

POLICY
BRIEF

Pradhan Mantri Matru Vandana Yojana (PMMVY) and Janani Suraksha Yojana (JSY)

ABSTRACT

This Policy Brief provides an analysis of the on-ground implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY) and Janani Suraksha Yojana (JSY) in Maharashtra and presents key actionable recommendations to address the gaps that emerge from the analysis. The Brief is based on review of existing evidence and interviews with those who had tried to access these schemes, conducted at three different locations in Maharashtra - Panvel, Raigad district (urban, peri-urban), Kagal, Kolhapur district (rural) and Chikhaldara, Amravati district (tribal). Detailed Briefs on other schemes aimed at providing support and protection to children and women during pregnancy and a Summary Policy Brief form part of this 6 part series..

BACKGROUND

The National Food Security Act (NFSA), 2013 guarantees to all pregnant women and lactating mothers, except for those in regular employment with government institutions, maternity benefits of *not less than Rs 6,000*.¹ This maternity entitlement is aimed towards providing partial compensation for wages lost during pregnancy to ensure that women take adequate rest during the pregnancy period.

This provision of the NFSA 2013 was operationalized by replacing the existing Indira Gandhi Matritva Sahayog Yojana (IGMSY), which was being implemented in select 50-odd districts in the country, with the Pradhan Mantri Matru Vandana Yojana (PMMVY). PMMVY was rolled out in 2017, four years after the enactment of NFSA, and covers all the districts in the country. But PMMVY severely restricts the entitlements guaranteed under the NFSA. Firstly, the benefits have been limited to the birth of the first child only (born after January 1, 2017), while the Act doesn't provide for any such restriction. Secondly, the amount under the PMMVY has been fixed at Rs 5000 only, and the shortfall was sought to be made up through cash incentives under Janani Suraksha Yojana (JSY).² For this reason, PMMVY and JSY have been considered together in this Brief, despite both the schemes having different objectives, eligibility criterion, incentive structures and implementation mechanisms. Under PMMVY, the total cash assistance of Rs 5000 is disbursed in three instalments of Rs 1000 (on registration of pregnancy), Rs 2000 (After 6 months of Pregnancy on completion of at least one ante-natal check-up) and Rs 2000 (Completion of Vaccination post-birth of child and registration of birth).

Janani Suraksha Yojana was launched in 2005 as a 100% centrally sponsored scheme to incentivize institutional deliveries with the aim of reducing maternal and neonatal mortalities.³ Under the scheme, ASHAs act as the link between the pregnant women and the health facility, and are provided incentives under the scheme to ensure registration of pregnant women, assisting in creation of a micro-birth plan, minimum three Ante-Natal Check-up (ANC) and delivery in an institutional setting. The eligibility and structure of cash assistance under

the scheme depend on whether the state is classified as a Low-Performing State (LPS) or a High Performing State (HPS). Maharashtra being a High-Performing State, pregnant women above 19 years belonging to

BPL economic category or to Scheduled Caste (SC) or Scheduled Tribes (ST) groups are eligible for following cash assistance for up to 2 live births:-

DETAILS OF DELIVERY	RURAL AREAS	URBAN AREAS
DELIVERY IN GOVERNMENT HEALTH INSTITUTIONS OR ACCREDITED PRIVATE HEALTH INSTITUTION	RS 700/-	RS 600/-
IN CASE OF HOME DELIVERY	RS 500/- (FOR BPL WOMEN ONLY)	
IN CASE OF C-SECTION	RS 1500/-	

Present Challenges

UNICEF has carried out three reviews of these schemes - A desk review in collaboration with the International Institute of Population Sciences (IIPS) in 2018⁴, on behalf of the Department of Finance, Government of Maharashtra; the second also with IIPS on behalf of Niti Aayog in 2019⁵ and the third was carried out in collaboration with the Regional Centre for Urban & Environmental Studies (RCUES) at All India Institute of Local Self Government (AIIISG), Mumbai in 2021.⁶ The observations and recommendations in this Brief draws from these appraisals as well the experiences of those who have availed of these schemes as revealed through interviews conducted with them.

As the description of the eligibility criteria and the cash support provided under PMMVY and JSY reveals, the combination of these two schemes do not meet the mandate of NFSA Act 2013. Firstly, even if a pregnant woman receives entitlements under both the schemes, the amount doesn't add up to Rs 6000, the minimum amount prescribed by the Act. Secondly, since the eligibility norms under JSY are much narrower (BPL and SC/ST women) than that prescribed by NFSA Act, not every woman entitled to maternity benefit under NFSA is eligible for entitlements under JSY.

The process laid down for availing benefits under the two schemes, especially under JSY (BPL card or SC/ST Certificate) creates several hurdles. Often women don't have bank accounts in their names which is a mandatory requirement for DBT transfer under both schemes. Names of several women are often not included on the

BPL cards of their husband's family, so they are unable to apply for JSY benefits. In case of SC and ST applicants, the certificates of pregnant women often have their pre-marriage names but the scheme insists on certificates with post-marriage names. The cost of opening bank accounts or changing names on the certificates or making a new one, often exceeds the entitlements, especially under JSY.

The primary channel of awareness and information about the schemes is the ASHA worker, followed by AWW or ANM. Because of the low level of cash assistance being provided under JSY, the scheme is being sidelined in the process of implementation by the Health Department, since more focus is being given to PMMVY, with a target-driven approach being adopted for the latter.

Both the schemes, especially the PMMVY, are plagued with inordinate delays. Based on our interviews, there is an average delay of 2-3 months in receiving the instalments under PMMVY.

Currently, there is no way of tracking or following up on the applications for availing cash assistance under the schemes. Although the details of the applications are entered into the CAS software, there is no public interface to this application. The applicants and the ASHAs, don't have any way of monitoring the status of the applications, except for visiting the tehsil offices.

With institutional deliveries, the out-of-pocket expenditures have also increased, much beyond what is

being compensated by the combined cash entitlements under PMMVY and JSY. Our interviewees, for example, reported having to travel 7-15 kms from their residence to the hospital, for check-ups as well as the delivery. Along with this, there are expenses on diagnostics and other hospital expenses, which are compounded in the case of caesarean deliveries which have become the most common form of deliveries now. Most families we interviewed reported that they were meeting these expenses through personal borrowings, which eventually forces women back to work prematurely to pay back the loans. Hence, there is a need to increase the entitlements under the two schemes.

not there on the card. Alternative documents which are more easily obtainable like marriage certificates issued by *panchayats* which mention the caste category of the applicant should be accepted.

5. **Need for extensive IEC and publicity:** Through TV, Radio, Newspapers advertisements and banners/hoardings at public places, more publicity should be given to these schemes.

Actionable Recommendations

1. **Convergence between PMMVY and JSY:** There is an urgent need to achieve convergence between PMMVY and JSY to come up with an umbrella scheme. The combined cash entitlements under the umbrella scheme should be revised to Rs 10,000 keeping in mind that the minimum floor under the NFSA was set over a decade ago. To ensure that the NFSA Act is implemented in its true spirit, the entitlements under this umbrella scheme should not be limited only to the first birth, and should be granted for all pregnancies.
2. **Disbursal of Benefits:** Disbursal of the cash incentives should be ensured within one week of submission of documents.
3. **Application Tracking and Grievance Redressal:** There should be a public interface for applicants to track their applications. A grievance redressal mechanism needs to be put in place for addressing complaints regarding delay in disbursement of funds or instances of non-receipt of funds when the system shows transfer of funds to beneficiary account.
4. **Documentary Requirements:** Opening of bank accounts should be facilitated by the ASHA workers, both at the health facilities where the pregnant women come for ANCs or at the location of their residence. The husband's BPL card should be considered for the scheme even if the wife's name is

Endnotes

- 1 | Section 4(b) of National Food Security Act, 2013.
- 2 | MoWCD, Gol (2017), Pradhan Mantri Matru Vandana Yojana: Scheme Implementation Guidelines, September 2017, New Delhi, India.
- 3 | MoHFW, Gol (2011), Janani Suraksha Yojana - Guidelines for Implementation, New Delhi, India
- 4 | International Institute for Population Sciences (IIPS) and UNICEF, Maharashtra (2018). Mapping of Social Protection Schemes in Maharashtra: A Desk Review, Maharashtra, India.
- 5 | International Institute for Population Sciences (IIPS) and UNICEF, India (2019). Concurrent Monitoring and Process Review of the Pradhan Mantri Matru Vandana Yojana (PMMVY) in Assam, Bihar and Maharashtra, commissioned by UNICEF - India for Niti Aayog, New Delhi, India.
- 6 | All India Institute of Local Self-Governance, Regional Centre for Urban and Environmental Studies (RCUES)-Mumbai and UNICEF-Maharashtra. (2021). Exploring Urban Governance and Social Protection in light of Covid-19 in Mumbai, Part-1, Maharashtra, India.



YUVA (Youth for Unity and Voluntary Action)
YUVA Centre, Sector 7, Plot 23, Kharghar,
Navi Mumbai – 410210 (INDIA)

www.yuvaindia.org | info@yuvaindia.org

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