

**Concurrent Monitoring and Process Review of the
Pradhan Mantri Matru Vandana Yojana (PMMVY) in
Assam, Bihar and Maharashtra**

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CONTENTS

	Page No.
Acknowledgements	4
Executive Summary	5
Abbreviations	7
Introduction	9
Objectives and Methodology of the study	16
Implementing Mechanism and the Status of Implementation	20
Changes observed in the third and fourth quarters (2019) in implementation	23
Focus Group Discussions (FGDs) with Women	26
Observation Audit	32
Major Findings and Suggestions	35
Summary, Conclusions and Recommendations	41
References	44
Annexure:	46
A. Few Key Informant Interviews (KIIs)	63
B. PMMVY Statistics- Tables	69
C. Sample districts, blocks and locations selected for field work	71
D. Observations from Field Visits by Quarter (1 to 4)	83
E. Data Collection Tools	

Acknowledgements

Government of India initiated a maternity benefit scheme covering all the districts of India in 2017 – Pradhan Mantri Matru Vandana Yojana (PMMVY). In order to examine the scheme implementation process and approaches to ensure that the PMMVY is reaching the intended population, particularly the most vulnerable and hard to reach pregnant women and lactating mothers. In this regard, NITI Aayog requested the UNICEF to undertake a process review and concurrent monitoring of the PMMVY scheme in the three states of Assam, Bihar and Maharashtra.

International Institute for Population Sciences (IIPS) is the nodal agency to carry out the study. IIPS was responsible for designing the study, finalizing the methodology, developing the instruments/ tools, finalizing the quarterly reports (which was submitted to NITI Aayog) and the preparation of the consolidated final report. In Maharashtra, IIPS collected all the required information and conducted the field work. In Bihar, the Population Research Centre of Patna University was responsible for conducting the field work. In Assam, Tezpur University, Tezpur carried out the data collection. The UNICEF state offices in the respective states supported the data collection and review.

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We hope the findings of this study will be useful to streamline the implementation of PMMVY and for strengthening this important maternity benefit cash transfer scheme across the states.

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Executive Summary

This report presents the findings of the study undertaken to examine the implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY), a maternity benefit program through conditional cash transfers being implemented by the Ministry of Women and Child Development (WCD), Govt. of India, since 1st January 2017. With the pan-India expansion of PMMVY scheme, NITI Aayog had requested UNICEF in 2018 to undertake a process review and concurrent monitoring of the scheme in the states of Assam, Bihar and Maharashtra. The International Institute for Population Sciences (IIPS), Mumbai, is the nodal agency for this study.

The purpose of this process review and concurrent monitoring exercise is to examine the scheme's implementation and uptake, and evaluate how the scheme is being implemented, its main process, systemic bottlenecks and the reasons behind them, and the performance of the scheme across three states. The collected evidence will be used to improve the scheme's implementation on an ongoing basis. In addition, the process review will also look at the implementation set-up of the PMMVY scheme: structures, resources and processes of delivery, with a focus on reach and uptake of benefits/services. Moreover, it provides recommendations to improve the performance of the scheme by resolving the issues at various levels of the implementation.

The implementation structures being used under the PMMVY scheme varies across the three study states. In Bihar and Assam, the platform of the Anganwadi centers under the ICDS program of Department of Women and Child Development is being utilized. In Maharashtra, the scheme is being implemented through the Health & Family Welfare Department. PMMVY is being implemented using a centrally deployed Web-based MIS Software application (PMMVY-Common Application software) across all states.

The study used both quantitative and qualitative approach. For quantitative part, official data was collected from PMMVY-CAS and for qualitative part, primary data was collected from the field by using different methods such as Focus Group Discussions (FGDs), Key Informant interviews (KIIs) and Observation Audit. The FGDs were undertaken with beneficiary women (enrolled in the scheme) and non-beneficiary women (not enrolled in the scheme) to know the problems they experienced or are facing to avail the PMMVY benefits. Data collection was conducted in every quarter (three months) during the last one year (Sept. 2018 to June 2019). The quarterly reports were shared with NITI Aayog, Central and State governments for necessary action.

The coverage of the scheme has increased considerably during the last six months in all states. But many issues pertaining to obtaining the required documents to enroll in the scheme and problems in banking services are still persisting in all three states. In Maharashtra, recently some efforts have been taken to make the enrolment process easier for women, such as updated Aadhaar card is not made mandatory for enrolment in the scheme, and PAN card is not mandatory to open the bank account. Most banks now have the provision of allowing the opening of zero balance account for PMMVY beneficiaries.

The PMMVY software issues are persisting since start of the scheme. In case of correction queue, data entry operators reported that despite rectification of mistake/s, the form repeatedly shows in correction queue. The PHC/Block, taluka and district level officials have mentioned some necessary changes required in the software for smooth functioning of the scheme. These are – generate PHC-wise report, option of registration of ASHAs/AWWs at taluka or district level, and the re-registration of eligible women for second pregnancy in case of abortion or infant death occurred during their first pregnancy.

The focus group discussions with beneficiary and non-beneficiary women brought out the difficulties they face in procuring the documents required for enrolment. In Assam and Bihar, women mentioned lack of documents, such as MCP card – in some areas of Assam women did not get the MCP card, and in Bihar, the information regarding immunization is not filled on the MCP card which is needed for releasing the third installment.

Pertaining to utilization of benefit, it was observed that very few beneficiaries have spent money on purchasing the nutritious food. Most of them have spent it on immediate household needs. Generally, women did not receive the first installment within expected time. Some beneficiaries received all three installments together after the child birth, so the money could not be spent for intended purpose. Few women are utilizing the money for getting nutritious food during pregnancy. Many women engaged in daily wage activities stopped working during the advanced period of pregnancy as they received the PMMVY benefits. The cash benefit helped them to take rest for more days than they usually do.

To overcome the administrative issues and to fulfill the stated objectives of the PMMVY scheme, few significant changes are required in the implementation process, particularly in the software of PMMVY as well as in the IEC activities. The immediate action is required to solve the issues related to the cases pending for payment, delayed payments, lack of documents and bank services, especially in Assam and Bihar. The software needs modification to resolve the issue of correction queues. Appropriate monitoring and redressal mechanisms need to be in place for addressing various issues. The IEC of the scheme is inadequate in all three states. It must include the timely payment of the installment for better utilization of benefits so that the beneficiary women may make maximum use of the credited money for buying nutritious food during pregnancy.

Currently the scheme covers only first pregnancy (first child). The policy of restricting the scheme to only one pregnancy will have adverse implications, particularly in high fertility states like Bihar. In addition, it was evident that seasonal migrants are mostly left out of the program due to various reasons.

The PMMVY software is developed keeping in mind the programme implementation through Women and Child Development (WCD) Department. However, in some states, including Maharashtra, the scheme is being implemented by the Public Health Department. This has led to some difficulties in coordinating and programme monitoring at the lower levels.

Abbreviations

ANC – Antenatal Care
ANM – Auxiliary Nurse and Midwife
ASHA – Accredited Social Health Activist
AWC – *Anganwadi* Center
AWW – *Anganwadi* Worker
CDPO – Child Development Project Officer
CEO – Chief Executive Officer
CI – Confidence Interval
CIF – Customer Information File
CSP – Customer Service Point
CQ – Correction Queue
DBT – Direct Benefit Transfer
DEO – Data Entry Operator
DNO – District Nodal Officer
DPA – District Program Assistant
DPC – District Program Coordinator
DPO – District Program Officer
DSW – Department of Social Welfare
EAG – Empowered Action Group
FGD – Focus Group Discussion
FLW – Frontline Worker
GoI – Government of India
GP – Gram Panchayat
HA – Health Assistant
ICDS – Integrated Child Development Services
IEC – Information Education Communication
IFA – Iron and Folic Acid
IGMSY – *Indira Gandhi Matritva Sahayog Yojana*
IIPS – International Institute for Population Sciences
IPPB – India Post Payments Bank
IT – Information Technology
JSSK – *Janani Shishu Suraksha Karyakram*
JSY – *Janani Suraksha Yojana*
KII – Key Informant Interview
KYC – Know Your Customer
LDA – Lower Divisional Assistant
LDRB – Langpi Dehangi Rural Bank

LGD Code – Local Government Directory
LHV – Lady Health Visitor
LM – Lactating Mothers
LMP – Last Menstrual Period
LS – Lady Supervisor
MC – Municipal Corporation
MCP Card – Mother and Child Protection Card
MCTS – Mother-Child Tracking System
MDG – Millennium Development Goal
MIS – Management Information System
MMR – Maternal Mortality Ratio
MO – Medical Officer
MR – Measles–Rubella
NFHS – National Family Health Survey
NITI – National Institution for Transforming India
NMR – Neo-Natal Mortality Rate
NRHM – National Rural Health Mission
OPD – Out-Patient Department
PAN – Permanent Account Number
PFMS – Public Financial Management System
PHC – Primary Health Center
PMMVY – *Pradhan Mantri Matru Vandana Yojana*
PMMVY-CAS – *Pradhan Mantri Matru Vandana Yojana* – Common Application Software
PRI – *Panchayat Raj* Institution
PW – Pregnant Women
RCH – Reproductive and Child Health
SA – Statistical Assistant
SC – Scheduled Caste
SMS – Short Message Service
SO – Sanctioning Officer
ST – Scheduled Tribe
THO – Taluka Health Officer
TT – Tetanus Toxoid
ULB – Urban Local Body
UNICEF – United Nations Children’s Fund
UPS – Uninterrupted Power Supply
WCD – Women and Child Development
WHO – World Health Organization
ZP – *Zilla Parishad / Panchayat*

Introduction

Undernourished mothers have a greater chance of giving birth to low birth-weight babies. In India, the problem of undernourishment is prevailing for a long time which has adverse effects on the health of both mother and new born. Most of the government nutrition programmes for children has largely been focusing on post-birth despite it is well-known fact that most of the growth failure occurs in the womb owing to poor nutrition of mother, both before and during pregnancy.

To overcome all these challenges, in January 2017, first time a maternity benefit programme – ‘Pradhan Mantri Matru Vandana Yojana’ (PMMVY) is being implemented in all the districts in India in accordance with the provision of the National Food Security Act 2013. Under the PMMVY, a cash incentive of rupees five thousand will be transferred directly to the bank account of the eligible pregnant women and lactating mothers for the first child of the family. The PMMVY has two basic objectives – first is to provide partial wage compensation to allow a pregnant/lactating woman adequate rest before and after the delivery of her first child, and second is to improve health and nutrition seeking behaviour and practices amongst the pregnant and lactating women.

Table 1: PMMVY scheme conditions and cash incentives

Instalment	Conditions	Documents Required	Amount (in INR)
Registration/First Instalment	Requires mother to – <ul style="list-style-type: none">• Register her pregnancy at any field functionary center along with required documents.• Register her pregnancy within 150 days	<ul style="list-style-type: none">• Application form Form 1-A• MCP Card• Identity proof• Bank/Post Office Account Passbook	₹ 1,000
Second Instalment	<ul style="list-style-type: none">• At least one Ante Natal Care Check Up• Can be claimed post 180 days of pregnancy	<ul style="list-style-type: none">• Application form Form 1-B• MCP Card	₹ 2,000
Third Instalment	<ul style="list-style-type: none">• Child Birth is registered• Child has received first cycle of immunizations of BCG, OPV, DPT and Hepatitis B• Aadhaar is mandatory in all states except for J&K, Assam, Meghalaya	<ul style="list-style-type: none">• Application form Form 1-C• MCP Card• Aadhaar ID• Birth Certificate	₹ 2,000

Source: Ministry of Women and Child Development, Government of India

As its being almost two years since the implementation of PMMVY, the Government of India has taken initiative to examine the scheme's implementation process to ensure that the PMMVY is reaching the intended beneficiaries, particularly the vulnerable pregnant women and lactating mothers. In this regard, NITI Aayog has requested UNICEF to undertake a process evaluation and concurrent monitoring in three states of Assam, Bihar and Maharashtra. UNICEF has requested the International Institute for Population Sciences (IIPS), Mumbai to undertake this evaluation study. IIPS has many decades of expertise and experience in conducting large scale sample surveys and evaluation of health programmes.

The purpose of this process evaluation and concurrent monitoring exercise is to examine the scheme's implementation and uptake, and evaluate how the scheme is being implemented, its main process and systemic bottlenecks and the reasons behind them. The collected evidence will be used to improve the scheme's implementation on an ongoing basis. In addition, the process review will also look at the implementation set-up of the PMMVY scheme: structures, resources and processes of delivery, with a focus on reach and uptake of benefits/ services.

The implementation structures being used under the PMMVY scheme varies across the three study states. In Bihar and Assam, the platform of the Anganwadi centers under the ICDS program of Department of Women and Child Development is being utilized. In Maharashtra, the scheme is being implemented through the Health & Family Welfare Department. PMMVY is being implemented using a centrally deployed Web-based MIS Software application (PMMVY-Common Application software) across all states.

Nutrition status of women in India

Nutrition embodies a central role in human well-being. Adequate nutritional attainment is essential equally for men and women. However, women's nutrition assumes additional importance due to its critical but complex association with their well-being and the implication it has for human development. The high malnutrition among Indian women is the outcome of discriminatory practices associated with the rigid social norms and the excessive demands made on the time and energies of women along with the usual determinants in blighting women's nutrition (Jose and Navaneetham, 2008).

Indian women are generally vulnerable to poor nutrition, especially during pregnancy and lactation. It has been pointed out that the impact of nutritional status of the mother is more pervasive than the impact of other factors on birth weight. It has been observed that the dietary intake of rural pregnant women was lower than the recommended level. Usually low weight infants are born to mother with under nutrition and poor health (Kowsalya and Manoharan, 2017). Three reasons were mainly attributed to low nutritional status of pregnant women in India: (i) widespread poverty (ii) discrimination against women and female children in household food distribution and health care and (iii) lack or poor quality of antenatal care (Nag, 1994).

Narayan et al. (2019) observed that the malnutrition rate is quite high in India among the following groups – adolescent girls, pregnant and lactating mothers, and children. The responsible factors are the nutritional status of mother, her lactation behaviour, additionally, the education and sanitation are closely associated with malnutrition among aforementioned groups. This results in stunting, childhood illness and retarded growth among the children. Malnutrition, a serious concern, threatens the survival of mothers and their children. Adequate nutrition is thus an essential requirement to maintain the health of any individual, especially women; the universal declaration for human rights of 1948 in article 25 stressed that motherhood and childhood are entitled to special care and assistance (Gupta et. al, 2012).

Status of maternal health in India

According to World Health Organization, developing regions account for approximately 99 percent of global maternal deaths in 2015. At country level, India and Nigeria are estimated to account for over one-third of all maternal deaths worldwide in 2015. India is estimated to account 15 percent of maternal deaths (Filippi et. al, 2016).

Table 2: Maternal Mortality Ratio (MMR), Maternal Mortality Rate and Life Time Risk; India and States, 2014-16

India & Major States	Sample Female Population	Live Births	Maternal Deaths	MMR	95% CI	Maternal Mortality Rate	Lifetime Risk
India	62,96,101	4,26,861	556	130	(119-141)	8.8	0.3%
Assam	1,80,780	12,334	29	237	(151-323)	16.2	0.6%
Bihar/Jharkhand	3,91,838	37,641	62	165	(124-206)	15.8	0.6%
Madhya Pradesh / Chhattisgarh	4,09,030	37,106	64	173	(131-215)	15.7	0.5%
Odisha	2,85,319	19,498	35	180	(121-240)	12.3	0.4%
Rajasthan	2,49,729	23,082	46	199	(141-256)	18.3	0.6%
Uttar Pradesh / Uttarakhand	6,21,153	52,843	106	201	(163-239)	17.1	0.6%
EAG states and Assam Sub-total	21,37,849	1,82,504	342	188	(168-207)	16	0.6%
Andhra Pradesh	3,23,541	15,995	12	74	(32-116)	3.6	0.1%
Telangana	2,08,979	10,840	9	81	(27-134)	4.2	0.1%
Karnataka	2,99,276	23,341	25	108	(66-150)	8.4	0.3%
Kerala	3,32,361	15,229	7	46	(12-79)	2.1	0.1%
Tamil Nadu	2,85,844	22,552	15	66	(32-99)	5.2	0.2%
South Sub-total	14,50,001	87,957	68	77	(58-95)	4.7	0.2%
Gujarat	3,57,416	25,241	23	91	(54-129)	6.4	0.2%
Haryana	1,82,102	14,707	15	101	(50-152)	8.2	0.3%
Maharashtra	3,84,107	23,172	14	61	(29-93)	3.7	0.1%
Punjab	1,60,608	9,097	11	122	(50-194)	6.9	0.2%
West Bengal	4,48,410	24,318	25	101	(61-141)	5.5	0.2%
Other States	11,75,608	59,865	58	97	(72-122)	5	0.2%
Other Sub-total	27,08,251	1,56,400	146	93	(78-109)	5.4	0.2%

Source: Special Bulletin on Maternal Mortality in India 2014-16, Sample Registration System, Office of the Registrar General, India, Govt. of India

Table 3: Status Indicators of three states and India, 2015-16

Indicators	Assam	Bihar	Maharashtra	India
Birth Registration (under age five) (in %)	94.2	60.7	95.1	79.7
< 2 years	92.6	63.1	93.6	80.4
2 – 4 years	95.2	59.3	96.0	79.3
Birth Registered, has a birth certificate (in %)	86.1	38.8	74.9	62.3
< 2 years	79.2	38.5	68.5	60.4
2 – 4 years	90.6	39.0	78.8	63.5
Pregnancy outcome – Live Births (in %)				
Women from 15-19 age group	90.0	86.1	86.1	86.0
Women from 20-29 age group	90.9	93.9	91.3	91.4
Women from 15-49 age group	89.6	93.2	90.9	90.2
Early Childhood mortality (during 2010-11 to 2015-16)				
Neonatal mortality	32.9	36.7	16.5	29.5
Post neonatal mortality	14.8	11.4	7.5	11.3
Infant mortality	47.7	48.2	23.9	40.7
Child mortality (1-4 years of age group)	9.3	10.4	5.3	9.4
Under-five mortality	56.6	58.1	29.1	49.7
Antenatal Care received by women aged 15-49 (for the most recent live birth during period 2010-11 to 2015-16) (in %)				
ANC received from a skilled provider	82.5	49.0	91.0	79.3
ANC visit within the first trimester	55.1	34.6	67.6	58.6
Received two or more TT injections	83.6	81.5	81.5	83.0
Consumed IFA for 100 days or more	32.0	9.7	40.6	30.3
At least four antenatal care visits	46.5	14.4	72.2	51.2
Full ANC ¹	18.1	3.3	32.4	21.0
Pregnancies registered in first trimester	82.1	63.2	85.8	78.0
Registered pregnancies	93.7	65.1	93.1	85.3
Received MCP card	96.3	79.9	90.9	89.3
Delivery (in %)				
At health facility	70.6	63.8	90.3	78.9
Delivered by a skilled provider	74.3	70.0	91.1	81.4
After delivery mother's postnatal check² (in %)	65.3	49.4	82.4	69.8
Less than 4 hours of birth	50.7	39.2	69.5	55.8
Within two days of birth	57.7	45.9	79.7	65.1
Newborn's first health check³ (in %)	31.0	15.0	33.7	36.2
Less than 4 hours of birth	23.0	10.5	26.0	21.7
In first two days after birth	27.4	13.9	31.6	24.2
Nutritional Status of Women (age 15-49 years) (in %)				
Thin ⁴	25.7	30.4	23.5	22.9
Moderately/Severely thin ⁵	10.2	12.0	10.6	9.6

Indicators	Assam	Bihar	Maharashtra	India
Anaemia among children (age 6-59 months) (in %)				
Any Anemia	35.7	63.5	53.8	58.5
Mild Anemia	23.9	30.2	27.7	27.8
Moderate Anemia	11.4	31.8	25.0	29.2
Severe Anemia	0.4	1.4	1.1	1.6
Anemia among Women (age 15-49 years) (in %)				
Any Anemia	46.0	60.3	48.0	53.1
Mild Anemia	37.1	45.7	36.9	39.6
Moderate Anemia	8.3	13.9	10.3	12.4
Severe Anemia	0.6	0.7	0.7	1.0

Source: NFHS-4 (2015-16)

¹Full antenatal care includes having received at least four antenatal care visits, having at least one TT injection, and have taken IFA tablets or syrup for 100 or more days

²Postnatal checks are checks on the woman's health within 42 days of the birth

³Includes newborns who received a health check within a week

⁴Thin includes mildly thin, moderately thin, and severely thin women; women with BMI⁶ less than 18.5 are considered Thin

⁵Moderately or severely thin includes women with BMI less than 17.0

⁶The body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in metres (kg/m²); excludes pregnant women and women with a birth in the preceding 2 months

Government programs and policies for maternal and child health

The Government of India gave high priority to promote institutional deliveries to improve maternal survival as part of national policy and also being a signatory for SDGs. The scheme Janani Suraksha Yojana (JSY) was launched in 2005 under the umbrella of National Rural Health Mission (NRHM). Janani Suraksha Yojana or JSY (literally meaning Maternal Protection Scheme) had been started with the objective to reduce maternal mortality and infant mortality rates by encouraging institutional deliveries and focusing on institutional care among women, particularly those belonging to families below the poverty line. This is to be achieved by providing cash at the time of delivery, along with ante-natal and post-natal services.

JSY is considered to be an important factor in increased utilization of public health facilities by pregnant women for delivery care services. According to NFHS-4 (2015-16), the institutional deliveries have increased from 47 percent to 79 percent. According to the annual report 2017-18 of Ministry of Health and Family Welfare, the Maternal Mortality Ratio (MMR) declined from 254 maternal deaths per 1,00,000 live births in 2004-06 to 167 maternal deaths per 1,00,000 live births during 2011-13. Infant Mortality has declined from 58 per 1000 live births in 2005 to 43 per 1000 live births in 2016 and Neo-Natal Mortality Rate (NMR) has declined from 37 per 1000 live births in 2006 to 24 per 1000 live births in 2016.

The number of Institutional deliveries has increased significantly, after the implementation of Janani Suraksha Yojana (JSY) (Lim et al, 2010), but many those who opted for institutional deliveries were not willing to stay for 48 hrs., hampering the provision of essential services

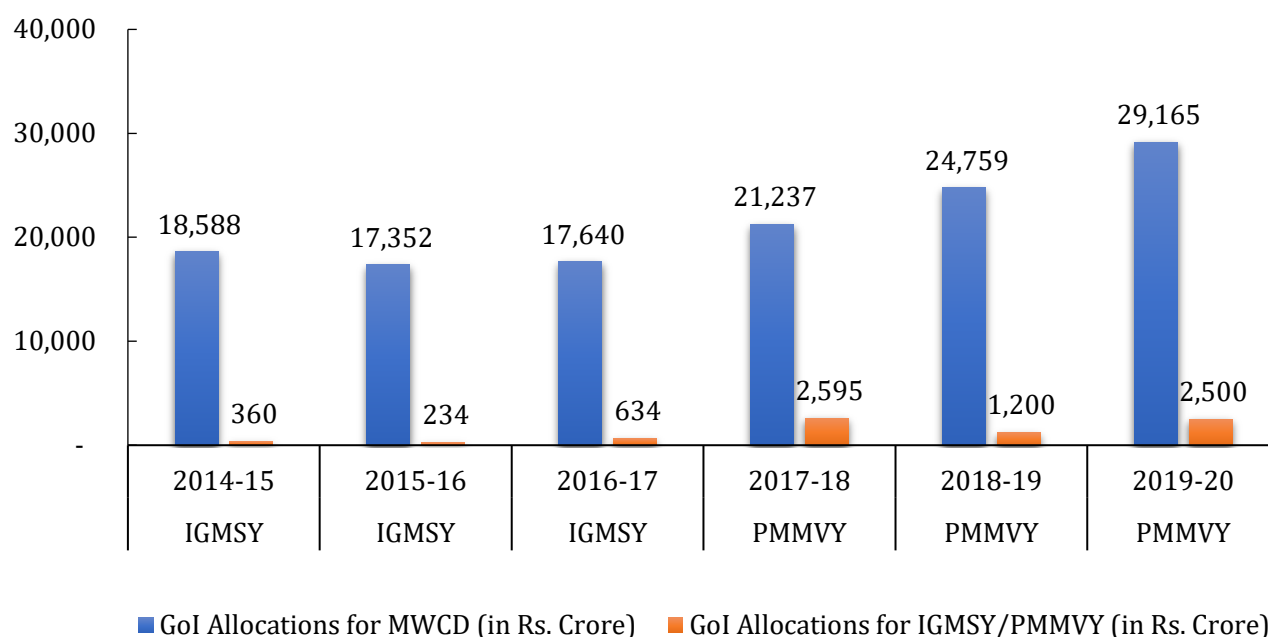
both to the mother and neonate. Moreover, the first 48 hours after the delivery is a critical period as complications like hemorrhage, infection, high blood pressure etc. are more likely to develop during this period. The mother and child health care services were also hindered by high out of pocket expenses on user charges for OPD, drugs and consumables, diagnostic tests etc. Considering all these into account, in 2011, Ministry of Health and Family Welfare launched the Janani Shishu Suraksha Karyakram (JSSK) which entitles all pregnant women delivering in public health institutions as absolutely free and no expense on delivery, including caesarean section to ensure that each and every women and sick neonates up to one month gets timely access to health care services free of cost and without any out-of-pocket expenses (Bhushan, 2012).

Barua et al. (2017) discussed the factors influencing the utilization of free delivery care under JSSK such as education, age, socio-economic status, early registration and parity of the women. Whereas, Furniturewala et al. (2015) examined the factors affecting the JSY and JSSK implementation. Although, both the schemes influenced the institutional deliveries, i.e. increased, but failed to achieve the set targets. They observed that in urban areas the response is poor as the incentives are not adequate in comparison to the city life and daily expenses.

Due to economic compulsions, many women continue to work to earn a living for their family right up to the last days of their pregnancy. Furthermore, they resume work soon after the 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 infant in the first six months. So, for working women, Pradhan Mantri Matru Vandana Yojana lays an emphasis on raising social alertness towards the significance of nutrition. It provides partial wage compensation to women for wage-loss during childbirth and childcare and to provide condition for safe delivery and good nutrition and feeding practices (Gramopadhye, 2018).

In 2010, Government of India had launched the Indira Gandhi Matrutva Sahyog Yojana (IGMSY), on a pilot basis in 53 selected districts of the country. The passing of the National Food Security Act (NFSA), 2013, under Section 4(b) made the provision of maternity cash benefit of a minimum of Rs. 6,000 a justiciable right. Accordingly, from 2013, the maternity benefit amount was increased from Rs. 4,000 to Rs. 6,000 per beneficiary to be received in two installments. Moreover, the conditionalities associated with the scheme were simplified. On 31 December 2016, Prime Minister announced the pan-India implementation of the programme with a provision of Rs. 6,000 to be disbursed in three installments after meeting specific conditions for the first two live births. In May 2017, the Cabinet approved the implementation of the PMMVY with a revised payment of Rs. 5,000, and the remaining amount to be provided under the Janani Suraksha Yojana (JSY). The eligibility was restricted to the first live birth.

Fig. 1: Fund Allocations for PMMVY Between 2016-17 and 2019-20



Source: Union Expenditure Budget, volume 2, MWCD FY 2015-16 to FY 2019-20.

Note: Figures for FY 2019-20 are Budget Estimates.

According to the budget report 2019-20, with the launch of PMMVY and the expansion of the scheme to the entire country, the allocation increased significantly from rupees 360 crore in under IGMSY in 2014-15 to rupees 2595 crore in 2017-18 (Shukla and Kapur, 2019).

Objectives of the study

The specific objectives of the process review and concurrent quarterly monitoring exercise are to:

- i. Monitor the registration process and fund disbursement to beneficiary women in the three study states (Assam, Bihar and Maharashtra) during the last one year.
- ii. Assess the existing PMMVY processes that aim to raise awareness, identification and enrolment of beneficiaries, including outreach and communication strategies as well as flow of funds from state treasury to beneficiaries.
- iii. Understand the reasons for the varied uptake of the scheme within each state and identify bottlenecks to uptake at the village, block and district levels (what is working well and what is not working well in terms of program implementation).
- iv. Review the effectiveness of the PMMVY monitoring processes and the grievance redressal system.
- v. Examine whether the beneficiary women utilized the incentives for the intended purpose

- vi. Provide evidence-informed explanations, strategic directions and recommendations for facilitating mid-course corrections and improving the effectiveness of PMMVY delivery (by tracking the changes over the period of one year).
- vii. Document good practices and innovations for replicability.

Methodology Adopted

The time period for the study is one year, starting from September 2018 to August 2019. Three states have been selected namely Assam, Bihar and Maharashtra. The respective agencies of the states have undertaken four rounds of the data collection in selected blocks and districts. After each quarter of data collection, the quarterly report has been prepared and shared with NITI Aayog, Central and State governments.

The study comprises of two components i.e. the process review and the concurrent monitoring. For the process review, both quantitative and qualitative data has been used. For the quantitative part, the secondary data has been collected from the PMMVY-CAS with the help of state, district and taluka/block officials. For the qualitative part, the primary data has been collected from the field by interviewing all stakeholders and through the focus group discussions with the beneficiary and non-beneficiary women both in rural and urban areas.

In first and second quarter, the two districts were selected on the basis of their performance i.e. one better performing and another poor performing district. In this two quarters, the emphasis was given to identify the issues or problems at the implementation level. The importance was also given to bring out the problems experienced by women while enrollment into the scheme and the reasons that restrict the eligible women from availing the benefits of the scheme.

In third and fourth quarter, the same districts were revisited. The purpose of the revisit to the same districts was to understand the changes in the implementation of the PMMVY scheme.

Tools used for study: For the primary data collection, three tools were used:

- 1) Key Informant Interviews (KIIs)
- 2) Focus Group Discussion (FGD)
- 3) Observation Audit

Key Informant Interviews (KIIs): The interviews were conducted from state to block level officials and the frontline workers i.e. State Program Coordinator, District Program Coordinator, District Health Officer/ District Program Officer, Taluka Health Office/ Child Development Project Officer (CDPO), PHC Medical Officer, Field Supervisor, Data Entry Operator, AWW/ANM/ASHA, PRI members, etc. The objective of the KIIs was to bring forth the issues in the PMMVY implementation.

Focus Group Discussion (FGD): The study team conducted FGDs with the beneficiary and non-beneficiary women. It helped to understand the issues/problems that are faced by the women to enroll in the scheme. It also helped to capture various reasons which restrict many women from availing the benefits. The discussion with women helped in capturing the ground reality that may be missed out while interviewing the officials and frontline workers.

The purpose of the Focus Group Discussions (FGDs) with the beneficiary and non-beneficiary women was to capture the issues which are affecting the PMMVY enrollment of the eligible women. The FGDs cover the awareness of the scheme among women, utilization of benefits, regular ANC checkup, nutritional food practices during and after pregnancy, immunization to new born, problems faced for availing benefit, etc.

The FGDs were conducted with the help of ASHAs and ANMs in various places as per the comfortability of the women. In rural areas, the FGDs were conducted at beneficiary's and Panchayat member's house, PHC, Anganwadi centers, etc. In case of urban areas, it was difficult to mobilize women at a common place so the team tried to conduct FGD at PHC on ANC day. The FGDs were also conducted at beneficiary's home or Anganwadi centers wherever possible. In remote places of Nandurbar district of Maharashtra state, the ANMs and ASHAs were played the role of translator as the tribal language was not known to the study team.

a) Focus group discussion (FGD) with beneficiary women

In the Focus Group Discussions (FGDs) with beneficiary women, the emphasis was given to the problems (collecting the required documents, opening bank account, receiving the benefit money, etc.) that were faced by the woman to enroll into the scheme. The focus was also given to the regular ANC checkup, immunization of new born, utilization of benefit money and the dietary practices during and after pregnancy. The suggestions were also collected from beneficiary women to improve the implementation of scheme.

b) Focus group discussions (FGDs) with Non-beneficiary women

In the Focus Group Discussions (FGDs) with non-beneficiary women, the emphasis was given to understand the reasons which restrict the eligible women to avail the benefits of the scheme. The focus was on the awareness of scheme among the non-beneficiary women, their interest towards the scheme and its entitlements. The suggestions from these women to improve the implementation and to increase the coverage of the scheme was also elicited.

Observation Audit: It helped to bring forth gaps in the process of PMMVY implementation. The enrolment and data entry procedures vary considerably across the three states, mainly because the different departments are implementing the scheme in each state (so the staffing pattern, infrastructural facilities and other support mechanisms differ). Our field teams observed the process followed in each state.

Table 4: FGDs of Beneficiary Women

States	Quarter I		Quarter II		Quarter III		Quarter IV		Total	
	No. of FGDs	No. of participants	No. of FGDs	No. of participants	No. of FGDs	No. of participants	No. of FGDs	No. of participants	No. of FGDs	No. of participants
Assam	5	41	2	26	3	25	4	45	14	137
Bihar	4	42	8	76	8	74	7	76	27	268
Maharashtra	4	32	7	52	7	58	7	48	25	190

Table 5: FGDs of Non-beneficiary Women

States	Quarter I		Quarter II		Quarter III		Quarter IV		Total	
	No. of FGDs	No. of participants	No. of FGDs	No. of participants	No. of FGDs	No. of participants	No. of FGDs	No. of participants	No. of FGDs	No. of participants
Assam	5	45	3	55	2	30	5	50	15	180
Bihar	4	48	8	77	8	82	8	59	28	266
Maharashtra	4	38	7	68	8	72	7	59	26	237

Table 6: Key Informant Interviews- Number of Respondents

Quarter	Assam	Bihar	Maharashtra
Quarter 1	30	28	31
Quarter 11	35	50	50
Quarter 111	39	50	58
Quarter 1V	41	50	47
Total	145	178	186

Implementing Mechanism and Status of Implementation

Fig. 2: Implementing Mechanism across Three States

Assam	Bihar	Maharashtra
Department of Social Welfare (Govt. of Assam)	WCD of Social Welfare Department of Govt. of Bihar	Public Health Department, Govt. of Maharashtra
↓ District Officials (DSW)	↓ District Program Officer (DPO)	↓ District Health Officer, District Program Coordinator/Assistant
↓ Child Development Project Officer (CDPO)	↓ Child Development Project Officer (CDPO)	↓ Taluka Health Officer (THO)
↓ Field supervisor	↓ Field supervisor	↓ Medical Officer (MO)
↓ Data Entry Operator (DEO)	↓ Data Entry Operator	↓ Data Entry Operator (DEO)
↓ Anganwadi worker (AWW)	↓ Anganwadi Worker (AWW)	↓ ANM/ASHA

Table 7: PMMVY Status of Implementation (since the start of the scheme up to June 2019):

PMMVY Status	Assam	Bihar	Maharashtra
Number of Applications received	4,76,242	5,52,003	24,32,725
Number of Applications Paid	3,96,393	7,65,315	20,70,879
Number of Enrolled women (Number of women whose data has been digitized on PMMVY MIS)	--	5,52,003	9,47,245
Number of Beneficiaries (received at least one instalment)	6,09,206	4,02,339	8,01,368
Number of Backlogs	--	3,09,457	5,71,664
Number of Applications Rejected	5,594	54,932	37,262
Number of applications pending for payment	74,255	8,774	3,24,584
Number of Cases in Correction Queue	--	96,556	1,03,220
Total Amount Disbursed (Rs.)	60,92,06,000	1,13,81,41,000	3,36,52,16,000
Average Time Taken to Receive Instalment	--	51 days	67 days

The data extracted from CAS clearly indicates that considerable proportion of accepted applications are pending for payment. This is partly due to software issues and problems in banking facilities. It is very crucial to know that pending applications in correction queue are huge, mainly due to errors in data entry and mismatch in names in documents. At the ground level, clarity is lacking on the documents required for registration. As per PMMVY guidelines, payments are required to be processed within 30 days of submission. Still the experience at the field level illustrates that considerable delay in disbursing the funds to the bank account of the beneficiary women. However, all states show considerable improvements in the recent months.

Another important aspect for monitoring the scheme is to assess the gap in fund allocation and its utilization in each state. As seen in Table-9, upto June 2019, no state is able to fully utilize the funds allotted to them. According to the information available to us, Bihar could utilize only 35 percent of the funds allotted whereas for Assam, it is 60 percent.

Table 8: Number of Installments paid:

PMMVY Status	Instalments	Assam	Bihar	Maharashtra
Installments (up to Sept. 2018)	I	47,416	1,33,127	2,53,638
	II	23,866	66,100	2,30,928
	III	90	14,850	1,27,965
	Total	71,372	2,14,077	6,12,531
Installments (up to Dec. 2018)	I	76,177	1,88,842	4,04,986
	II	60,632	1,53,008	3,77,464
	III	12,108	35,694	2,37,006
	Total	1,48,917	3,77,544	10,19,456
Installments (up to Mar. 2019)	I	1,22,301	2,62,433	6,12,206
	II	1,46,848	3,16,512	5,82,531
	III	59,368	1,00,976	4,07,245
	Total	3,28,517	6,79,921	16,01,982
Installments (up to June. 2019)	I	1,83,580	3,92,387	7,76,256
	II	2,70,072	5,34,342	7,58,755
	III	1,55,554	2,11,412	5,35,868
	Total	6,09,206	11,38,141	20,70,879

Table 9: Budgetary Allocation and Spending for PMMVY (beginning of June 2019)

Time	Budget Allotted (in Rs.) (A)	Budget Spent (in Rs.) (B)	Percentage of money spent (C = B/A)
Assam	92,03,74,000 + 10% state share	60,92,06,000	60.2%
Bihar	3,23,14,00,000	1,13,80,00,000	35.2%
Maharashtra	3,68,82,19,701	3,38,55,51,000	92.0%

Table 10: Changes observed in the third (Jan. to March 2019) and fourth (April to June 2019) quarters (2019) in implementation

Issues	Assam	Bihar	Maharashtra
Provision	<p>Recently, in some areas, money has credited to the beneficiary account within 10-15 days of submission of forms.</p> <p>It has been notified to the districts to provide incentive of Rs. 100 to each Anganwadi Worker and Rs. 70 to each Anganwadi helper subject to the filling up of forms for a beneficiary for all three instalments combined.</p> <p>Provide honorarium of Rs. 20 for uploading of form 1A, Rs. 20 for form 1B and Rs. 25 for form 1C to the Data Entry Operators.</p>	<p>The PMMVY benefits are recently transferred within one or two weeks to the bank account of recently enrolled women.</p>	<p>Due to early marriage (before 18 years of age), many women particularly in tribal areas were not eligible for the PMMVY. However, recently these women are also allowed to register for PMMVY.</p> <p>The private ANC visits are also allowed, but woman has to enroll her name in the scheme with the help of ASHA or ANM.</p> <p>Incentives to the data entry operator, i.e. Rs. 5 per application.</p> <p>Incentives for ASHA workers Rs. 200 in three instalments (Rs. 100, Rs. 50 and Rs. 50) per beneficiary.</p> <p>Recently, in some areas, money has credited to the beneficiary account within a couple of weeks from submission of forms.</p> <p>The condition of registration of pregnancy at PHC within 150 days is reduced to 100 days from last menstrual period so that the women would get first instalment in time.</p>
Software	<p>Some new options are added to the PMMVY software.</p>	<p>Some new options are included in the PMMVY software.</p>	<p>The new option - "Select All Field Functionaries" is added to get the altogether information of field functionary</p> <p>The payment failure report was not the part of software, which is also recently added in it and made it easy to get the payment failure information.</p> <p>JSY option - if the woman is eligible for JSY benefits, now it can be mentioned in the software using this 'JSY option'</p> <p>Data can now be exported in Excel from the PMMVY-CAS. Earlier it was not possible.</p> <p>SMS alert service is started; text messages are sent through the PMMVY software on registered mobile number of the beneficiary regarding her PMMVY application status.</p>

Issues	Assam	Bihar	Maharashtra
Documents			Now, the updated Aadhaar card after marriage is not mandatory, the eligible women just required to submit the bank account details with similar name mentioned on the Aadhaar card.
Bank	<p>In Dibrugarh district through Bank mela, accounts were opened.</p> <p>In West Karbi Anglong district as Langpi Dehangi Rural Bank (LDRB) is available in most of the areas along with the Customer Service Point.</p> <p>The better performing district Dibrugarh has adopted certain innovations including issuing directives to lead bank to allow women to open bank accounts only by producing the MCP card and providing them a time limit of 6 months for fulfilling KYC criteria and periodic monitoring of the scheme with CDPOs and Supervisors.</p>		<p>Now, the PAN card is not mandatory to open a bank account.</p> <p>The special guidelines were issued through lead bank manager to provide zero balance bank accounts to the eligible women.</p> <p>The IPPB officials are arranging camps to open an IPPB account. The camps were arranged on ANC check-up days at the PHC. The Postal Bank officials are also sending letters to every PHC Medical Officer to arrange camps for opening accounts to the women.</p>
Implementation	<p>Recruitment process for the posts of State Project Coordinator and State Project Assistant in the State PMMVY Cell have been completed and the concerned professionals would be on board very soon. A new office premises for the State PMMVY Cell which would be a part of the POSHAN Abhiyan office of the Directorate of Social Welfare has been identified and taken up.</p> <p>The Social Welfare Department has undertaken series of periodic visits to different districts for the review of PMMVY scheme.</p> <p>Recently, the State Project Coordinator and State Project</p>		<p>Particularly at urban level, new ASHAs are recruited.</p> <p>One day trainings sessions arranged at district and taluka level by the district and Taluka officials for all field functionaries.</p> <p>On every 2nd and 3rd Friday of the month, the video-conference is scheduled between state and district officials to discuss PMMVY.</p> <p>In some urban areas, the sanctioning authority has transferred from Chief Executive Officer (CEO) of the Municipality to the Medical Officer of the Health Centre to avoid delay in the approval of forms.</p>

Issues	Assam	Bihar	Maharashtra
	<p>Assistants have been recruited and are currently working in the PMMVY Cell of the Social Welfare department. Also, the recruitment interviews for the District PMMVY Cells are also underway.</p> <p>It has been notified to the districts to take the services of Data Entry Operators on honorarium basis in the instance of heavy workload on existing Statistical assistants (SAs) and Lower Divisional Assistants (LDAs).</p>		

Focus Group Discussions (FGDs) with Women

Awareness about the PMMVY scheme and its benefits:

It is found that the awareness of the scheme varies as per the areas (urban or rural), activeness of the frontline workers, accessibility to the health services, etc. In Assam, Bihar and Maharashtra states, the beneficiary women came to know about the scheme mainly from AWWs/ASHAs/ANMs. However, it is noted that the participants were partially aware of the scheme. These women talked about the financial benefits (Rs. 5000), but failed to provide instalment-wise conditions and required documents. Many were not aware of the conditions to be fulfilled such as ANC registration within 100 days from LMP, regular ANC check-up and immunization/vaccination to infants.

During first and second quarters, it was observed that the awareness level was very less among the women. For instance, in Hojai district of Assam, the beneficiary women knew about the scheme but not aware of the installments and the purpose of the scheme. In Bihar, the beneficiary women had no detailed information about the scheme, and they were only aware of the financial benefits. In Maharashtra, it is observed that women from rural areas were more aware of the scheme due to the campaign by ASHAs; but in urban areas, the awareness of the scheme was less among the women. In the study districts (Pune, Nandurbar, Satara and Thane), women replied over about financial incentives and required documents, however, they had very little knowledge of the objectives of the scheme and conditions to be fulfilled to receive all installments.

However, in third and fourth quarters, with improvement in IEC activities, some changes were observed in awareness levels among the women. As the message spread about the benefits were credited to the bank accounts of several women and this has motivated to other eligible women in the locality to enroll in this scheme. As evident from FDGs, in the districts of Assam and Bihar, an increase in awareness of the scheme was witnessed. Similarly in Maharashtra, awareness of the scheme has increased among women in rural areas, but the same extent of awareness is not witnessed in urban areas.

In rural areas, women reported that the ASHA workers are helping them to arrange required documents and to solve the bank related issues. It was noted that some participants were fully aware of the financial benefits of the scheme and also of the objectives and the conditions in order to receive complete benefit.

Issues/problems faced by beneficiary women to enroll in the scheme

Documents issues: In Assam, Bihar, and Maharashtra, it is observed that the issues of the documents are persisting since start of the scheme. In the first visit to the selected districts, i.e. during first and second quarters, women had given the priority to the issue of updated Aadhaar card. These women informed us that the frontline workers were advising them to update their Aadhaar card (incorporating husband's name).

In Maharashtra, women reported that updating the Aadhaar card is a troublesome process as it requires some more documents such as marriage certificate, ration card, residential proof, etc. Further to obtain the marriage certificate, some more proofs are required i.e. marriage invitation card, the person who attended the marriage as a witness, stamp paper, etc. This lengthy process delayed the enrolment of women in the scheme. The women mentioned that they have spent four to five months in updating the Aadhaar card and also to obtain the PAN card.

Also, in Assam and Bihar, women highlighted the aforementioned issue of Aadhar card and PAN card. Apart from this, the issue of MCP card is also reported in Assam. The women mentioned that the information of immunization was not filled on MCP card. Without proof of completion of immunization, the PMMVY form for third installment cannot be submitted.

During the third and fourth quarters, it was found that the issue of document is still persisting. In Maharashtra, women informed that the frontline workers are advising them to update the Aadhaar card to enrol in the scheme (although, the updated Aadhaar card is not mandatory for the scheme). Whereas, in some areas, women reported that the frontline workers are not advising them to update the Aadhaar card.

Bank account:

During the first visit, opening the bank account was the major issue reported by many women. In Assam, women highlighted the issue of PAN card as the banks were demanding the PAN card to open an account. Apart from this, bank officials were not willing to provide the zero-balance account. In Bihar, women stated that the bank officials were not supportive in providing the services especially when they wanted to open a zero-balance account. In Maharashtra, women mentioned that a minimum thousand rupees is required to open the bank account.

In third and fourth quarters, i.e. during the revisit to the districts, it was observed that the issue of bank account is persisting in the Assam and Bihar as the bank services were not available in remote villages. Hence, the women have to spend at least one day to avail the banking facilities. Further the bank officials were reluctant to provide the zero-balance account. But, in Maharashtra, a noticeable change has occurred in banking services. The women reported that the PAN card is not mandatory to open a bank account now. The Indian Postal Payment Bank (IPPB) has covered several villages and have the provision of zero balance account. The participants mentioned that they had opened the IPPB account easily and it requires only Aadhaar card and rupees hundred. Moreover, the Bank of Maharashtra and Central Bank of India are providing a zero-balance account.

Accessibility of services

The Aadhaar card centers are restricted to towns, hence women from remote areas are compelled to travel to avail these services. In West Karbi Anglong region of Assam, banks are not available in close vicinity of villages and in the Dibrugarh district, the people from riverine areas are facing difficulties in communication. Likewise, in Maharashtra, mainly postal bank

(IPPB) is reaching to the remote areas, but to obtain the required documents, women are compelled to visit the towns.

Utilization of PMMVY benefits

It is observed that the women utilize the money as an installment of PPMVY according to the financial condition of the households and their immediate needs. Women from poor economic households spend money on everyday needs such as food grains or for medical expenses, if required. In some instances, the money was spent on ornaments or to purchase clothes for new-born. Some women kept the credited amount as a saving in the bank account. No such changes observed in the intake of nutritious food by the beneficiary women. Very few women we met reported that they have utilized the money to buy nutritious food during pregnancy. But the women from well-to-do households reported that the family members take care of the nutritious food during the pregnancy. In many instances, women received the money after the child birth.

In Assam, women from rural areas said that they had spent the money for buying clothes and other necessary items for their child. Some stated that the partial amount is spend for food or the money kept in bank account. In Bihar, many beneficiaries have received the first and second installments at a time. Few women mentioned that they have spent the money on nutritious food like nuts, milk and so on. Some women spent the money on everyday household expenses.

Similarly, in Maharashtra, some women received the three installments all together few months after the delivery. Most of them have kept the money as saving for the child. The women who received money in installments have spent for various purposes such as for nutritious foods and fruits, sonography and other medical expenses and also for household emergency. Very few women have spent the received amount to buy nutritious food for themselves. In tribal areas, it was found that the women have spent the money on household needs such as buying ration and other everyday needs. It was observed that most women from poor households have spent the money on household expenses and the women from a well-to-do households have kept the money as saving.

Remarks and suggestions

In the first and second quarters of our field work, most of the beneficiaries witnessed delay in receiving the benefit, so they opined that the money should be transferred to them within the stipulated time. In Maharashtra, women proposed that the document issues should be solved especially updating the Aadhaar card. In addition, the bank should have the provision of allowing opening the zero-balance account, and the PAN card should not be mandatory to open a bank account. During the third and fourth quarters, most of the women we met did not mention bank related issues as the postal bank (IPPB) is reaching to the villages, also banks are providing the zero-balance account without demanding the PAN card. However, some women are still facing the issue of updating the Aadhaar card.

Summary

In the first visit, lack of awareness pertaining to the scheme is reported in all three states. The women were aware of the financial benefits but not about the conditions to be fulfilled to receive all three installments. The women have highlighted the following issues they experienced for enrol in the scheme –

1. Time taken to collect the documents or to update the Aadhaar card
2. Issue of accessibility of services in the vicinity, especially banking services
3. The bank officials are reluctant to provide zero balance account
4. PAN card is mandatory to open a bank account, and
5. Delay in receiving the benefit, which restricts women to utilize the money during pregnancy

In Maharashtra, most of the women received the money after delivery so instead of using the money for nutritious food, they have spent on buying clothes, ornaments or kept it for future use. There were few instances of the beneficiaries, who enrolled one year ago, did not receive any installment.

However, recently in Maharashtra, it was noted that the issue of the bank account is being resolved gradually mainly due to the availability of Indian Postal Payment Bank (IPPB) services. The IPPB is trying to reach every remote area to provide banking services. Bank of Maharashtra and Central bank of India also started providing a zero-balance account without demanding the PAN card. But these changes have not observed in the other two states – Assam and Bihar. In these states, women are still facing the issues regarding the documents and banking services.

Pertaining to the benefit transfer, in Maharashtra, it was noted that the women are receiving money during pregnancy period. But the utilization of money varies according to the need and economic condition of the households. Some of the beneficiaries, spent for medical purposes or on everyday expenses such as buying ration. In the case of Assam, although the women are spending money for other expenses, but some of them told us that they have spent on milk and other food expenses. In Bihar also the women reported that they have started utilizing money for purchasing food and nutritious items.

Focus group discussions (FGDs) with Non-beneficiary women

Awareness of PMMVY scheme and its benefits

In first two quarters, it was evident that majority of women had some idea of the scheme, but were not fully aware of the entitlements and the conditions to be fulfilled to receive all the installments. The women from Assam and Bihar reported that they come to know about the scheme from AWWs and in Maharashtra, the women told us that the ANM and ASHA workers have given the information about the scheme. In some areas of Assam, women were aware of the scheme but not aware of the conditions to enroll in the scheme and to receive the installments. In Maharashtra, it was observed that the women from rural areas were more aware of the scheme as compared to the women from urban areas, thanks to the campaign undertaken by ASHAs and ANMs.

It is now observed that the awareness of the scheme among women is increasing, compared to earlier visits. Apart from the efforts of the frontline workers, women who received the money were encouraging other women in the vicinity to enroll in the scheme. In rural areas of Maharashtra, due to active role of the ASHAs, most of the women had information pertaining to the scheme and its benefits. In Bihar and Assam, no such improvements were observed in the awareness of the scheme. In general, women were aware of the scheme but not aware of the entitlements and the conditions to be fulfilled to receive the benefits.

Reasons for not joining the scheme

In all three states, despite the interest and need of such scheme, several women failed to enroll themselves in the scheme due to lack of documents. It was observed that in Assam, Bihar and Maharashtra, women are facing many hurdles to obtain the required documents.

Lack of documents: In Assam, women reported that they were not able to enroll in the scheme due to lack of required documents. In Maharashtra, women mentioned that the frontline workers are advising them to update the Aadhaar card. But, updating the Aadhaar card is troublesome process as it requires marriage certificate and ration card. There were women without Aadhaar card, either they lost it or never applied for the same. Women also raised the issue of residential proof which is required to open the bank account. In rural areas, if the household fails to pay the taxes, then the Gram Panchayat does not provide a residential proof certificate.

Bank issue: Initially, the issue of bank account was observed in all three states. First issue was the demand of PAN card to open a bank account and secondly, banks were not providing the zero-balance account. In Bihar, women reported that bank officials are reluctant to support the applicants for opening a zero-balance account. The women from low income households felt that it is not possible for them to spend thousand rupees to open a bank account.

Late registration and lack of awareness about the scheme: In Assam, women mentioned the issue of MCP card. Due to late registration in MCTS (Mother and child Tracking System), the MCP card number is not issued to them.

Early Marriage: In Assam and Bihar, women mentioned that the early marriages, i.e. marriages before attaining the age 18 years, is common practice in backward regions. So, they get pregnant early, and eventually excluded from the PMMVY scheme (as they do not fulfill the minimum age criteria of 19 years to avail the benefits). The cases of early marriages in Maharashtra was also evident among the tribal communities in Nandurbar district.

Migration: The issue of migration is also a factor which restricted many women from availing the scheme. In Maharashtra, the seasonal migration among the women from economically weaker sections is evident in search of livelihood. So, there were instances that the pregnant women temporarily migrate to other districts or outside the state and these women comes back for delivery or delivers the child at migrated place. As a result, these women could not enroll in the scheme during pregnancy (as they were not available here to meet the conditionalities), so the initial financial benefits of the PMMVY scheme cannot be given to these women.

Accessibility to services

In Assam, the women from Karbi Anglong and Dibrugarh districts frequently mentioned that they are facing the issue of accessibility to avail the banking services. The people who resides in riverine areas of Dibrugarh district are facing the issue of communication. In Bihar and Maharashtra also, women from remote and tribal areas reported that the bank facilities are not available in interior villages. So, to avail the banking services they need to visit the town which affects their daily earnings. The visit to the town includes travelling cost as well as the loss one day wage, many women complained.

One of the tribal women stated – “To get the Aadhaar card, I went to the town with my husband. We tried to finish that work on the same day, but it was not done. For the return journey, it was so late that we did not get any bus. So, we have to walk all the way to village. We lost our wages that day without any gain from the town visit.”

Suggestions from non-beneficiary women

To open a bank account, the women felt that the banks should not demand the PAN card and should have the provision of zero-balance account. In Maharashtra, the women argued that if the government wants to provide the financial benefits then the process of issuing documents and to open a bank account must be free of cost, because the daily wage labourers cannot bear such immediate expenses. The women who got married before the 18 years of age have requested to relax the age criteria. In the case of migration, the women opined that the late ANC registration should be accepted. Many argued for PMMVY benefits for the second pregnancy.

Summary

The awareness of the scheme is increasing gradually among the women, both in rural and urban areas. In all three states, the women have shown their willingness to enroll in the scheme. The issues related to obtaining the documents and opening bank account are still persisting in Assam and Bihar. In case of Maharashtra, although the issue of documents is still persisting, but noticeable improvement occurred in the banking services, such as – introduction of Indian Postal Payment Bank; and the banks are not insisting the PAN card mandatory to open the bank account. Apart from documents and bank related issues, the other reasons are also restricting many women from availing the scheme. These reasons are – early marriages, seasonal migration of women for work, late ANC registration, etc. Many women who could not enrol in the scheme are keen to join the scheme and enjoy the benefits.

Observation Audit

The observation audit covers the various aspects observed by the team during the field visits. It covers – the issues which are affecting the implementation of the scheme, and the changes occurring in the implementation process since start of the scheme. During the field visit, it was observed that some issues in the implementation were getting resolved gradually. Some changes are also occurred to make the process easier not only for implementers but also for the eligible women so that they can enroll themselves in the PMMVY scheme without much difficulty. However, some issues are persisting since start of the scheme that need special attention.

I. Issues noticed during field visits:

- a) **Inter-sectoral coordination:** It was observed that there is a communication gap between PHC, taluka, district and state level officials. The state officials have not sent the written guidelines to the district officials. Regarding the Aadhaar card issue, it was reported by the district officials that the state has conveyed oral messages only. They have not received any written guidelines that the updated Aadhaar card is not mandatory. Due to the lack of written guidelines, this information has not reached the frontline workers. So, the frontline workers are accepting the updated Aadhaar card only, as observed in Maharashtra.
- b) The field functionaries do not get immediate support/instructions from higher authorities when they face problems. Hence, many cases are pending for enrolment/disbursal of funds.
- c) **Software:**
 - i. The PMMVY software is developed, keeping in mind, the programme implementation through Women and Child Development (WCD) Department. However, in some states, including Maharashtra, the scheme is being

implemented by the Public Health Department. This has led to some difficulties in programme monitoring at the lower levels.

- ii. The issue of correction queue is persisting since start of the scheme. Despite the rectification of mistakes by the data entry operator, forms repeatedly come in correction queue.
- iii. The software does not allow re-registration of women in second pregnancy in case the abortion or infant death happened during her first pregnancy.
- iv. There is no option to register new ASHAs recruited.

d) **Delay in benefits transfer:** The delays happened mostly of two reasons. First, when form comes in correction queue, it was sent back to PHC for rectification which takes time. And secondly, forms were pending for approval at taluka/block office due to the busy schedule of Sanctioning Officer.

e) **Lack of ASHAs in urban areas:** It was observed that the absence of ASHAs affected the PMMVY enrollment. The ANMs, due to existing workload, cannot spend enough time for PMMVY work. Unlike ASHA, ANMs cannot visit each and every household to meet the eligible women and motivate them to enrol for PMMVY.

II. Changes observed:

a) **Documents:** First, Updating the Aadhaar card is not mandatory, although the information has not reached every frontline worker. Second, the PAN card is not mandatory to open the bank account. Third, zero-balance accounts are available with banks (initially this was not the case).

b) **Bank:** Noticeable changes have occurred in the banking services in Maharashtra mainly because of Indian Postal Payment Bank (IPPB). The IPPB officials are arranging camps at PHCs on ANC day so that the women could open account immediately.

c) **Software:**

- i. Data can now be exported in Excel format from the PMMVY-CAS. Earlier it was not possible.
- ii. The JSY option is added to the PMMVY software to know whether the beneficiary is eligible for the JSY (Janani Suraksha Yojana).
- iii. SMS alert service is started; text messages are sent through the PMMVY software on registered mobile number of the beneficiary regarding her PMMVY application status.

d) The district officials informed us that on every 2nd and 3rd Friday of the month, the video-conference is scheduled between state and district officials to discuss PMMVY in Maharashtra.

e) The PMMVY registration duration is reduced from 150 days to 100 days from last menstrual period (LMP).

III. Suggested measures:

- a) The written information pertaining to the changes in the PMMVY guidelines should be disseminated among the frontline workers, preferably in the vernacular language.
- b) There should be an appropriate mechanism for better coordination between the PHC, taluka and district levels to solve issues immediately.
- c) The software needs update –
 1. To solve the issue of correction queue that is persisting since start of the scheme.
 2. To activate the existing option of re-registration in case of abortion or infant death.
 3. To register new ASHAs at taluka or district level.
 4. To generate PHC-wise report for better monitoring.

Table 11: Major Findings and Suggestions

Stakeholders	Assam	Bihar	Maharashtra
<p>a. State officials</p>	<p>Targets has been fixed centrally and shared with the districts based on the number of AWCs available per block to be achieved by March 2020.</p> <p>There is a need for district level monitoring of the scheme implementation as that helps in understanding of the ground level issues.</p> <p>Mapping issues with regards to the respective ICDS projects could be attended to and addressed at the earliest.</p> <p>The field functionary issue has been a cause for disruption and breakage in momentum on the field level mobilisation for the scheme. Although the issue needs a movement and action at the district level and the districts can work to sort out the issue, it is a technical issue which needs more specific action at the central level.</p>	<p>The target of beneficiaries should be fixed with the consultation of the State Govt.</p> <p>Additional human resources should be provided.</p> <p>The supportive logistics such as computer systems and suitable work place may be provided.</p>	<p>Additional Human Resources required at PHC and village levels like ANMs.</p> <p>Introduce the mechanism for feedback/complaints of frontline workers, as they are the important functionaries in the scheme.</p> <p>Minimize the correction queues, mainly related to the Aadhaar card, i.e. consider only Aadhaar number instead of Aadhaar name of the beneficiary. It will solve the issue of mismatch in the name or issues of name change (after marriage of women).</p> <p>Regular meeting should be held between the State Coordinators and PMMVY Officials at the Center.</p>
<p>b. District Officials</p>	<p>Need the provision of TA/DA grant to the DSW/CDPO/Supervisors.</p> <p>The district could plan for more awareness programmes such as community meetings and plays in the interior areas to make people understand about the scheme.</p>	<p>Systematic IEC plan should be developed for the publicity of the PMMVY.</p> <p>Fewer documents should be required for registration of beneficiary in PMMVY.</p> <p>There could be a provision of fourth instalment also by adding a conditionality of birth spacing up to second child.</p>	<p>Filling-up of the vacant positions is urgently required for the PMMVY implementation.</p> <p>Need more IEC in both rural and urban areas.</p> <p>The opening of zero balance accounts: This facility is still not available with some banks.</p> <p>Need special attention and assistance in resolving the issues of pending forms in correction queue.</p>

Stakeholders	Assam	Bihar	Maharashtra
	<p>The excluded AW centres need to be added in the software against respective districts at the earliest.</p> <p>Data entry operator may be appointed in each ICDS project office.</p> <p>The District officials may discuss the issue of bank account opening with Senior Bank officials of the district to resolve the issue.</p> <p>Backlogs need to be cleared at the earliest.</p> <p>Regular monitoring including district review meetings are required for stocktaking and in-depth understanding of issues.</p>	<p>The DEO and Lady Supervisor (LS) should be given proper training from time to time with supply of adequate IT equipments and space.</p> <p>There should be proper power backup like; invertors and UPS and high-speed internet service.</p>	<p>If any mismatch between the name and the Aadhaar card number of an applicant, the software should not accept the application. So that the corrections can be done at the time of data entry only.</p> <p>Need modifications in the software in such a way that the district level officials can quickly get the PHC-wise information of the enrolled women (or paid-unpaid cases).</p>
<p>c. Block/ Taluka Officials</p>	<p>Data entry operators exclusively for PMMVY scheme may be engaged to clear the backlog.</p> <p>In the field functionary column, some AW centres are not included. The excluded centres need to be included.</p> <p>Awareness camp may be organised in the tea-garden areas, so that beneficiaries submit the KYC and receive the pending instalments.</p>	<p>Frontline workers should be incentivized for participation.</p> <p>Proper training to Lady Supervisor (LS) and Data Entry Operator (DEO) should be given on timely basis</p> <p>The software should be appropriately modified to upload the forms.</p> <p>Require immediate digitization of the forms.</p> <p>Backlog can be reduced by regular meeting with the field functionaries.</p>	<p>Fill-up the vacant positions of Medical Officer (MO), Data Entry Operator (DEO), and ANM at the PHC level. A responsible official is required to monitor and follow up the PMMVY scheme at Taluka level as well.</p> <p>There should be some provision for the migrated population so that they could avail the benefits of the scheme.</p> <p>Wherever ASHAs are not available, the Anganwadi Workers (AWW) can be asked to canvass and enroll PMMVY beneficiaries. The same incentives (Rs. 200 per beneficiary) can be given to the Anganwadi workers (AWWs).</p> <p>To avoid the delay in the approval of forms and transfer of benefits, the sanctioning authority</p>

Stakeholders	Assam	Bihar	Maharashtra
		The supplies of PMMVY forms for the beneficiaries should be adequate.	should be given to the Medical Officer of PHC. It will also help to resolve the issue of corrections in the forms, which are noticed at the time of approval.
d. Village level Officials	<p>The Government or the Social Welfare Department may officially ask the Gram Panchayats (GPs) to create awareness, campaigning and help the beneficiary women to avail the benefits of the scheme.</p> <p>The CDPOs may communicate to all the Panchayats that fall under it for awareness, campaigning as well as to seek help from the PRI members.</p> <p>In the Gram Sabha meetings, CDPO/Supervisor/Data entry operator, CSP personals, officials of Health Department may be invited to create awareness among the villagers as well as to resolve various problems such as MCP card issue, opening of bank accounts, etc.</p>	<p>Government officials should appraise the local body members and involve them in the implementation of the scheme.</p> <p>Frontline workers should timely coordinate with the PRI members and discuss in detail about PMMVY provisions and eligibility criteria.</p>	<p>In rural areas, camps should be organized at Panchayat level to solve the issue of documents and bank account.</p> <p>Strengthen IEC component of the scheme by involving the Panchayat/Municipality/Corporations.</p>
e. Frontline workers: AWW/ANM/ASHA	<p>The collected forms must be uploaded within 2-3 days so that the AWWs should not face any criticism at the village level.</p> <p>RCH code in the MCP card may be issued on time.</p> <p>Beneficiaries may be encouraged to open bank accounts in the Customer Service Point (CSP) that require minimum documents.</p>	<p>Regular extensive training needed for front-line workers.</p> <p>Some cash incentives should be given to front-line workers.</p> <p>Develop a mechanism to submit the forms more frequently or daily after proper verification by the AWWs.</p> <p>Reduce the number of documents for the enrolment in the PMMVY scheme.</p>	<p>The government should resolve the issue of updating the Aadhaar card.</p> <p>The updated guidelines should be provided to every PHC and a meeting can be organized to discuss the changes in the guidelines.</p> <p>Provide a separate helpline number for PMMVY to clarify the problems of beneficiaries and frontline workers.</p>

Stakeholders	Assam	Bihar	Maharashtra
			<p>Share the information regarding the data entry status and details of paid installments with PHCs.</p> <p>Details of benefit transfer need to be shared with PHCs, the details include Bank name, account number, or location of the branch so that the beneficiaries can be informed about the same.</p> <p>Money should be transferred to the beneficiary account within stipulated time so that pregnant woman could use that money for purchasing nutritious food or medical expenses when it required most.</p> <p>The incentives for ASHA workers required to be disbursed immediately after the benefit transfer to women.</p> <p>The benefits need to be transferred to the bank account provided by the women in PMMVY form (not to another bank account).</p> <p>The PMMVY form should be simplified.</p>
<p>f. Data Entry Operator</p>	<p>In the field functionary column, some AW centres are not included. The unmapped centres may be included in the software (field functionary).</p>	<p>Power back up should be through inverter and UPS. Offline versions should be made available.</p> <p>There should be a system of auto-filling for forms for second and third instalments after the first one has been successfully administered.</p> <p>The list of beneficiaries of all the three instalments and reasons of their</p>	<p>The PHC and Taluka Health Offices have limited or outdated computer systems resulting in delay of work.</p> <p>The PHC-wise report should be available in the software to monitor the PHC-wise performance.</p> <p>The one data entry operator should be allocated for each PHC. In urban areas one DEO look after three PHCs which resulted in pending of forms and delay in process.</p>

Stakeholders	Assam	Bihar	Maharashtra
		rejection, if any, should be available in one click on the computer monitor.	<p>One-day training program should be organized for data entry operators to discuss and resolve all the data related issues.</p> <p>There should be a provision in the software to incorporate the names of new ASHAs working for PMMVY implementation.</p>
g. Bank Officials	<p>Some beneficiaries don't have required documents such as PAN card, Voter ID, or other relevant documents to open the Bank Account. Government should take initiatives to provide the basic documents to these women.</p> <p>More involvement with Bank Mitras and Customer service points is required to open bank accounts at the village level.</p> <p>There should be direct government notification to relax the criteria for opening bank accounts for availing schemes.</p>	<p>Regular consultation is required between the Bank officials and other officials of this scheme for the timely payment to the beneficiaries.</p> <p>Provision of alert message in Hindi is required for the timely payment to the beneficiaries.</p>	<p>The guidelines should be provided by the respective authority so that bank can provide the zero-balance account to the beneficiaries.</p> <p>The basic documents to open a bank account should be provided by the respective departments.</p> <p>In rural areas, the responsibility should be given to the Panchayats to organize camp to open bank account as well as to organize the bank literacy program in order to educate people pertaining to documents and other bank related things.</p>
h. Beneficiaries	<p>Relaxation requirements – facilitate lesser documentation to open bank accounts.</p> <p>Transfer of the PMMVY benefits immediately after enrolment in the scheme.</p>	<p>Transfer of the PMMVY benefits immediately after enrolment in the scheme.</p> <p>Opportunity should be given for the second child as well.</p> <p>The benefit of this scheme should be given for the home delivery also.</p>	<p>The government should provide some easy process to get the documents such as marriage certificate.</p> <p>The installment should be transferred within stipulated time.</p> <p>The benefit amount is not sufficient. It should be more than five thousand. Most of the time, money get utilized for sonography or medical treatment.</p>

Stakeholders	Assam	Bihar	Maharashtra
<p>i. Non-beneficiaries</p>	<p>In tea garden areas, women find it difficult to pursue and follow up the various processes as they have to attend to family work apart from working the entire day in the tea gardens.</p> <p>Consider second pregnancy also for PMMVY benefits.</p>	<p>Consider second pregnancy and home deliveries for PMMVY benefits.</p> <p>Need support of bank officials to open a zero-balance account.</p>	<p>Consider second pregnancy also for PMMVY benefits.</p> <p>Reduce the condition of the documents to enrol in the scheme. The seasonal migrant women or daily wage earners are finding it difficult to enrol in the scheme.</p>

Summary, Conclusions and Recommendations

This study was undertaken to assess the implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY) in three states of India – Assam, Bihar and Maharashtra. The study aims to review the performance and to identify the challenges during implementation of the PMMVY scheme, then to suggest the measures to overcome the bottlenecks in the implementation and design of the scheme. The findings and suggestions mentioned here rely on the official statistics and the interactions with officials at state, district, taluka, PHC, village, frontline workers as well as both beneficiary and non-beneficiary women.

After interviewing all stakeholders in the implementation of the PMMVY multiple times during the last one year, it was observed that the scheme has improved considerably. Although some problems are still persisting but many of the issues at the field level have been resolved. The various implementation issues that were observed by the evaluation team such as lack of awareness, shortage of human resources and infrastructure, and poor coordination between the stakeholders. Poor awareness about the scheme, evident from FGDs with women, is the result of lack of IEC. It was also observed that some frontline workers are not fully aware about the scheme and the modified guidelines. Though the officials at state and district levels have taken many initiatives recently to advertise the scheme through local TV channels, posters, banners and community gatherings, much more need to be done to popularize the scheme.

In Maharashtra, the noticeable change is occurred in banking services such as the PAN card is not made mandatory for opening bank account now and the banks (Bank of Maharashtra and Central Bank of India) are providing zero-balance account. Moreover, the India Post Payments Bank (IPPB) has introduced the postal banking services through the post offices, which also has the provision of zero balance account. Earlier updating the Aadhaar card was a major issue, but now Maharashtra state officials have given the instructions that the updated Aadhaar card is not required to enroll in the scheme. To promote the scheme, a new initiative has started in the state of Assam. The officials have started PMMVY campaign with the POSHAN Abhiyan. This will give the advice to beneficiary women pertaining to proper utilization of benefit amount.

Lack of coordination between the stakeholders is another obstacle in the implementation of the PMMVY scheme, which is observed in all study states. In Assam and Bihar, the scheme was implemented through the network of ICDS. In Maharashtra, the implementation is by Public Health Department. Wherever the ASHAs are not available, the AWWs are either busy or reluctant to support the ANMs to enroll the eligible women in the PMMVY scheme.

Though the scheme implementation is showing considerable improvement during the last six months as compared to earlier six months, but more steps are required for smooth functioning of the scheme. In Assam and Bihar, the efforts are needed to solve the issue of bank account and documents. In Assam, the special attention is required for women in tea garden areas where the MCP card issue is still persisting.

The problems related to the software need special attention as the issues are persisting since start of the scheme. Although some modifications have occurred in the software, but the issue of correction queue needs urgent attention. Despite rectification of mistakes, forms come in correction queue often. Apart from this, re-registration of women for second pregnancy in case of abortion or infant death happened in the first pregnancy, and the registration of field functionaries in the software also need special attention.

The PMMVY software is developed keeping in mind the programme implementation through Women and Child Development (WCD) Department. However, in some states, including Maharashtra, the scheme is being implemented by the Public Health Department. This has led to some difficulties in programme monitoring at the lower levels.

Appropriate monitoring and redressal mechanisms need to be in place for addressing various issues. According to our observations, IEC of the scheme is inadequate in all three states. It must include the utilization of benefits so that the women may make use of the credited money for buying nutritious food during pregnancy.

PMMVY uses the direct benefit transfer (DBT) model to provide incentives by crediting the cash directly into the bank account of beneficiary women after verifying certain conditions. This helped in a big way in reducing the leakage as well as the speedy transfer of funds to the beneficiaries.

In general, we found that the financial incentives encourage poor women to register their pregnancy, seek ANC check-ups, and immunization of their children. However, majority of the beneficiaries we interacted have not received any counseling on utilization of the benefit money.

Currently the scheme covers only first pregnancy (first child). The policy of restricting the scheme to one pregnancy will have adverse implications, particularly in high fertility states like Bihar. It was evident that seasonal migrant women are mostly left out of the program due to various reasons.

Recommendations:

1. The problems related to the software (CAS) need special attention as some issues are still persisting.
2. Poor awareness about the scheme is the result of inadequate IEC. Awareness generation campaigns among frontline workers, functionaries of local self-governments as well as among women about the scheme, its purpose and its utilization is very much required.
3. Incentives to frontline workers has helped in a big way in improving the uptake of the scheme in Maharashtra. This can be considered in other states to motivate the workers who are already overburdened with many responsibilities. Though decisions are taken to provide incentives to Aanganwadi workers in Assam and Bihar, it is yet to be received by the workers.
4. Wherever the formal banking facilities are not available, the services of India Post Payments Bank (IPPB) can be utilized for fund disbursement to beneficiaries. In remote areas of Maharashtra, as per our observation, this strategy worked well.
5. One of the major reasons for the delay in fund disbursal was due to the inefficiency and errors committed at the time of data entry into the CAS. This can be resolved by appointing required number of data entry operators as well as training them adequately to discharge their duties.
6. Lack of coordination between the stakeholders was an obstacle observed across the states. The role of ANMs and ASHAs is found to be minimal in Assam and Bihar. Lack of coordination between the Health Department and Municipalities / Corporations have affected the PMMVY implementation in the urban areas of Maharashtra.
7. Frontline workers (ASHA, AWW and ANM) have received inadequate training on the implementation of the scheme in some districts. An appropriate training and orientation strategy need to be operationalized for improving the coverage of the scheme.
8. The written information pertaining to the changes in the PMMVY guidelines should be disseminated among the frontline workers, preferably in the vernacular language.
9. Appropriate monitoring and redressal mechanisms need to be in place for addressing various issues and complaints of beneficiaries and eligible women.

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Annexure: A

Key Informants Interviews (KIIs)

Designation: District Program Coordinator (DPC)

State: Maharashtra

The interview was conducted on June 10, 2019. The purpose of the interview was to get the status of the PMMVY and to bring out the issues/problems that are faced by the district official in the implementation of the scheme. The interview was also intended to know the changes occurred in implementing process, guidelines and in the software.

Implementation of PMMVY

The interview started with the discussion over the status of the scheme. He mentioned that the momentum of the scheme has increased. In rural areas the scheme started since Jan 2017 so has more coverage. In urban areas, where the implementation started since October 2018 has less coverage. The district achieved 57 percent of the target though most of the villages are situated in remote hilly areas. ASHAs have taken more efforts to achieve this target.

Pertaining to the awareness of the scheme, he told that the 15 days sensitization camp conducted in the month of March, 2019. All the IEC materials also distributed to PHCs and urban PHCs such as banners, Pamphlets, etc. The video advertisement is also aired through local TV news channels.

He said that for coordination and increase in coverage, the review meeting of Medical Officers (MO) were also held with the help of District Collector. In lower performing talukas, District Health Officer visited and monitored the process. The monthly review conducted to clear backlog. Apart from this, every first and third Saturday of month, the video conference meeting is held with state officials to discuss the issues pertaining to PMMVY implementation.

He explained that the bottlenecks in implementing process is getting solved gradually. The bank problem is solved in most of the areas. The Indian Postal Payment Bank (IPPB) is playing crucial role in providing the banking services everywhere and most of the eligible women are opening zero balance account in IPPB. The IPPB has all services online so the problem arises in areas where the internet connectivity is not available. The Central Bank of India is also providing a zero-balance account in some areas without demanding the PAN card. In case of Aadhaar card, the Aadhaar card camps were organized especially in rural areas.

Issues/ Problems in Implementation of PMMVY

He told that the correction queue is the major issue which is persisting since start of the scheme. Despite the rectification of mistakes, the form come in correction queue again and again. There is no solution came from higher authority to resolve this issue. The existing

problem-solving mechanism is also lengthy. First state compiles all problems from all over Maharashtra and then send it to Center, further to receive the reply from Center takes around two months.

The software needs some changes because at taluka or district level, the registration of new ASHAs cannot be done in the software. The names of such ASHAs need to send to state and from state to center for registration. In case of abortion or infant deaths, the beneficiary account gets closed and woman is eligible for remaining installment in second pregnancy. But the software does not allow for registration, although the option is available in the scheme.

Pertaining to human resources, he said, the ASHAs and ANMs are inadequate in urban areas. Also, there are issues in data entry as data entry operator is not available at rural PHCs. The forms need to send at taluka level for digitization which delay the process. Also, the delay happened in the approval of the forms due to busy schedules of Sanctioning Officer (SO).

He has also highlighted the issue of migration. He said, some women get excluded from availing the benefits of PMMVY due to seasonal migration. The migrant women usually do not get a chance for registration. Some of these women have registered but very late, which reduces their chances to avail the complete benefits of the scheme.

Changes occurred in implementation of PMMVY

Regarding the software, he said – “The two new options are added pertaining to JSY. The first option is to add JSY details and second is JSY pending list. Now the data can be received in excel sheet, earlier this option was not available. The message is sent through software on the registered mobile number of beneficiaries pertaining to the status of application. Recently Rs. 1,00,000 received especially for IEC of the scheme.”

In case of banking services, he highlighted some major changes. Earlier the banks were asking for PAN card to open account but now the PAN card is not mandatory. The Central Bank of India is providing a zero-balance account.

Suggestions to improve the implementation of the PMMVY

Some more changes are required specifically in the software – a) The software should generate the status report at PHC as well as at Sub-Health Centre levels. b) The software should display the details of bank accounts after the funds are transferred. c) Need special attention and assistance in resolving the issues of pending forms in correction queue. d) If any mismatch between the name and the Aadhaar card number of an applicant, the software should not accept the application. So that the corrections can be done at the time of data entry only. e) The enrolment status report should be generated every month at district, Taluka and PHC levels, for the ease of monitoring. f) At district level, an option should be available in the software to register new ASHAs. g) In case of abortion or infant death, the existing option of reregistration should be active so that the women can get the remaining benefits for her second pregnancy.

Designation: Taluka Health Officer

District: Thane

State: Maharashtra

The interview was conducted on March 14th 2019. The interview has also given emphasis to the problems/ issues that administration is facing while implementing the scheme.

PMMVY Scheme and its Implementation

The interview started with the discussion on the present status of the scheme. According to him, “We are noticing some changes, the implementation has improved comparatively.” Now the ANMs and the ASHAs are taking efforts to cover the targeted population. “The momentum of the approval of the form is also increased as the responsibility is delegated to the Medical Officer. After submission of the form, on an average within one month, the beneficiary receives the first installment” he explained.

Issues/Problems in implementing the scheme

THO highlighted the issues of documents and bank account. There are many cases where the eligible women still don't have Aadhaar card. Most of these women belongs to tribal community who resides in remote areas. The women those who have Aadhaar card are struggling hard to update it. Recently we got information that the updated Aadhaar card after marriage is not mandatory. This information is yet to reach to every frontline worker.

While highlighting the issue of bank account, he said “The banks are not willing to provide the zero-balance account. They also ask the PAN card to open bank account. In such situation, the eligible women fail to open account. Now the Indian Postal Payment Bank (IPPB) has also started providing the account services but the coverage is limited.”

THO highlighted the problems of women migrants coming to the district. Most of the families who migrated from UP and Bihar generally do not possess necessary documents. Though the migrated woman has Aadhaar card, the bank account cannot be given without residential proof. All these issues restrict them to avail the benefits of the scheme.

Regarding the human resources, he said that – “the data entry operators are not sufficient, we have only one data entry operator who look after all the scheme and there is no separate data entry operator for PMMVY scheme which resulted in pending of work”. Regarding the PMMVY form, he opined that the form is very lengthy and bulky which takes time to fill it.

Pertaining to the IEC, he felt that the urban areas need more IEC so that women would come on their own for enrollment. Due to the huge population in urban areas, it's difficult for ASHAs to reach out each and every woman.

In case of software, he said that – “the data entry operator of Panchayat Samiti is not able to link ASHAs in the software. There are many ASHAs who worked since beginning but yet not received any incentive. Some ASHAs are left and some joined newly. The newly joined ASHAs are not registered in the software so there is a question mark on disbursement of their incentives. Apart from this, the software is very complicated and does not show PHC-wise report.”

“The correction queue is one of the big issues as about 1300 forms are in correction queue at block level. We do not have a solution because despite rectification of mistakes, forms repeatedly come in correction queue.”

THO said “The scheme is perfect, there is no need to change or increase the amount which is being given under the scheme.” In order to improve the momentum in the implementation, he has given the following suggestions: 1) he form should be brief and specific so that ASHAs can fill it easily without mistake. 2) During the Kutumb Pahni Survey (Family survey) – after marriage the Aadhaar card and the bank account should be collected so that in future whichever scheme they are eligible can be given without any difficulties. 3) The instruction should be given to bank branches to provide zero balance account to avail the benefit of any government scheme. 4) There should be some provision for the migrated population so that women could avail the benefits of the scheme. 5) To scale up the implementation, the incentives should be given to other health workers such as ANMs who works on contractual basis. 6) More IEC activities required especially at urban areas where ASHAs are unable to reach. 7) The PMMVY-IEC may also include the IEC of JSY and JSKY. 8) The scheme should be more public oriented. Apart from the Health Department, the participation of other institutions such as ICDS, PRIs is required. 9) In order to reach remote areas, especially in tribal areas, the local leaders especially women leader can play a role.

Designation: Data Entry Operator

District: Satara

State: Maharashtra

The interview was conducted on March 2nd 2019 at the Panchayat Samiti. The purpose of the interview was to know the issues of software and data entry such as correction queue, backlog etc. The interview was also intended to know the challenge pertaining to human resources, infrastructure, and IT materials etc. which affect the data entry.

Responsibilities of data entry operator in PMMVY implementation

He informed us that he has the responsibility of data entry of PMMVY forms at block level. In the year 2018-19, the total number of digitized forms were 2250 (70% of target) and have 218 forms in correction queue. The form gets digitized within two to three days after submission of

documents by woman. Now most of the forms get digitized at PHC level by ANM or data entry operator (if available), so there is no issue of backlog.

Regarding the process of verification, he said that he checks the Aadhaar card and bank account and make sure that the name is same on both documents. For the second installment, the record of regular ANC checkup is verified from Mother-Child Protection (MCP) card. Then for the third installment, the birth certificate of infant and immunization record from MCP card is verified.

Challenges/issues in data entry

He has not received any special training for PMMVY. He is performing data entry work based on his own experience. He explained that due to lack of training, he is not able to solve the issue of correction queues. Most of the correction queues are related to the Aadhaar card and bank account. The software shows the issues – 1) Aadhaar card shows mismatch with husband's name 2) Bank account shows inactive 3) Aadhaar suspended in case where Aadhaar card name does not match with bank account name.

He explained that there are cases where despite the rectification of mistakes, form repeatedly comes under correction queue. Such cases need to be sent to district level every time. This process takes time which resulted in the delay of transfer of benefit to the beneficiary.

Software does not generate the PHC-wise report at taluka level which restrict the flow of information from taluka to PHCs. The ANMs/ASHAs repeatedly ask for the PHC-wise report to understand the status of applications. In case of registration of new ASHAs, there is no such option is available at taluka level to enroll new ASHAs in the software. So, there is an issue of disbursing the incentives to such non-registered ASHAs.

Pertaining to infrastructure, he said that the human resources are not sufficient. He said that in the meeting with Taluka Health Officer (THO), most of the ANMs complained about the workload. In most of the PHCs, the data entry operator is not available, so the ANMs are compelled to undertake the data entry.

Changes in the software

He informed us that some changes have taken place in the software during last five months. He mentioned the following changes – 1) Payment report and payment failure report is now available in the software. Initially both the reports were not available in the software. 2) Janani Suraksha Yojana (JSY) option is added to know whether the beneficiary is eligible for JSY or not.

Suggestion to improve the PMMVY enrollment work

He opined that the ANM should not be forced to do the data entry work. The data entry operator can be recruited at PHC level. He suggested that the PHC wise report should be available in the software to know the performance of each PHC and the ANM/ASHA can share the status of application or installment paid to enrolled women. On the issue of correction queue, one day

training program should be organized for data entry operators to discuss and resolve all the data related issues/problems.

Designation: ANM

Taluka: Taloda

District: Nandurbar

The interview was conducted on June 13th, 2019 at PHC of Borad. The purpose of the interview was to know the PMMVY implementation and the status of the scheme. The interview was also intended to understand the challenges of frontline workers while implementing the scheme. The interview covers the information pertaining to the awareness of the scheme, the participation of ANMs, the problems that women face during the enrollment process, why some women get excluded from the benefits, and the utilization of money by the beneficiary women.

Responsibilities in implementing PMMVY

ANM explained that the scheme is for the first pregnancy of women. The government is providing a financial benefit to these women to have nutritious food during pregnancy. Also, the scheme has made some conditions compulsory such as registration of pregnancy at PHC, regular ANC checkup, and the immunization of infants.

Further the discussion extended to the role and responsibility of the ANM in PMMVY implementation. She said “I look at all the work related to the PMMVY starting from documents collection, filling up the form, and then follow-up of the process. Now ASHAs also started filling-up the forms so she provides a helping hand to us. Apart from this, I have to do counseling of eligible pregnant women pertaining to all health-related things such as regular ANC checkup, intake of nutritious food, and other required precaution during pregnancy.”

To create the awareness “the booklets were distributed among the pregnant women where all information related to PMMVY is mentioned. On every ANC day (every Wednesday), we guide pregnant women and convince them to collect the documents and submit as soon as possible.”

ANM explained that they have maintained different registers such as ANC register, OPD register, LMP register etc. Also, ASHAs maintain their separate registers for their information. The Name, Age, Aadhaar card name, LMP date, pregnancy registration data etc were verified from these registers while filling the form.

Issues for ANM in PMMVY scheme

Regarding the issue and challenges, she said the ANMs are not facing many issues at village level. Once the ASHAs collect the documents, the ANM fill up the form and sent it to Taluka Health Officer for data entry. The delay happens only when the form comes in correction queue. In case of correction queue, the forms send back to PHC for rectification.

“Some women are already getting benefits, other women also started showing their willingness towards scheme”, she said.

Challenges faced by women for enrollment into the scheme

ANM said that most of the women face problems in getting documents, particularly the Aadhaar card. To update the Aadhaar card, they need some more documents such as marriage certificate and ration card. Usually many women do not possess the marriage certificate because among tribal community the couple starts living together even before marriage. Even after the marriage, but no one bother about getting a marriage certificate. When the beneficiary goes to obtain the marriage certificate further it requires some proof such as marriage invitation card, witness of marriage, stamp paper, etc.

The Central Bank of India is providing a zero-balance account to avail the benefit of the PMMVY scheme. To get this zero-balance account, the eligible women require to submit the letter from Medical Officer. Also, there is no issue in accessing the bank account as the bank facility is available in the village. ANM raised the issue of re-registration in case of abortion or infant death. The beneficiary women get her remaining installment in next pregnancy if the abortion happened after receiving the first installment. But when such case sent for re-registration, the data entry operator sends the form back by saying that the software is not accepting the re-registration of the beneficiary. This problem is still persisting, according to her.

Utilization of money by the beneficiary

According to ANM, most of the women received money after delivery so they could not utilize the money during the pregnancy period. So, they spent money either on household expenses or kept for future use. Recently, some women have received money during pregnancy so they are using for medical purpose. There are cases where the women have spent money for sonography. Hardly the women utilize the money for consumption of nutritious food. So, to maintain the balance of nutrition during pregnancy, the ANM/ASHA advise them to go and have nutritious food from nearby Anganwadi Kendra.

ANM put forth the following suggestions – 1) The issue of document need to be solved, especially Aadhaar card. 2) The problem of reregistration should be resolved so that in case of abortion or infant death, the women can be given remaining installments.

Designation: Lead Bank Manager

Name of the Bank: State Bank of India

District: Nandurbar, Maharashtra

The interview was conducted on Dec. 17, 2018, at Nandurbar. The purpose of the interview was to know the role and responsibilities of the bank in the implementation of PMMVY.

PMMVY Scheme and Role/ Responsibility of bank

The interview started with a discussion on the purpose of the scheme and it's important. The Manager said he does not know the exact information about the scheme but he is aware that the scheme is for pregnant women, under which they will get rupees five thousand. Pertaining to the process of transfer of benefits, the bank has the responsibility of providing the bank account within time. In case of inaccessibility to the bank services, the bank has the facility of Customer Service Point (CSP) at the village level. The business correspondent at CSP can help the women to open a bank account. On the question of zero balance account, he said that the bank does not have any problem to open zero balance accounts but we need written instructions or guidelines from the higher authority. Still we have not received any guidelines or instructions on this.

Issues/Problems

The main problem lies in the document of the women. There is an issue with Aadhaar card. Many women could not provide the Aadhar card for opening a bank account. There is no issue in benefit transfer if the account is active. But many times, the account opened by the beneficiary get inactive due to non-use for six months. In such cases, the money cannot be transferred.

Manager said that the illiteracy is also one reason for not using the banking facility by many these women, especially tribals. Due to the illiteracy, most of the time they hesitate and get confused, often they failed to understand the procedures of the bank.

Suggestions to improve the implementation of the scheme

He made the following suggestions – 1) The guidelines should be provided by the competent authority so that we can provide the zero-balance account to the beneficiaries. 2) It is also the responsibility of the beneficiaries to keep bank account active so that there is no issue in the transfer of funds. 3) In remote areas, the issue of opening a bank account can be resolved by the Panchayat. The responsibility should be given to the Panchayat to organize camps to open bank accounts so that the people at the village level will not face any problem. Apart from this, the panchayat can also organize bank literacy program in order to educate people pertaining to document and other bank-related things. If Panchayats come forward, banks will extend all support for this.

Designation: Assistant Manager IPPB (Indian Postal Payment Bank)

District: Satara

State: Maharashtra

This interview was conducted on March 2nd, 2019 at the Post Office in Satara. The purpose of the interview was to know the postal banking services and the provision of zero balance account to the PMMVY eligible women. The emphasis was to find out how the IPPB can play a role in the implementation of PMMVY scheme more effectively.

India Postal Payment Bank in PMMVY implementation

He explained about the postal bank facilities. In Satara district, the postal bank started its services last six months. The postal bank has provision to open zero balance account. The Aadhaar card and mobile number are the only requirements to open the postal bank account. The PAN card is not mandated, form 60 is provided if the PAN card is not available. Unlike commercial banks, the postal bank has no issue of inactivation of account i.e. the account will not get frozen or become inactive, whether the customer uses it or not. The door to door service is available through postman.

Regarding the PMMVY implementation, he informed us that the meeting has been conducted by district officials regarding the banking serves for the government schemes and the issue of PMMVY was also discussed. The health officers and the Zilla Parishads officials also visited the post office regarding the postal bank account for PMMVY beneficiaries.

Issues/Problems

According to him, the IPPB is not facing any issues in providing the services. The process of opening the account is simple, just requires the Aadhaar card and mobile number and does not take time. The response from customers is also increasing as IPPB started reaching out every place possible. Further, in the case of PMMVY, the women will not face the issue of accessibility of services as the doorstep services are also available especially in rural areas. Also, the postman will be given the tablet (electronic devices) thereby he could open an account immediately at any place.

Suggestions

Even though the Postal bank has started its services, many people are not aware of its provisions and services. So, the awareness activities of postal bank services should be conducted along with the awareness program of PMMVY. The ANMs and ASHAs can suggest to the eligible woman to open an account in the nearby postal bank, instead of other banks located far away.

Designation: District Programme Assistant (DPA)

Name of the District: Pune, Maharashtra

Date of Interview: 03/06/2019

The discussion started with the status of the scheme, coordination with stakeholders, and current issues in the implementation of the PMMVY. While discussing the issues in implementation, he mentioned the persistent issues such as the unavailability of District programme Coordinator (DPC), requirement of more ASHAs, and PHC-wise report is not accessible in the software.

Status and Implementation of the PMMVY scheme

The interview started with the discussion about status of the scheme. DPA explained that the implementation of the scheme started from January 2017 in the district. The Pune district consists of 13 Talukas and 2 Municipal Corporations. Total 61,254 beneficiaries enrolled since start of the scheme, (52,601 rural women and 8,653 urban women). Total 1.54,660 forms were received, out of which 1,34,097 applications are paid. With such a huge enrolment figure, Pune is one of the best performing districts in Maharashtra, but the average time taken for fund disbursement is 101 days, which is reduced by 6 days in past six months. The rural part has achieved 93 percent of the assigned target, but the urban part is still lagging behind. Hence, urban areas have a significant backlog compared to rural areas.

The out-sourcing of data entry work increased the digitization of the forms, and reduced the load of the ANMs. Earlier ANMs were performing the data entry work. Newly appointed ASHAs in some urban areas have increased the coverage of the scheme in urban areas. DPA is alone at district level for monitoring and implementation of the PMMVY scheme, which has restricted his mobility in case of field visit to any area. In addition, there is frequent follow up by the state officials pertaining to any issues in the implementation of the scheme.

Issues / Problems in implementing the scheme

He has pointed out some issues pertaining to the implementation of the scheme. His first concern was about the pending cases in correction queue. Many cases of correction queue were rectified and resubmitted, yet again the same forms are lined up for the corrections. This issue is tackled many times by the officials, but the issue still persists and the list of correction queue is increasing. Second concern was about the data entry, few months back the data entry operators are appointed in urban areas to speed up the work. But, the performance of some data entry operators is not up to the mark, resulted in huge backlog. Besides, in Pune Municipal Corporation, the data entry operators are assigned more than one health centres. Usually, the forms are collected at Health Centre/PHC, then the bunch of forms are sent to the DEO, as a result, the forms are pending at the PHC or Health Centres for digitization.

The District Programme Assistant has raised the issue of lack of ASHAs in urban areas. ASHAs are not appointed in proportion of the population, so they have to cover a huge population,

which resulted in several women are out of reach of the ASHAs. The PMMVY task of ASHAs cannot be assigned to the ANMs, as the ANMs are already over-burdened with several responsibilities. Several ANMs in Maharashtra are appointed on contractual basis with meagre salary. So, the ANMs are demanding incentives to perform the PMMVY work. In addition to these issues, the poor IEC of the scheme in urban areas has affected the performance of the scheme. Also, the women from well-to-do background are not interested in joining the scheme. The allotted budget doesn't have the provision of conducting training and orientation. Then, in the absence of District Programme Coordinator (DPC), the workload of DPA has increased many-fold.

Next issue highlighted in the discussion is the delayed credit of the PMMVY benefits to the bank account of enrolled women. Few facts which are responsible for this delay are –

1. Usually, at Taluka level, filled-in forms are kept at PHC and the huge set of forms are transported to the Taluka Health Office for the digitization. Furthermore, in case of any query in the form at data entry level, the data entry operator has to send it back to the concerned PHC.
2. Then, the forms are pending for approval of Sanctioning Officer (SO), as the Sanctioning Officer is busy in his daily duties and immediately cannot recheck the forms to approve it.
3. And, if the forms are lined-up in correction queue then again need to recheck the entire form, sometimes the same form is forwarded to concerned field-functionary for the rectification.

This three-way procedure has resulted in the delay in registration and ultimately delay in benefit transfer.

There are issues in software as well which hampered the performance of the scheme and correction queue discussed earlier is one of it. Few issues are persistent since last six months, such as the PMMVY software does not generate the PHC-wise status report. The most of the applications pending in correction queue are due to the issue in Aadhaar card, followed by the Bank account. So, there is no provision of verifying the uploaded information of Aadhaar card and bank account in the software at data entry level. And the benefits are transferred, in some cases, to another bank account of the enrolled women, so these women are unaware of the credit of PMMVY benefits. And software does not provide the details of bank account such as Name of the Bank, Branch name/code and account number; hence, it became difficult for these women to utilise the credited benefits. The Taluka or District level officials cannot add the names of newly appointed ANMs in the PMMVY software.

Keeping in view all the issues, he has given some suggestions to improve the implementation of the scheme. Also, the option of re-registration is inoperative in the software for, those women who failed to avail the complete PMMVY benefits during the first pregnancy due to termination of pregnancy or infant death.

Suggestions to improve the implementation of the scheme

He said – “There will be a list of suggestions, but need to work according to priorities, which will eventually traverse the other less significant issues.” His first suggestion was the need of publicity for the scheme among urban population through television and radio advertisements, banners/posters and screen display at public places. In addition, the contribution of ICDS and local urban body members will increase the coverage of the scheme in Municipal Councils and Corporations. If the Anganwadi workers (AWWs) are enrolled for the scheme, the incentive of Rs. 200 per beneficiary can be given to them. So that wherever ASHAs are absent or inactive, AWWs will perform the PMMVY work.

To avoid the delay, either the data entry should be performed at PHC level or collected forms at PHC should be immediately sent to the DEO office (at Taluka Health Office). Additionally, the other contributing factor in delayed benefits is sanctioning the uploaded applications can be solved by transferring the Sanctioning Authority to the Medical Officer of the PHC or Health Centre both in urban and rural areas. And to reduce the communication gap and improve the inter-sectoral coordination, regular meetings between PHC, Taluka and District level staff should be arranged.

At some extent the issues related to bank accounts are resolved, but the issues like transfer of benefits to other account, without any intimation to the women or field functionary is affecting the coverage of scheme. “The intimation of benefits transferred to the women and/or field-functionaries will result in well-ordered response to the scheme”, he said. Also, introducing the toll-free number to receive the complaints of the target group, field-functionaries and other officials regarding the PMMVY scheme will improve the grievance redressal mechanism and encourage the women to enrol in the scheme.

He stated that the problem of correction queue cannot be sorted out without the help of state officials. The number of correction queue has resulted in increased complaints of women and frontline workers. While talking about the issues pertaining to the PMMVY software, he mentioned that the issues of correction queue are increasing the disinclination among the functionaries. Additionally, assigning an independent position of PMMVY official at corporation and council level will lead to improvement in the PMMVY implementation. It will also helpful in resolving the several issues of PMMVY performance. The availability of timely funding will ease in monitoring the scheme for DPC or DPA, hence the funding must be released in time to the concerned departments with proper guidelines for utilization.

Changes observed in the scheme

First major change happened during last six months is that the updated Aadhaar cards are not mandatory to enrol in the scheme. Which has reduced the delay in registration at a considerable extent and is appreciated by the frontline workers and eligible women. But, in some areas, field-functionaries are not aware about this change and still advising women to update the Aadhaar to enrol into the scheme.

The Indian Post Payments Bank (IPPB) services has resolved the issue of unavailability of banking services. Moreover, IPPB has the provision of zero balance account and demands Aadhaar card to open an IPPB account. The services are available in several villages, where no other bank facilities could reach. But there are remote areas, due to lack of network connectivity, the IPPB service providers failed to reach but are taking efforts to cover those areas. IPPB officials had arranged camps at PHCs and villages consulting the PHC Medical Officer and PRI members. In addition, there was a state level meeting, in which providing zero balance accounts to the women and issue of demanding PAN card to open a bank account were discussed. Later, most of the banks followed the same, allowed zero balance bank accounts to open.

Another change happened is that earlier the bank details (Bank name and account number) in which the benefits are transferred was not available in the software, but now the same details are available with the state officials. But, to access these details from state officials is time consuming for the district and Taluka officials. SMS alert system started few months back and is found to be very helpful. State has introduced incentives for DEOs to digitize the form (Rs. 5 per form), but the guidelines are not clear to disburse the same amount. He felt that more clarity is required.

Designation: Medical Officer (MO)

Taluka: Mulshi

District: Pune, Maharashtra

Initially, MO refused to be interviewed due to his busy schedule for the M-R vaccine camp.

PMMVY Scheme and its Implementation

In the interview, he mentioned that his PHC has covered most of the eligible women and the credit goes to ASHAs and ANMs as they are overburdened with the responsibilities, still they successfully reached all eligible women and enrolled them in the scheme. Initially, it was difficult for the frontline workers to enrol these women due to number of issues. But, gradually most of the issues are solved, which increased the enrolment of the women.

He has provided some insights on the awareness generation plan. Apart from banners/posters of PMMVY scheme, which are displayed at PHC, Sub-centers and public places, various other modes were adopted for awareness of the scheme among eligible women. For example, the PMMVY scheme information was conveyed to the villagers through Gram Sabha meetings, in medical camps, in regular household visits of the frontline workers and in the meeting of women is groups.

Issues / Problems in implementing the scheme

He felt that the Health Department is overburdened with the several such schemes due to the lack of human resources. According to him, there are some vacant positions at PHC and Sub-centers, which has increased the burden of the currently working staff. In addition, the new schemes are imposed on the staff to implement and/or monitor. But there should be a proper channel or mechanism connecting district official/s with frontline workers to understand and solve the problems of frontline workers. Apart from reaching women, informing them about the scheme and ensuring their enrolment, the frontline workers particularly ANMs are also enrolled in data entry work. He mentioned that the data entry is not a major hurdle, as the ANMs are familiar with the details of the women required to upload in the software. But it has increased the burden on available staff which need to be considered. Besides, he opined that the PMMVY form is lengthy and complex which takes time to fill-up and difficult to store.

The next issue highlighted by Medical Officer is the issue of documents and bank account. He said, there are some cases where the eligible women still don't have Aadhaar card. Most of the non-enrolled women belong to tribal community, and residing in remote areas. Reaching these women, then collecting the required documents from them is not feasible for frontline workers. Then, the issue of bank, which is at some extent solved, but still there are women without bank account. Earlier the Banks were demanding PAN card to open a bank account, due to intervention, now, women can open bank account without PAN card. As the women have to produce a MO undersigned letter to open a bank account. But another issue is that the banks do not have the provision of zero balance account and the banking services are not available in remote areas. So, many women from remote areas are the non-recipients of the services.

The other prohibiting factor is the lack of residence proof and marriage certificate. He informed us that to update the Aadhaar card these two documents are essential, which are issued by the Gram Panchayat office. But in case of unpaid taxes levied on the household, Gram Panchayat do not issue the required documents to the women. So, he said, "Where one side government is encouraging these women to enrol in the scheme and avail the associated benefits, concomitantly the government is prohibiting their participation in the scheme."

There is issue with the PMMVY software as well, such as the same log-in account cannot be used by the multiple users for entry, name of some ASHAs are not included in the software, the PMMVY benefits are transferred to another bank account of the women and so on.

Suggestions to improve the implementation of the scheme

He has given several suggestions based on his experience with the scheme –

1. Fill-up the available vacancies of ASHA, ANM, DEO, and Medical Officer
2. Introduce a channel between District and PHC level staff to communicate easily
3. Relax the document conditions
4. Provide the guideline to the banks to allow zero-balance account to women
5. Arrange camps to obtain the required documents
6. Reduce the length of PMMVY form

Designation: Gram Panchayat President

Taluka: Indapur

District: Pune, Maharashtra state

About the PMMVY Scheme

In the interview, when enquired about the PMMVY scheme, she opined that she is not aware about the scheme as she never heard the name of the scheme. But she mentioned that the schemes implemented by Health Department are usually discussed in the Gram-Sabha meetings. In addition, among the meetings of women's groups, such useful scheme is always discussed. Furthermore, she added that ASHAs and ANMs are always welcomed in any such meetings of women so that some useful information could be shared.

Problems

Some problems were also discussed in this interview such as lack of documents to enrol in the scheme. Women are not aware of the significance of the documents, so they misplace it. But, the Gram Panchayat attends the complaints of women and supports them in issuing the useful documents. Additional major fact mentioned by the panchayat president is that they have never received any instructions from the government. This lack of communication has kept the PRI members from the scheme implementation.

Comments and suggestions

Panchayat President also gave some suggestions regarding the implementation of the scheme.

- The scheme needs publicity, and PRIs can assist in this task. So, the government may include PRIs in process of implementation of the scheme and provide the instructions to perform the assigned task/s.
- The scheme benefits the women and first new-born, so the schemes can be discussed in the meeting of women's groups.
- To improve the performance of the scheme, provide some food or beneficial goods to the eligible women after delivery. Because, her health after delivery is neglected by the family members.
- Men also need to be included in the awareness creation programme, with some incentives or conditions, which will directly or indirectly encourage them to help their spouse to enrol in the PMMVY scheme.

The scheme was unknown to the respondent and she heard about the entitlements of the scheme during the interaction with evaluation team.

Designation: ASHA

Taluka/Municipality: Pune Municipal Corporation

District: Pune, Maharashtra

The interview with ASHA was conducted on June 4th, 2019 to collect the information on her role in the implementation of the PMMVY. In the interview, she narrated the problems faced by women for availing the PMMVY as well as her own difficulties.

Responsibilities in implementing PMMVY

ASHA informed us that she was recently appointed and gradually building rapport with the women. In this process she had the support of other experienced frontline workers. ASHA explained us about her regular duties, which includes the daily visit to the community to maintain the information of eligible couples, child immunization, pregnant women and lactating mothers. In these visits, she informs the eligible women about the PMMVY benefits and its conditions, then advises them to meet the ANM with required documents for enrolment. Moreover, ASHA has to help the eligible women in obtaining the required documents.

Difficulties faced by ASHA

She said- “We were asked to work for the PMMVY, but we never had any training or orientation about the scheme. How can we work without any training? Initially, I did not show much interest in the scheme due to all these reasons as well as other work commitments. There was no incentives for ASHA for enrolling women into PMMVY. But recently I was told that government will pay us Rs. 200 per beneficiary. I have enrolled around 20 women so far. But yet to get any incentive money till date.”

“We were supposed to assist the ANM in PMMVY work. However, ANMs are so busy with many other activities. Many times, I have to go with the women in helping her to get the required documents. Many women in the slum area are so poor, even they do not have money for photocopying the papers. So, I have to spend for them” , added ASHA.

She continued- “Unlike in villages, there are few ASHAs available in cities and we have to look after larger population. This is very difficult task. We were also asked to do the data entry by ANM and other officers. But we are not able to do this responsibility as we are not familiar with working on computers.”

She argued “On many occasions, when women register for the programme and do not receive the money within the expected time, they come to us and start blaming us. What can we do? The applications were held up due to some technical reasons. But for any delay, people start criticizing us.” She continued- “In cities, some women are very reluctant to share the bank details, Aadhaar card number, etc.”

“In my area, there are no publicity (banners, posters, pamphlets, etc.) on PMMVY. Very few people are aware about the scheme. Sometimes it is very difficult for us to explain to the women (and their husbands) about the scheme, benefits and documents. First, we should get proper training from the Health Department on the scheme, then we can work better.”

She said “Many women in my area are pregnant with their second child, but they are not eligible for PMMVY. They frequently ask me – “Why you are not enrolling us?” Convincing these women that the scheme is only for the first child is very difficult.”

Challenges faced by women to enroll in the scheme

The ASHA told us that some women don’t have Aadhaar card (mostly misplaced or damaged), and they can’t open bank account due to shortage of money (zero-balance bank accounts are not allowed in some banks).

Utilization of money

ASHA told us that most of the enrolled women in her area are from the families engaged in daily wage activities. Usually, the head of the household or adult male members of the family decides how to spend the received amount. Most women received the amount of Rs. 5000 at once, so they could not spend the money for expected purpose such as for better nutrition.

Annexure B:

PMMVY STATISTICS

Table 12: Number of beneficiaries by districts in Bihar*

Sl. No.	District Name	Form uploaded in PMMVY
1.	Madhepura	13,625
2.	Banka	8,560
3.	Madhubani	19,322
4.	Supaul	11,718
5.	Katihar	16,575
6.	Saran	17,620
7.	Kishanganj	7,972
8.	Munger	7,988
9.	Nalanda	19,727
10.	Saharsa	13,208
11.	Bhojpur	9,836
12.	Begusarai	11,462
13.	Khagaria	7,005
14.	Araria	17,627
15.	Purnia	14,313
16.	Kaimur (Bhabua)	7,327
17.	Arwal	3,383
18.	Siwan	11,300
19.	Lakhisarai	4,516
20.	Jamui	7,417
21.	Gaya	16,690
22.	Nawada	9,504
23.	Jehanabad	4,836
24.	Sheikhpura	3,395
25.	Rohtas	20,885
26.	Bhagalpur	9,120
27.	Patna	16,209
28.	Sheohar	3,099
29.	Sitamarhi	13,017
30.	Samastipur	18,129
31.	Vaishali	12,369
32.	Paschim Champaran	17,533
33.	Buxar	5,641
34.	Darbhanga	11,128
35.	Gopalganj	5,558
36.	Aurangabad	10,038
37.	Muzaffarpur	17,527
38.	Purbi Champaran	16,752
	Total	4,41,931

*PMMVY-status update till 3rd May 2019 from Dept. of WCD, Bihar

Table 13: Number of enrolled women by districts, Maharashtra

Number of enrolled from January 2017 to June 2019				
Districts	Total	Others	SC	ST
MAHARASHTRA	9,47,186	7,61,136	90,167	95,883
NASHIK	66,732	40,608	4,244	21,880
PUNE	64,990	53,293	8,242	3,455
AHMEDNAGAR	46,264	38,669	4,295	3,300
KOLHAPUR	42,655	37,573	4,901	181
SATARA	42,593	38,636	3,615	342
SOLAPUR	42,032	37,288	4,350	394
NAGPUR	40,876	30,587	6,749	3,540
MUMBAI SUBURBAN	38,930	37,928	913	89
SANGLI	37,478	34,430	2,915	133
AURANGABAD	35,251	31,627	2,841	783
THANE	34,887	30,199	2,104	2,584
JALGAON	30,507	24,103	2,481	3,923
BEED	29,798	27,613	1,874	311
AMRAVATI	25,508	18,176	3,983	3,349
PALGHAR	25,021	11,659	463	12,899
CHANDRAPUR	24,095	16,127	3,527	4,441
NANDED	22,451	18,293	3,148	1,010
LATUR	22,428	19,472	2,647	309
BULDHANA	22,260	18,270	3,371	619
YAVATMAL	20,963	15,618	1,906	3,439
GONDIA	20,925	15,708	2,149	3,068
DHULE	19,816	13,632	904	5,280
PARBHANI	18,572	16,468	1,838	266
AKOLA	18,530	13,425	4,303	802
BHANDARA	17,328	14,993	1,628	707
OSMANABAD	16,387	14,901	1,302	184
JALNA	15,738	13,819	1,622	297
WARDHA	15,311	11,767	1,984	1,560
GADCHIROLI	13,548	7,133	1,321	5,094
NANDURBAR	11,886	2,469	460	8,957
RATNAGIRI	11,773	11,098	605	70
RAIGAD	11,255	9,500	406	1,349
HINGOLI	11,244	9,124	1,375	745
MUMBAI	10,691	10,516	163	12
WASHIM	10,496	8,835	1,210	451
SINDHUDURG	7,967	7,579	328	60

Note: SC: Scheduled Caste, ST: Scheduled Tribe

Table 14: Fund Disbursement by districts, Assam*

Scheme Outreach - Funds Disbursed for the period of January 2017 to June 2019													
	Installment 1 (Rupees in thousands)					Installment 2 (Rupees in thousands)				Installment 3 (Rupees in thousands)			
	Total	Total (1)	Others	SC	ST	Total (2)	Others	SC	ST	Total (3)	Others	SC	ST
ASSAM	6,09,206	1,83,580	1,42,022	14,076	27,482	2,70,072	2,08,044	20,864	41,164	1,55,554	1,21,174	12,014	22,366
BAKSA	9,914	3,838	1,834	364	1,640	4,152	1,816	400	1,936	1,924	842	186	896
BARPETA	24,087	8,795	8,441	273	81	9,834	9,520	238	76	5,458	5,306	102	50
BISWANATH	8,174	3,020	2,155	299	566	3,966	2,618	392	956	1,188	758	148	282
BONGAIGAON	14,048	4,314	3,855	342	117	6,824	6,094	550	180	2,910	2,562	248	100
CACHAR	43,974	11,794	9,304	2,207	283	20,264	16,060	3,726	478	11,916	9,404	2,216	296
CHARAIDEO	8,909	3,043	2,849	88	106	4,060	3,772	136	152	1,806	1,668	74	64
CHIRANG	5,867	1,941	797	111	1,033	2,760	1,154	148	1,458	1,166	530	72	564
DARRANG	26,788	6,854	6,337	364	153	11,748	10,958	560	230	8,186	7,590	446	150
DHEMAJI	17,730	6,058	2,379	220	3,459	7,930	3,136	260	4,534	3,742	1,656	94	1,992
DHUBRI	9,145	3,969	3,846	108	15	3,642	3,522	108	12	1,534	1,468	64	2
DIBRUGARH	41,884	11,674	10,135	546	993	18,344	15,826	896	1,622	11,866	10,108	572	1,186
DIMA HASAO	448	178	4	11	163	212	8	12	192	58	0	0	58
GOALPARA	33,388	9,232	6,782	285	2,165	14,020	10,090	464	3,466	10,136	7,620	306	2,210
GOLAGHAT	22,963	7,947	6,075	685	1,187	10,220	7,728	938	1,554	4,796	3,524	504	768
HAILAKANDI	11,761	3,915	3,293	588	34	4,630	3,850	754	26	3,216	2,674	524	18
HOJAI	296	168	160	3	5	82	76	0	6	46	46	0	0
JORHAT	19,124	6,710	5,887	483	340	8,526	7,564	572	390	3,888	3,482	256	150
KAMRUP	50,102	12,422	9,830	948	1,644	22,058	17,190	1,728	3,140	15,622	12,186	1,196	2,240
KAMRUP METRO	13,950	4,222	3,049	556	617	6,346	4,628	808	910	3,382	2,450	444	488

Scheme Outreach - Funds Disbursed for the period of January 2017 to June 2019													
	Installment 1 (Rupees in thousands)					Installment 2 (Rupees in thousands)				Installment 3 (Rupees in thousands)			
	Total	Total (1)	Others	SC	ST	Total (2)	Others	SC	ST	Total (3)	Others	SC	ST
KARBI ANGLONG	3,455	1,373	218	173	982	1,672	242	156	1,274	410	86	58	266
KARIMGANJ	11,870	4,448	3,702	711	35	5,522	4,556	934	32	1,900	1,542	350	8
KOKRAJHAR	17,542	4,718	2,030	235	2,453	8,066	3,344	400	4,322	4,758	1,716	292	2,750
LAKHIMPUR	25,598	7,778	4,803	612	2,363	10,996	6,864	858	3,274	6,824	4,352	524	1,948
MAJULI	3,229	1,433	549	234	650	1,464	604	190	670	332	114	32	186
MARIGAON	21,446	7,862	5,626	916	1,320	9,624	6,616	1,168	1,840	3,960	2,638	472	850
NAGAON	52,823	13,611	11,579	1,387	645	22,690	19,396	2,270	1,024	16,522	14,160	1,646	716
NALBARI	18,442	6,242	5,819	285	138	9,094	8,422	456	216	3,106	2,856	176	74
SIVASAGAR	24,483	6,769	5,913	423	433	11,220	9,816	716	688	6,494	5,720	402	372
SONITPUR	9,671	3,845	3,385	141	319	4,182	3,580	192	410	1,644	1,380	90	174
SOUTH SALMARA MANCACHAR	5,731	2,015	1,981	29	5	2,218	2,184	32	2	1,498	1,478	20	0
TINSUKIA	26,687	6,415	6,061	90	264	11,892	11,208	176	508	8,380	7,838	142	400
UDALGURI	18,468	4,784	2,787	219	1,778	8,286	4,708	400	3,178	5,398	3,010	274	2,114
WEST KARBI ANGLONG	7,209	2,193	557	140	1,496	3,528	894	226	2,408	1,488	410	84	994

* PMMVY status update till 12th June 2019

Table 15: Fund Disbursement by districts, Maharashtra

Scheme Outreach - Funds Disbursed for the period of January 2017 to June 2019													
	Total	Installment 1 (Rupees in thousands)				Installment 2 (Rupees in thousands)				Installment 3 (Rupees in thousands)			
		Total (1)	Others	SC	ST	Total (2)	Others	SC	ST	Total (3)	Others	SC	ST
MAHARASHTRA	33,85,746	7,80,952	6,27,773	75,771	77,408	15,26,252	12,26,422	1,47,940	1,51,890	10,78,542	8,65,578	1,07,960	1,05,004
AHMEDNAGAR	1,80,869	39,887	33,323	3,756	2,808	79,242	66,138	7,558	5,546	61,740	51,294	6,244	4,202
AKOLA	65,707	15,123	10,883	3,600	640	29,854	21,458	7,140	1,256	20,730	14,796	5,166	768
AMRAVATI	92,818	20,676	14,662	3,299	2,715	40,328	28,644	6,392	5,292	31,814	22,948	5,160	3,706
AURANGABAD	1,21,613	29,261	26,168	2,430	663	57,168	51,082	4,770	1,316	35,184	31,286	3,054	844
BEED	1,16,080	25,534	23,635	1,630	269	50,198	46,430	3,236	532	40,348	37,246	2,682	420
BHANDARA	66,118	15,208	13,146	1,443	619	29,198	25,198	2,806	1,194	21,712	18,462	2,256	994
BULDHANA	75,526	17,608	14,382	2,761	465	34,336	27,950	5,444	942	23,582	18,920	3,964	698
CHANDRAPUR	89,217	20,609	13,672	3,038	3,899	39,762	26,292	5,836	7,634	28,846	19,020	4,222	5,604
DHULE	71,001	16,015	11,147	772	4,096	31,432	22,072	1,486	7,874	23,554	16,706	1,154	5,694
GADCHIROLI	44,636	10,968	5,996	1,079	3,893	20,532	11,136	2,006	7,390	13,136	7,288	1,324	4,524
GONDIA	82,145	18,703	14,170	1,884	2,649	36,192	27,388	3,664	5,140	27,250	20,456	2,876	3,918
HINGOLI	37,742	8,982	7,211	1,157	614	17,192	13,734	2,234	1,224	11,568	8,948	1,714	906
JALGAON	1,11,490	25,416	20,146	2,009	3,261	49,748	39,432	3,928	6,388	36,326	28,628	2,946	4,752
JALNA	50,003	12,043	10,514	1,295	234	23,502	20,488	2,552	462	14,458	12,616	1,562	280
KOLHAPUR	1,68,481	38,145	33,545	4,442	158	74,362	65,442	8,594	326	55,974	49,058	6,660	256
LATUR	69,247	17,097	14,757	2,110	230	32,114	27,726	3,956	432	20,036	17,218	2,558	260
MUMBAI	37,417	9,003	8,850	141	12	17,314	17,010	280	24	11,100	10,874	208	18
MUMBAI SUBURBAN	1,34,615	31,071	30,253	751	67	61,132	59,550	1,452	130	42,412	41,216	1,096	100
NAGPUR	1,39,711	33,243	24,790	5,525	2,928	64,344	48,002	10,670	5,672	42,124	31,454	6,914	3,756

Scheme Outreach - Funds Disbursed for the period of January 2017 to June 2019

	Installment 1 (Rupees in thousands)					Installment 2 (Rupees in thousands)				Installment 3 (Rupees in thousands)			
	Total	Total (1)	Others	SC	ST	Total (2)	Others	SC	ST	Total (3)	Others	SC	ST
NANDED	74,667	17,335	14,040	2,487	808	34,300	27,786	4,962	1,552	23,032	18,632	3,364	1,036
NANDURBAR	38,732	9,150	1,896	368	6,886	18,102	3,760	714	13,628	11,480	2,532	406	8,542
NASHIK	2,36,848	55,200	32,424	3,635	19,141	1,08,358	64,024	7,012	37,322	73,290	43,368	4,728	25,194
OSMANABAD	58,705	13,847	12,532	1,151	164	26,188	23,614	2,254	320	18,670	16,684	1,730	256
PALGHAR	79,793	18,361	8,837	360	9,164	36,566	17,280	702	18,584	24,866	11,132	518	13,216
PARBHANI	66,642	15,236	13,503	1,522	211	30,152	26,620	3,090	442	21,254	18,578	2,338	338
PUNE	2,34,799	54,543	44,803	6,830	2,910	1,06,810	87,810	13,238	5,762	73,446	60,314	9,148	3,984
RAIGAD	40,100	8,872	7,464	321	1,087	18,670	15,756	666	2,248	12,558	10,640	444	1,474
RATNAGIRI	41,758	9,354	8,802	495	57	18,948	17,810	1,018	120	13,456	12,628	748	80
SANGLI	1,47,144	32,522	29,776	2,627	119	65,004	59,502	5,264	238	49,618	45,084	4,344	190
SATARA	1,64,768	37,392	33,883	3,216	293	72,800	65,950	6,288	562	54,576	49,314	4,832	430
SINDHUDURG	30,118	7,074	6,718	299	57	13,454	12,818	530	106	9,590	9,146	366	78
SOLAPUR	1,58,984	35,952	31,857	3,784	311	70,990	62,780	7,574	636	52,042	45,790	5,804	448
THANE	1,03,528	25,726	22,269	1,591	1,866	48,724	41,984	2,964	3,776	29,078	24,886	1,796	2,396
WARDHA	54,450	12,198	9,383	1,597	1,218	24,060	18,504	3,142	2,414	18,192	13,974	2,392	1,826
WASHIM	32,180	7,426	6,209	929	288	14,750	12,388	1,828	534	10,004	8,326	1,294	384
YAVATMAL	68,094	16,172	12,127	1,437	2,608	30,426	22,864	2,690	4,872	21,496	16,116	1,948	3,432

Note: SC: Scheduled Caste, ST: Scheduled Tribe

Annexure C

Table 16: Sample Districts, Blocks and Locations selected for Study

	Assam				Bihar				Maharashtra			
	District	Block	Area	Village/Town	District	Block	Area	Village/Town	District	Taluka	Area	Village/Town
Quarter I	Dibrugarh	Tengakhat	Urban	--	Saran	Sonepur	Rural	Dudhailagachi	Satara	Satara	Urban	Godoli
			Rural	Ultantinali Janghal Line			Rural	Baburbani			Rural	Limb
		Joypur	Rural	Naharkatia Tea estate			Urban	--			Urban	--
			Rural	Lengarijan Tea estate			Rural	Rural			Rural	--
	West Karbi Anglong	Rongkhang	Urban	--	Sheikhpura	Ghat Kushumbha	Rural	Mafo	Thane	Thane MC	Urban	Paach-Pakhadi
			Rural	Tumpreng			Rural	Belaouni			Rural	--
		Amri	Rural	Vokson			Urban	Kalyan			Urban	--
			Rural	Borkok			Rural	Rural			Rural	Khadavali
Quarter II	Sivsagar	Sivsagar rural	Rural	75 No. Hatimura	Arwal	Karpi	Rural	Pathak Bigha	Pune	Pune MC	Urban	Guruwar Peth
			Rural	Maukhati			Rural	Terra			Rural	Sane Guruji Nagar
	Hojai	Lumding	Urban	--	Arwal	Arwal	Rural	Payre Chak	Mulshi	Mulshi	Rural	Maan
			Rural	3 No. Kaki Mainapur			Rural	Rampur Banni			Rural	Mutha
	Binakandi	Binakandi	Urban	--	Madhubani	Basopatti	Urban	Basopatti Purbi	Nandurbar	Taloda		Somaval
			Rural	--			Rural	Basopatti Paschim			Rural	Valheri
	Jugijan	Jugijan	Urban	3 No. ward Nimna Buniadi	Rahika	Rahika	Urban	Chakdah	Shahada	Shahada	Urban	Shivaji Nagar
			Rural	--			Rural	Bhauhara			Rural	Kusumwada
Quarter III	Dibrugarh	Lahowal	Urban	Akashi Path	Sheohar	Piprahi	Rural	Basahiya Shekh	Satara	Satara	Urban	Rajwada Area
			Rural	--			Rural	Piprahi			Rural	Limb
		Barbarua	Rural	Jarua gaon			Urban	Tajpur Nagar Panchayat			Urban	Mangalwar Peth
	Rural		Raja Ali	Rural	Shaho Tola West	Rural	Kale					
	West Karbi Anglong	Chinthong	Urban		Katihar	Sadar block	Urban	Mufragunj	Thane	Thane MC	Urban	Lokmanya Nagar
			Rural	Deragaon			Rural	Naya Tola Deharia			Rural	Padgha

Assam				Bihar				Maharashtra					
	District	Block	Area	Village/Town	District	Block	Area	Village/Town	District	Taluka	Area	Village/Town	
Quarter IV		Rongkhang	Urban	Baithalangso		Korha	Urban	Rajwara Rajlakshmi		Kalyan	Urban	Kolashewadi	
			Rural	Menmeji			Rural	Kathi Tola (Harijan)			Rural	Khadavali	
		Hojai	Udali	Rural	Bhalukmari Lakhipur	Rohtas	Fazalganj Sadar	Rural	Fazalganj Basantpur	Pune	Pune MC	Urban	KNMH, Pune
			Jugijaan	Urban	Krishnanagar Kalimandir Ward-10		Nasriganj	Rural	Amiyawar		Baramati	Urban	Anantasha
				Rural	Dongki, Nahargaon				Nasriganj			Rural	Pandare
		Sivsagar	Amguri	Urban	Ward No. 2 AWC	Lakhisarai	Barahiya	Rural	Kushayal Tola Dumri	Nandurbar	Nandurbar	Urban	Pardeshipura
				Rural	Amguri Bagan Factory line no 105 AWC							Rural	Natawad
			Demow	Urban	Rajmai AWC		Lakhisarai Sadar	Rural	Hasanpur Damodarpur		Taloda	Rural	Borad Pratappura
				Rural	2 No. Lognabari AWC, Bordioi AWC								

Annexure D

Table 17: Observations from field visits on PMMVY implementation

Issues	Quarter	Assam	Bihar	Maharashtra
Implementation	I July to Sept. 2018	<p><i>Awareness:</i></p> <p>Many frontline workers, Pregnant and Lactating women are not aware of the PMMVY scheme. Sometimes they confuse PMMVY with other schemes meant for maternity benefit programmes.</p> <p><i>Human Resources:</i></p> <p>Lack of Human resources for effective implementation of scheme.</p> <p>Delay in approval and process for the 2nd and 3rd instalments.</p> <p><i>Coordination:</i></p> <p>There is need for more inter-departmental co-ordination as there are communication gaps among various Government agencies such as Social Welfare Dept., Bank and Health Dept.</p> <p>Adequate forms are not supplied.</p> <p><i>Infrastructure:</i></p> <p>Lack of infrastructure.</p>	<p><i>Awareness:</i></p> <p>The district, block, and field level officials are unaware about the transfer of the benefits.</p> <p>Most of the times, forms are left incomplete or all documents are not shared, which causes the further delay.</p> <p><i>Human Resources:</i></p> <p>Lack of training to the DEO and frontline workers</p> <p>Shortage of human resources.</p> <p><i>Coordination:</i></p> <p>Lack of support of PRIs and Health Department.</p> <p>Lack of regular meeting of CDPO with AWWs.</p> <p>The government officials never communicated with members of panchayat/municipality.</p>	<p><i>Awareness:</i></p> <p>Lack of IEC of the scheme, particularly in urban areas.</p> <p><i>Human Resources:</i></p> <p>Lack of training of DEOs and frontline workers.</p> <p>Shortage of human resources in the Health Department (ANM, ASHA, DEO)</p> <p><i>Coordination:</i></p> <p>Lack of coordination between Health Department and Corporations/Municipalities.</p> <p>Delayed payments to the enrolled women.</p> <p>Benefits transfer details are not shared with PHCs.</p> <p><i>Guidelines:</i></p> <p>Unclear guidelines pertaining to the PMMVY implementation.</p> <p><i>Infrastructure:</i></p>

Issues	Quarter	Assam	Bihar	Maharashtra
			<p>Usually forms are submitted in bulk, which delays the data entry.</p> <p><i>Guidelines:</i></p> <p>No official letter regarding the PMMVY scheme shared with panchayat / municipality.</p> <p><i>Infrastructure:</i></p> <p>Shortage in the infrastructure for the storage of the forms.</p>	<p>Infrastructure issue in storage of forms.</p>
	<p>II</p> <p>Oct. to Dec. 2018</p>	<p><i>Awareness:</i></p> <p>Lack of IEC of the scheme.</p> <p>The block level staff is not well conversant about the conditions of the scheme.</p> <p><i>Human Resources:</i></p> <p>Lack of DEOs for data entry.</p> <p>Some positions at state and district level associated with PMMVY scheme monitoring and implementation are vacant.</p> <p>Delay in digitization of the PMMVY forms.</p> <p><i>Coordination:</i></p> <p>Lack of regular supervision.</p>	<p><i>Awareness:</i></p> <p>Lack of IEC of the scheme.</p> <p><i>Human Resources:</i></p> <p>Shortage of human resources.</p> <p>Lack of training of the DEOs.</p> <p><i>Coordination:</i></p> <p>Absence of regular follow-up or meetings of district and block officials with field functionaries.</p> <p>Coordination problem among the stakeholders – PRIs, Health officials and Bank officials.</p> <p><i>Guidelines:</i></p>	<p><i>Awareness:</i></p> <p>Lack of IEC of the scheme, more in urban areas.</p> <p>The PMMVY guidelines or updated notifications are not clear to the officials and field functionaries.</p> <p><i>Human Resources:</i></p> <p>Lack of Training to the field functionaries</p> <p>Shortage of human resources.</p> <p>Lack of DEOs for data entry, leading to considerable delay in digitization.</p> <p>Shortage of ASHAs in many areas.</p>

Issues	Quarter	Assam	Bihar	Maharashtra
			<p>No government directive to the PRIs regarding their involvement in the scheme.</p> <p>Lack of appropriate instructions to utilize the available fund.</p> <p><i>Infrastructure:</i></p> <p>Lack of infrastructure for storage of the PMMVY forms.</p>	<p>Several forms are pending for approval.</p> <p><i>Coordination:</i></p> <p>Lack of support of PRIs and ICDS.</p> <p>Lack of support and information provided by the district officials to the frontline workers (at PHC level).</p> <p>Coordination problem between the departments - Health Dept. and Municipalities.</p> <p><i>Infrastructure:</i></p> <p>Infrastructure issue in storage space.</p>
	III Jan. to March 2019	<p><i>Human Resources:</i></p> <p>Forms are not uploaded on time due to lack of man-power.</p> <p><i>Coordination:</i></p> <p>In some districts, monitoring of the Scheme by the CDPOs is not satisfactory.</p> <p>Lack of Coordination between the Supervisor, CDPO and Data entry operator (DEO).</p>	<p><i>Human Resources:</i></p> <p>Available or functioning human resources are overburdened.</p> <p>Shortage of Human resources in WCD to manage PMMVY work.</p> <p><i>Coordination:</i></p> <p>Digitization of the forms is delayed due to practice of submitting forms in bulk.</p> <p><i>Infrastructure:</i></p> <p>Shortage of infrastructure.</p>	<p><i>Awareness:</i></p> <p>Poor IEC in urban areas.</p> <p>Many women are not completely aware about the entitlements of the scheme.</p> <p><i>Human Resources:</i></p> <p>Lack of training of the DEOs and frontline workers.</p> <p>Shortage of human resources in the Health Department (ANM, ASHA, DEO)</p> <p><i>Coordination:</i></p>

Issues	Quarter	Assam	Bihar	Maharashtra
				<p>Several ASHA workers from some blocks did not receive the PMMVY incentives of Rs. 200.</p> <p>Lack of coordination between Health Department and Corporations/Municipalities.</p> <p>Applications are pending for SO approval.</p> <p>Unclear guidelines regarding the use of IEC fund.</p>
	IV April to June 2019	<p><i>Awareness:</i></p> <p>Lack of awareness among the beneficiary women from tea garden areas.</p> <p><i>Human Resources:</i></p> <p>Shortage of human resources to manage the PMMVY work.</p> <p>Submitted forms are not uploaded on time.</p> <p><i>Coordination:</i></p> <p>Lack of proper monitoring of the scheme.</p> <p>Lack of inter-departmental coordination.</p>	<p><i>Awareness:</i></p> <p>Lack of awareness among the women.</p> <p>The front-line service providers e.g. ANMs are comparatively less familiar about the PMMVY than the AWW and ASHA workers.</p> <p><i>Human Resources:</i></p> <p>There is a shortage of human resources in the WCD to manage the PMMVY work.</p> <p>Frontline workers such as AWWs are generally late in filling up the application forms.</p> <p><i>Coordination:</i></p> <p>Lack of inter-sectoral coordination between Dept. of Health and Dept. of</p>	<p><i>Awareness:</i></p> <p>Unclear IEC of the PMMVY scheme (mentioned the JSY benefits in IEC of the scheme).</p> <p>Scheme needs IEC in urban areas.</p> <p><i>Human Resources:</i></p> <p>Lack of training to the DEOs and frontline workers.</p> <p>Shortage of human resources in the Health Department (MO, ANM, ASHA, DEO).</p> <p>Lack of ASHAs to reach out and enrol the eligible women in urban areas.</p> <p>Pending forms at data entry level, then at approval level, and in correction queue has delayed the process of</p>

Issues	Quarter	Assam	Bihar	Maharashtra
		<p>Lack of PMMVY forms at PHC level.</p> <p>In hilly areas, lack of communication between the officials, frontline workers and the beneficiaries.</p>	<p>WCD at all levels and Panchayati Raj Institutions (PRIs).</p> <p>Lack of coordination between the front-line workers and the Mukhiya of the Panchayat/ ward councilor of the urban ward with Anganwadi Workers.</p> <p>There is no regular meeting of CDPO with AWWs particularly for PMMVY.</p> <p>There is no Government directive regarding the involvement of Panchayat presidents/ members/ municipal councilors in this scheme. The government officials hardly communicate with the PRIs about the scheme in any of the meetings.</p> <p>The payment of instalments is always delayed and the “reasons for delay” are not shared with the beneficiary women since they do not receive any credit notification.</p>	<p>timely transfer of benefits to the enrolled women.</p> <p>Delay in SO approval of the digitized applications.</p> <p><i>Coordination:</i></p> <p>Lack of communication between Taluka Health Officials and PHC staff regarding the digitization and status of the PMMVY applications.</p>
Software Issues	I July to Sept. 2018	<p>In one of the study districts, the LGD Code is mismatched due to which the MIS operator could not upload the forms of many beneficiaries.</p> <p>IFSC code and bank code mismatch.</p> <p>In remote areas, telephone and internet connectivity are the major hurdles.</p>	<p>PMMVY software is not uploading the bank account (CIF) details of the post office.</p> <p>Poor power back-up and internet connectivity.</p> <p>Software does not send the alert message regarding the discrepancy of the names etc.</p>	<p>Despite the rectification of mistakes forms repeatedly come under the correction queue.</p> <p>Most of the forms are in correction queue as the name on Aadhaar card does not match with other documents.</p> <p>Software does not generate PHC-wise information.</p>

Issues	Quarter	Assam	Bihar	Maharashtra
				<p>Less number of log-in accounts for data entry.</p> <p>PFMS portal is not working.</p> <p>PMMVY benefits are credited to another bank account of the beneficiary women.</p> <p>Lack of information regarding payments of the beneficiaries at Taluka and PHC level.</p> <p>In some cases, data entry on the LMP date, expected delivery date and actual delivery date has created the problem.</p>
	II Oct. to Dec. 2018	<p>Anganwadi Centers (under field functionary tab) are not mapped, which resulted in many forms not uploaded in the software.</p> <p>Anganwadi Centers are not mapped with respective blocks.</p>	<p>Internet connection is very slow.</p> <p>The frontline functionaries have little understanding of the PMMVY software.</p>	<p>Software does not generate the detailed report at district level and PHC-wise information.</p> <p>Despite the rectification of mistakes forms repeatedly come under the correction queue.</p> <p>The PHC-wise report of pending forms for approval and in correction queue is not available in the software.</p> <p>The payment information not generated according to the PHC or Taluka levels.</p> <p>Need upgraded computer systems and stronger internet connection at Taluka and PHC levels.</p>

Issues	Quarter	Assam	Bihar	Maharashtra
	III Jan. to March 2019	<p>LGD mapping for 26 Centres at Rongkhang block (West Karbi Anglong) has not yet been completed.</p> <p>There are several AW centres not yet available in the PMMVY-CAS portal.</p> <p>Poor internet connectivity.</p>	<p>The PMMVY software should have autocorrect / autofill features.</p> <p>Poor internet connectivity.</p> <p>Software does not register the beneficiary.</p> <p>Lack of adequate number of computers.</p>	<p>Despite the rectification of mistakes, forms repeatedly come under the correction queue.</p> <p>Software does not generate PHC-wise information.</p> <p>Application-wise information is not generated by the software.</p> <p>Newly appointed ASHAs cannot be registered in the software at taluka or district level.</p> <p>Software does not allow the re-registration in case of abortion or infant deaths.</p> <p>Insufficient log-in accounts for data entry.</p> <p>Intimation has not given to the women regarding the credit of PMMVY benefits to their bank account.</p>
	IV April to June 2019	<p>Issues related to non-availability of MCP card number.</p> <p>Some blocks and centers are not included/mapped in the software.</p> <p>Some mapped centres are being shown under other districts or ICDS project blocks in the software.</p>	<p>In terms of MIS, the DEOs find it difficult to get the list of beneficiaries and the reasons for backlogs in one dashboard.</p> <p>The PMMVY software should be modified for automation to get the list of beneficiaries and the reasons of the backlogs in one table on the dashboard.</p>	<p>Software does not allow the re-registration in case of abortion or infant deaths.</p> <p>PHC-wise reports are not generated by the software.</p> <p>The PMMVY software is developed, keeping in mind the programme implementation through the Women and Child Development Department. However, in Maharashtra, the scheme is being implemented by the Public</p>

Issues	Quarter	Assam	Bihar	Maharashtra
			<p>In urban areas, PMMVY software does not allow uploading of beneficiary forms.</p> <p>Adequate number of computers with PMMVY software should be provided to the DEOs for uploading the forms of the applicants.</p>	<p>Health Department. This has led to some difficulties in programme monitoring at the lower levels.</p> <p>Newly appointed ASHAs cannot be registered in the software at taluka or district level.</p> <p>No sufficient log-in accounts for data entry.</p> <p>Applications pending in correction queue from the first year of the scheme (2017-18) cannot be resolved.</p>
Documents Issues	I July to Sept. 2018	<p>Problems in registration due to lack of documents.</p> <p>Lack of Documents to open Bank Account.</p> <p>Problem in getting MCP Card with valid number, especially in West Karbi Anglong district.</p> <p>Late registration in MCTS (Mother and Child Tracking System) for which MCP Card is not issued.</p> <p>The beneficiaries need to spend some money in the initial phase e.g. in opening of Bank Account, applying of PAN Card, travel cost etc.</p>	<p>Lengthy and difficult to fill up the PMMVY form. The AWWs find the form difficult to understand.</p> <p>Lack of documents to open bank account.</p> <p>Mismatch in name among the documents like Aadhaar card, ANC card, etc.</p>	<p>Many women don't have PAN card to open bank account.</p> <p>Difficult to obtain the updated Aadhaar card.</p> <p>In urban areas, some women are not willing to share Aadhaar card and Bank passbook.</p>
	II Oct. to Dec. 2018	<p>Lack of bank accounts due to unavailability of documents such as ID proof, residence proof.</p>	<p>Mismatch in name on the documents.</p> <p>PMMVY form is lengthy and complex. Hence, the procedure of enrolment is lengthy.</p>	<p>Among tribals, several eligible women don't have basic documents such as Aadhaar card.</p>

Issues	Quarter	Assam	Bihar	Maharashtra
		MCP cards without number given to the eligible women.		Difficult to arrange the required documents for newly married women. The PMMVY enrolment forms were not available with field functionaries.
	III Jan. to March 2019	MCP cards are not properly filled by the ANM. Birth certificate is not issued on time. Lack of basic documents to open a bank account.	PMMVY form is lengthy and complex. Requirement of husband's Aadhaar card has affected the PMMVY implementation. Mismatch in name on various documents.	Some eligible women don't have Aadhaar card and bank account. Several women don't have PAN cards to open the bank accounts. Difficult to arrange updated Aadhaar card. No residence proof to update the Aadhaar card and/or to open the bank account.
	IV April to June 2019	Lack of basic documents to open a bank account, i.e. many women do not possess documents such as PAN card, Voter ID, or Aadhaar card. Lack of properly filled MCP card. MCP cards are not issued on time.	Requirement of husband's Aadhaar card has affected the PMMVY implementation. Mismatch in name on various documents.	Women are facing the lengthy process of updating Aadhaar card. Lack of residence and marriage proofs to update the Aadhaar card. There are many eligible women without Aadhaar card and Bank accounts.
Bank Issues	I July to Sept. 2018	Most of the areas in West Karbi Anglong district are interior and it takes a day to access the nearest bank. The beneficiaries need to spend some money in the initial phase e.g. in opening of Bank Account, applying of PAN Card, travel cost etc.	No provision for zero balance bank account. Lack of directives from the government to open zero balance account to the bank officials.	No provision for zero balance account. No bank facilities available in remote areas. No guidelines were sent to provide zero balance bank accounts. Branch level officials are unaware of the PMMVY scheme

Issues	Quarter	Assam	Bihar	Maharashtra
	II Oct. to Dec. 2018	<p>Bank officials are unaware about the PMMVY scheme.</p> <p>Many women failed to open the bank accounts.</p> <p>In some cases, the money is not transferred to the bank account of the enrolled women; however, the software showing paid payment status.</p> <p>Many women received money after more than two months.</p> <p>Many women were unaware about the benefits transferred to their bank accounts.</p>	<p>Bank services are not available to the eligible women at convenient distance.</p> <p>Delayed transfer to the account of enrolled women.</p> <p>No directives from government regarding the provision of zero balance bank account for PMMVY beneficiaries.</p> <p>Customer care services are not available to help the women for opening the bank account.</p> <p>The benefit transfers are not informed to the women.</p>	<p>Lack of banking services in remote areas.</p> <p>No provision of zero balance bank account.</p> <p>In some cases, the benefits are transferred to non-PMMVY bank account of the enrolled women.</p> <p>There are instances of benefits transfer failed due to the inactive, frozen or blocked bank account, which is a result of lack of transactions by the account holder after opening the bank account.</p> <p>In some cases, partial benefit amount deducted from the account as a penalty for not maintaining the minimum balance.</p>
	III Jan. to March 2019	<p>Many beneficiaries are left out of the scheme as they failed to open Bank account.</p> <p>The bank services are not available in remote areas.</p>	<p>No directives from the government to provide the zero-balance bank account.</p> <p>The bank accounts are blocked due to lack of transaction for six months.</p>	<p>No directives from the government to provide the zero-balance account.</p> <p>Benefits are transferred to another bank account of the beneficiary women.</p> <p>PMMVY scheme is unknown to some branch level officials of banks.</p>
	IV April to June 2019	<p>Many women failed to open a bank account.</p> <p>Banks demand several documents to open an account.</p>	<p>There is no provision of zero-balance bank account.</p> <p>No directives from government to provide the zero-balance bank account.</p>	<p>IPPB is reaching out to most of villages, but the remote and hilly areas are far from its reach.</p> <p>SMS services are started in PMMVY system, but not all women received the</p>

Issues	Quarter	Assam	Bihar	Maharashtra
		Bank services are not available in tea garden and remote areas.	Need various supporting documents to open a bank account. Bank services are not available in remote areas.	message regarding their PMMVY status. PMMVY benefits are credited to another bank account of the beneficiary women.
Other issues	I July to Sept. 2018	People from riverine areas faces difficulties in communication in Dibrugarh district. Some beneficiaries are reluctant to enroll themselves in the scheme due to various socio-religious reasons. No incentive is given to the AWWs.	Target is too high. It has set without consultation with state government. Many women cannot fill-up the form and middle-men are demanding money to fill up the form.	Incentives are not attractive enough to enrol in the scheme for the women from better-off households. In some cases, the process of enrolment in the scheme is time and money consuming.
	II Oct. to Dec. 2018	Benefits not received by the initial enrolled cohort affected the new enrollments. AWWs are not receiving any incentive for PMMVY registration of beneficiaries. Many women migrant workers failed to submit the documents.	Given targets are too high to cover. No cash incentives for the frontline workers. Early marriages and pregnancies, and non-institutional births are not included in this scheme, which excluded some women in availing PMMVY.	PMMVY enrolment is affected by another similar maternal benefit scheme called 'Buditi Majuri Yojana' (under Human Development Scheme of State Govt.). In urban areas, incentives are not attractive for some women. The provision of financial incentives is unclear and not received by several frontline workers.
	III Jan. to March 2019	Child marriages are common in the tea garden areas. Lengthy and complex process of enrolment.	Target is set by central Government without consulting the State Government. PMMVY benefits are not transferred in stipulated time.	PMMVY benefits are not attractive enough for many women residing in urban areas. Most of the women are dependent on others such as Husband and ASHA to access the bank services.

Issues	Quarter	Assam	Bihar	Maharashtra
	IV April to June 2019	<p>Women married before attaining the age of 18 years could not enrol into the scheme.</p> <p>No incentives for AWWs to perform the PMMVY responsibilities.</p> <p>Issue regarding the availability of RCH code of beneficiary women.</p>	<p>It is difficult to identify the applicants for the PMMVY particularly among the pregnant women as they connive to be spotted at the early stage of pregnancy due to social and religious taboos.</p> <p>Delay in payment to the beneficiary's defeats the objective of the scheme.</p>	<p>Seasonal migration of the women has affected the enrolment of these women in the scheme.</p> <p>Women married before attaining the age of 18 years could not enrol into the scheme.</p> <p>Delay in benefit transfer in some cases.</p>

Annexure E

Data Collection Tools

a. Key Informant Interview

1. State Nodal Officer

Guidelines/Check List of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme

Instruction for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this checklist. If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent). Please keep additional copies of information sheet while carrying out the KII
 - 2) Explain and take the consent of the informant.
 - 3) Please explain the process of participation of the KII.
 - 4) Now initiate the KII.
- All the Best for the discussion

SNO:

- Brief Description of Respondent

Name of the Respondent : _____
Designation : _____
Name of the State : _____

-
- How long has been the PMMVY Scheme in operation in your state?
.....
.....
 - What is the number of beneficiaries estimated to be enrolled in your state in the year 2017-2018?
 - Number of beneficiaries: _____
 - What is the number of beneficiaries actually enrolled into the scheme in the year 2017-2018?
 - Number of beneficiaries : _____
 - Percentage to estimated number of beneficiaries : _____ %
 - What is the number of beneficiaries whose data has been digitized on PMMVY MIS?
 - Number of beneficiaries : _____
 - Percentage to the total beneficiaries : _____ %
 - Kindly share the Instalment wise (1st /2nd /3rd) break-up of beneficiaries paid for their maternity benefit?
 - 1st instalment _____
 - 2nd instalment _____
 - 3rd instalment _____
 - If there is a backlog, what are the reasons?
.....
.....

- What is the number of backlogs against the estimated number of eligible beneficiaries?
.....
.....
- What is the plan to reduce the backlogs?
.....
.....
- What is the suggested time frame to clear the backlogs?
.....
.....
- How are you ensuring convergence at the State level with other departments/agencies?
 - With Public Health Functionaries
 - With ICDS Functionaries
 - With Banks

- So far, how much money is spent on PMMVY scheme in your state: Rs. _____
- If the allocated funds are not utilized, what are the reasons?
.....
.....
- Do you think that the fund allocation for the scheme is sufficient? Yes / No
If no, what additional funding required?
.....
.....
- Are you receiving the promised fund from the Central Government on time? What are the difficulties you face regarding this?
.....
.....
- Do you have any mechanism through which you can get feedback on the scheme from beneficiaries? Provide details.
.....
.....
- Do you have any mechanism through which you can get feedback on the scheme from local officials? Provide details.
.....
.....
- Do you have any mechanism through which you can get feedback on the scheme from Panchayati Raj Institutions (PRI) / NGO /Women’s groups? Provide details.
.....
.....
- What are the issues/challenges faced by the State in the implementation of the programme?**(Probe)**
.....
.....
- How often you interact with district level officials on PMMVY scheme? **(Probe)**
.....
.....
- What kind of support Districts are asking from you? **(Probe)**
.....
.....
- How are you helping them in the sorting out their issues?

-
-
- Is there any grievance redressal mechanism in PMMVY? What is the process of managing the same?
.....

- Do you have adequate resources to manage the PMMVY scheme? **(Probe)**

Human resource	YES	NO
Fund availabilities	YES	NO
Computer/IT related	YES	NO
Training of staff	YES	NO
Office space and storage	YES	NO
Publicity campaign/materials	YES	NO
Others		

- How do you ensure the co-ordination between ICDS/ASHA/AWW at the village level?
.....
.....

- What was done for promotion of PMMVY scheme in recent months?
.....
.....

- What kinds of strategies are needed to increase awareness about the scheme among public?
.....
.....

- How best can we involve the NGOs/Women’s Groups to popularize the scheme? Your suggestions.
.....
.....

- Whether you had any opportunity to examine the functioning of PMMVY scheme in any other state? **(Probe)**
.....

- Apart from PMMVY scheme, do you have any other scheme in your state which provides financial incentives to pregnant women? Provide details.
.....
.....

- Any suggestions / advice to improve the implementation of PMMVY scheme

- For Rural Areas:
.....
.....

- For Urban Areas:
.....
.....

- In your opinion, which department is better equipped to implement the PMMVY scheme? **(Probe)**

- ICDS/WCD
- Health and Family Welfare
- Others

- Why do you think so?
.....
.....

[Thank you for your co-operation and valuable time]

2. District Nodal Officer

Guidelines/Check List of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme

Instructions for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this checklist. If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent). Please keep additional copies of information sheet while carrying out the KII
- 2) Explain and take the consent of the informant.
- 3) Please explain the process of participation of the KII.
- 4) Now initiate the KII.
All the Best for the discussion

DNO:

- Brief Description of Respondent

Name of the Respondent : _____
Designation : _____
Name of the District : _____
Name of the State : _____

- How long has been the PMMVY Scheme in operation in your district?

- What is the number of beneficiaries estimated vis-à-vis enrolled into PMMVY scheme in your district for the year 2017-2018?
 - Estimated number of beneficiaries : _____
 - Number of enrolled women: : _____
- What is the number of beneficiaries whose data has been digitized on PMMVY MIS in your district?
 - Number of beneficiaries : _____
 - Percentage to the total beneficiaries : _____%
- Kindly share the Instalment wise (1st /2nd /3rd) break-up of beneficiaries paid for their maternity benefit?
 - 1st instalment : _____
 - 2nd instalment : _____
 - 3rd instalment : _____
- Do you have a backlog in registering the PMMVY beneficiaries in your district? (**Probe**)

- What is the number of backlogs against the estimated number of beneficiaries?

- What are the reasons of such backlogs?

- What is the plan to reduce the backlogs?
.....
.....
- What is the suggested time frame to clear the backlogs?
.....
.....
- How are you ensuring the co-operation and involvement of other departments in PMMVY implementation at district level? **(Probe)**
 - With Public Health Department
 - With ICDS
 - With Banks
.....
.....
- Do you have any mechanism through which you can get feedback on the scheme from beneficiaries? Provide details.
.....
.....
- Do you have any mechanism through which you can get feedback on the scheme from local officials? Provide details.
.....
.....
- Do you have any mechanism through which you can get feedback on the scheme from PRI/NGO/Women's groups? Provide details.
.....
.....
- What are the issues/challenges faced by the District in the implementation of the scheme?**(Probe)**
.....
.....
- What kind of support are the Blocks asking from you?**(Probe)**
.....
.....
- How are you helping them in the sorting out their issues?**(Probe)**
.....
.....
- Is there any grievance redressal mechanism in PMMVY scheme? What is the process of managing the same?
.....
.....
- Do you have adequate resources to manage the PMMVY scheme?**(Probe)**

Human resource	YES	NO
Fund availabilities	YES	NO
Computer/IT related	YES	NO
Training of staff	YES	NO
Office space and storage	YES	NO
Publicity campaign/materials	YES	NO

Others		
--------	--	--

- What are your suggestions to popularize the PMMVY scheme? **(Probe)**
.....
.....
- How best can we involve the NGOs/Women’s Groups to popularize the scheme?
.....
.....
- What kind of complaints do you usually get from the women/beneficiaries about the scheme?
.....
.....
- What kind of complaints do you usually get from the frontline workers (ASHA/AWW/ANM)?
.....
.....
- How best can we involve the local bodies (PRIs/ULBs) in the implementation of the scheme?
.....
.....
- Have there been any instances of misuse of this scheme in your district? Please provide details.
.....
.....
- What are the problems womengenerally face in getting the benefits of the scheme? **(Probe)**
.....
.....
- What can be done to minimize the difficulties of the beneficiaries? **(Probe)**
.....
.....
- How often you interact with State level officials on PMMVY scheme?
.....
.....
- Are they receptive to your concerns?Are they able to resolve your problems? **(Probe)**
.....
.....
- Any suggestions/advice to improve the implementation of PMMVY scheme based on your experience.
 - For Rural Areas:
.....
.....
 - For Urban Areas:
.....
.....

[Thank you for your co-operation and valuable time]

3. CDPO/MO¹

Guidelines/Check List of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme

Instruction for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this check list. If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent).
Please keep additional copies of information sheet while carrying out the KII
- 2) Explain and take the consent of the informant.
- 3) Please explain the process of participation of the KII.
- 4) Now initiate the KII.
All the Best for the discussion

CDPO:

MO:

- Brief Description of Respondent

Name of CDPO/MO : _____
Designation of CDPO/MO : _____
Name of the Block/ PHC : _____
Name of the District : _____
Name of the State : _____

- When did you start PMMVY scheme enrolment in your block/area?

.....

- What is awareness generation plan for PMMVY scheme in your block/area? Who is responsible for this? Did you involve local Panchayat in this? **(Probe)**

.....

- Do you have adequate resources to manage the PMMVY scheme? **(Probe)**

- Publicity/Campaign.....
- Human resource.....
- Infrastructure/IT.....
- Redressal mechanism.....
- Training of staff.....

- How do you review performance and trends in benefit disbursement? **(Probe)**

.....

- Have you received any training in relation to PMMVY scheme? When? Who imparted training?

.....

- Did you organize any training/orientation programme for frontline workers on PMMVY scheme in your block? Which all functionaries were trained? How many days of training?

.....

¹ In the case the scheme is implemented by WCD/ Social Welfare Department, in-charge is the CDPO (Bihar/Assam). In the case of Health and Family Welfare Department, the Medical Officer (PHC) is the in-charge officer.

- Do you have backlogs at your block? Please cite the reasons and plan to reduce the backlogs? **(Probe)**
.....
.....
- What do you do to monitor the PMMVY scheme? **(Probe)**
 - Hassle free banking
.....
 - Time taken to disburse claims
.....
 - Number/ proportion of beneficiaries who are satisfied
.....
 - Number/ proportion of beneficiaries who have grievances
.....
- Do you visit /what is the frequency of your monitoring visit to villages?
.....
.....
- What kind of information and support do you provide to AWW/ANM/ASHA during your monitoring visit?
.....
.....
- How are you ensuring that the stakeholders – ICDS, PHC and Gram panchayats - converge effectively to deliver PMMVY scheme?
.....
.....
- Who is responsible for data entry of application forms? Are you facing any difficulty in this?
.....
.....
- What challenges you and front line workers are facing in implementing PMMVY scheme?**(Probe)**
.....
.....
- What challenges are beneficiaries facing in accessing PMMVY scheme?**(Probe)**
.....
.....
- After submission of the forms, on an average, in how many days the beneficiary receives their money?
.....
.....
- In case of delay in payment, what are main reasons for delay? What is your plan to reduce the delay?
.....
.....
- Is there any grievances redressal mechanism in place at your block/PHC level? **(Probe)**
.....
.....
- What are you doing to address the grievances from enrolled women?
.....
.....
- Do you seek any help for publicizing/implementation of PMMVY scheme from local Panchayats (GP)?What kind of support did you ask for? Did you receive the support sought?
.....
.....
- Did you face any problem with Banks in the implementation of PMMVY scheme? What are the problems?

-

- What are your suggestions to improve this problems? **(Probe)**

 - What kind of complaints do you usually receive from women about the scheme?

 - How much of your time do you devote for PMMVY work?

 - Any feedback to improve the implementation of PMMVY scheme based on your experience. **(Probe)**

[Thank you for your co-operation and valuable time]

4. Bank Official at District/Block Level Guidelines/Check List of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY)

Instruction for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this checklist. If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent). Please keep additional copies of information sheet while carrying out the KII
- 2) Explain and take the consent of the informant.
- 3) Please explain the process of participation of the KII.
- 4) Now initiate the KII.
 All the Best for the discussion.

BO:

- Brief Description of Respondent

Name of the official : _____
Name of the Bank : _____
Name of the Block : _____
Name of the District : _____
Name of the State : _____

-
- What is the purpose of the PMMVY scheme?

 - What is the role of your bank in the implementation of this scheme?

- What are the documents you require from the beneficiary women to open the new bank account?
.....
.....
- Do you allow opening of zero balance account for beneficiaries in your bank?Is there any instructions to you on this from higher officials of your bank/government?
.....
- What will be your suggestions to facilitate women to open zero balance bank account in your branch?
.....
.....
- What are the usual complaints you receive from the beneficiary women?**(Probe)**
.....
.....
- Did WCD/Health Department officials discuss with you regarding these issues?
.....
- What is the process of transferring money to the beneficiaries account?
.....
.....
- After receiving the funds from the government, how many days did you take to transfer the money to the beneficiary bank account?
.....
.....
- Is there a guideline from the government regarding the time within which the bank needs to disburse the funds after approval / receiving funds / receiving validating forms?
.....
.....
- Is there any delay in crediting the money to beneficiary bank account? What are the reasons?**(Probe)**
.....
.....
- Do you inform the credit of money to the account holder (Beneficiary women)?How do you do this?
.....
.....
- Did you give any orientation to your subordinates in handling the PMMVY accounts?
.....
.....
- Are you facing any issues in managing PMMVY accounts? What are they? **(Probe)**
.....
.....
- How are you planning to sort these issues?

.....
.....

- What are the instructions have you received from your higher officials with regard to PMMVY accounts/money transfer?
.....
.....
- What are the challenges that you are facing in the implementation of the scheme?
.....
.....Wha
t are your suggestions to improve the PMMVY fund transfer?
.....
.....
- Do you think the PMMVY scheme has helped in opening bank accounts by rural women?
.....
.....
- Who coordinates with you from the government? Are you able to raise your concerns with them, if you have any? Are your concerns addressed if you raise them?(Probe)
.....
.....

[Thank you for your co-operation and valuable time]

5. MIS Officer/Data Entry Staff Guidelines/Check List of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme

Instruction for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this checklist. If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent).
Please keep additional copies of information sheet while carrying out the KII
- 2) Explain and take the consent of the informant.
- 3) Please explain the process of participation of the KII.
- 4) Now initiate the KII.
All the Best for the discussion

MIS:

- **Brief Description of Respondent**

Name of the Respondent : _____
Designation : _____
Name of the Block/PHC : _____
Name of the District : _____

Name of the State

: _____

-
- How do you support the PMMVY scheme?
.....
.....
 - How many beneficiaries are enrolled in your block under the scheme?
.....
.....
 - Have you completed the digitisation of MIS in your block under the scheme? What challenges are you facing in doing so? **(Probe)**
.....
.....
 - What is your process for verification?
.....
.....
 - What type of error (s) mostly you find? **(Probe)**
.....
.....
 - What do you do to rectify the error?
.....
.....
 - How much time does it take to process the benefit after you process?
.....
.....
 - Do you have backlogs at your block? If yes, then please cite the numbers and reasons of backlogs.
.....
.....
 - Have you received any training in relation to the PMMVY software? Who gave you training? **(Probe)**
.....
.....
 - What challenges are you facing in data entry or in supporting PMMVY work? **(Probe)**
.....
.....
 - Do you have enough infrastructure to support the PMMVY work? **(Probe)**
 - Computer and IT related
 - Storage for physical forms
 - Trained Personnel
 - Other
 - Any feedback to improve the implementation of PMMVY scheme based on your experience. **(Probe)**
.....
.....

[Thank you for your co-operation and valuable time]

6. AANGANWADI WORKER/ASHA/ANM

Guidelines/Checklist of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY)

Instructions for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this checklist. If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent). Please keep additional copies of information sheet while carrying out the KII.
- 2) Explain and take the consent of the informant.
- 3) Please explain the process of participation of the KII.
- 4) Now initiate the KII.
All the Best for the discussion

AWW:

ASHA:

ANM:

• Brief Description of Respondent

Name of the respondent : _____
Designation : _____
Age : _____
Years of service : _____
Hamlet : _____
Revenue Village/Sub-centre : _____
Name of the Block : _____
Name of the District : _____
Name of the State : _____

• What is your responsibility in the implementation of PMMVY scheme?

.....
.....

• How many women in your hamlet/village/sub-centre are enrolled in PMMVY scheme?

.....
.....

• How many eligible women are not enrolled in PMMVY scheme in your area? Reasons. (*Probe*)

.....
.....

• Roughly what proportion of the eligible women in your catchment area are part of the scheme?

.....
.....

• When did you enrol the first beneficiary into PMMVY scheme?

Month _____ Year _____

• According to you, what are the

- Objectives of the scheme :

.....

- Benefits of the scheme :

-
- Eligibility to join the scheme:
.....
- Conditions to be fulfilled to receive each instalment :
.....
- Documents required for enrolling women into the scheme :
.....

- What do you do to create awareness about the scheme among women? What type of promotional materials do you use for creating awareness?
.....
.....

- How do you identify the potential beneficiaries?
.....
.....

- What type of support do you provide to the beneficiaries?

- Providing forms
- Filling up forms
- Helping to get supporting documents
- Submission of forms
- Providing acknowledgement
- Informing about money transfer

- What all things you verify while accepting the form?
.....
.....

- What type of records do you maintain at AWC/sub Health Centre on PMMVY scheme?
.....
.....

- What type of acknowledgement do you provide to the beneficiaries on submission of form?
.....
.....

- In case of correction in the submitted form, how do you facilitate correction?
.....
.....

- What is the process of submission of forms to the offices at Block/PHC level?
.....
.....

- Who is responsible for the data entry of application forms? Where is it done?
Are you facing any difficulty? (**Probe**)
.....
.....

- How do you communicate the information related to the credit of payment to beneficiary?
.....
.....

- What type of complaints do you generally receive from women?

-

- How do you handle these complaints?**(Probe)**

 - Have you received any training/orientation on PMMVY scheme?
 - Who gave you training?

 - How long was the training?

 - What all aspects did the training cover?

 - Have you received any document/Information, Education and Communication (IEC)material in relation to the PMMVY scheme?

 - What type of support do you receive from:**(Probe)**
 - Aanganwadi Worker
 - ASHA

 - ANM

 - Supervisor

 - Panchayati Raj Institutions/ Urban Local Bodies

 - CDPO/Medical Officer (PHC)

 - Bank

 - Did your supervisor/other officials visit your village to discuss about PMMVY Scheme during the last 3 months? Who visited?

 - What challenges are you facing in implementing PMMVY scheme?**(Probe)**

 - What challenges are beneficiaries facing in accessing PMMVY scheme?**(Probe)**

 - After submission of the forms, on an average, in how many days does the beneficiary receive their money?

 - How are beneficiaries getting information about the disbursement of money?

 - Are the beneficiaries utilising the received money? Do you advise them on this?

Did they usually spend the PMMVY money for the following purposes?

- a. Purchase of special food/ nutrition for beneficiary women
- b. Purchase of food for their family
- c. For medicines/ treatment for beneficiary women
- d. For medicines / treatment of their child
- e. For medicines / treatment of family members
- f. Household expenses (other than food and medical expenses)
- g. Did not spend/ saving the money

- Is there any change in the consumption of food items by beneficiary women in your area after receiving the money from PMMVY? What are the changes? How they procure these food items?

.....
.....

- Has PMMVY impacted the demand on ANC services in your catchment area? If yes, how?

.....
.....

- Do you think that PMMVY scheme has impacted birth registration in your area? If yes, how? If no, do you know why?

.....
.....

- Do you think that the PMMVY scheme has impacted utilization of immunization / vaccination services for example, BCG, Polio, DPT or Hepatitis B? If yes, how? If no, do think it could?

.....
.....

- Are there instances where an eligible woman is not enrolled into PMMVY scheme in your area? What are the reasons?

.....
.....

- Are there instances where an ineligible woman is enrolled in the PMMVY scheme in your area? What are the reasons?

.....
.....

- Did any woman refuse to join the PMMVY scheme in your area? What are the reasons? (**Probe**)

.....
.....

- How much of your time do you spend for PMMVY work?

.....
.....

- Are you getting any financial incentive for PMMVY work?

.....
.....

- Any feedback to improve the implementation of PMMVY scheme based on your experiences.

.....
.....

[Thank you for your co-operation and valuable time]

7. Panchayat President/Member

Guidelines/Check List of Questions

Process Evaluation of Pradhan Mantri Matru Vandana Yojana (PMMVY)

Instruction for the Investigator to carry out the KII:

- 1) Introduce yourself and share the information about the Evaluation and KII. (Explain the information given in the attached information sheet with this checklist. . If the respondent ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the respondent).
Please keep additional copies of information sheet while carrying out the KII
- 2) Explain and take the consent of the informant.
- 3) Please explain the process of participation of the KII.
- 4) Now initiate the KII.
All the Best for the discussion

PP:

PM:

Name of Panchayat President/Member : _____
Name of the Village/Panchayat : _____
Name of the block : _____
Name of the District/State : _____

- What is the purpose of the PMMVY scheme?
.....
.....
- Have you received any government letter on the PMMVY scheme? If yes, what does it say? Does it talk about your role in helping its effective implementation?
.....
.....
- Are any women from your area enrolled/registered into the scheme?
.....
.....
- Who is responsible for enrolling women into the scheme? AWW/ASHA/ANM.
.....
.....
- Did AWW/ASHA/ANM approach you for any help regarding this?(**Probe**)
.....
.....
- Did you make any effort for publicizing about the scheme in your village/panchayat? How did you publicize/create awareness among women?
(**Probe: Through Gram Sabha Meetings, through public meetings, through pamphlets/posters, etc.**)
.....
.....
- Did any women/family member approach you for help in enrolling into the PMMVY scheme?
.....
.....
- What are the usual complaints you receive from the women regarding PMMVY?

-

- Did you bring the complaints/ issues to the attention of AWW/ASHA/ANM or any other functionaries at village/block levels?

- In your opinion, are any of eligible women in your village left out of the scheme? Reasons? **(Probe)**

- Have you come across any case where ineligible woman are enrolled into the scheme?**(Probe)**

- Did any discussion about PMMVY happen in the meetings of Village Health, Sanitation and Nutrition Committee/Gram Sabha?

[Thank you for your co-operation and valuable time]

8. Observation Audit PMMVY Registration/Documentation

Instructions: Please note that the enrolment and data entry procedures vary considerably across the three states, mainly because the different departments are implementing the scheme in each state (so the staffing pattern, infrastructural facilities and other support mechanisms differ).

Please observe the process followed in your state. The points mentioned below may be helpful.

Please share the process of Observation Audit to the Service provider and also take her/his consent on the same.

OA:

Name of the Village : _____
Name of the Block : _____
Name of the District : _____
Name of the State : _____

Village Level:

- Examining the contents of the form *(Please collect an empty form)*
- The process of filling up the form by frontline workers (AWW/ASHA/ANM) **(Observe & note the process including the discussion)**
- Collection of the form and documents from the beneficiary.
- Understanding the submission process from village to block/PHC level functionaries.**(Observe)**

Block/PHC level:

- Receiving the forms and documents from the village level functionaries.**(Observe)**

- Verifications of the applications. **(Observe)**
- Availability of computer and data entry operator/staff:
- Familiarity with PMMVY software. **(Observe)**
- Data entry of the application forms. **(Observe)**

Time taken	Number of days
To fill up the form	
To receive the form at Block level	
To enter the applications in software	
To correct the errors/mistakes online	
For approval of the enrolment/registration	

- Mechanism to ensure data entry is error free/efforts made to solve the errors. **(Observe)**
- List the current technical and IT related issues observed.
- Suggestions to improve IT and technical issues.

[Thank you for your co-operation and valuable time]

Focus Group Discussion (FGD)

9. Beneficiary Women

Instructions to the persons conducting the FGD:

The questions listed below are only the guidelines for facilitating FGD. You may ask all the questions listed in the checklist. In certain questions, you need to adequately probe to understand the reasons for the respondent's responses. Please note that beneficiary women consist of pregnant or lactating women who enrolled in the scheme but not yet received any financial benefits, or received either one, two or three tranches of cash transfers. As in the FGD, there will be different categories of the respondents, therefore the responses need to be recorded categorically. Besides, some specific questions need to be asked for each set of beneficiaries.

Instruction for the Investigator to carry out the FGD:

- 1) Introduce yourself and share the information about the Evaluation and FGD. (Explain the information given in the attached information sheet with this checklist. If some participants ask for an information sheet or want to read the information, then kindly provide a copy of the information sheet to the participants). Please keep additional copies of information sheet while carrying out the FGDs
 - 2) Explain and take the consent of the participants. In case the participant is not able to write then kindly take the verbal consent. In that case, the facilitator has to sign on behalf of the respondent.
 - 3) Please explain the process of participation of the FGD (along with do's and don'ts of the FGD)
 - 4) Please request participants to introduce one by one and ask the note-taker to document.
 - 5) Now initiate the FGD.
- All the Best for the discussion

Check list of Questions

Name of the moderator : _____
 Name of the note taker : _____
 Date of FGD : _____
 Name of the state/District : _____
 Name of Block : _____
 Name of the Village/Town : _____
 Venue of FGD : _____
 Number of participants : _____
 Start time : _____
 End time : _____

DETAILS OF THE PARTICIPANTS

Sl. No.	Name	Age	Education	Caste (SC/ST/OBC/General)	Occupation	BPL/APL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

- Who informed you about PMMVY Scheme? /How did you receive the information about the scheme?

- How is the scheme useful for pregnant women and lactating mothers?

- At what age most women get married in your village/community?

- Are you aware about the eligibility criteria for women to register under the PMMVY Scheme?
 (**Probe:** *Whether all pregnant and lactating women are eligible for the scheme? If not, who is eligible?*)

- Are you aware about the conditionalities of the scheme? (**Probe:** *What are the conditionalities for first, second and third instalments?*)
 - 1stInstalment

- 2nd Instalment
- 3rd Instalment
- Are you aware about the financial incentives you can receive from the scheme? In how many instalments is the money disbursed?
 - 1st Instalment (Rs.)
 - 2nd Instalment (Rs.)
 - 3rd Instalment (Rs.)
- As a beneficiary women, can you tell us your experience during the process of enrolling into the PMMVY scheme?
 - Who helped you?
 - Who gave you the form?
 - Who helped in filling the forms?
 - Who helped in securing the documents?
 - Who helped in getting a bank account?
 - Who collected the form and submitted the form?
- Have you faced (are you facing) any problems in fulfilling the eligibility conditions to receive the money? (**Probe: In registration; in availing first instalments, in availing second instalments and in availing the third instalments**)

.....

.....
- After the enrolment, how many days does it take to receive each instalment? (**Probe: In how many days did you receive the instalments (first/second/third) in case there are recipients?**)

.....

.....
- Did you face any difficulty while enrolling into the scheme? (**Probe: In getting documents, support from frontline workers, delay in registration, opening a bank account, any other difficulties**)

.....

.....
- On an average, how many visits you had to make to government offices for enrolment and how much money you had to spend for enrolment? (**Probe Enrolment for first tranches, for fulfilling conditionalities, enrolment for second and third tranches**)

.....

.....
- Did you face any problem in receiving the money from the Bank?
 - Information about money transfer
 - Delay in receiving the money
 - Distance to the Bank

.....

.....
- How did you use the money? / Anyone advise you how to utilize the money you received? (**Probe: Who uses the money, how it is used, and on whom do you use the money?**)

.....

.....
- Who decides what the money received under the scheme is spent on? (Self, husband, male household head, female household head, jointly, etc.)

.....

.....

Did you spend the PMMVY money for the following purposes?

- a. Purchase of special food/ nutrition for you
- b. Purchase of food for the family
- c. For medicines/ treatment for you
- d. For medicines / treatment of your child
- e. For medicines / treatment of family members
- f. Household expenses (other than food and medical expenses)
- g. . Did not spend/ saving the money

- Is there any change in the consumption of food items by you after receiving the money from PMMVY scheme? What are they? How do you procure these food items?
.....
.....
- What are the good nutritional practices to be followed by pregnant women and lactating mothers? Did any one advise you on this?
.....
.....
- In case of delay in transfer, how did it effect on the utilization?
.....
.....
- Whenever you faced problems in receiving the instalments, whom do you approach? How did you resolve the problems?
.....
.....
- Do you think that the benefits provided by the scheme are sufficient enough? What more benefits can be added in the scheme? (**Probe:** 1stinstalments, 2nd instalment and 3rd instalment)
.....
.....
- Do you know anyone eligible in your village/area is left out of the scheme? What are the reasons?
.....
.....
- In your opinion, how government should modify the scheme, so that more women could get benefit from this Scheme? (**Probe:** *Relaxing the conditions, eligibility documents, increase benefit money, for all pregnancy instead of first one only, etc.*)
.....
.....
- How do you think this scheme will affect women’s antenatal care – that is how they care for the baby before it is born? (**Probe:** Do you think the scheme will make a difference to what women like you currently do? If yes, why? If not, why not?)
.....
.....
- How do you think this scheme will affect the delivery of babies? (**Probe:** Are women who receive the benefits more likely to deliver in hospitals? If yes, why? If not, why not?)
.....
.....
- How do you think this scheme will affect the immunization of children? (**Probe:** Are women who receive the benefits more likely to immunize their children? If yes, why? If no, why not?)
.....
.....

- What are the reasons for not receiving all the instalments? (Who have not received first/second or third) (Probe: try to understand all different reasons)
-
- Is your family/husband supportive of you receiving this benefit? (Assess if husbands are supportive of their wives receiving monetary benefits and if they encourage or discourage them to receive the benefits?)
-
- Did you use other maternity benefits in the past (JSY, JSSK, etc.) ? What were your experiences while utilizing those schemes? **(Probe)**
 - JSY.....
 - JSSK.....
- Would you recommend PMMVY scheme to other women in your community?
-
- Is there anything else you want to mention, which was not asked by us?
-

[Thank you all for your co-operation and valuable time]

10. Non-beneficiary Women

Instructions to the persons conducting the FGD:

The questions listed below are only the guidelines for facilitating FGD. You may ask all the questions listed in the checklist. However, you are at liberty to probe and collect any other information/ask any additional questions which you think are relevant to the study (even if it is not listed in the checklist). Non-beneficiary women includes pregnant women who are not enrolled into the PMMVY for various reasons.

Instruction for the Investigator: Administer the Informed Consent before starting the Focused Group Discussion

Instruction for the Investigator to carry out the FGD:

- 1) Introduce yourself and share the information about the Evaluation and FGD. (Explain the information given in the attached information sheet with this checklist. If some participants ask for an information sheet or want to read the information then kindly provide a copy of the information sheet to the participants). Please keep additional copies of information sheet while carrying out the FGDs
 - 2) Explain and take the consent of the participants. In case the participant is not able to write then kindly take the verbal consent. In that case, the facilitator has to sign on behalf of the respondent.
 - 3) Please explain the process of participation of the FGD (along with do's and don'ts of the FGD)
 - 4) Please request participants to introduce one by one and ask the note-taker to document.
 - 5) Now initiate the FGD.
- All the Best for the discussion

Check list of Questions

the moderator : _____
 Name of the note taker : _____
 Date of FGD : _____
 Name of the state/District : _____
 Name of Block : _____
 Name of the Village/Town : _____
 Venue of FGD : _____
 Number of participants : _____
 Start time : _____
 End time : _____

DETAILS OF THE FGD PARTICIPANTS

Sl. No.	Name	Age	Education	Caste (SC/ST/OBC/General)	Occupation	BPL/APL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

- Have you heard of PMMVY scheme? How did you come to know?

- Do you know the purpose of the PMMVY scheme?

- Do you think that the PMMVY scheme is useful for pregnant women and lactating mothers?

- Did AWW/ASHA/ANM advice/approach you to enrol for the PMMVY scheme? (**Probe**)

- What are the reasons for not enrolling into PMMVY scheme? (**Probe**)
 - Not heard about the scheme
 - No help from AWW/ASHA/ANM
 - Lack of documents
 - Married before 18 years of age
 - Had the first child below 19 years
 - First child already born
 - Distance to Anganwadi
 - Centre/Sub-centre
 - Distance from bank/ Bank related issues

.....

-
-
- Given an opportunity, are you interested to join PMMVY scheme? **(Probe)**
.....
.....
 - Did you approach Anganwadi worker/ASHA/ANM to help you to register into PMMVY scheme? If yes, what was their response?
.....
.....
 - Is there any case of rejection of applications for PMMVY scheme? If yes, what are the reasons told to you?
.....
.....
 - What are the good nutritional practices to be followed by pregnant women and lactating mothers? Did anyone advice you on this?
.....
.....
 - In your area, do ANM/ASHA/AWW help the pregnant women to register their pregnancy?
.....
.....
 - Pregnant women go for antenatal checkup to health centres in your area. **(Probe)**
.....
.....
 - Women in your area usually go for delivery in hospitals/health centres. **(Probe)**
.....
.....
 - What are the problems the women generally face while trying to enroll in this scheme?
(Probe: Required documents, Aadhar card, bank accounts for getting all stipulated benefits, lack of partner/family support, etc.)
.....
.....
 - In your opinion, how government should modify the scheme so that more women could get benefit from this Scheme?
(Probe: Relaxing the conditions, eligibility documents, increase benefit money, applicable to all pregnancy, etc.)
.....
.....
 - Will this scheme help in improving Ante-Natal Care (ANC) visits, Institutional delivery and immunization of children in your community/village?
.....
.....
 - Did you use other maternity benefits in the past (JSY, JSSK, ...etc) ? What were your experiences while using those schemes? **(Probe)**
 - JSY.....
 - JSSK.....
 - Is there anything else you want to mention, which was not asked by us?
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[Thank you all for your co-operation and valuable time]