

# Resource Gap Analysis of Maternity Benefit Programme

---

A Working Paper

2017



**Centre for Budget and Governance Accountability**  
([www.cbgaindia.org](http://www.cbgaindia.org))

This document is for private circulation and is not a priced publication. Reproduction of this publication for educational and other non-commercial purposes without prior written permission is authorised, provided the source is fully acknowledged.

Copyright ©2017 Centre for Budget and Governance Accountability (CBGA)

**Author**

Samriddhi Vij

For more information about the study, please contact: [samridhivij@yahoo.co.in](mailto:samridhivij@yahoo.co.in)

**Editorial Inputs**

Saumya Shrivastava and Nilachala Acharya

**Published by**

**Centre for Budget and Governance Accountability (CBGA)**

B-7 Extn./110A (Ground Floor), Harsukh Marg, Safdarjung Enclave,  
New Delhi-110029

Phone: +91-11-49200400/ 401/ 402

Email: [info@cbgaindia.org](mailto:info@cbgaindia.org)

Website: [www.cbgaindia.org](http://www.cbgaindia.org)

**Disclaimer**

Views expressed in this document are those of the author; they do not necessarily represent CBGA's position.

## CONTEXT

Maternal and child nutrition has always been an important aspect of India's policy paradigm. However, despite the continued efforts by the government, India has performed poorly on various maternal and child healthcare indicators. Only 20% of the pregnant women receive full ante-natal checkups and 37 out of every 1,000 infants born, die within the first year of birth, and 52% of these deaths are in the first week itself (RSOC 2015, NFHS 4).

It is against this background that the government of India introduced the *Indira Gandhi Matritva Sahyog Yojana* (IGMSY) scheme. The scheme was introduced in October 2010 on pilot basis, operational in 52 districts. However, in his address to the nation on December 31 2016, Prime Minister Narendra Modi announced pan-India expansion of the existing program as well as renaming the scheme as Maternity Benefit Programme, which has been further renamed as *Pradhan Mantri Matru Vandana Yojana* (PMMVY). In this note however, we refer to the scheme as Maternity Benefit Programme.

The Maternity Benefit Programme aims to partially compensate women for the wage loss they incur due to inability to work during pregnancy. The compensation is in terms of conditional cash transfers which intent to incentivize women to take adequate rest before, and after delivery of the child. The cash incentives are payable in three installments as depicted in Table 1. In addition to the above benefits the scheme also provides an additional Rs. 1000/- for institutional delivery. The scheme covers women who are above 19 years of age and gives compensation only for the first live birth. Furthermore, the program targets

women in the unorganized sector who do not receive maternity leave or any other similar benefits.

The Centre's budget allocation for Maternity Benefit Programme is Rs. 2700 crore in 2017-18 (BE) which is a major increment from the budget allocation of Rs. 400 crore for the erstwhile *Indira Gandhi Matritva Sahyog Yojana* in 2016-17 (BE). However, despite a near 7-fold increase in budget allocation, the many experts claim that the scheme still remains greatly under-funded (Sinha 2017).

Nutrition financing has not been the center of many studies conducted in the past; however there is some literature available that focuses on analyzing the budgetary allocations of various nutrition-specific as well as nutrition-sensitive interventions. A paper published by Results for Development Institute conducted a study in Rajasthan and reports the resources needed to adequately fund key nutrition programmes, along with the resource gap assessment of how much additional investment is required to provide adequate nutrition services. Furthermore, a joint study conducted by CBGA and UNICEF India computes the resource gap at 31.5% for Uttar Pradesh, 22.3% for Bihar, 50.2% for Odisha and 0.4% for Chhattisgarh for supplementary nutrition programme in FY 2015-16, which is a critical nutrition-specific intervention.

However, with respect to the resource gap analysis of the Maternity Benefit Programme in particular, there are not many studies that have been conducted. Even though some authors in their articles have discussed how the scheme is severely under-funded (Sinha 2017, Nair 2017), the estimates they provide are general approximations and not concrete numbers. Moreover, though several studies

have been conducted on the *Indira Gandhi Matritva Sahyog Yojana* (IGMSY), however no significant data is available on the rechristened Maternity Benefit Programme. The literature on *Indira Gandhi Matritva Sahyog Yojana* (IGMSY) mostly focuses on the implementation aspect of the programme, as opposed to analyzing the resource allocation and funding.

It is amid this context that we aim at providing a detailed and comprehensive perspective on the financing of the scheme.

## RESEARCH QUESTIONS

Maternity Benefit Programme has been subject to significant criticisms with regard to adequacy of its budgetary allocations (Sinha 2017, Nair 2017). We try to answer the following questions through this paper.

- Are the budgetary outlays for the Maternity Benefit Programme in four Indian states, namely Bihar, Chhattisgarh, Odisha and Uttar Pradesh, adequate to fulfill the resource requirements as per scheme guidelines?
- What would be the resource requirement for MBP in these states if we extend the scheme to cover (a) two child births and (b) universal coverage?

## METHODOLOGY

### Beneficiary Analysis

#### SCENARIOS FOR ANALYSIS

We follow a three layer approach in order to estimate the number of beneficiaries eligible for the Maternity Benefit Programme in study states.

1. We estimate beneficiaries according to the government guidelines, that is, women who are above 19 years of age working in the unorganized sector giving birth to their first child.
2. In the next layer of analysis, we extend the above definition to include women who are giving birth to their first or second child, following the two child norm that was used in the scheme earlier (under IGMSY).
3. Finally, we argue for universal coverage and estimate beneficiaries based on all women who are above 19 years of age in the unorganized sectors giving birth to a child.

#### ESTIMATING THE NUMBER OF BENEFICIARIES UNDER THE THREE SCENARIOS

We estimate the number of beneficiaries by firstly estimating the exclusion criteria and applying these criteria to the total number of women having live births using the Health Management Information System (HMIS) 2016 data.

#### Estimating the exclusion criteria:

##### **Women in formal sector:**

In order to calculate the number of beneficiaries, we use the Census 2011 data on fertility.

As a first step we estimate the proportion of women working in the formal sector for our study states as scheme doesn't include women who are in the organized sector and already receive maternity leave and other benefits. This is obtained from the table "F-4 NUMBER OF WOMEN AND EVER MARRIED WOMEN BY PRESENT AGE, PARITY, and ECONOMIC ACTIVITY AND TOTAL CHILDREN EVER BORN".

The data categorizes women under 'Cultivators', 'Agricultural Labourers', 'Household Industry Workers', 'Other main workers', 'Marginal Workers' and 'Non-Workers'. 'Other main workers' are further categorized into 'Manual Workers' and 'Non-Manual Workers'. We want to exclude women under 'Non-Manual Workers' from the data. Hence, we operate under the assumption that women classified under 'Non-Manual Workers' are working in the formal sector, as according to the Census, this category includes legislators, senior officials and managers, professionals, technicians and associate professionals and clerks, etc.

However, the limitation that we face in this regard is that the exact number of women under these sub-categories of 'Other Main Workers' is not provided state-wise. Hence, we estimate the nation-wide proportion of women under 'Manual Workers' and use these proportions as state-wise estimates for the same. We calculate these proportions from the Census 2011 data, and the percentages thus calculate are as given in Table 2.

#### **Women below 19 years of age:**

In our analysis we only consider women who are above 19 years of age as per the scheme guidelines. We use Census table "F-12 NUMBER OF WOMEN AND CURRENTLY MARRIED WOMEN BY PRESENT AGE, ECONOMIC ACTIVITY, NUMBER OF BIRTHS LAST YEAR BY SEX AND BIRTH ORDER" for this purpose. We calculate the state-wise proportion of women who are below 19 years of age and giving birth to a child as a percentage of total births. These proportions are presented in Table 2.

#### **Order of Birth:**

As our next step we estimate the proportion of first and second order births in the total births. We use the state-wise census data table "F-12 NUMBER OF WOMEN AND CURRENTLY MARRIED WOMEN BY PRESENT AGE, ECONOMIC ACTIVITY, NUMBER OF BIRTHS LAST YEAR BY SEX AND BIRTH ORDER". The estimates thus calculated are presented in Table 2.

#### **Estimating the number of beneficiaries:**

Finally to ascertain the number of beneficiaries, we use state-wise Health Management Information System 2015-16 data on the number of live births. We progressively apply the exclusion criteria calculated above to the total number of live births reported and calculate the number of women eligible for the scheme according to the three layer approach mentioned earlier. We report the number of total births, first births and first or second births attributed to women who are above 19 years and are not a part of the formal sector. These estimated are presented in Table 3.

#### **Accounting for still births:**

One major drawback that the reported estimates suffer is that they do not include still births, which constitute a sizeable proportion of total births and therefore might under-estimate our projections. In order to account for the same we use SRS Statistical Report 2015 data on still birth rates, which we use to calculate still births as well as total births. We report the final number of women who are eligible to avail benefits under Maternity Benefit Programme in Table 4. The Union Government estimated 51.70 lakh beneficiaries for the scheme, which greatly underestimates the actual numbers as reported in Table 4.

### Accounting for various eligibility requirements:

The Maternity Benefit Programme is conditional cash transfer scheme that provides cash benefit to pregnant women based on fulfillment of certain conditions that we discussed earlier. However, given India's poor record with respect to various healthcare indicators, it is not surprising that many women who are otherwise eligible to avail the MBP benefits are unable to meet the various conditions required under the scheme for each installment and hence are rendered ineligible for the cash transfer.

We use NFHS 4 and RSOC 2013-14 data to evaluate percentage of women who fulfill the different criteria listed under the Government of India guidelines.

It is important to note we do not consider the requirement with respect to **institutional delivery** as this is an additional condition, funds for which are allocated under the *Janani Suraksha Yojana* budgets. The percentages of women who meet the various conditions are given in Table 5.

### Estimating number of beneficiaries fulfilling different criteria:

As a final step in estimating the number of beneficiaries, we apply the percentages reported in Table 5 to our estimates of total eligible births in Table 4, and we evaluate and present the number of beneficiaries eligible for each installment of the programme in Table 6. Furthermore, women who do not fulfill the conditions of the first installment are by default not eligible under the second installment, hence we apply a progressive elimination method.

For example, while evaluating number of beneficiaries in Bihar according to

government guidelines of first live birth, we first look at Table 5 and obtain percentage of women who register their pregnancy early (i.e. 66.4%). We multiply this figure with Total Births of First Child in Bihar in Table 4 (i.e. 6,53,091 ) to get Number of Women who Fulfill Criteria 1 in Table 6 (i.e. 4,33,653). Now, we again look at Table 5 and obtain women who receive at least one ante-natal checkup (i.e. 84.7%), we multiply this figure by the number of women who fulfill criteria 1 (i.e. 4,33,653) to obtain Number of Women who Fulfill Criteria 1, 2 in Table 6 (i.e. 3,67,304). We follow the same procedure for further calculations and progressively eliminate and evaluate the number of beneficiaries who are eligible under different installments.

### Estimating resource requirement for 2017-18:

Now, to finally calculate the resources required at different stages and layers of the programme we use information on the cash transfers stated under MBP guidelines discussed earlier and present the final figures in Table 7.

Table 7 gives us a detailed description of the amount of funds required under the Maternity Benefit Programme at the state level.

This is the most comprehensive resource requirement that can be estimated given the data constrains.

Before we analyze these figures we track the budget allocation to Maternity Benefit Programme in different states.

### BUDGET ANALYSIS

The Maternity Benefit Programme witnessed a pan-India expansion in 2017 and this expansion has led to increase in the resource

allocations for the scheme at the national as well as state level.

We use state budget documents to obtain funds allocated to Maternity Benefit Programme. Despite the rechristening of IGMSY to MBP all our study states continue to report scheme budgets under IGMSY. Nodal departments were identified in the study states for the implementation of the scheme. Social Welfare Department in Bihar and Women and Child Development Department in Chhattisgarh and Uttar Pradesh are responsible for the implementation of the programme. The budgets of these departments were referred to in order to estimate the fund allocation in different states. We tracked the accounts / actual expenditure for 2015-16, budget estimates as well as revised estimates for the year 2016-17 along with the budget estimates for 2017-18. It is important to note Bihar State Budget reports the funds for IGMSY along with *Rashtriya Mahila Shaktikaram Mission* (RMSM) funds, and there is no account for IGSMY funds separately. Hence the final figures reported will be higher than the actual budget allocations; however we can still proceed with these figures as RMSM is a relatively small scheme and is not likely to affect the budget allocations greatly.

The scheme heads that we referred to were “*Indira Gandhi Matritva Sahyog Yojana* and *Rashtriya Mahila Shaktikaram Mission*” in Bihar and, “*Indira Gandhi Matritva Sahyog Yojana* (IGMSY)” in Chhattisgarh and Uttar Pradesh State Budgets. We present the figures in Table 8.

The budgetary resource gap, if any, was computed by taking the difference between the funds required and the budget allocated in the study states. Separate values were computed for each of the scenario analyzed. We can now comprehensively calculate and

interpret the amount of funds required as well as analyze the extent of resource gap, if any (Table 9).

## RESULTS

### RESOURCE REQUIREMENT

We estimate a resource requirement of INR 151 crore for Bihar, INR 70 crore for Chhattisgarh and INR 252 crore for Uttar Pradesh, when we consider the government guidelines and take into consideration women giving birth to their first child.

This figure increases when we extend our eligibility to cover the second child as well and we get a resource requirement of INR 263 crore, INR 123 crore and INR 430 Crore in Bihar, Chhattisgarh and Uttar Pradesh respectively.

If the scheme is universalized to cover all pregnant women, the financing needs are INR 437 Crore in Bihar, INR 181 Crore in Chhattisgarh and INR 743 Crore in Uttar Pradesh.

### BUDGETARY ALLOCATIONS

Bihar increased its budget from INR 70.96 Crore in 2016-17 BE to INR 85.89 Crore in 2017-18 BE, a 21% increase. Bihar also revised its budgetary allocations from INR 70.96 Crore in BE 2016-17 to INR 90.96 Crore in RE 2016-17.

Chhattisgarh showed no change in its budget estimate from 2016-17 BE to 2017-18 BE, as they remained stable at INR 70 crore. Chhattisgarh however revised its budgetary allocations from INR 70 Crore in BE 2016-17 to INR 35 Crore in RE 2016-17.

Uttar Pradesh decreased its budget estimate from INR 7.35 Crore in 2016-17 BE to INR 7 Crore in 2017-18 BE, a 5% decrease. U.P. also

revised its budgetary allocations from INR 7 Crore in BE 2016-17 to INR 5.78 Crore in RE 2016-17.

#### RESOURCE GAP

The estimated resource gap in Bihar is INR 65 Crore (43.26%) if we consider only coverage for the first child in 2017-18. This gap increased to INR 177 Crore or 67.36% at the current budgetary allocations, if the scheme covers both first and the second child. The universalization of the scheme would lead to a budget deficiency of INR 351 Crore (80.35%) in 2017-18 in Bihar.

Chhattisgarh shows only a 0.84% deficiency of funds if we take into consideration only the first live birth in 2017-18. However, accounting for the first as well as second child leads to underfunding of INR 53 Crore, which further increases to INR 111 Crore if the scheme is universalized.

The resource gap in 2017-18 in Uttar Pradesh is estimated at INR 245 Crore or 97.23% even if we consider the eligibility conditions of the current scheme. This further increases to INR 432 Crore for the 1<sup>st</sup> and 2<sup>nd</sup> child birth and the figure nearly doubles to INR 736 Crore if we consider universalization.

#### **Mamata - The special case of Odisha**

*Mamata* is the maternity benefit scheme of Odisha and has been functional since 2011 (Government of Odisha 2017). The scheme provides pregnant and lactating mothers a sum of INR 5000, payable in four installments. The conditionalities and installments under *Mamata* are significantly different from those under the Maternity Benefit Programme. These conditions are presented in Table 10. The analysis in this section follows the same methodology specified in the previous section for the other

states, however, we use the conditionalities specified in Table 10 to compute the resource requirement. We are unable to find data on all the conditions presented in Table 10, hence we present average percentage compliance for each installment. This average is calculated by estimating a simple mean (average) of the underlying conditionality compliances for each installment as presented in Table 11.

As we can observe by comparing Table 10 and 11, data on some sub-conditions wasn't available in the public domain. Furthermore, due to non-availability of data, certain conditionalities were substituted to close approximations, for example, the 5<sup>th</sup> condition under installment 2 states "Child weighed at least two times after birth", however we use percentages reported under "Child has been weighed within 24 hours of birth". Hence these factors need to be taken into consideration while evaluating the results in this section. The total number of births and resource requirement is given in Table 12 and 13. We estimate the resource requirement at INR 211 Crore. It is important to note that Odisha provides maternity benefits up to two live births. However, using the Odisha budget, we observe that the BE 2017-18 stands at INR 378 Crore; this is a considerable rise from BE 2016-17 which was INR 230 Crore. In order to investigate this excess funding we traced the resource allocation according to the Government of Odisha, they allocated the funds in the following way-

From FY 2017-18, the government of Odisha is providing INR 6000/- to beneficiaries and not INR 5000/-. In addition, they give incentives to *ASHA* and helper @ of INR 200 and INR 100 respectively, making it INR 300 per delivery. This INR 6000/- is in addition to the money being disbursed under the JSY scheme. Moreover, the state government estimated



number of beneficiaries at 5.47 lakh and budgeted for the scheme under 4 heads, namely, Entitlements (INR 6000 per beneficiary); Contingency (4% of scheme budget); IEC (4% of scheme budget) and Flexi Fund (2.5% of the scheme budget).

Thus budget computation is as follows:

- Beneficiary entitlement = 6000 \* 5,47,000 = INR 328 crore
- Incentive to ASHA / helper = 300\*5,47,000= INR 16.4 crore
- Scheme amount = INR 328 + INR 16.4 = INR 344.4 crore
- Contingency fund = 4% of 344.4 = INR 13.7 crore
- IEC budget = 3% of 344.4 = INR 10.03 crore
- Flexi Fund = 2.5% of 344.4 Crores = INR 8.61 Crores

Hence scheme total = 344.4+13.7+10.03+8.61 = INR 376.7 Crore.

The government's estimates are greater than the resource allocations we calculated in this paper. This can be owing to provision of INR 6000 instead of INR 5000 per beneficiary as given by the scheme guidelines. Further, the number of beneficiaries reported by the government is also higher as compared to our estimates but there is no official record available regarding how these numbers were estimated by the government. This is also because while we apply an elimination method based on fulfilment of schemes' conditionalities for giving various instalments under the scheme, the government seems to be basing their resource needs on the number of births / pregnant women in a year. Government has also budgeted extra for ASHA workers and helpers, IEC, contingency and Flexi-funds, which is not stated in the

Maternity Benefit Programme guidelines and can be an additional factor contributing towards higher budgeting.

We observe that Odisha has emerged as exceptional performer in terms of budget allocations for maternity entitlements. Even though we are unable to fully trace how the state government has allocated funds towards the programme, we can decisively conclude that the funds released are sufficient to meet the scheme's requirements.

### Discussion

India has been long plagued with the issues of maternal under-nutrition, with maternal mortality rate 167 (per 1,00,000 live births) nationally and as high as 285 in some other states like Uttar Pradesh; to put it simply we have got a problem! These problems continue to persist despite different state-specific as well as centrally sponsored nutrition schemes operational in India.

The failure or success of a scheme is directly and strongly related to the amount of resources available for its implementation. The nutritional landscape in India might continue to be fragmented until sufficient funds are mobilized for these programmes.

After the pan-India expansion of Maternity Benefit Programme the state budgets were expected to see an increase in budgetary allocations for the scheme, however this increase was not only minimal but also largely insufficient. Bihar increased its budgetary allocations from BE 2016-17 to BE 2017-18 by a mere 21%. Uttar Pradesh fared even more poorly, and actually decreased its allocations between BE 2016-17 and BE 2017-18; Chhattisgarh showed no change in allocations from BE 2016-17 and BE 2017-18 which remained constant at INR 70 Crore.

When we look at the revised estimates for the various states in 2016-17, we observe an increase in the Bihar budgetary estimate of 28% over BE 2016-17, however Uttar Pradesh and Chhattisgarh continue to perform poorly as both Uttar Pradesh and Chhattisgarh reduced their financing from BE 2016-17 to RE 2016-17, with Chhattisgarh having halved the funding (Table 8).

These trends are fairly disappointing, especially as we are looking at some of the most developmentally backward states, which are home to the majority of the country's poor. The insufficiency of these resource allocations is even more pronounced when we look at the estimates for the resource requirement.

We first discuss the findings with respect to eligible women having their first birth, as consistent with the MBP guidelines. For Bihar, we estimate a resource gap of INR 65 Crore (43.26%) as of 2017-18. This figure is almost double in Uttar Pradesh, as the actual budget allocations are far lesser than that in Bihar and estimated number of beneficiaries is far greater. Even though Chhattisgarh manages to just about cover all eligible beneficiaries its budget allocations are largely insufficient if we extend the eligibility up to two live births.

Earlier, the IGMSY covered women up to two live births. However, in 2017 after its nationwide expansion, scheme's provisions were changed to cover only first live birth. This additional clause virtually halves the number of beneficiaries and excludes some of the most vulnerable women from the scheme as having two children is a wide spread phenomenon in the country, which is highlighted by the total fertility rate at 2.2 in 2015 (SRS 2015). Given high infant mortality rates (44 per 1000 live births) and under five mortality rates (50 per 1000 live births) in certain pockets, women might have more

than two children as an insurance measure as the survival of their children is often uncertain. Restricting the benefits only to firstborns deprives many needy mothers from getting government aid during the difficult times of their pregnancy.

If we extend the benefits of the scheme to cover first two live births, the resource requirements in the three states - Bihar, Uttar Pradesh and Chhattisgarh increase significantly, leading to greater resource gaps (Table 9).

These figures are even higher if the scheme is universalized to cover all women giving birth to a child. Most women working in the informal sector are likely to be women who may be largely unaware of family planning or lack the agency to exert their rights in restricting the number of children they give birth to. This coupled with the dismal condition of India's family planning services (Rao 2011), not universalizing coverage of the Maternity Benefit Programme is equivalent to penalizing the most vulnerable sections of the population for no apparent fault of theirs. Moreover, it is important to note that first births account for only about 35-40% of the total births in our study states individually. Hence the current scheme guidelines exclude a large proportion of population.

However, Odisha emerges as an excellent performer in all of the above regards. Odisha increased its funding from INR 230 crore in BE 2016-17 to INR 378 crore BE 2017-18, a massive 68% increase. Furthermore it provided coverage up to two child births as opposed to only one child birth as mandated in the Maternity Benefit Scheme. Looking as the actual resource requirement to cover all beneficiaries which stands at INR 211 Crore for 2017-18, we believe that Odisha allocated enough resources to move towards universalization of the scheme as well as

increase the amount of the condition transfer from INR 6000 per birth which it is currently providing.

The Maternity Benefit Programme aims at targeting and compensating those women who do not receive any formal maternity leave and other benefits; these maternity benefits in the formal sector are not limited to any number of pregnancies, hence it is unfair to restrict benefits for women in the informal sector. Also, other central government initiatives such as Janani Suraksha Yojana do provide universal coverage to pregnant women. Hence there exists a strong precedence for universalization. If the scheme is universalized we estimate the resources gap at INR 351 crore for Bihar (80.35%), INR 736 Crore (99.06%) for Uttar Pradesh and INR 111 Crore (61.49%) for Chhattisgarh at the current budget allocations (Table 9).

Looking at our study states we observe that Uttar Pradesh has a long road to cover in this regard, having a severe deficiency in financing a critical maternal intervention. One possible factor for this can be a relatively higher population in Uttar Pradesh which is bound to put a strain on its financial resources. Though Chhattisgarh has done better than the other two states in comparative terms, there is still a large deficiency when we look at the absolute numbers. Furthermore, guidelines for Janani Suraksha Yojana states that benefits would be extended to all women

from 10 low performing states even after the third live birth if the mother, of her own accord chooses to undergo sterilization in the health facility where she delivered, immediately after the delivery. Hence, the government should aim at incentivizing women to have lesser number of children rather than excluding them altogether.

## Conclusion

Maternity Benefit Programme has seen several changes in its implementation since it was first launched in October 2010. However, it is still uncertain whether these changes will translate into concrete benefits for pregnant women despite nation-wide expansion of the scheme as well as increase in budgetary allocations. In fact, the scheme has seen certain setbacks such as restricting the benefits of the programme to cover only the first live birth. The government has possibly done so as a cost cutting exercise. However the importance of safe and quality healthcare during pregnancy should not be undermined. Moreover, the state budgets are largely insufficient to even cover firstborns. Even if we are to resolve issues with respect to financing, there are many challenges that the programme faces in terms of implementation (Falcao et al. 2015) Hence, efforts need to be made not only to improve financing but also to improve its delivery and rethink the scheme guidelines, moving towards inclusion and universalization.

## REFERENCES

- Government of Bihar. State Budget Documents. (2017); Available at: <http://finance.bih.nic.in/Budget/Demandwise-Expenditure-Detail.pdf> (Accessed on 10.6.2017)
- Government of Chhattisgarh. State Budget Documents. (2017); Available at: [http://finance.cg.gov.in/budget\\_doc/2017-2018/Book/39/B-39.pdf](http://finance.cg.gov.in/budget_doc/2017-2018/Book/39/B-39.pdf) (Accessed on 10.6.2017)
- Government of Odisha. State Budget Documents. (2017); Available at: <http://budget.odisha.gov.in/> (Accessed on 10.6.2017)
- Government of Odisha (2017). Guideline on Mamata – A Conditional Cash Transfer Scheme. Department of Women and Child Development. Available at: <http://wcdodisha.gov.in/Application/error> (Accessed on 29.6.2017)
- Government of Uttar Pradesh. State Budget Documents. (2017); Available at: <http://budget.up.nic.in/downloadbudgetPDFs.aspx> (Accessed on 10.6.2017)
- Lok Sabha Unstarred Question no 395 to be answered on 03.02.2017. Beneficiaries under Maternity Benefit Programme. Ministry of Women and Child Development. (Accessed on 14.6.2017)
- Mahbub, R., Ryckman, T., Dathan, A., & Hecht, R. Tracking Nutrition Financing in Rajasthan. Washington DC: Results for Development Institute (R4D) (2016). Available at: [http://www.r4d.org/sites/resultsfordevelopment.org/files/v3\\_R4D\\_NF%20in%20Rajasthan\\_ExecSummaryPg.pdf](http://www.r4d.org/sites/resultsfordevelopment.org/files/v3_R4D_NF%20in%20Rajasthan_ExecSummaryPg.pdf) (Accessed on 18.6.2017)
- Ministry of Health and Family Welfare. Government of India. National Family Healthy Survey-4 (2016); Available at: <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>(Accessed on 10.6.2017)
- Registrar General of India. SRS Statistical Report 2015. Available at: [http://www.censusindia.gov.in/vital\\_statistics/SRS\\_Reports\\_2015.html](http://www.censusindia.gov.in/vital_statistics/SRS_Reports_2015.html)(Accessed on 10.6.2017)
- Ministry of Women and Child Development. Government of India. IGMSY Guidelines (2011). Available at: <http://wcd.nic.in/sites/default/files/IGMSYImpGuidelinesApr11.pdf>(Accessed on 11.6.2017)
- Ministry of Health and Family Welfare. Health Management Information System. State-wise Fact Sheet 2015-16. Available at: <https://www.nrhm-mis.nic.in> (Accessed on 28.6.2017)  
Ministry of Women and Child Development, Government of India, Janani Surakhsha Yojana Guidelines(2016). Available at: <http://www.ilo.org/dyn/travail/docs/683/JananiSurakhshaYojanaGuidelines/MinistryofHealthandFamilyWelfare.pdf> (Accessed on 10.6.2017)

- Ministry of Human Resource Development. Government of India. Maternity Benefit Bill. (2016). Available at:  
<http://www.prsindia.org/billtrack/the-maternity-benefit-amendment-bill-2016-4370/>(Accessed on 10.6.2017)
- Ministry of Women and Child Development. Government of India. Maternity Benefit Programme Guidelines (2017). Available at:  
<http://pib.nic.in/newsite/PrintRelease.aspx?relid=156094>(Accessed on 10.6.2017)
- PM India website. PM Speech on New Years Day. (2017). Available at:  
[http://www.pmindia.gov.in/en/news\\_updates/pms-address-to-the-nation-on-the-eve-of-new-year-2017/](http://www.pmindia.gov.in/en/news_updates/pms-address-to-the-nation-on-the-eve-of-new-year-2017/)(Accessed on 15.6.2017)
- No decision on limiting maternity benefits to first child: Govt. Hindustan Times (PTI). Budget Allocation for MBP (2017). Available at:  
<http://www.hindustantimes.com/india-news/no-decision-on-limiting-maternity-benefits-to-first-child-govt/story-ZZzfQUPEZvfA8ZzfbNzAeN.html>(Accessed on 16.6.2017)
- PM India website. PM Speech on New Years Day. (2017). Available at:  
[http://www.pmindia.gov.in/en/news\\_updates/pms-address-to-the-nation-on-the-eve-of-new-year-2017/](http://www.pmindia.gov.in/en/news_updates/pms-address-to-the-nation-on-the-eve-of-new-year-2017/) (Accessed on 15.6.2017)
- Registrar General of India. Census 2011 Fertility tables. Available at:  
[http://censusindia.gov.in/Tables\\_Published/F-Series/f\\_series\\_tables\\_2001.html](http://censusindia.gov.in/Tables_Published/F-Series/f_series_tables_2001.html) (Accessed on 10.6.2017)
- Sinha D. Budget 2017 Disappoints, Maternity Benefit Programme Underfunded, Excludes Those Who Need It The Most. NDTV. Opinion on MBP funding. (2017). Available at:  
<http://everylifecounts.ndtv.com/budget-2017-disappoints-maternity-benefit-programme-underfunded-9831> (Accessed on 15.6.2017)
- Shrivastava S., Singh C., Archarya N., Mishra P., Pandey R.S., Parhi R., Bhattacharjee S., Daniel A., Sethi V. Budget Outlays for Nutrition Specific Interventions. Centre of Budget and Governance Accountability and UNICEF. (2017). Available at:  
<http://www.cbgaindia.org/wp-content/uploads/2017/04/Working-Paper-1-Budget-Outlays-for-Nutrition-Specific-Interventions.pdf>(Accessed on 09.6.2017)

## TABLES

TABLE 1: Conditions for Cash Transfer		
Installment	Condition	Cash Transfer (in Rs.)
First Installment	<ul style="list-style-type: none"> <li>• Early Registration of Pregnancy</li> </ul>	1000/-
Second Installment	<ul style="list-style-type: none"> <li>• Received At least 1 Ante-Natal Check-up</li> </ul>	2000/-
Third Installment	<ul style="list-style-type: none"> <li>• Child Birth Registered</li> <li>• Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent / substitute.</li> </ul>	2000/-

\*Source- Maternity Benefit Programme Guidelines <http://pib.nic.in/newsite/PrintRelease.aspx?relid=156094>

Table 2: Exclusion Criteria				
State	Percentage of Women in the formal sector	Percentage of women below 19 years giving birth	Percentage of First Order Births	Percentage of Second or First Order Births
Bihar	1.53%	5.97%	34.63%	60.20%
Chhattisgarh	1.53%	5.48%	38.84%	68.10%
Uttar Pradesh	1.53%	4.88%	35.74%	60.90%
India	1.53%	3.37%	39.24%	68.36%

\*Source-Census 2011 Fertility Tables

Table 3: Estimated Number Of Women Eligible Under Maternity Benefit Programme				
State	Live Births Reported	Number of women who are <i>above 19 years</i> and are <i>unemployed</i> or are in the <i>informal sector</i> having-		
		Any Child	1 <sup>st</sup> Child	1 <sup>st</sup> or 2 <sup>nd</sup> Child
Bihar	20,34,507	18,83,756.06	6,52,438.31	11,33,960.27
Chhattisgarh	4,83,669	4,54,926.89	1,76,673.18	3,09,825.18
Uttar Pradesh	39,93,432	37,40,392.46	13,36,971.19	22,78,020.72
India	2,10,13,822	1,96,82,303.68	77,23,335.96	1,34,54,822.79

\*Source- Health Management Information System 2015-16

Table 4: Number of Women Eligible under Maternity Benefit Programme Accounting for Both Live and Still Births					
STATE	Child Order	Live Births	SBR	Still Births	Total Births
Bihar	<i>1<sup>s</sup> Child</i>	6,52,438	1	653	6,53,091
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	11,33,960	1	1,135	11,35,095
	<i>Any child</i>	18,83,756	1	1,886	18,85,642
Chhattisgarh	<i>1<sup>s</sup> Child</i>	1,76,673	8	1,425	1,78,098
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	3,09,825	8	2,499	3,12,324
	<i>Any child</i>	4,54,927	8	3,669	4,58,596
Uttar Pradesh	<i>1<sup>s</sup> Child</i>	13,36,971	2	2,679	13,39,650
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	22,78,021	2	4,565	22,82,586
	<i>Any child</i>	39,32,288	2	7,880	39,40,168
INDIA	<i>1<sup>s</sup> Child</i>	77,23,336	4	31,017	77,54,353
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	1,34,54,823	4	54,035	1,35,08,858
	<i>Any child</i>	2,06,92,077	4	83,101	2,07,75,178

\* Source- Census 2011 Fertility Tables, SRS Statistical Report 2015

Table 5: Percentage of Women who Fulfil the Different Eligibility Criteria				
Criteria	India	Bihar	Chhattisgarh	Uttar Pradesh
1. Early Registration Of Pregnancy	84.1%	66.4%	91.2%	64.2%
2. Received At Least One Ante-Natal Check-Up	85.2%	84.7%	95.7%	61.6%
3. Child Birth Registered	79.7%	60.7%	86.1%	76.7%
4. Child Has Received First Cycle Of BCG, OPV, DPT or Hepatitis B	76.4% <sup>1</sup>	77.5% <sup>1</sup>	86.9% <sup>1</sup>	74.9% <sup>1</sup>

\*Source- SRS Statistical Report 2015, NFHS 4  
1-Average of children who have received BCG, OPV, DPT and Hepatitis

**Table 6: Number of Beneficiaries According to Fulfillment of Different Criteria**

State	Child Order	Total Births	Number of Women Fulfill Criteria 1	Number of Women Fulfill Criteria 1,2	Number of Women Fulfill Criteria 1,2,3	Number of Women Fulfill Criteria 1,2,3,4
Bihar	<i>1<sup>st</sup> Child</i>	6,53,091	4,33,653	3,67,304	2,22,953	1,72,789
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	11,35,095	7,53,703	6,38,387	3,87,501	3,00,313
	<i>Any child</i>	18,85,642	12,52,066	10,60,500	6,43,723	4,98,886
Chhattisgarh	<i>1<sup>st</sup> Child</i>	1,78,098	1,62,425	1,55,441	1,33,835	1,16,302
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	3,12,324	2,84,839	2,72,591	2,34,701	2,03,955
	<i>Any child</i>	4,58,596	4,18,239	4,00,255	3,44,620	2,99,474
Uttar Pradesh	<i>1<sup>st</sup> Child</i>	13,39,650	8,60,056	5,29,794	4,06,352	3,04,358
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	22,82,586	14,65,420	9,02,699	6,92,370	5,18,585
	<i>Any child</i>	39,40,168	25,29,588	15,58,226	11,95,160	8,95,175
INDIA	<i>1<sup>st</sup> Child</i>	77,54,353	65,21,411	55,56,242	44,28,325	33,83,240
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	1,35,08,858	1,13,60,950	96,79,529	77,14,585	58,93,943
	<i>Any child</i>	2,07,75,178	1,74,71,924	1,48,86,080	1,18,64,205	90,64,253

\*Source-Census 2011 Fertility Tables, SRS Statistical Report 2015, Health Management Information System 2015-16

**Table 7: Resource Requirement Under Maternity Benefit Programme**

State	Child Order	First Installment (Inr 1000)	Second Installment (Inr 2000)	Third Installment (Inr 2000)	Total (Inr)	Total (Inr Crore)
Bihar	<i>1<sup>st</sup> Child</i>	43,36,52,692	73,46,07,660	34,55,77,809	1,51,38,38,161	<b>151.38</b>
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	75,37,03,324	1,27,67,73,431	60,06,26,141	2,63,11,02,896	<b>263.11</b>
	<i>Any child</i>	1,25,20,66,089	2,12,09,99,954	99,77,71,403	4,37,08,37,446	<b>437.08</b>
Chhattisgarh	<i>1<sup>st</sup> Child</i>	16,24,25,343	31,08,82,106	23,26,04,790	70,59,12,238	<b>70.59</b>
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	28,48,39,281	54,51,82,384	40,79,10,366	1,23,79,32,031	<b>123.79</b>
	<i>Any child</i>	41,82,39,234	80,05,09,893	59,89,48,707	1,81,76,97,834	<b>181.77</b>
Uttar Pradesh	<i>1<sup>st</sup> Child</i>	86,00,55,616	1,05,95,88,519	60,87,15,591	2,52,83,59,726	<b>252.84</b>
	<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	1,46,54,20,142	1,80,53,97,614	1,03,71,70,238	4,30,79,87,994	<b>430.80</b>
	<i>Any child</i>	2,52,95,88,149	3,11,64,52,599	1,79,03,49,039	7,43,63,89,786	<b>743.64</b>



<b>Table 8: Budget Allocations To Maternity Benefit Programme</b>				
<b>Region</b>	<b>Accounts 2015-2016 (INR Crore)</b>	<b>Budget Estimate 2016-2017 (INR Crore)</b>	<b>Revised Estimate 2016-17 (INR Crore)</b>	<b>Budget Estimate 2017-2018 (INR Crore)</b>
<b>Bihar</b>	47.14	70.96	90.96	85.89
<b>Uttar Pradesh</b>	-	7.35	5.78	7
<b>Chhattisgarh</b>	7.16	70	35	70
*Source-Government of Bihar, Government of Uttar Pradesh, Government of Chhattisgarh, 2017				

<b>TABLE 9: RESOURCE GAP ANALYSIS</b>					
<b>State</b>	<b>Child Order</b>	<b>Budgetary Requirement (Inr Crore)</b>	<b>Budgetary Allocation BE 2017-18 (Inr Crore)</b>	<b>Resource Gap (Inr Crore)</b>	<b>Resource Gap (Budget As % Budgetary Requirement)</b>
<b>Bihar</b>	<b>1<sup>s</sup> Child</b>	151.38	85.89	<b>65.49</b>	<b>43.26%</b>
	<b>1<sup>st</sup> or 2<sup>nd</sup> Child</b>	263.11	85.89	<b>177.21</b>	<b>67.36%</b>
	<b>Any child</b>	437.08	85.89	<b>351.19</b>	<b>80.37%</b>
<b>Chhattisgarh</b>	<b>1<sup>s</sup> Child</b>	70.59	70	<b>0.59</b>	<b>0.84%</b>
	<b>1<sup>st</sup> or 2<sup>nd</sup> Child</b>	123.79	70	<b>53.79</b>	<b>43.45%</b>
	<b>Any child</b>	181.76	70	<b>111.76</b>	<b>61.49%</b>
<b>Uttar Pradesh</b>	<b>1<sup>s</sup> Child</b>	252.83	7	<b>245</b>	<b>97.23%</b>
	<b>1<sup>st</sup> or 2<sup>nd</sup> Child</b>	430.79	7	<b>423</b>	<b>98.37%</b>
	<b>Any child</b>	743.63	7	<b>736</b>	<b>99.06%</b>

<b>TABLE 10: MAMATA Conditions For Cash Transfer</b>	
<b>Conditionality</b>	
<b>First Installment (INR 1500)</b>	
1.	Pregnancy Registered
2.	Received at least one antenatal check-
3.	Received IFA tablets
4.	Received at least one TT vaccination
5.	Received at least one counseling session at the AWC/VHND/Home Visit
<b>Second Installment (INR 1500)</b>	
1.	Registration of child birth
2.	Child received BCG vaccination
3.	Child received Polio-1 and DPT-1 vaccination
4.	Child received Polio-2 and DPT-2 vaccination
5.	Child weighed at least two times after birth (out of optimal 4 times including weighing at birth)
6.	Mother attended at least two IYCF counseling sessions at the AWC/VHND/Home Visit after delivery (out of optimal 3 times)
<b>Third Installment (INR 1000)</b>	
1.	Exclusive breastfeeding for first 6 months of life
2.	Introduction of complementary foods on completion of 6 months of age
3.	Child received Polio-3 and DPT-3 vaccination
4.	Child weighed at least two times between age 3 and 6 months
5.	Mother attended at least two IYCF counseling sessions at the AWC/VHND/Home Visit between 3 and 6 months of lactation.
<b>Fourth Installment (INR 1000)</b>	
1.	Measles vaccination between 9-12 months for infant
2.	Vitamin A first dose given at time of measles vaccination
3.	Age-appropriate complementary feeding has started and continuing
4.	Child weighed at least two times between six and nine months.
*Source- MAMATA guidelines	

Table 11: Percentage of Women who Fulfil the Different Eligibility Criteria	
Conditionality	Percentage
<b>First Installment (INR 1500)</b>	
• Pregnancy Registered	90.30%
• Received at least one antenatal check-	92%
• Received IFA tablets	95.80%
• Received at least one TT vaccination	44.80%
Average	81%
<b>Second Installment (INR 1500)</b>	
• Registration of child birth	82.10%
• Child received BCG vaccination	94%
• Child received Polio vaccination	82.80%
• Child received Polio-2 and DPT-2 vaccination	89.20%
• Child has been weighed within 24 hours of birth	85.20%
Average	87%
<b>Third Installment (INR 1000)</b>	
• Exclusive breastfeeding for first 6 months of life	65.60%
• Introduction of complementary foods on completion of 6 months of age	55.50%
Average	60.555%
<b>Fourth Installment (INR 1000)</b>	
• Measles vaccination has been given to the child	87.90%
• Vitamin A first dose has been given to the child	57.20%
Average	72.55%

\*Source- SRS Statistical Report 2015, NFHS 4

Table 12: Resource Requirement under MAMATA					
	Installment 1	Installment 2	Installment 3	Installment 4	TOTAL IN CRORES
<i>1<sup>s</sup> Child</i>	34,05,79,47	27,92,75,166	17,45,15,948	14,95,01,995	94
<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	56,36,00,119	46,21,52,098	28,87,93,711	24,73,99,945	156
<i>Any child</i>	76,48,27,783	62,71,58,782	39,19,04,554	33,57,31,568	211

TABLE 13: Eligible Beneficiaries Under MAMATA					
	Total Births	Installment 1	Installment 2	Installment 3	Installment 4
<i>1<sup>s</sup> Child</i>	2,88,945	2,33,250.85	2,02,181.84	1,22,421.10	88,816.51
<i>1<sup>st</sup> or 2<sup>nd</sup> Child</i>	4,78,154	3,85,989.82	3,34,575.97	2,02,585.75	1,46,975.96
<i>Any child</i>	6,48,874	5,23,803.54	4,54,032.91	2,74,916.92	1,99,452.23

\*Source-Census 2011 Fertility Tables, SRS Statistical Report 2015, Health Management Information System 2015-16