



IMPLEMENTATION STATUS OF PRADHAN MANTRI MATRITVA VANDANA YOJANA- Report June 2019

Roadmap to ensure better delivery of services under
PMMVY to its eligible beneficiaries

ABSTRACT

This report outlines the major challenges and gaps identified during the implementation of Pradhan Mantri Matru Vandana Yojana in Urban Ranchi till June 2019. It brings out the various reasons for the delays and non-payment issues of the maternity benefit to the eligible beneficiaries and suggests policy interventions to ensure quality service delivery of the scheme to its entitled beneficiary.

-Divya Alex
Azim Premji University



Table of Contents

Acknowledgements

1. Introduction
- 1.2 PMMVY- Scheme Description, Process Flow & InterDept. Convergence
- 1.3 Research Objectives
2. Field Site & Stakeholder Mapping
3. Key Findings
 - 3.1 Delay in Payment of Maternity Benefit
 - 3.1.1 Migration of Beneficiaries in Urban Areas
 - 3.1.2 Delay in Third Installment form Submission
 - 3.2 Non-Payment of Maternity Benefit
 - 3.2.1 Aadhar Issues
 - 3.2.2 Bank Account Issues
 - 3.2.3 Software Issues
 - 3.2.4 Implementing Authorities End Errors
 - 3.2.5 Beneficiary End Issues
 - 3.3 Review of Documents associated with PMMVY
 - 3.4 Policy Flaws- Single Mother
4. Key Recommendations& Conclusion

Annexures

1. District wise Data of PMMVY updated till June 2019-
Annexure A
2. List of Beneficiaries in the correction queue- **Annexure B**
3. Anganwadi Centres List along with the list of ANW and phone numbers- **Annexure C**
4. District wise Data on Installment due till June 2019

Abbreviations

AWW- Anganwadi Worker

ANH- Anganwadi Helper

ANC-Anganwadi Centre

MCP- Mother and Child Protection

LS- Lady Supervisor

CDPO- Child Development Project Office

GDP Gross Domestic Product

NFSA- National Food Security Act

PMMVY- Pradhan Mantri Matritva Vandana Yojana

LMP- Last Menstrual Period

ANC-Ante Natal Check-up

VHSND- Village Health Sanitation and Nutrition Day

PFMS- Public Financial Management System

WCD- Women and Child Department

Acknowledgement

It is my first research project on a policy evaluation, design and implementation which I was able to handle independently I have taken sincere and meticulous efforts in this project. However, it would not have been possible without the kind support and help of many individuals and organizations. I would like to extend my sincere thanks to all of them.

I am highly indebted to **Jharkhand State Food Commission** for giving me this opportunity to undertake this research study and understand the policy implementation on ground. It has been one of the most enriching experience where there was first hand opportunity to learn about policies and their implementation. I would like to express my gratitude to my mentor and supervisor **Dr. Ranjana Kumari** for the useful comments, remarks and engagement through the learning process of this research study. Furthermore I would like to thank her for introducing me to the topic as well for the support on the way.

My sincere gratitude to **Mr. Sudheer Prasad, head of Jharkhand State food commission** who has been a constant motivator in thinking out of the box and question policies and suggest recommendations. I would like to thank my other mentors **Mr. Haldar Mahto** specially for nudging me to think about the objectives of the scheme, guiding us with framework and giving inputs at various stages to make this project a success and **Mr. Upender Urao** for their guidance and constant supervision as well as for providing necessary information regarding the project & also for their support in completing the project.

This project wouldn't have been a success without the help of the office staff- Tripathi Sir, Zia Sir, Valmiki Sir, Akbar Sir who relentless helped us with photocopies, secondary data, conveyance and their warm smiles. Special thanks to Usha didi who was fed up with my chai needs but nevertheless served with love which helped me to work with much zeal and enthusiasm.

My thanks and appreciations also go to my colleagues Gauri, Dhaneshwar and Ashish in developing the project and people who have willingly helped me out with their abilities. Also, I like to thank the participants in my survey, who have willingly shared their precious time during the process of interviewing. I would like to thank my loved ones, who have supported me throughout entire process, both by keeping me harmonious and helping me putting pieces together. I will be grateful forever for your love.

Introduction

India has seen an unprecedented rise in deaths due to malnutrition (more than 50%). The persistent problem of under-nourishment affects every third woman and every second woman is anaemic. This causes some irreversible changes in the life cycle of the child and affects him later on in life. There are studies which point to learning deficiencies and lack of development of cognitive skills in children. Due to economic and social conditions many women continue working to support their family right up to the last day of their pregnancy and even after pregnancy. This harms their body and causes nutritional deficiencies because it impedes their ability to breastfeed.¹ Much of the theory and evidence that we have, strongly suggests that if we don't improve the nutritional status of the mother and children and reduce the incidence of mortality, morbidity, and we will not be able to push our growth frontiers.

While we may be trying to increase GDP growth rates or surpassing major economies by 2030, India's aspirations on cashing on the rich demographic dividends would be thwarted if the focus doesn't shift from translating numbers to providing proper psychological, physical and social development of its human capital. The achievement of this goal is only possible through a holistic support through cash incentives and promotion of health seeking behaviour.

As per the NFSA, provision of food and nutritional security by ensuring adequate access to quality food to live a life with dignity is detrimental. It has been the main focus of the government, however it continues to be a challenge. NFSA, Chapter II, Section 4 describes the nutritional support entitled to pregnant and lactating mothers:

a) meal, free of charge, during pregnancy and six months after the child birth through the local Anganwadi so as to meet the nutritional standards specified in Schedule II.

b) Maternity benefit of not less than six thousand rupees in such installments as prescribed by the Central Government. (Provided that all pregnant women and lactating mothers in regular employment with the Central Government or State Government or Public Sector Undertakings or those who are in receipt of similar

¹ PMMVY Guidelines

benefits under any law for the time being in force shall not be entitled to benefits specified in any clause(b)²

Keeping this in the background, PMMVY was announced on 31st December 2016 by the Hon'ble Prime Minister Shri Narendra Modi and became applicable from 1st January 2017. All Pregnant Women and Lactating Mothers (PW&LM) who were eligible as beneficiaries under this programme as on 1st January 2017 were enrolled.

1.1 What is PMMVY?

The Government's flagship Maternity Benefit Programme, Pradhan Mantri Matritva Vandana Yojana (PMMVY), seeks to provide a cash incentive of INR 5,000 in three installments to pregnant women and lactating mothers for the first live child through Direct Benefit Transfer (DBT). The eligible beneficiaries would receive the remaining cash incentives as per approved norms towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that on an average, a woman will get ₹ 6000/-.

The main objectives of the Pradhan Mantri Matritva Vandana Yojana (PMMVY) are the following:

- **Provide partial compensation for the wage loss** in terms of cash incentives so that women can take adequate rest before and after the delivery.
- **Cash incentive would lead to improved health seeking behaviour** amongst the Pregnant Women and Lactating Mothers (PW&LM).

PMMVY is a Centrally Sponsored Scheme, would provide grants-in-aid to the State Governments/ Union Territory Administrations (UTs) in a dedicated Escrow account for the purpose of direct benefit transfer to the beneficiaries. This programme has been launched after the Indira Gandhi Matritva Sahyog Yojana (IGMSY) (which was operational in 53 pilot districts) was discontinued.

In less than a year of the deployment of the PMMVY-CAS (Common Application Software) System, the programme has enabled enrollment beneficiaries from all 36 States and UTs. PMMVY is one of the first DBT programmes launched

² NFSA Act, 2013

nationwide using an IT platform. The system became operational on 1st September 2017 but was able to retrospectively service beneficiaries from 1st January 2017.³ PMMVY will be implemented using the platform of Anganwadi Services scheme of Umbrella ICDS under Ministry of Women and Child Development in respect of States/ UTs implementing scheme through Women and Child Development Department/ Social Welfare Department and through Health system in respect of States/ UTs where scheme will be implemented by Health & Family Welfare Department.

1.1.1 Target beneficiaries

All Pregnant Women and Lactating Mothers, excluding PW&LM who are in regular employment with the Central Government or the State Governments or PSUs or those who are in receipt of similar benefits under any law for the time being in force. All eligible Pregnant Women and Lactating Mothers who have their pregnancy on or after 01.01.2017 for first child in family. The date and stage of pregnancy for a beneficiary would be counted with respect to her LMP date as mentioned in the MCP card.

1.1.2 Benefits under PMMVY

Cash incentives in three instalments i.e.

- a. first instalment of ₹ 1000/- on early registration of pregnancy at the Anganwadi Centre (AWC)/ approved Health facility as may be identified by the respective administering State/ UT
- b. second instalment of ₹ 2000/- after six months of pregnancy on receiving at least one ante-natal check-up (ANC)
- c. third instalment of ₹ 2000/- after child birth is registered and the child has received the first cycle of BCG, OPV, DPT and Hepatitis-B, or its equivalent/ substitute
- d. The eligible beneficiaries would receive the incentive given under the Janani Suraksha Yojana (JSY) for Institutional delivery and the incentive received under JSY would be accounted towards maternity benefits so that on an average a woman gets ₹ 6000/.

³³ Pradhan Mantri Matru Vandana Yojana- Report published by CDFI- Centre for Financial Inclusion, 2017 (IFMR, LEAD)

1.1.3 PROCESS FLOW OF PMMVY⁴

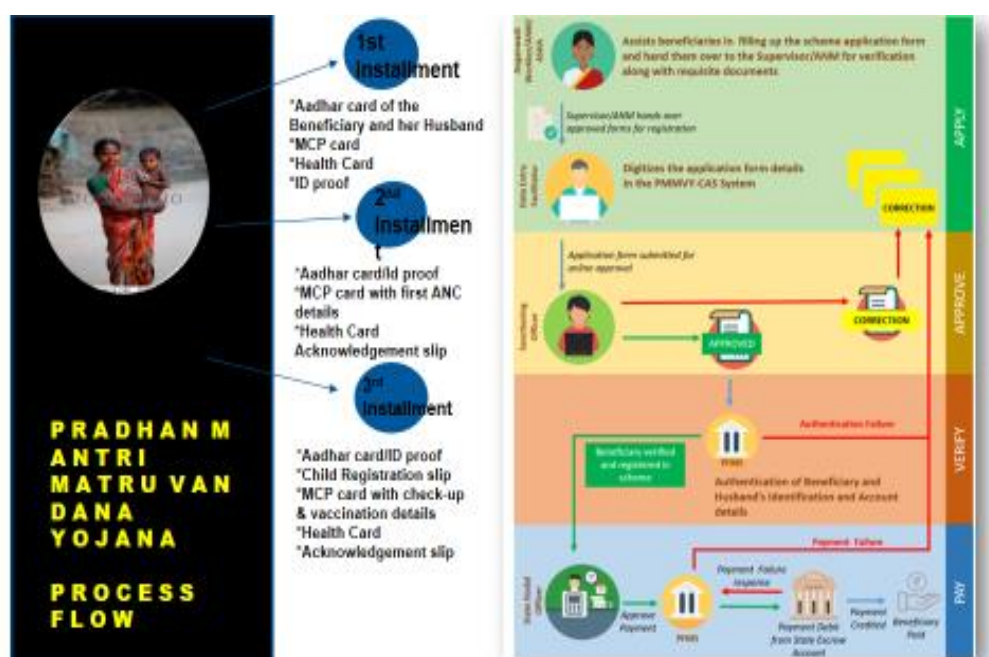


Figure 3: Process Flow in PMMVY; Source of the picture: Pradhan Mantri Matru Vandana Yojana- Report published by CDFI- Centre for Financial Inclusion, 2017 (IFMR, LEAD)

The process flow can be divided into four steps:

Registration → Verification → Approval → Payment

I. Registration

Registration happens at each stage and for every installment and follows this order.

Processing of the claim for First Instalment

- For claiming the installment, the beneficiary shall submit duly filled up Form 1-A along with the relevant documents at the AWC/ Village/ Approved health facility.
- The beneficiary will be eligible to claim the first instalment under the scheme only if she registers her pregnancy at the AWC or with ASHA/ANM within a time frame of 5 months (i.e. 150 days) from the LMP date (both dates are as captured in the MCP card).

⁴ PMMVY guidelines August 2017

c. The processing for disbursement of benefits to the beneficiary shall be completed well before 30 days of registration at AWC/ Village/ approved health facility so that the benefits could be transferred within 30 days to the beneficiary from the date of registration under the scheme.

d. The individual desirous of availing benefits under PMMVY shall submit the details as prescribed in Registration Form & fulfilment of conditionalities in Form 1-A to AWW/ASHA/ANM along with requisite documents.

e. On receipt of complete application form and requisite documents, the AWW/ASHA/ANM will register the beneficiary under PMMVY and send the details within a week to Supervisor/ANM.

f. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted every week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing/ online registration.

Processing of the claim for Second Instalment

a. For claiming the second installment, the beneficiary shall submit duly filled Form 1-B along with the relevant documents to AWW/ASHA/ANM along with requisite documents.

b. The beneficiary shall submit the proof of fulfilment of conditionalities in Form 1-B along with photocopies of the requisite documents.

c. On receipt of complete claim form and requisite documents, the AWW/ASHA/ANM will send the details within a week to Supervisor/ANM for processing disbursement of second instalment of maternity benefit.

d. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted every week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing.

e. The processing for disbursement of second instalments of maternity benefits to the beneficiary shall be completed well before 30 days from the date of receiving claim in Form – 1-B related to proof of fulfilment of conditionalities.

Processing of the claim for Third Instalment

a. For claiming the installment, the beneficiary shall submit duly filled up Form 1-C along with the relevant documents to AWW/ASHA/ANM.

b. The beneficiary shall submit the proof of fulfilment of conditionalities in Form 1-C along with photocopies of the requisite documents.

c. The beneficiary must furnish details of her and her husband's Aadhaar, if not already furnished, in order to become eligible for receiving third instalment under PMMVY.

d. On receipt of complete claim form and requisite documents, the AWW/ASHA/ANM will send the details within a week to Supervisor/ANM for processing disbursement of third instalment of maternity benefit.

e. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted within a week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing.

f. The processing for disbursement of third instalments of maternity benefits to the beneficiary shall be completed well before 30 days from the date of receiving claim in Form 1-C related to proof of fulfilment of conditionalities.

II. Verification of conditionalities

Verification happens at every stage and for each installment in the same order as mentioned. This is the protocol to be followed.

Verification by AWW/ASHA/ ANM ⁵

- i. MCP card for early registration of pregnancy, ANC and immunization.
- ii. Birth Certificate by a competent authority of the State/UT will be accepted as proof of child birth.

Verification by Supervisor/ ANM

- i. During field monitoring visits, the Supervisor/ ANM should check the PMMVY register for correctness and verify the fulfilment of conditions by checking the MCP cards. Supervisor/ ANM shall provide an acknowledgement on PMMVY register after receiving the forms from AWW/ ASHA/ ANM.
- ii. While receiving the Monthly Progress Report (MPR) from the AWW/ ASHA /ANM, the supervisor/ ANM should check it for correctness.

⁵ PMMVY guidelines August 2017

Processing by Supervisor/ANM

The form received from AWW/ASHA/ANM shall be verified and submitted to CDPO/MO within a week from the date of receipt.

Verification by Sanctioning Officer (CDPO/MO)

- i. The CDPO/MO must check if all the forms are complete with the mandatory document enclosed.
- ii. While receiving the Monthly Progress Report (MPR) from the Supervisor /ANM and CDPO/MO should store it safely.

Processing by CDPO/MO

The form received from Supervisor/ANM will be verified and entered into the WWW.PMMVYCAS.GOV.IN web-based MIS for disbursal of benefits to eligible beneficiaries, as per the details given in User Manual for the PMMVY-CAS software. CDPO/MO will ensure that the details received or entered in the database and sanctioned within a week from the data of receipt of the forms.

Processing for initiation of payment by State Nodal Officer (SNO)

The SNO will ensure that the payments are initiated within three working days from the receipt of sanctioned list from CDPO/MO after verifying the correctness of the data.

After the approval of the Sanctioning Officer it goes to the PFMS also for verification of Bank account numbers and Aadhar card number. If there is any error in either of the two, the beneficiary's entry will go into the correction queue.

At any stage, if there is an error, the entry goes into the correction queue.

Correction queue has all the entries which need correction in either bank account, Aadhar names etc. Once the error is corrected, the payment process is initiated.

1.1.4 Inter-departmental convergence: ⁶

The implementation of PMMVY requires close coordination with the following Departments. VHSND would be the platform for convergence of services from different Departments.

⁶ PMMVY guidelines August 2017

a) Health Department:

- a. Ensuring MCP cards are available and used.
- b. Ensuring timely ANC of pregnant women and vaccination of child.
- c. Promote ANC done under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- d. Promoting institutional delivery, early initiation of breastfeeding, colostrum feeding and exclusive breastfeeding for first six months.
- e. Organizing sensitization and training programs for PMMVY for all concerned staff.

b) Panchayati Raj Institutions:

- a. Organizing community awareness events.
- b. Providing additional incentives to mothers through their own funds.
- c. Conducting social audits/addressing grievances.
- d. Ensuring registration of Child Birth

c) **UIDAI:** The beneficiaries and their husband without Aadhaar may be provided Aadhaar number.

d) **Information / Public Relations Department:** Publicity and mass reach through - All India Radio, Song and Drama Division, Directorate of Advertising and Visual Publicity (DAVP), Division of Field Publicity, State IEC Bureau, Print Media, Regional TV channels, social media etc.

e) **Lead State and District Post Office/Banks:** For opening of JAM Account (Jan-Dhan accounts seeded with Aadhaar and Mobile number) for PMMVY beneficiaries and devising appropriate cash transfer mechanism for smooth transactions in all the districts.

Keeping these broad overview about the scheme, the research objectives designed to understand the loopholes in the implementation of the PMMVY scheme are the following:

2. Research Objectives

PMMVY scheme intends to help the pregnant women to use the monetary support to improve their health status. The maternity benefit will help in addressing many food and nutrition related issues faced by pregnant and lactating mother along with the ICDS scheme. However, the implementation of the scheme has been facing several gaps and challenges at the institutional and systemic level. At the same time, there have been certain flaws in the policy design. A thorough review of the scheme can provide the internal and external factors responsible for the delay in getting the payment and help in providing improved service delivery, monitoring and outreach.

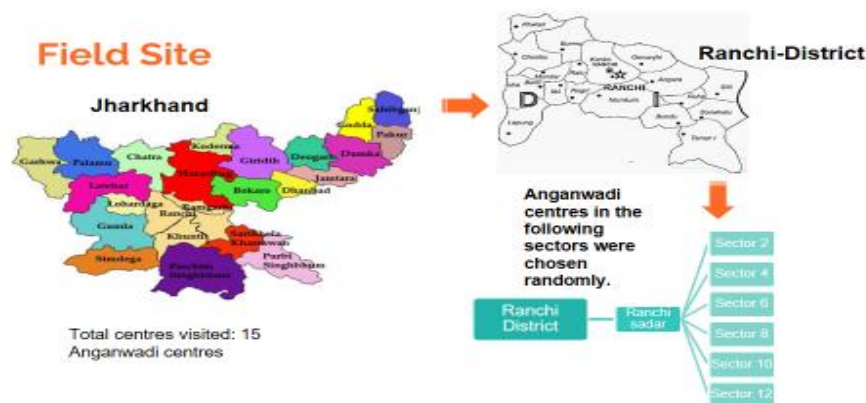
The aim of the research is to do an evaluation of the implementation status of PMMVY scheme in Urban Ranchi. The prime focus is to highlight the gaps at the demand (beneficiaries) and supply side (implementing authorities of PMMVY) and try to build a roadmap which can improve the service delivery to the entitled beneficiaries without any delay. Maternity benefits need to reach the beneficiaries on time for the scheme to fulfil its intended purpose of providing nutritional support.

Against the background of this rationale for the study, the broad objective of my research is to provide the following assessment:

- ❖ *Conduct an indepth study analysing the implementation status of PMMVY across Anganwadi centres in Ranchi district to understand the challenges faced in availing the maternity benefit and suggest policy recommendations.*
- ❖ *Identify the gaps in delay of installments under PMMVY*

3. Field Selection & Stakeholder Mapping

The field chosen for the study was Ranchi district in Jharkhand. Even in the district further bifurcation was done. Urban Ranchi was selected as the field of study to know the implementation status of the Pradhan Mantri Matritva Vandana Yojana and understand the gaps and challenges faced in availing the maternity benefit.



In the second stage of stratification was done at the Rural and Urban area selection. Urban area was allocated for the research. Urban Ranchi or Ranchi Sadar is divided into 13 sectors. Each sector has close to 23-25 Anganwadi centres. Details of the Anganwadi Centres, sector wise is given **Annexure C**. Even sectors were selected randomly and from each sector three Anganwadi centres were selected. The **total Anganwadi centres selected for the research study was 15** out of the sample of 300+ Anganwadi centres. Since time was a major constraint, covering more centres was a limitation of the study.

For the purpose of the study, the research methodology adopted was qualitative in nature. To conduct the rapid landscaping exercise, extensive secondary research was done to sketch out the detailed stakeholder mapping of the PMMVY beneficiaries. From every Anganwadi centre 3 beneficiaries were selected who had received the maternity benefit and 5 beneficiaries who didn't receive the installments.



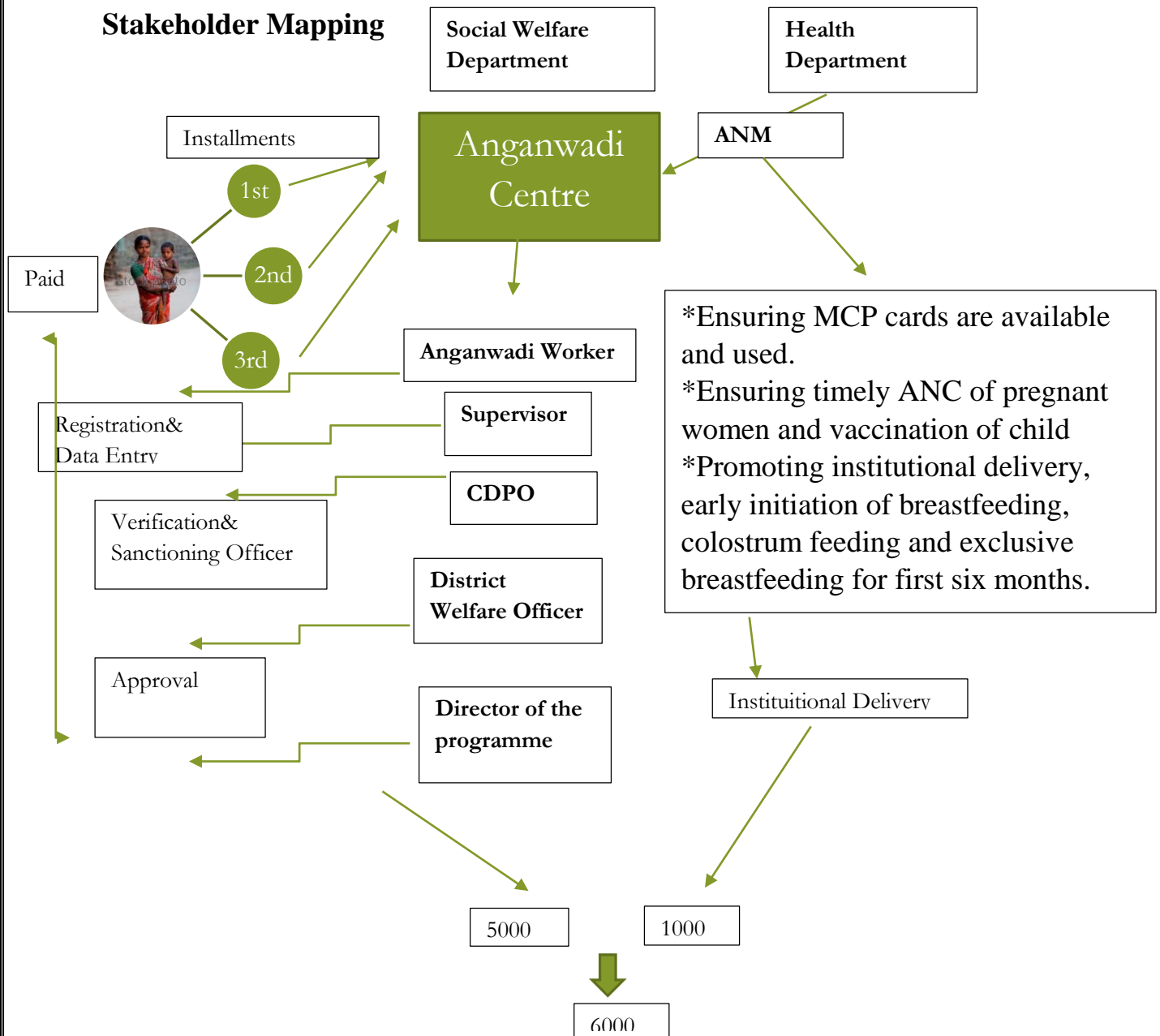
In total, **50 respondents** were interviewed and responses were collected. Semi structured interviews were conducted with the stakeholders which included the beneficiaries, CDPO and District welfare officer and officials at the Social welfare Department. Focus group discussions were also conducted with the beneficiaries and Lady Supervisors.

Anganwadi Centres covered=15

Total beneficiaries interviewed= 50



Stakeholder Mapping



4. Overview of Major Findings

A thorough assessment of the scheme has revealed a lot of key factors responsible for the delay in payment and non-payment of the cash benefit to its entitled beneficiaries.

The gaps identified exist at multiple levels which needs to be rectified for a better implementation and quality service delivery.

The problems can be categorised under two heads

4.1 Delay in Payment:

a) **Migration:** The loopholes that arose in delaying installments have been largely due to the migration seen among the urban population. Urban Ranchi has lot of migrants from rural and urban locations both. This has resulted in increase in tenant/ rental population who avail 1st and 2nd installment but leave midway without claiming the rest of the installments. This has created a lot of due installments.

b) **Delay in form submission:** Beneficiaries don't submit the form on time. Owing to personal reasons, like household work, too much effort and difficult to walk to the Anganwadi centre, the forms of the 3rd installment is submitted with delay. "Supervisors and ANW have to run behind the beneficiaries to get the forms. They themselves don't do it"- One of the Lady supervisors.

c) **Wrong Information on the cycle of Vaccination:** Most Anganwadi workers wait till the third cycle of vaccination Penta-3 is complete but the guidelines have mentioned only first cycle of vaccination BCG, DPT, Hepatitis/Penta-1. This information is not just at the frontline level but even at the higher level. There is no clarity on the cycle of vaccination to be followed. Since the third cycle of vaccination happens after 14 weeks, the process of getting the 3rd installment is delayed.

4.2 Non-Payment of the Cash benefit

The key gaps that were highlighted for not receiving the installment under PMMVY were discrepancies in the Aadhar card, Bank account issues, Software inconsistencies, Loopholes in implementation by the Implementing authorities and Beneficiary End issues. Each of issue has been discussed in greater details below.

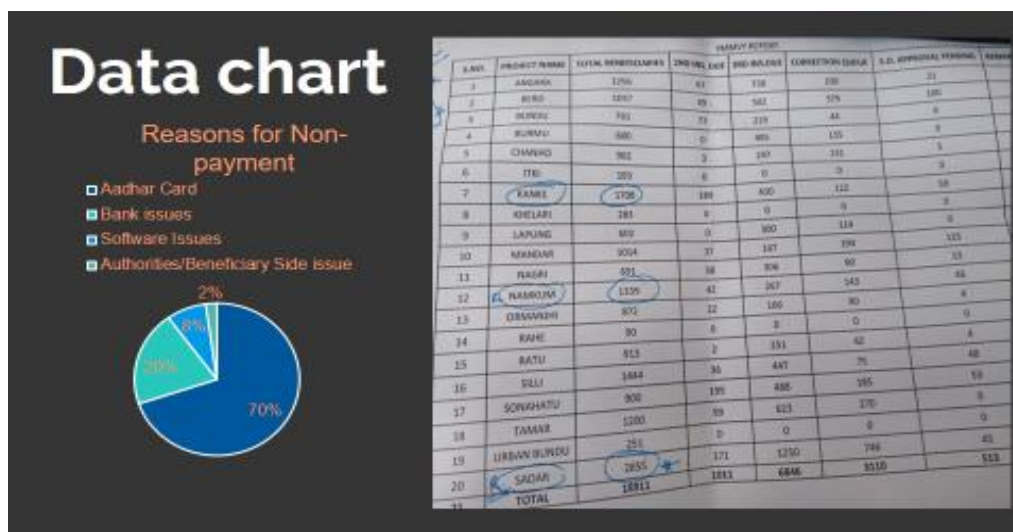


Figure 1: Represents the Main Problems in Non- payment of maternity benefit (in %)

From the above figure, it evident that close to 70% problems are arising due to Aadhar related problems like spellings, titles. 20 % are due to bank issues of invalid account, dormant account which didn't have any transaction for months. Software discrepancies and lackadaisical approach of the implementing authorities contribute to 10 % combined. This is true for both primary data and secondary data.

I. AADHAR Card

Aadhar card or the UIDAI serves as the unique identification proof in availing this scheme. According to the guidelines of Pradhan Mantri Matritva Vandana Yojana, the Aadhar card of the beneficiary and her husband are mandatory to avail the scheme. The form 1-A, 1-B and 1-C which is the prescribed form for 1st installment, 2nd installment and 3rd installment clearly requires the beneficiary to mention Aadhar number and submit Aadhar card details photocopy.

However, during our interviews with beneficiaries and other stakeholders, it has emerged that Aadhar card discrepancies are one of the major reasons for non-payment of the maternity benefit. The analysis of secondary data and primary data both has clearly demarcated that 70% of issues of non-payment is due to Aadhar card.

Annexure B has details of all the beneficiaries who have not received the installments under the PMMVY scheme due to various reasons. In Ranchi Urban, analysis of secondary data has revealed that there are more than 300+ cases pointing to the same.

A further analysis of primary data collected across 15 Anganwadi centres and secondary data of all Anganwadi centres in Ranchi Urban collected from District Welfare Office clearly shows the major reasons of Aadhar Card issues which were the following:

➤ ***Beneficiary's Aadhar card name doesn't match***

There were close to 280+ cases analysed from the correction queue (Annexure B) where the name of the Beneficiary didn't match with the name on the Aadhar card. There were several plausible reasons for it. Some people had changed their surname after their marriage but it wasn't corrected in the Aadhar card.

A case for this was

1. Pinki Devi- in the form, but her name in the Aadhar Card was Pinki Nayak. This change in name wasn't corrected in the Aadhar.

Then the spelling mistakes in the names. The actual spelling of the beneficiary's name was Rakhi but in the Aadhar card it was Rakhee. Such errors in the name of the beneficiaries have delayed the process for getting the maternity benefit. A closer look in the correction queue would show that these errors are common, recurring. Also, there are entries from 2017 in the correction queue but it hasn't been corrected, so they haven't got the maternity benefit.

1. Soni Devi ; Anganwadi Centre- Pundag, registration date 11/03/2018
2. Deepika Kumari- Hatma , registration date- 19/2/ 2018

Many such cases can be traced back in the Annexure B attached to this document.

➤ ***Husband's name doesn't match***

More than 300+ cases were found where the husband's name didn't match the name mentioned in the Aadhar card. All such cases have been separately mentioned in the **Annexure B**.

REKHA DEVI	KATHARGONDA UPAR TOLI	09/09/2018	Husband's Name does not match Aadhaar 235	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
SONU KUMARI	KATHARGONDA UPAR TOLI	09/09/2018	Husband's Name does not match Aadhaar 237	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
Mamata Davi	GOSAI TOLI GHAGHARA	08/09/2018	Beneficiary's Name does not match Aadhaar *177	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
Riban Kumari	HATMA	08/09/2018	Beneficiary's Name does not match Aadhaar *178	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
SUSHMA KUMARI	SHIVAJI NAGAR	06/09/2018	Beneficiary's Name does not match Aadhaar *179	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
Sugiya Kumari	JAGARNATHPUR I	02/09/2018	Husband's Name does not match Aadhaar 235	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
Bibyana Bihan	BERMAD	31/08/2018	Beneficiary's Name does not match Aadhaar *180	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]
Bibyana Bihan	BERMAD	31/08/2018	Husband's Name does not match Aadhaar 236	[Operator should re-enter correct personal information as per the Aadhaar. Ensure correct Aadhaar Information entered.]

Figure 2: Picture of the Annexure B- details of all the beneficiaries in the correction queue

➤ *Invalid UIDAI or suspended*

There were many cases where the UIDAI was shown as invalid or suspended.

1. Sunanda Kumari, Anganwadi centre: Goshai Pokhar Pid Chutia, Registration Date: 20/02/2018

2. Suganti Kumari, Anganwadi centre: Jagarnathpur IV, Registration Date: 21/02/2018. The major reasons that emerged for invalid UIDAI was not using it for more than three years. The Aadhar was not linked to Pan Card, Bank account and other such things. An Aadhar has to be used as a proof somewhere for it to be active. Another reason for Invalid Aadhar was also because of some them had two Aadhar cards and one of them got cancelled. They didn't know which Aadhar number was valid.

➤ *Aadhar and bank account not linked*

As per the guidelines of PMMVY, seeding of the Aadhar card and Bank account is mandatory. The beneficiary has to provide the details of the bank account which is linked with the Aadhar card. No other account is being accepted. Several beneficiaries didn't know due to lack of information that they have to provide the Bank account number of Aadhar linked account. Due to this several beneficiaries didn't receive the maternity benefit as their name went to the correction queue.

➤ *Cases reported where Aadhar linking to Airtel Sim card has generated Airtel accounts*

An interview with one of the officials at the DSW office, also revealed that there were many beneficiaries whose maternity benefit was being transferred to the Airtel Account. She told us that during the stages of linking Airtel Sim card with Aadhar card, biometrics were taken and an Airtel bank account/payment account was opened. The maternity benefit was being diverted into that account. But it is worth questioning how the money was transferred into that account despite a bank account number was provided.

➤ *Migration for work*

Migration among the working population is common especially in Urban Ranchi. Due to this, correction in Aadhar card is difficult to be done. Beneficiaries' husbands carry their Aadhar card to their respective locations of work, it becomes cumbersome to get it corrected in such scenarios, in case there is an error in the husband's Aadhar card.

II. Bank Account Issues

The beneficiary is supposed to provide complete information of **the bank account which is seeded to the Aadhar card**. If it is not seeded with the Aadhar card then as per the PPMVY guidelines, it has to be linked only then the beneficiary can avail the benefit.

The prime findings regarding the bank account were that most of them were either **invalid accounts, dormant or inactive**. These invalid accounts can arise from both ends. There can be error in filling up wrong account numbers at the frontline level or it can be due to account numbers being given of accounts that are either closed or blocked due to inactivity. There were several cases which were due to no transactions happening for a long period.

Case of Nilu Naaz- She didn't get her 1st or 2nd installment due to the account being dormant. During the FGDs, her passbook was seen which had no activity since the time she opened the account. The correction queue showed Account blocked or frozen.



There were several cases of accounts being rejected by the bank. Details are mentioned in the Annexure B with the list of Anganwadi centres they belong to. Some Accounts are closed or transferred. There were beneficiaries whose **IFSC code is not present in bank branch or currently inactive in tblBank Branch.** Case: Tannu Kumari , Anganwadi- Hatia Talab Chutia; Registration Date: 18/09/2018.

However one of the major issues on the part of the Bank authorities have been **Title issues of Miss or Mrs** which the PMMVY implementing software system doesn't recognise. It shows a mismatch with Aadhar entry. There were several cases were Miss/Mrs or 1. were added in the passbook names of the beneficiaries which led to the error in the software and mismatch in the names. This has led to many beneficiaries not getting the cash benefit.

Generally used abbreviations		
A/c = Account	dep = Deposit	Pr = Principal
Adj = Adjustment	DR = Draft	proc = Processing Charge
Amnt = Amount	dish/dsh = Dishonour	rd = Recurring Deposit
Ar = Arrear	DR = Debit	retirn = Return
bal = Balance	DoB = Date of	Rnd = Round of
Capn = Capitalization	eft = Electronic	sb = Savings Bank
chrg = Charge	inop = Inoper	SC = Short Credit
chg = Cheque	ins = Insuranc	SI/SOI/SORD = Standing
Clse = Closure	int/in = Interest	S/D/W/Ho = Son/Daughter
Comm = Commission	lon/in = Loan	Tran = Transfer
CORR = Correction	min = Minimum	Transphg = Transac
CR = Credit	os = Outstand	W = Withdrawal
cas = Cash	P & T = Postage & Telegram	MCD bank total balance (MCD)
	Pos = Point of sale	

भारतीय स्टेट बैंक

Savings Bank account 89073094878
 CIF No : 35826195479
 Account No :
 Customer Name: Miss. DAYRANI KERKETTA
 S/D/W/H/o: KALYAN KERKETTA
 Address: C/O JOHN EKKA PATHAL KUDWA
 KM ROAD RANCHI

Phone: 22759
 Email: sbi.1
 Branch Cod
 Date of Is
 10/06/2018
 IFSC: SBIN

HELPLINE : 1800-11-22-11 1800-425-3800

Bank of India

III. Software Related Problems

The PMMVY-CAS System has facilitated transfer of payments through Public Financial Management System (PFMS) for all Core Banking System (CBS) and Non-CBS banks.⁷ All the data entered by the Lady Supervisors are stored in this cloud based platform. It is managed at the Centre level. Even if there are discrepancies, the state government cannot do much to correct it.

Several errors were brought out by the stakeholders regarding the discrepancies in the software which has also resulted in many beneficiaries being not able to get the installments.

Some of the cases that were identified during the study were the following:

- All the beneficiaries' details entries are correct, yet the platform still shows error and puts it back in the correction queue.
“Nikita Gope” and “Rinki Kumari”- more details are mentioned in Annexure B. The system shows that there is error in Husband's name in Aadhar card. It doesn't match. But the Aadhar card name matches exactly with the name entered. Nobody is able to flag the reason for this anomaly.
- As per the guidelines, every month a list of beneficiaries and the status have to be sent to the ANW to know the correction required, payment has been made. There is provision to see the total beneficiaries list per Anganwadi centre but there is no provision to see the details of the installment, whether they have received 1st installment, 2nd installment or 3rd. The supervisor has to click on individual names of the beneficiary and then get to know about the details. **Details of the beneficiaries' status can only be seen after clicking on her name individually.** Only then we can see which installment received, which date etc.

⁷ Pradhan Mantri Matru Vandana Yojana- Report published by CDFI- Centre for Financial Inclusion, 2017 (IFMR, LEAD)

- The data of all the Anganwadi centres are jumbled up in the correction queue. If a lady supervisor wants to see the list of her entries in the Correction queue, she has to search all the entries to find her entry.
- **No FAQ section** for clearing doubts related to the software or the scheme on the software. There are various queries relate to the software which needs to be understood if there is a system or platform error. For such scenarios there should be a FAQ section to guide the supervisors and solve their queries.
- **No training received by Lady Supervisors to operate the Tabs and the software.** The Tabs were just given to the Supervisors without any formal training to operate them. They had to learn all of this on their own. They also pointed out that several teams from Delhi have come and feedback on the software has been given but no changes have been made.
- **No uniformity in accepting the data entry**, some cases it accepts father's name and others husband's on Aadhar card. In Tirl, the key reason came out that Aadhar was not accepting Father's name whereas in Azad Basti Gudri Chowk, Father's name was accepted. There is absolutely no uniformity in the cloud based platform.
- If there is a correction made, **status whether it is corrected or not, will be known only after 24 hours to 48 hours.** The whole process of going back to the correction queue, searching for the entry again has to be done which is difficult and cumbersome.

These were some of the main gaps identified with the platform which needs to be rectified so that anomalies don't rise. Software requires regular up gradation for it to function smoothly.

For an effective implementation of any scheme, the frontline workers and the implementing authorities have to be efficient and trained properly so that errors and gaps can be avoided. Firstly it is important to have a nuanced understanding of the roles and responsibilities of each of the stakeholder in the entire process.

IV. Roles and Responsibilities of Anganwadi Worker (AWW)

8

Information Dissemination

Understand the details of the PMMVY Scheme and create awareness about scheme to eligible women within their jurisdiction and use any promotional material that is provided for the purpose.

Identification of Potential Beneficiaries

Identification of potential beneficiaries has to be done through regular activities of AWW such as home survey, health visits/camps and interaction with potential beneficiaries who may visit the Anganwadi, as well as examination of registers maintained in the Anganwadi and participation in VHSND.

Assist Beneficiaries for Registration under the Scheme

a. Determine which form(s) need to be filled up by the beneficiary. b. Help beneficiary to fill-up the form(s) completely and make necessary attachments as required. c. If the beneficiary has yet to comply with conditionalities as per the scheme, facilitate the same by coordinating with the Local Health Worker. d. If the beneficiary/ her husband does not have an Aadhaar number, help them to get enrolled. e. If the beneficiary does not have a Bank account or Post Office account, help her in account opening.

Acceptance and Verification of Form(s)

a. Ensure that all required documents are attached with the respective form(s) as mentioned in the scheme guidelines. b. Ensure that the bank/ Post-office account provided during registration in the scheme belongs to the beneficiary only. c. Ensure that the beneficiary submits the same ID proof that she had registered with at the time of claim of subsequent instalments. d. Ensure that the beneficiary provides Aadhaar details as soon as it is available.

Acknowledgement and PMMVY Register Entry

a. Provide acknowledgment of form receipt by signing on the relevant portion of the form along with rubber stamp of Anganwadi (if available). b. Enter each

⁸ PMMVY Guidelines, August 2017

of the form(s) so received in the prescribed PMMVY Register in order of date of receipt of form(s).

Submission of Form(s) to Supervisor

a. Make bundles of all form(s) received in the same order of PMMVY register entry. b. Submit the form(s) to the Supervisor and obtain signature from supervisor in the form register. Ensure that the Supervisor verifies each of the form(s) before affixing their signature. c. Form(s) should be handed over to the supervisor within 7 days or earlier from the date of receipt. d. Keep a photocopy of the filled form(s) to be maintained at the AWC/ Village. In absence of a Xerox machine, she must fill the details on another form without taking the signature of the beneficiary.

Corrections to Form(s) already submitted

a. Application form(s) would be returned back to AWW on account of incorrect Aadhaar details (Beneficiary and/or Husband) and/or incorrect Bank/ Post-office account/ Post Office Account details. b. The AWW should contact the applicant and necessary corrections to the form(s) are to be made using a Fresh form. c. The Fresh form along with the Old form(s) should be submitted to the supervisor for processing within 30 days of its receipt. d. In the event of migration of applicant, a message is to be sent to the applicant if feasible.

Maintaining the PMMVY Register

a. The AWW must make an entry in the PMMVY register as soon as a beneficiary has submitted the registration form. b. This register must be updated regularly for each application submitted by the beneficiary as soon as she fulfils the eligibility criteria for future Instalments. c. Changes to the address, mobile number, Aadhaar number, bank/ Post-office account/ post office account number must be entered promptly. d. For those beneficiaries who are already registered under the old MBP (IGMSY), a fresh entry with all details will have to be made in the PMMVY Register. e. For beneficiaries who have newly migrated into the locality or have migrated out of the locality should be recorded in the PMMVY Register if it comes to the knowledge of the AWW as part of their routine work. f. In the event of any corrections in the beneficiary details for form(s) already submitted, an entry must be made in the PMMVY Register against the beneficiary name along with the new date of submission. g. In the event of a miscarriage or still birth, the same should be recorded in the

PMMVY Register if it comes to the knowledge of the AWW as part of their routine work. h. Information received from the Supervisor regarding the status of registration, payments to the beneficiary and rejections should be recorded in the PMMVY Register.

Dissemination of Beneficiary Payments, Grievance Handling

- a. Each month, a list of beneficiaries who have received payments would be provided by the Child Development Project Office; intimation to the beneficiary is to be given by the AWW with a request to verify their account for same.
- b. A monthly report (MPR) (Copy of Form-4 of register) must be submitted to the supervisor for discussion and validation during the monthly meetings and submission to the Project Office/Health Block Office. Usually, grievance would be pertaining to delayed or incorrect payments. If this is the case, then details should be recorded and discussed with the supervisor during fortnightly/monthly meetings for resolution of the same.
- d. All queries and issues for which the AWW doesn't have appropriate or complete knowledge should be escalated to the supervisor.

Proper maintenance of record

- a. The forms submitted by beneficiary contains sensitive personal information such as Aadhaar number, bank/post office account, medical history etc. Such details should be kept in safe custody in lock and key. The records may be destroyed as per procedure given in guidelines.
- b. The forms should be handed over to authorised persons only.

Roles and Responsibilities of Supervisor/ANM⁹

In the case of WCD/ Social Welfare the sector in-charge is the supervisor. In the case of Health/ Health and Family Welfare Department ANM or a suitable equivalent level as applicable in the state shall be designated as the supervisor.

Training and Scheme Facilitation of AWW/AWH/ASHA/ANM

- a. The Supervisor must train the AWW/AWH/ASHA/ANM under her to explain the detailed guidelines of the PMMVY. Follow up sessions must be

⁹ PMMVY Guidelines, August 2017

conducted at regular intervals in order to convey any changes in the scheme guidelines and to resolve any queries. b. The enabling requirements for the scheme implementation such as adequacy of staff, coordination activities, stationery etc. are available for smooth operations.

Collection, Verification and Acknowledgement of Form(s)

a. Organize to collect the form(s) from the Anganwadi Centre/ Health Facilities every week. b. Check that the form(s) collected, have been duly verified and entered in the PMMVY Register. c. Cross check the details with record available at AWC / Health facility. d. Ensure all required documents are attached with the respective form(s) as mentioned in scheme guidelines. e. In case of any problems identified in the above steps, the Supervisor must get the details corrected through the AWW/Health Worker. f. Ensure that all acknowledgements have been given to the beneficiaries. g. Acknowledge the receipt of forms from AWW/ Health worker.

Submission of the Form(s) at Project Office/ Health Block Office

a. Submit the form(s) collected from all Anganwadi Centre/Health Facilities at the Project Office/Health Block Office for further processing on the IT System. b. Collect form(s) from the Project Office/Health Block Office that have been rejected by the IT system so as to get them corrected through the respective Anganwadi Centre/ Health Facility.

Monitoring Activities

a. Collect the monthly reports/MPR from the AWWs/ASHAs/ANMs and submit a signed copy to the Project Office/ Health Block Office. b. Ensure that the AWWs/ASHAs maintain a record of the submitted monthly reports and sign against it ensuring that the report has been submitted by AWW/ASHAs/ANMs. c. Collect the report Anganwadi Centre/ Village/ Health Facility on status of registration in IT system and payment of beneficiaries from the Project Office/ Health Block Office. Give a copy of the report to the respective AWWs/ASHAs/ANMs and retain a copy for records.

Handling Exceptional Cases

a. As per the status report received from Project Office/ Health Block Office, ensure that necessary steps are taken by the AWW/ASHA for all beneficiaries whose registration or payment has failed due to incorrect or incomplete information. b. Keep a record of updates in details of the beneficiaries.

Grievance Handling and Escalation

a. Solve all queries of the AWW/ASHA/ANM related to conditions and guidelines of the scheme. b. Keep a record of these queries. c. If there are recurring queries from AWWs/ASHAs/ANMs, try to explain the same to them through an orientation session in the upcoming fortnightly meeting. d. For queries for which the Supervisor/ANM has limited knowledge or no knowledge like the payment status of a particular beneficiary, get relevant information from the Project Office/ Health Block Office and inform the AWW/ ASHA at the earliest.

Proper maintenance of record

a. The forms submitted by beneficiary contains sensitive personal information such as Aadhaar number, bank/ post office account, medical history etc. Such details should be kept in safe custody in lock and key. The records may be destroyed as per procedure given in guidelines. b. The forms should be handed over to authorised persons only.

Roles and Responsibilities officer at Block/Project level implementing PMMVY¹⁰

For the States/UTs implementing the scheme through WCD/Social Welfare Department, Project under Anganwadi services will be the unit for entering data into IT system. For the States/UTs implanting scheme through Health/Health

¹⁰ PMMVY Guidelines, August 2017

and Family Welfare Department, Health block will be the unit from where data will be entered into the system.

The States/ UTs may designate an officer at Health Block level for administering the scheme. The officer at project level (CDPO), in case of States/UTs implementing the scheme through WCD/social welfare department, and medical officers designated at the level of health block, in case of States/UTs implanting scheme through Health/Health and Family Welfare Department, will be sanctioning authority for the amount to be credited in account of beneficiaries.

General Responsibilities

a. Plan and manage the successful scheme operation at the block/Project level. b. Ensure the availability of IT Systems (Hardware and Internet Connectivity), qualified personnel for data entry, and Stationery (Beneficiary Form(s), PMMVY Registers etc.) at the Block Level and with supervisors and Anganwadi centres. c. Ensure proper and regular training is provided on the scheme to all the personnel associated with the system. d. Review performance and trends in benefit disbursements. e. Prepare budgetary projections for their block/Project and submit to the respective district nodal officer. f. Coordinate with all respective stakeholders at the Block/ Project Level to ensure the success of the scheme and ensure all activities of the Block Level PMMVY Cell are carried out properly. g. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their block, as per agreed protocols. h. Inform the District Nodal Officer in case of leaves of absence, in order to maintain tight control of access to the software solution.

Collection of Form(s) from Supervisor/ANM

a. Consolidate the form(s) from the Supervisors and organize them in Anganwadi/Health facility wise bundles for ease of data entry. b. Check that the form(s) are duly signed by the supervisors and all required documents are attached before data entry. If a form is not signed, the form must be immediately returned to the Supervisor for completion and re-submission.

Data Entry in PMMVY System

a. Enter the data from the form(s) into the system. b. The data must be entered from the photocopies attached as far as possible, especially Aadhaar/ ID Number, Bank Office / Post Office account number. c. In case of any unresolved discrepancy between the filled form(s) and the photo copies, must be returned to Supervisors/ANMs for corrective action. d. In case only Form 1-B or Form 1-C of a beneficiary, who is not registered in the system, are received, return the form(s) to the Supervisor/ ANM with the reason of incomplete documents. It is mandatory to fill Registration Form for any new beneficiary under the scheme irrespective of the instalment being claimed. e. If a beneficiary comes for re-registration (cases of still birth or miscarriage or any other reason), check that the husband name and ID is the same as recorded in the system. If not, the form must be rejected. f. The exit reason, for the identified beneficiary, must be entered in the system from the monthly performance report received for the respective month. g. Before sanctioning, the details may be rechecked and update the discrepancies. h. Refer to the User Manual of the software for any queries.

Updating Beneficiary Details in System

a. For the records which are rejected and become part of the correction queue, cross check the details of the list of beneficiaries in the correction queue with their documents and make required changes. b. In case of UIDAI and PFMS verification errors in a beneficiary record, write the rejection reason captured in the software on the physical form of the beneficiary. c. Make Anganwadi Centre/ Health Facility wise bundles of erroneous physical form(s) and handover to respective Supervisor/ANM for corrective action. d. Update the correct details of beneficiaries in correction queue after updated details are received from the Supervisor/ANMs. e. Make update in beneficiary details in the system, if Beneficiary Details Update Form 3 is received for any beneficiary from the supervisors/ANMs. f. Update beneficiary exit cases based on Anganwadi wise monthly reports received from supervisors/ANMs.

Approvals of Beneficiary Registration and Instalment Claims

a. Regularly log into the PMMVY software application and approve the registrations and instalment claims of the beneficiaries after verification of data entered. b. Cross check if the data entered matches the physical form(s) received

especially for the exceptional cases. c. Reject the registration records of the beneficiaries, which are found to be erroneous and provide guidance on rectifications. d. All the approved records must fulfil the conditions laid down in the scheme guidelines.

Reports Generation

a) Generate an Anganwadi Centre/ Village wise registration and payment status report and handover to respective Supervisor/ANM b) For any report generated Aadhaar Number of beneficiary should be masked in xxxx xxxx 1234 format.

Storage of Physical Form(s)

a. All the original physical form(s) and monthly reports which have been entered in the system must be stored/need to be stored in a safe place by the officials in possession of the document (Field Functionaries, CDPO/MO) and will be shared/ transferred with/to an authorized personnel only, if the sharing/transfer is justified under the guidelines of the scheme. b. Make Anganwadi Centre/ Health Facility wise bundles of form(s) and keep them safely under lock and key. c. The documents should be shredded after two years from the date of archiving of document. d. Aadhaar and Bank/ Post Office details of any beneficiary must never be made accessible to any unauthorized person. All physical documents with Aadhaar details must be kept confidential.

Periodic Review of PMMVY Implementation

a. Conduct field visits to Anganwadi Centres/ Health facilities on a quarterly basis and check a random sample of records to ensure that all registers and reports are maintained regularly in required formats. b. Meet some beneficiaries in order to understand any issues related to the scheme. c. Create reports of such visits and highlight any critical issues to the DNO for corrective action.

Grievance Handling and Escalation

a. Maintain a detailed log of all queries received from the field functionaries. b. Assist the Supervisors in resolving these issues. c. Escalate any unresolved issues to the District Nodal Officer which are out of the scope of CDPO/ Health Block Office. d. Analyse the nature of issues and organize sessions for field functionaries for recurring problems. e. Report any system related issues to the state level helpdesk if they can't be resolved through the user manual. f. DNO, as convener of Block/ Project level monitoring committee will ensure that all

the pending issues/ grievances are brought to the notice of the monitoring committee.

These are the prescribed role to implement scheme in the best possible way but there have been major lapses at the part of the implementing authorities starting from the frontline workers to the highest authorities.

Lackadaisical Approach of the implementing authorities

A key gap identified was that various stakeholder are working independently, following a work in silos approach. There is little coordination between these implementing authorities which is leading to ineffective implementation of the PMMVY scheme and many beneficiaries being left out from availing the maternity benefit.

- ❑ At the Anganwadi level the mandatory registers are not maintained. ANW have been writing the list of beneficiaries in some book or diary. Some of them don't have any such register or list which they have maintained. Due to which tracking the beneficiaries have become impossible. The list of beneficiaries is difficult to get; to know who has been enrolled and who has got the payment. Acknowledgement slip is compulsory to be given to the beneficiary once the form is submitted for the 1st installment. No such slip is given to the beneficiary as proof.
- ❑ Forms are not filled properly. Many forms were found which had mistakes and errors in the entry. There were also issues where the frontline worker filled the name given in the bank passbook than the Aadhar card which led to non-payment of maternity benefit.

Case: Safina Khatun

Her husband's name was wrongly entered. She didn't receive a single payment. During the FGDs it came to our notice and we corrected it in the system.

मृत्यु लाभ योजना का लाभ प्राप्त करने हेतु आवेदन

सेवा में
यात्रा विकास परियोजना पदाधिकारी,
रांची सदर।
मैं मृत्यु लाभ योजना में अपना पंजीकरण करना चाहती हूँ। जिसका विवरण निम्नलिखित है।

(1)	गर्भवती महिला का नाम	- सफिया खातुन (SAFIYA KHATUN)
(2)	गर्भवती महिला का आधार संख्या	- 368257363844
(3)	पति का नाम	- मो. अब्दुल्ला खातुन (MO. ABDULLAH KHAN)
(4)	पति का आधार संख्या	- 175097295719
(5)	अंगनवाड़ी केन्द्र का नाम एवं पूरा पता	- अंगनवाड़ी केन्द्र रांची
(6)	गर्भ धारण की अनुमानित तिथि	- 18.10.2016
(7)	अंगनवाड़ी केन्द्र में पंजीकरण की तिथि	- 28.12.2016
(8)	महिला का पहला गर्भधारण है अथवा नहीं	- हाँ
(9)	जन्म ANC की तिथि	- 24.02.2017
(10)	द्वितीय ANC की तिथि	- 26.04.2017
(11)	प्रसव की तिथि	- 27.7.2017
(12)	गर्भवती महिला का खाता संख्या	- 6614972126
(13)	IFSC कोड	- INIB000M223
(14)	बैंक का नाम	- Indian Bank (Safiya Khatun)

आवेदक का प्रमाण पत्र

प्रमाणित किया जाता है कि मेरे द्वारा प्रस्तुत सभी तथ्य सही हैं। इसमें किसी भी प्रकार का
विसंगति या झूठ पाया जाता है तो इसके लिए मैं जिम्मेदार हूँ।

Safiya
आवेदक का नाम एवं
हस्ताक्षर।

महिला पर्यवेक्षिका का
हस्ताक्षर

Hema Nair
सेविका द्वारा प्रमाणित
हस्ताक्षर

- ❑ Proper information not given to beneficiaries regarding the scheme.

Anganwadi workers are not properly trained to implement this scheme. Wrong information or no proper information is given to the beneficiaries by the ANW as they themselves are not clear on the scheme and its conditionalities.

2. Lady Supervisors

- Errors in Data entry- At the second stage, the data entry is done by the Supervisors. While the data is entered, there were mistakes which were found in the details of the beneficiaries which led to the non-payment of maternity benefit.
- It is extremely important that correction in the details of the Correction Error or Payment status is communicated to the frontline workers/ANW. But these corrections or errors are not communicated by Lady Supervisors to Anganwadi Workers which causes further delay in payment. Beneficiaries don't know the reason for not receiving the cash benefit.

- Registered not maintained by Lady Supervisors- Very few supervisors had registers maintained which had details of the beneficiaries and the payment status. Majority of them didn't have the proper register with installment details.
- Proper details regarding the Scheme and guidelines not communicated to the ANW/ANH. Information is not transcending properly to the lower officers/frontline workers.

3. CDPO level

- There has been no emphasis on maintaining register or acknowledgement slip.
- There was no formal training conducted for Lady Supervisors to work on the Tab.
- No monitoring whether Supervisors are ensuring if corrections are being made.

These responsibilities have to be followed religiously for a better implementation of the scheme. The roles have to be followed up with regular intervention by higher authorities. A laid back approach will not ensure better service delivery, instead it will create more entries in the correction queue. Everybody has to take up their role in a much efficient and effectively for the scheme to reach out to the target beneficiaries.

V. Beneficiary End(Demand Side) Gaps



- From the beneficiary end, corrections were not made despite being told by the Anganwadi workers. The major factors causing this could be Aadhar correction camps located too far away for correction. Too many visits to bank yet corrections not being done by the authorities. Some beneficiaries felt it was too much of a task for this small amount. These various responses show that beneficiaries are also somehow responsible for delay in the payment. Most of them have small children which is also one of the reasons for not being able to visit a Pragya Kendra or Aadhar card correction centre.
- **Do not update the passbook to check if the payment has been received-** Many beneficiaries don't know that their passbook has to be updated to know if the payment has been received or not. Many beneficiaries claimed that they didn't receive the payment. Most of them were unaware of the payment being received in the bank, which bank since many were found to have multiple accounts. This sort of information has to be given to the beneficiaries.
- **Account is lying dormant- not activated**
Beneficiaries have opened different accounts for the availing the benefits

of the various scheme. Some of them have more than one account, so they don't know which account is active and which has been given for which scheme. Since most of the beneficiaries are homemakers, they don't have any fixed income coming into their account. The bank account remains unused. Some of them have accounts only for the purpose of the scheme. Unused account after three to six months becomes dormant and inactive. Wrong account being furnished which are not Aadhar linked/seeded.

➤ **Forms are not being submitted on time**

Many beneficiaries are not submitting the form on time owing to personal reasons of household work, difficult to leave infants at home and hard to walk all the way till Anganwadi centre to submit the form with small children. Many of them go to their mother's house during pregnancy time making it difficult to submit the forms on time. This causes delay in form and non-payment of installments.

Document Analysis- Form reduced to one

There are three installments and three forms 1-a, 1-b, 1-c have to be filled every single time along with the requisite documents. It is a repetitive procedure which increases paper work and cumbersome for the Anganwadi worker, supervisor and the beneficiaries. Three forms can be reduced to one form, only asking for requisite documents required at every stage to be attached with the document. The Anganwadi workers are not trained properly to fill up forms so three forms can be burdensome task for them to execute and manage.

Policy Flaws: Rare Cases



Gender empowerment and gender equality have been the norm of the 21st century. In such a scenario

❖ Maternity entitlements being restricted to single mothers, children of rape victims or any such circumstances would be discriminatory. The provisions or the guidelines doesn't mention

explicitly that single mothers cannot avail the scheme but the norms set up are such that it can stop single mothers from availing the benefit.

Because husband's Aadhar card is mandatory in every stage of the installment. The emphasis on Husband's Aadhar card has left out the single mothers from the list of eligible beneficiaries.

No case was reported but it is possible that cases were not reported because they know husband's Aadhar card is mandatory.

- ❖ There is also an ambiguity if the husband remarries, can the second wife avail the scheme if it is her first child, if the first wife has already claimed PMMVY. The husband's Aadhar card is a mandatory document as per the guidelines of PMMVY. If there is any error or re-entry of the husband's name, there is a possibility that software doesn't take a double entry.

These cases have to be further investigated for clarity if such situations are possible and eligible beneficiaries are left out from the scheme.

RECOMMENDATIONS

❖ AADHAR

a) UIDAI/AADHAR is an important document. It serves as a unique identification card. It cannot be removed but **Husband's Aadhar card** should be secondary or optional to avail the maternity benefit. It should not be mandatory.

b) Aadhar correction Camps should be held at ANC every fortnightly or every month for Pregnant & Lactating Mothers to easily access and get their Aadhar updated in case of an error.

❖ Implementing Authorities

- a) **Monthly Progress Report Register** as mentioned under the guideline should be maintained by the ANW, Lady Supervisor to track the beneficiaries. Acknowledgement slip should be given to the beneficiaries.
- b) **There should be proper training of the ANW/ANH/ANM** to fill the forms, regarding the information being given to the beneficiaries, their roles and responsibilities. It should be done once or twice in a month. It should be a workshop which is interactive and fun for them to learn.
- c) **Reports have to be generated from PMMVY_CAS** and sent to AWC for updating payment details, reasons for rejection of claims.
- d) **Monthly meetings of ANW/ANH with LS/CDPO** should be held at least twice. Supervisor has to mandatorily inform the Anganwadi workers regarding the correction required or payment status of the beneficiary registered under her.
- e) **Small pamphlets can be distributed to ANC for the ANW/ANW and beneficiaries with all the details** and conditionality of the scheme to raise awareness regarding the scheme
- f) At every Anganwadi centre, **list of beneficiaries registered with date, their payment status or correction required details should be displayed every month.** It should be updated every month so that beneficiaries can see it and get information regarding their application

❖ **Software- Cloud Based Platform PMMVY-CAS**

a) *The platform should be made available to the beneficiary and the Anganwadi workers to know the status of their application. It will help the beneficiary to know the error and correction required and they can be prepared for it.*

b) *It needs to be made more user friendly for smooth functioning.*

The cloud based platform has to be reformed completely.

The dashboard should display the installments received by the beneficiaries, centre wise so that supervisors can easily access it, instead of individually clicking on the beneficiaries name to get the entire data.

c) The correction queue data should be available in the list form centre wise and registration data wise instead of jumbled up form.

❖ **One single form** instead of three forms will be easier to maintain, reduce paper work, manual errors.

❖ **Accountability & Convergence**

There should be proper accountability from all departments in the management of the scheme. Blame game would only delay the process and reduce the effectiveness and intended purpose of the scheme.

All the Departments: Women and child- Social Welfare, Health, Panchayats, UIDAI have to work in collaboration for better delivery of services. ANM should maintain the list of all the beneficiaries so that it can be tallied with the list of the ANW/ANH.

An important channel to enhance this convergence among actors and stakeholders is cross learning- sharing experiences, challenges, solutions and learnings.

CONCLUSION

An effective and efficient implementation of PMMVY can be achieved only through a close coordinated efforts converging into actionable solutions to reduce the gaps and challenges being faced in the process of implementation.