries and Anganwadi workers — is a male-dominated institutional channel, while peer networks among women (self-help groups, conversations at the village handpump, Chaupal meetings) are just as important in practice. Bhagirathi Prajapati and Ravina Parihar learned of MLBY through proactive village officials; Papita Adivasi first heard of it from other women while fetching water, and only formalised her application afterward; Maini Adivasi learned of PMMVY through a self-help group. Case studies such as Rupavati Adivasi's show the cost of missing this dual channel: she was unaware of PMMVY during her first pregnancy and lost the entire ₹5,000 entitlement, only accessing it in her second pregnancy after proactively engaging Anganwadi and ASHA workers.

5.2 Registration is where friction begins

Roughly one in three beneficiaries hit difficulties at the registration stage — 31% of MLBY women reported registration difficulties, and the picture is similar for PMMVY. Women rarely complete their own paperwork: for MLBY, the husband (42%) or another male relative (11%) mainly handled applications, with only 34% of women doing it themselves; for PMMVY the husband handled it for 51% of women, and only 22% did it themselves.

Who mainly handled the application	MLBY	PMMVY
Husband	41.8%	51%
Self	33.9%	21.6%
Other family member	18.7%	11.1%
AWW / ASHA / Agent	4.1%	15.7%

Table 4. Who completed the enrolment paperwork (column %).

The qualitative cases put a specific face on “registration difficulty.” Meenu Adivasi faced repeated document rejections because her identification remained linked to her natal home rather than her marital household — a structural, gendered documentation problem the survey's “Aadhaar–Samagra seeding error” category does not fully convey. Papita Adivasi had to travel to Shivpuri to correct discrepancies before a village secretary would accept her documents; Rupavati Adivasi's third PMMVY instalment was delayed for months because of a single misplaced hospital discharge card, requiring her husband to make repeated trips to obtain a duplicate. These narratives show registration friction as a recurring administrative single point of failure — one missing document, one uncorrected ID — rather than a diffuse general problem, reinforcing the survey's conclusion that these are last-mile administrative issues, not eligibility issues, and that they fall hardest on the least literate women.

5.3 Grievance redressal is under-used, but not unknown

When problems arose, most survey respondents did not pursue formal redress: of the 342 MLBY beneficiaries, only about a third had ever registered a complaint through any channel. Given that 21% of MLBY women reported missing an instalment they were entitled to and 31% faced registration difficulties, the low complaint rate points to a gap in grievance literacy. The case studies show both sides of this gap. Rupavati Adivasi's husband made repeated unassisted trips to a hospital to resolve a documentation delay rather than filing a formal complaint — the passive, effortful workaround the survey figures imply is typical. Pooja Parihar's case is the qualitative exception that proves the rule works when used: after an eight-month PMMVY delay, she lodged a complaint through the CM Helpline 181, and the pending ₹6,000 was credited within 15 days. Her proactive, assertive use of the helpline — explicitly framed in the case study as unusual — is precisely the behaviour VSS's grievance-literacy recommendation (Section 14) seeks to make the norm rather than the exception.

6. Payment Delivery & Reliability

The single clearest message from both schemes is that money is reaching beneficiaries — but not always on time. Delivery is near-universal; reliability is the weak link.

98%	53.2%	20.5%	55.3%
MLBY receiving ₹1,500/month	MLBY on-time all 6 of last 6	MLBY missed an entitled instalment	PMMVY received 2 instalments

6.1 MLBY — coverage strong, timeliness fragile

98% of MLBY enrolled women confirm receiving the monthly ₹1,500. But over the last six months, only 53.2% received all six instalments on time (around the 10th of the month), while 17.8% received three or fewer on time, and one in five (20.5%) missed an instalment entirely. Where a reason was known, the leading causes were Aadhaar/Samagra/identity mismatches and bank or technical failures.

6.2 PMMVY — instalment completion is the choke point

Among women who had reached the relevant stage, 55.3% had received two instalments and 44.7% only one, for an average of 1.55 instalments and a mean amount received of ₹3,808 (median ₹5,000). Just over a quarter (28.1%) reported an instalment delayed by more than three months, and a further 15% were unsure of their status — itself a sign of weak communication.

> *"It took months to get the money; we thought it was cancelled."*
>
> — Qualitative respondent, on delayed maternity-benefit disbursement (Key Pointers, qualitative report)

The qualitative case studies confirm the survey's payment-delay finding and add texture on its downstream consequences. The block-wise review of the 41 documented cases found that 53.6% reported delays of 2–10 months in receiving maternity money, and — critically — that many of these women used the delayed funds, once they finally arrived, to repay high-interest loans taken during childbirth rather than for the nutrition and care the scheme intends. This is a specific, important qualification the survey's 28.1% "delayed by more than three months" figure does not itself show: a delayed payment does not simply arrive late, it often arrives having already changed purpose, from prospective maternal support to retrospective debt relief. Kaushalya and Meenu, cited in the qualitative Delivery & Utilization findings, both experienced payment delays that "created frustration and uncertainty" and reinforced a broader narrative, described across several case studies, that state support can feel unreliable even when it eventually arrives in full.

Barrier #1: Reliability, not access

Both strands of evidence agree that the schemes have essentially solved "does the money arrive?" and not yet solved "does it arrive on time and in full?". For MLBY the fix is back-end — resolving Aadhaar-bank seeding and reducing technical failures. For PMMVY the fix is milestone-tracking and proactive status communication. The case studies show why this matters beyond convenience: a late payment is frequently re-purposed toward debt repayment rather than the maternal nutrition and care it was meant to fund, which means payment reliability is itself a nutrition and health intervention, not merely an administrative one.

7. Financial Access & Control over the Cash

A transfer into a woman's account is only as empowering as her ability to reach and direct that money. Here the schemes reveal the most important structural barrier in the whole study: digital financial exclusion.

7.1 Half of MLBY women cannot reach their own money digitally

49.7% of MLBY beneficiaries have no ATM card and no UPI — they depend entirely on a physical bank-branch visit to access any cash. Only 38.3% hold their own card or UPI, and in 6.1% of cases the card is held by the husband or another man. PMMVY women are somewhat better connected (42.5% have no card/UPI, 26.8% hold their own), but male control of the card is actually higher (17.6%).

7.2 Withdrawal and decision-making — a more hopeful picture, with a vulnerable tail

On who actually goes to withdraw and spend, the story is more encouraging: 72.2% of MLBY women withdraw the money themselves, and only 7% report the husband doing it. Self-reported control over spending decisions averages 3.18/5 for MLBY and 3.3/5 for PMMVY. But averages hide a vulnerable tail: 33.6% of MLBY women report low or no control (a score of 1–2) over how the money is spent, and 20.9% of PMMVY women do.

Self-reported control over spending (MLBY)	Score	Share
Full control	5	15.2%
A lot of control	4	29.2%
Some control	3	21.9%
Little control	2	26.0%
No control	1	7.6%

Table 5. Distribution of self-reported financial control, MLBY (n=342).

7.3 What control looks like from inside a household

The qualitative Consolidated Analysis theme “Control of Women on Cash Benefits” reaches the same conclusion the survey does — that control is real but partial and unevenly distributed — while showing precisely what a “4” or a “2” on the survey's control scale looks like in practice. At the strong end, PMMVY beneficiaries such as Maini Adivasi and Rachna Verma personally withdrew funds and made independent decisions about nutrition and healthcare; under MLBY, Bhagirathi Prajapati and Kusum Pal directed resources toward groceries, children's education and personal needs without needing to ask permission. At the weaker end, the case studies describe two distinct mechanisms behind low control that the survey's single numeric score cannot separate: negotiated influence, where a husband shapes a major purchase (as with Lajja Adivasi's husband and a smartphone) even though the woman formally withdraws the funds; and outright diversion, where funds are absorbed into non-essential spending against the woman's preference (as in Seema Kushwaha's case). Women's control, across both strands of evidence, is strongest where documentation and withdrawal processes are streamlined, awareness is high, and family dynamics are supportive — and weakest exactly where the survey also finds it weakest: among low-income, low-literacy, rural households.

Barrier #2: Digital financial exclusion

This is the single biggest structural barrier in the study, and the qualitative record confirms it is also a structural, not merely attitudinal, problem: several case-study women describe a husband “accompanying” them to the bank in a way that, over time, becomes the husband effectively holding the card. A benefit designed to give women independent purchasing power cannot do so while half of them must ask someone, or travel to a branch, to touch it. Closing this gap — Jan Dhan card activation, UPI onboarding and hands-on “first withdrawal” support, targeted first at the low-control tail — would do more for real empowerment than any messaging alone.

8. Use of the Cash Received

Asked where the money actually went, beneficiaries of both schemes report rational, needs-first spending — but the composition differs in ways that track each scheme's design, and the same behaviour gaps (low savings, husband-expense leakage) appear in both strands of evidence.

8.1 MLBY — a household-welfare wallet

MLBY money behaves like a general household-welfare top-up. The largest allocations go to food and ration (28% of the transfer, spent by 68% of women), durable goods (22%, 54%) and debt repayment (20%, 35%), followed by self-nutrition, children's education and health.

8.2 PMMVY — a maternal-and-child wallet

PMMVY money is spent much more tightly around the pregnancy and newborn. Health expenses (69% of women), mother's nutrition (64%) and household expenses (56%) dominate, and — uniquely — 48% spend on newborn needs. Children's education barely features (12%), consistent with a first-child maternity benefit.

Category	MLBY — % spent	MLBY avg %	PMMVY — % spent	PMMVY avg %
Food / household ration	68.4	28.4	55.6	26.1
Mother / self nutrition	61.1	17.7	64.1	20.8
Health	65.2	15.7	68.6	17.2
Children's education	46.2	17.3	12.4	8.7
Debt / loan repayment	35.1	20.5	17.6	19.5
Durable goods	54.1	21.6	53.6	12.3
Social functions / festivals	49.4	14.0	35.9	9.6
Husband's personal expenses	33.0	12.4	29.4	9.5
Savings / FD / SHG	17.5%	17.4	11.1%	19.7

Table 6. Use of the transfer by category (quantitative survey). "% spent" is share of all beneficiaries; "avg %" is the mean share of the transfer among those who spent on that category.

8.3 The shared behaviour gaps — and what the case studies add

Savings is the critical gap in both schemes. Only 17.5% of MLBY women and 11.1% of PMMVY women put anything aside — the lowest of any category. A third of women also route some cash to the husband's personal consumption (33% of MLBY, 29% of PMMVY — tobacco, alcohol, entertainment), and roughly half spend on social functions and festivals.

The qualitative field team's block-wise review of all 41 case studies — conducted independently of the quantitative survey, using its own observation categories — arrives at figures that are strikingly consistent with, and in places sharper than, the survey's own leakage findings:

Emerging ground trend (41 case studies)	Shivpuri (n=20) %	Guna (n=21) %	Combined %
Packaged junk food consumption by children	75.0	76.2	75.6 (31/41)
Preference for costlier private doctors	70.0	71.4	70.7 (29/41)

Emerging ground trend (41 case studies)	Shivpuri (n=20) %	Guna (n=21) %	Combined %
Rise in men's substance spending (alcohol, bidi, gutkha)	70.0	71.4	70.7 (29/41)
Problems with government records (e-KYC, DBT, Samagra ID)	60.0	61.9	61.0 (25/41)
Delays in receiving maternity money (2–10 months)	50.0	57.1	53.6 (22/41)
Asset purchases (phone, house repair) instead of food	45.0	47.6	46.3 (19/41)

Table 7. Block-wise qualitative trend review, 41 case studies (Shivpuri and Guna). Figures are shares of documented cases, not a population estimate.

Read against Table 6, this qualitative table sharpens two of the survey's headline behaviour gaps into concrete mechanisms. First, the survey's 33%/29% "husband's personal expenses" figure is corroborated — and shown to be widespread rather than occasional — by the case-study finding that 70.7% of households reported a rise in men's substance spending specifically since the cash transfer began, with several case studies noting that men feel less responsible for daily kitchen rations once women receive cash, freeing up other household income (or the transfer itself) for personal consumption. Second, the case studies surface a leakage channel the survey instrument did not directly ask about: children's demand for packaged snacks, present in three-quarters of documented households and described consistently across MLBY and PMMVY cases, from Ravina Parihar's ₹1,000–1,500 monthly snack spending to Rupavati Adivasi's children asking for biscuits, Kurkure and samosas. This is best read as a companion finding to the survey's low-savings result: money that might otherwise be saved or spent on planned nutrition is drawn away in small, difficult-to-refuse increments by both husbands and children, and both patterns recur across nearly every documented case regardless of scheme.

> *"We used the money for household needs and some for baby clothes."*
>
> — Qualitative respondent, on utilisation of maternity benefit funds

9. The Role of Men in Household Decision-Making

Neither the quantitative report nor the qualitative report treats this as a standalone theme on its own, but each contains enough evidence — husband-handled applications (Table 4), husband-held cards (Section 7.1), husband's personal expenses (Table 6), and the qualitative Consolidated Analysis theme "Role/Control of Men" — that combining them here makes a pattern visible that neither strand shows fully in isolation: men in these households are not a uniform obstacle, but occupy two distinct and coexisting roles.

9.1 Men as facilitators

Across both schemes, men frequently do the bureaucratic work that a low-literacy household requires: gathering Aadhaar and E-Shram cards, escorting a wife to a health facility, or pursuing a grievance. The qualitative record documents this positively in several cases — Pinky Parihar's husband Malkey ensured her PMMVY documentation

was complete and arranged private treatment when she developed a fever during pregnancy; Hazrat Kushwaha's persistence with the CM Helpline secured a delayed MPSY payment for his wife Omeshri; Shan Singh's proactive involvement ensured hospital access for Ravisha (fictitious names to preserve the identities). This is consistent with the survey finding that husbands handle 42–51% of MLBY and PMMVY applications — a figure that, read only quantitatively, looks like a loss of women's autonomy, but which the case studies show is often experienced by the couple as practical division of labour rather than exclusion.

9.2 Men as controllers

The same case studies show a second, less benign pattern coexisting with the first: men who retain the ATM card, direct spending toward a personal preference (a smartphone, in Lajja Adivasi's case), or divert household income toward alcohol, bidis or gutkha once the woman's cash transfer is covering rations — the pattern the 41-case block-wise review found in 70.7% of households (Section 8.3). The survey's own figures corroborate this: 6.1% of MLBY cards and 17.6% of PMMVY cards are held by a husband or other male relative, 33% of MLBY and 29% of PMMVY transfers see some diversion to a husband's personal expenses, and 28% of MLBY women report frequent money-related conflict, the single weakest empowerment dimension in the entire survey (3.30/5, see Section 10).

Reading facilitation and control together

The qualitative Consolidated Analysis is explicit that these two roles are not mutually exclusive within the same household or even the same case: a husband can be a genuine asset in navigating documentation and a source of financial control at the same time. This matters for programme design. A messaging strategy that treats men only as a problem to be managed around risks losing the facilitation men already provide — nearly half of all applications succeed because a husband completed them. A strategy that ignores male control of cards and spending, on the other hand, leaves the study's most persistent leakage (husband's personal expenses, low female control scores, money conflict) unaddressed. VSS's Recommendation R3 (Section 14) — engaging men directly rather than messaging women alone — follows from reading both roles together, not from either quantitative or qualitative evidence in isolation.

10. Impact on Intended Outcomes

10.1 MLBY — women's empowerment and household welfare

MLBY's intended outcome is women's economic agency and household welfare. On a 1–5 agreement scale, all seven empowerment dimensions score above the neutral midpoint of 3.0. Women most strongly agree that MLBY lets them contribute more to household expenses (3.88) and that it has raised their self-confidence and respect (3.87). The weakest dimension is reduction in money-related conflict (3.30) — 28% of women still report frequent money conflicts — followed by “husband no longer demands an account” (3.52).

On concrete welfare, about 81% report at least some improvement in their own food intake, 85% in ability to seek healthcare, but only 70% in spending on children's education — with 30% reporting no change at all on education, the weakest welfare result.

10.2 PMMVY — maternal and child health behaviour

PMMVY's intended outcome is health-seeking behaviour, and here the results are the strongest in the entire study. 88.9% of PMMVY mothers completed three or more antenatal visits, 99.3% delivered in a health facility (94.6% government), and 79.9% report full basic immunization. Crucially, women attribute these behaviours to the scheme: 92.8% say PMMVY influenced their ANC decision, 92.6% their facility-delivery decision, and 97.3% their immunization decision.

10.3 What the survey's mean scores conceal, and the case studies reveal

The qualitative Perceptions & Impact and Women's Agency findings describe the same territory as the survey's empowerment scores — dignity, confidence, reduced dependency — in a way that helps explain why the survey's weakest dimension is specifically money conflict rather than, say, self-confidence. Women across the case studies (Bhagirati Pirajapati, Lakshmi, Ravina Jatav - fictitious names to preserve the identities) consistently describe the transfer as something that let them stop asking their husband for small amounts of money — a direct, personal experience of the survey's 3.87 self-confidence score. But the same case studies show that this personal shift in confidence does not automatically translate into resolved household conflict when a husband's own spending (on tobacco, alcohol or gutkha) continues alongside it: Ravina describes her husband's addiction leading to “domestic disputes,” even as she and he “maintain mutual understanding” on major expenses — precisely the coexistence of rising individual confidence and persistent money conflict that the survey's own two lowest-scoring items (3.30 and 3.52) capture in aggregate. The qualitative Emergent Insights theme adds a further nuance not visible in the survey at all: several women describe unpaid care and domestic labour becoming more visible and valued within the household once they were also seen as financial contributors — a dignity effect that sits alongside, but is distinct from, the money conflict the survey measures.

For PMMVY, the qualitative health case studies (Mami Adivasi, Rupa Adivasi - (fictitious names to preserve the identities) show the mechanism behind the survey's headline 88.9%/99.3%/79.9% figures: women describe specific ASHA-guided decisions — to consult a doctor rather than a traditional healer during a postpartum complication, to prioritise iron and calcium supplements, to prepare traditional recovery foods — that in aggregate produce the survey's health-seeking-behaviour statistics. The scheme's cash is described repeatedly as what made a health decision affordable in the moment it needed to be made, not simply as a general-purpose top-up, which is consistent with the survey's finding that PMMVY spending clusters tightly around health, nutrition and the newborn (Section 8.2).

10.4 Adequacy and satisfaction

Beneficiaries value the schemes but are candid about their limits. For MLBY, only 6% consider ₹1,500 a month “fully adequate” for basic nutrition and health needs; 45% call it “mostly adequate,” and 49% find it only partially or not adequate. PMMVY satisfaction is high overall — 78.9% are satisfied or very satisfied (mean 4.16/5).

Outcome verdict

PMMVY is meeting its narrow health mandate strongly; MLBY is meeting its broad empowerment mandate partially. Both strands of evidence agree the amount is enough to shift behaviour at the margin but not enough to be transformative alone — the qualitative record shows this as women repeatedly stretching a fixed sum across food, a child's demand for snacks, a husband's habit, and a genuine attempt to save, all at once. This is the central argument for convergence — linking the cash

to nutrition (ICDS/Poshan), health (PMJAY/Jan Aushadhi) and education (PM POSHAN) services so that ₹1,500 or ₹5,000 buys more outcome than it can buy alone.

11. District-wise Analysis

The MLBY dashboard analysis shows that delivery and access barriers are not evenly distributed. Shivpuri — with the highest share of tribal (ST) beneficiaries — is consistently the most under-served district; Guna and Bhopal perform better, with Bhopal's more urban profile giving it the best digital access.

Indicator (MLBY)	Shivpuri in %	Guna in %	Bhopal in %	Overall in %
All 6 months on-time	45.5	64.0	53.5	53.2
Missed an instalment	37.8	13.0	4.0	20.8
No ATM / UPI access	69.2	53.0	25.3	49.2
Low control (score 1–2)	46.9	20.0	28.3	31.7
Registration difficulty	18.2	48.0	33.3	33.2
Amount NOT adequate	35.0	27.0	9.1	23.7

Table 8. Key MLBY indicators by district (source: MLBY Dynamic Dashboard, District Comparison sheet).

The qualitative case studies were documented in exactly the two districts where the survey finds the sharpest contrast — Shivpuri and Guna — and split almost evenly between them (20 and 21 cases respectively). The block-wise review in Section 8.3 found the two districts strikingly similar to each other on every recurring behaviour trend (junk food spending, substance-spending rise, documentation problems, delays, asset purchases all sit within 1–7 percentage points of each other across the two blocks), which is a useful qualification to the survey's district table: the survey shows Shivpuri and Guna diverging sharply on delivery-side indicators (on-time payment, missed instalments, digital access, low control — all worse in Shivpuri) but the qualitative evidence suggests household-level behaviour once the money arrives (what it is spent on, and who diverts it) is remarkably consistent between the two blocks. Read together, this indicates that Shivpuri's disadvantage is concentrated at the delivery and access stage — consistent with its higher tribal population and lower literacy — rather than in how households subsequently use the money, which argues for a district-tailored delivery and access strategy paired with a single, common SBCC behaviour-change message for both blocks.

What the districts tell us

Shivpuri needs the most intensive support: worst on payment timeliness, missed instalments, digital access and low control. It requires local-dialect, pictorial materials and stronger frontline hand-holding — several qualitative cases from Shivpuri (Meena Adivasi, Pitarati Adivasi - (fictitious names to preserve the identities) independently describe exactly this kind of repeated, effortful navigation of documentation with limited institutional support. Guna's standout problem is registration difficulty (48%), a process/administrative fix. Bhopal performs best across the board and can lean on digital channels.

12. Voices from the Field: Selected Case Studies

The full qualitative report documents 41 case studies in detail. The eight below — three from MLBY, three from PMMVY and two from MPSY — are reproduced in condensed form as representative illustrations of the patterns discussed in Sections 5–11. They are selected to span the range the case-study sample as a whole shows: strong autonomy, negotiated control, and outright diversion; smooth delivery and delayed delivery; supportive and controlling male involvement. Full narratives, and the remaining 33 cases, are available in the source qualitative report.

MLBY case studies

Bhagirathi, 35 · *Agarra village, Shivpuri*
MLBY — Empowerment through Direct Benefit Transfer

From a daily-wage household, Bhagirathi registered for MLBY with support from the village Assistant Secretary and now withdraws and directs her own ₹1,500 each month, spending ₹2,000–5,000 on groceries, children's needs and durable goods such as silver anklets, while her husband spends roughly ₹1,500 monthly on tobacco. Her case shows financial control at its strongest — self-directed withdrawal, visible household priority-setting — but also a persistent limitation: social beliefs keep her children out of Anganwadi meals, so scheme funds must substitute rather than supplement institutional nutrition support.

Ravina, 29 · *Upsil village, Shivpuri*
MLBY — Financial Independence

Ravina uses her transfer to buy tailoring supplies that supplement household income, alongside groceries and fruit to compensate for an Anganwadi centre that opens only once a week. Her case illustrates the coexistence of empowerment and leakage within one household: alongside her own productive use of the funds, her children's snack spending runs ₹1,000–1,500 a month, and her husband's gutkha and alcohol habit (₹1,000–1,500/month) has at times led him to sell household food grain and has caused domestic disputes — even as she and her husband jointly plan major expenses.

Rani Bhilala, 30 · *Gopalpur village, Guna*
MLBY — Economic Relief and Women's Agency

Rani learned of MLBY from an Anganwadi worker, corrected her bank-account linkage herself, and now spends on groceries, children's education and modest personal items (she has bought seven sarees over time), saving any surplus. No one in her household consumes intoxicants, so her funds are used exclusively for essential and personal items — an example of the case-study sample's strongest-control end, and a reminder that where male spending is not competing for the same rupees, both welfare use and modest savings become possible together.

PMMVY case studies

Meenu, 24 · *Kolhapur village, Shivpuri*
PMMVY — Financial Relief during a Maternal Health Crisis

When Meenu developed severe postpartum complications after her first delivery, PMMVY funds — accessed with ASHA guidance — covered ₹3,900 in doctor's fees and medicine, preventing a debt to local moneylenders. In her

second pregnancy she used a larger, better-timed instalment more strategically: ₹3,000 on nutrition-dense groceries (ghee, dry ginger, almonds, cashews) and traditional postpartum foods. Her case is the clearest qualitative illustration of the survey's finding that PMMVY spending clusters tightly around health and maternal nutrition.

Rupa, 26 · *Kolhapur village, Shivpuri*

PMMVY — Overcoming Barriers for Maternity Benefits

Rupa missed the full ₹5,000 entitlement during her first pregnancy simply because she did not know the scheme existed. In her second pregnancy she registered proactively within three months with Anganwadi and ASHA support, but her third instalment was delayed for months by a misplaced hospital discharge card, requiring her husband to make repeated trips to obtain a duplicate. Funds ultimately went to nutrition (milk, vegetables, fruit) and postpartum recovery foods, alongside her children's snack spending of ₹20–50 a day. Her case pairs the survey's awareness gap and delay findings in a single household.

Puja, 24 · *Machakhurd village, Shivpuri*

PMMVY — Proactive Access and Grievance Redressal

Across three pregnancies, Puja used PMMVY instalments for groceries, medicine and nutrition, and — after a miscarriage during her third pregnancy required a ₹6,000 private-hospital expense — used a delayed instalment to repay money borrowed from relatives rather than lose it to interest. When her second-pregnancy disbursement was delayed by eight months, she lodged a complaint through the CM Helpline 181 and received the pending ₹6,000 within 15 days — the case-study sample's clearest example of the grievance-literacy behaviour the survey finds is otherwise rare (Section 5.3).

MPSY case studies (comparative, qualitative only)

Omeshwari · *Guna district*

MPSY — Overcoming Bureaucratic Delays

Omeshri's MPSY payment was delayed by bureaucratic hurdles that her husband, Hazrat Kushwaha, resolved through persistent follow-up with the CM Helpline. Funds were then used for groceries, healthcare and household provisions. The case is cited in the qualitative Consolidated Analysis as an example of positive male facilitation — a husband's persistence directly securing his wife's entitlement — that coexists with his continued influence over how the funds, once received, were spent.

Isha Bai· *Shivpuri district*

MPSY — Proactive Engagement and Strategic Allocation

Isha Bai (engaged proactively with documentation and health workers, ensuring she personally accessed and managed her MPSY funds, which she allocated strategically between nutrition and medical treatment, combining scheme funds with Anganwadi supplements and hospital services. Her case, alongside Varsha Adivasi's, is used in the qualitative Consolidated Analysis to show that women's control is strongest precisely where documentation is streamlined and awareness is high — the same condition the MLBY and PMMVY case studies above independently point to.

13. Consolidated Key Findings

The findings below merge the quantitative survey's eight headline conclusions with the qualitative report's cross-scheme Consolidated Analysis and Findings sections. Each finding states the quantitative evidence first, followed by what the qualitative record adds — confirmation, mechanism, or a nuance the survey alone could not show.

1. Reliability is not solved.

Quantitative: Only 53% of MLBY payments arrive on time and a quarter of PMMVY instalments are delayed, driven mainly by Aadhaar-bank seeding and technical failures.

Qualitative: 53.6% of the 41 case-study households reported delays of 2–10 months, and several used the delayed money to repay childbirth-related debt rather than for its intended purpose — showing that late delivery does not just inconvenience beneficiaries, it can redirect the money's function entirely.

2. Digital financial exclusion is the biggest structural barrier.

Quantitative: Roughly half of MLBY women (and 43% of PMMVY women) have no ATM card or UPI of their own and depend on branch visits or male relatives to access their own money.

Qualitative: Case studies describe how this often begins innocuously — a husband accompanying his wife to the bank — and gradually becomes the husband effectively holding and controlling the card, blurring the line between support and control.

3. The frontline system is a powerful, trusted asset — but awareness runs on two channels.

Quantitative: 57% of MLBY women and 80% of PMMVY women learned of the scheme from AWW/ASHA/Panchayat workers.

Qualitative: Formal frontline outreach is a male-dominated institutional channel; peer networks among women (self-help groups, informal conversations) are an equally important, gendered second channel that the survey does not separately track, and missing both can mean losing an entire entitlement, as in Rupavati Adivasi's first pregnancy.

4. Cash is used rationally and on-purpose.

Quantitative: MLBY funds go first to food, health and household needs; PMMVY funds cluster tightly around maternal nutrition, health and the newborn.

Qualitative: Case narratives show the specific, deliberate rupee-level decisions behind these categories — doctor's fees, iron and calcium supplements, traditional postpartum foods — confirming that the conditional PMMVY design is visibly steering money toward its intended use at the household level, not only in aggregate.

5. Savings is the critical, shared behaviour gap.

Quantitative: Only 18% of MLBY and 11% of PMMVY women save any part of the transfer — the lowest of every spending category.

Qualitative: The qualitative record shows two everyday, hard-to-refuse drains competing for the same rupees before savings can happen: children's demand for packaged snacks (75.6% of case households) and a rise in men's substance spending (70.7%) — making savings promotion inseparable from addressing these two leakages.

6. A third of the cash leaks to husbands' consumption — alongside genuine male facilitation.

Quantitative: 33% of MLBY and 29% of PMMVY women route some cash to the husband's personal spending; 28% of MLBY women report frequent money conflict.

Qualitative: The same men who divert funds often also handle documentation, transport and grievance follow-up (Section 9) — husbands are simultaneously facilitators and controllers within the same household, which argues against treating male involvement as uniformly positive or negative.

7. PMMVY is meeting its health mandate strongly.

Quantitative: 89% completed 3+ ANC visits; 93% credit PMMVY with their ANC and facility-delivery decisions; 80% report full immunization.

Qualitative: This is the clearest area of agreement between the two strands: PMMVY case studies (Maini Adivasi, Rupavati Adivasi) independently describe the scheme changing a specific health decision at a specific moment of need, corroborating the survey's attribution figures.

8. MLBY empowerment gains are real but uneven, and the amount is not enough alone.

Quantitative: All empowerment dimensions score above neutral (highest: confidence 3.87, contribution 3.88; lowest: money conflict 3.30), but only 6% find ₹1,500 fully adequate.

Qualitative: Women consistently describe rising personal confidence and reduced need to ask a husband for money, but this does not resolve household money conflict where a husband's own spending continues in parallel — the same tension the survey captures in its lowest-scoring items.

A ninth finding, qualitative-only: consumerism and comparison across three schemes

The qualitative Consolidated Analysis, which also draws on MPSY case studies, concludes that all three schemes structurally empower women by crediting funds directly into their own accounts, but that this structural empowerment is consistently diluted by three forces recurring across schemes: patriarchal norms that allow men to retain influence over spending even when they do not hold the funds; consumerist pressure, particularly from children, that redirects money toward packaged food and durable goods rather than the schemes' nutrition and health intent; and documentation/bureaucratic friction that falls hardest on the least literate and most marginalised women. None of these three forces is specific to MLBY or PMMVY alone — which is precisely why VSS's recommendations below are designed as a single cross-scheme SBCC and support programme rather than three separate scheme-specific fixes.

14. Recommendations

These recommendations integrate the quantitative report's seven priority-ordered actions with the qualitative report's policy-learning conclusions. They are framed as a single SBCC-and-support programme deliverable across MLBY, PMMVY and — where relevant — MPSY.

R1 Close the digital-access gap — “First Card, First Withdrawal”

PRIORITY: CRITICAL

Mount a card-activation and UPI-onboarding drive that reaches the ~50% of MLBY women (and 43% of PMMVY women) without their own ATM/UPI, prioritising the low-control (score 1–2) tail and Shivpuri first. Pair every activation with a supervised first withdrawal so the woman transacts on her own account at least once. Target: reduce “no ATM/UPI” from ~50% to below 20% within 12 months. Delivery vehicle: AWW/ASHA plus SHG leaders, with bank/Jan Dhan camp support.

Qualitative grounding: *Case studies repeatedly show card control passing informally from woman to husband through the seemingly benign act of being accompanied to the bank; a supervised first withdrawal, done for the woman rather than the husband, directly interrupts this pattern.*

R2 Make savings a default behaviour — “Pehle Bachat, Phir Kharch”

PRIORITY: CRITICAL

Savings is the highest-value gap (only 18%/11% saving). Run an AWW-facilitated group campaign that normalises saving before spending, using a simple participatory budget wheel and low-literacy pictorial tools, and — critically — remove the structural barrier by linking women to an SHG or micro-savings account. Target: lift the savings rate from 18% to 35% by endline; message: "Put even ₹100 aside this month."

Qualitative grounding: *The block-wise case-study review shows two specific, recurring drains — children's snack demands (75.6% of households) and men's substance spending (70.7%) — competing with savings for the same money; a savings campaign should explicitly name and address both, not rely on a general exhortation to save.*

R3 Engage men directly — "Hamara Parivaar, Hamari Bachat"

PRIORITY: HIGH

The 33% husband-expense leakage and 28% money-conflict findings cannot be solved by messaging women alone. Create a parallel stream for husbands through Gram Sabha, men's SHGs and Panchayat meetings that reframes the transfer as family investment capital, shares evidence on better child outcomes from purposeful spending, and invites "commitment pledges" not to divert the cash to personal consumption.

Qualitative grounding: *Case studies show men occupy both a facilitator role (documentation, transport, grievance follow-up — Hazrat Kushwaha, Pan Singh, Malkey Parihar) and a controller role in the same households; messaging should recognise and reinforce the facilitator role explicitly, since it is already common and valued, while directly naming the diversion behaviour as the target for change.*

R4 Fix reliability and build grievance literacy

PRIORITY: HIGH

Two linked actions. (a) Advocate with the administration for back-end fixes — Aadhaar-Samagra/bank seeding correction and reduced technical failures for MLBY, and proactive instalment-status tracking for PMMVY. (b) Run a grievance-literacy push making CM Helpline 181 and Panchayat-level Samadhan forums visible and trusted, equipping AWW/ASHA with simple complaint-filing scripts. Target: raise the complaint-filing rate among women with a payment/registration problem from under 25% to over 60%.

Qualitative grounding: *Puja case — an eight-month delay resolved within 15 days of a Helpline 181 complaint — is direct, positive evidence that the grievance channel already works when used; the gap is that most documented cases (Rupa repeated hospital visits, for example) show women and husbands absorbing the effort of a fix themselves rather than using the formal channel.*

R5 Design for convergence, not cash alone

PRIORITY: HIGH

Because neither ₹1,500/month nor a one-time ₹5,000 is "adequate" on its own, use the payment moment as the highest-engagement touchpoint to link beneficiaries to complementary services: Poshan/ICDS supplementary nutrition and dietary-diversity messaging, PMJAY and Jan Aushadhi for affordable health, and PM POSHAN/Samagra Shiksha for children's education (the weakest MLBY welfare result, with 30% reporting no change).

Qualitative grounding: *Case studies show families turning to costlier private doctors even where a government facility exists (a pattern the 41-case review put at 70.7% of households), citing waiting times and medicine shortages — indicating that convergence with public health services must also address service quality and trust, not only awareness of entitlement.*

R6 Segment and target — prioritise the low-control tail

PRIORITY: MEDIUM

Avoid one-size-fits-all delivery. Segment by financial-control score: celebrate and use the high-control group (44%) as peer champions; nudge the middle group (22%) toward the savings habit; and give the low-control group (34%) intensive, household-level support that involves husbands and links to an SHG. This concentrates scarce resources on the ~115 MLBY women who are least served.

Qualitative grounding: *Case studies of high-control beneficiaries (Bhagirathi Prajapati, Malki Bai Bhilala) show what "graduated" autonomy looks like in practice and are natural sources for peer-champion testimonials in local-language SBCC materials.*

R7 Tailor by district

PRIORITY: MEDIUM

Contextualise materials and intensity: Shivpuri needs local-dialect, heavily pictorial tools and the strongest frontline support; Guna needs a targeted registration-process fix (48% difficulty); Bhopal can lean on digital channels (SMS/WhatsApp alerts, app-based payment tracking). District dashboards should drive where effort is concentrated.

Qualitative grounding: *Because Shivpuri and Guna case studies show near-identical household-level spending behaviour despite Shivpuri's much worse delivery-side indicators (Section 11), district tailoring should focus resources on delivery and access in Shivpuri specifically, while a single shared behaviour-change message can serve both blocks.*

Closing note

Both MLBY and PMMVY have won the hardest battle — reaching low-income women at scale with money in their own accounts. The next battle is quieter but just as important: making sure that money arrives reliably, sits under the woman's own control, is partly saved, and is spent on the outcomes each scheme was built for. The 41 case studies documented in Shivpuri and Guna give this battle faces and names — Bhagirathi, Ravina, Meenu, Rupa, Puja and dozens of others — and confirm that it is a behaviour-change and last-mile-support agenda, exactly where a Cash Plus programme, built on the trusted frontline, can add the most value.

15. Limitations & Notes on Interpretation

15.1 Quantitative limitations

- Self-reported and cross-sectional. All outcomes (spending shares, empowerment, health behaviour, adequacy) are self-reported at a single point in time; "before/after" change is a respondent's perception, not a measured panel difference.
- Descriptive, not causal. Without a comparison (non-beneficiary) group, the report does not establish causal impact.
- Different populations and sample sizes. MLBY and PMMVY respondents differ by design (age, marital status, life stage) and sample size (342 vs 153); cross-scheme comparisons should not be read as a head-to-head ranking.
- Three districts only. Findings represent Shivpuri, Guna and Bhopal and are indicative for Madhya Pradesh, not a statewide probability sample.

15.2 Qualitative limitations

- Purposive, not representative sampling. The 41 case studies were selected by the field team to illustrate a range of experiences, not drawn at random; the block-wise percentages in Section 8.3 describe this specific documented set of households, not a statistically representative estimate for the wider beneficiary population.
- Two districts only, and no Bhopal coverage. All 41 cases are from Shivpuri and Guna; the qualitative strand cannot speak to the urban Bhopal experience the quantitative survey covers.
- Narrative and field-team mediated. Case studies were synthesised by the Programme Implementation Team from field conversations, and named individuals' accounts, while richly detailed, are inherently shaped by what beneficiaries chose to share and how the field team framed and recorded it.
- MPSY has no quantitative counterpart in this report. MPSY evidence throughout is qualitative only; no population-level MPSY statistics exist here, and MPSY findings should be read as comparative and illustrative rather than as scheme performance data.

15.3 Integration-specific limitations

- Not a merged dataset. The quantitative and qualitative samples are different women studied through different instruments at different times; this report places their findings side by side and shows where they agree or add nuance to one another, but no statistical test of agreement between the two strands is possible.
- Selection in “Voices from the Field.” The eight case studies reproduced in Section 12 were chosen by the report author to illustrate the range of patterns discussed elsewhere in this report; they are not a random subset of the 41, and readers seeking the complete case-study record should consult the source qualitative report.

16. Acknowledgements

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Sources: MLBY beneficiary survey (n=342), PMMVY beneficiary survey (n=153) and the MLBY Dynamic Dashboard, survey conducted June 2026, Madhya Pradesh; and “Direct Benefit Transfer and Women's Empowerment in Madhya Pradesh — Unveiling Grassroots Perspectives: A Qualitative Exploration of DBT & Maternity Entitlement Initiatives in Guna and Shivpuri Districts,” Vikas Samvad, 2026 (41 case studies, MLBY/PMMVY/MPSY).