

Indira Gandhi Matritvya Sahyog Yojana (IGMSY)

India contributes a quarter of all global maternal deaths. It could be attributed to the fact that only 47% of women are likely to have an institutional delivery. The absence of adequate pre natal and post natal care also lead to malnourishment in women and child. In order to achieve these objectives the IGMSY was launched with an aim to provide financial incentives for proper care of maternal and child's well- being. The scheme has been revised to provide compensation of 6000/- to every pregnant woman as compared to 4000/- from last 2 years.

Extent of the problem

- 30 million women in India are pregnant annually, and 27 million have live births.
- Of these, nearly 136,000 maternal deaths occur annually, most of which can be prevented.
- For 65 % of births, mothers received iron and folic acid supplements, but only 23 % consumed them for the recommended 90 days or more.
- Less than half (44 %) of children 12-23 months are fully vaccinated against the six major childhood illnesses: tuberculosis, diphtheria, pertussis, tetanus, polio, and measles

Objective

IGMSY is a conditional maternity scheme for pregnant and lactating women, where they would receive cash on fulfilling responsibilities of proper care of maternal and child health conditions, to solve the twin challenges of Maternal mortality Ratio and Infant Mortality Ratio. While Janani Shishu Surakhsha Yojana focused on incentivizing institutional delivery, a modest maternity benefit to partly compensate for their wage loss is the aim of IGMSY. So far 6.81 lakh women have benefitted from the scheme.

Accessing the Scheme

Earlier during 2009 - 2013, each pregnant and lactating woman aged 19 years and above in the target districts received a total cash incentive of Rs 4,000 in three installments between the periods from the second trimester of pregnancy to the child attaining the age of six months. After the introduction of Food security bill, the amount was revised to a total of Rs. 6000/- in 2 installments (3000 in each installment) for each pregnant and lactating woman. First installment would be given at the completion of 3rd trimester and second when the child achieves an age of 6 months, upon fulfillment of certain conditions. Each installment 3000 would be transferred through bank accounts in the name of beneficiary. Mother and child protection card certified by Anganwadi workers (AWW) would serve as the means of verification. Following is the list of conditions to be fulfilled to avail the money transfer process:

Conditions for 1st Transfer

- Done In 3rd trimester
- Registration of Pregnancy at Aanganwadi centers within 4 months of pregnancy
- At least 2 Ante natal checkups with IFA tablets and Tetanus

Conditions for 2nd Transfer

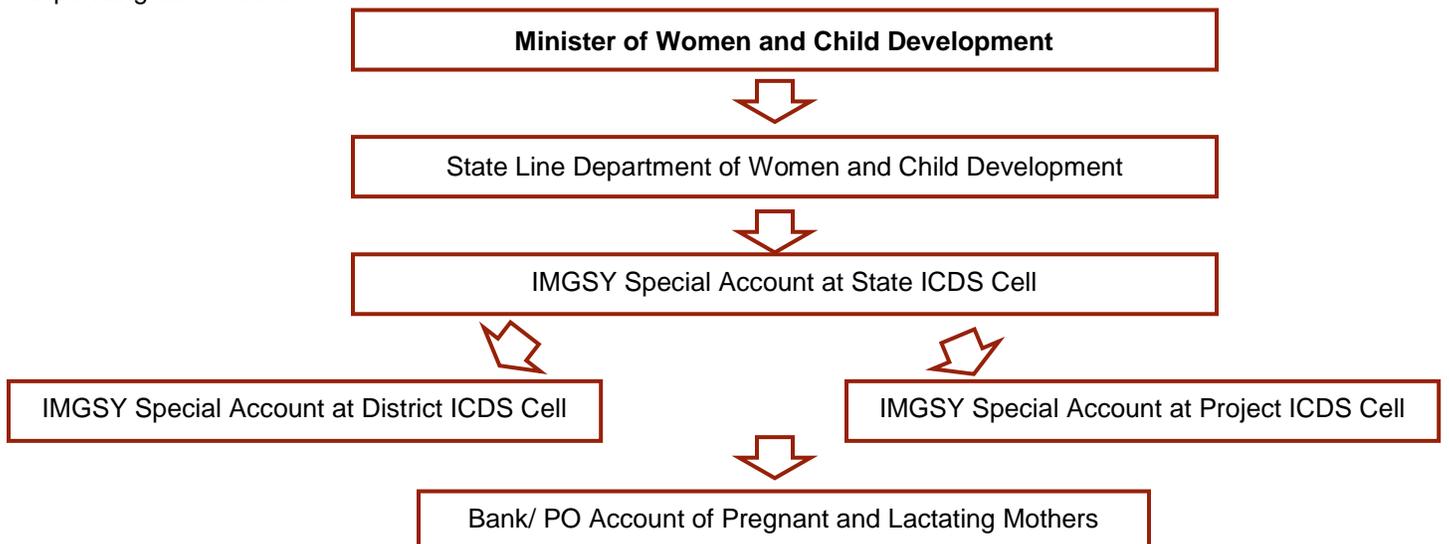
- 6 months after delivery
- The birth of child is registered
- The child has received BCG, DPT I, II and III and 3 OPV doses
- At least 3 growth monitoring and IYCF counselling sessions within 3 months of delivery
- Exclusive breastfeeding for 6 months

Designing Right Incentive Systems

To incentivize enrollment of women in this scheme, the enablers of the scheme are also provided monetary incentives. Such systems are now hailed as instrumental in persistently changing the behavior of pregnant women in taking adequate pre natal care and immunizing the children post birth. Such behavioral change driving agents at the grassroots have been implemented successfully through IMGSY. Anganwadis would receive a cash incentive of Rs.200/- per pregnant and lactating woman after all the due cash transfers to the beneficiary is complete. Similarly, a cash incentive of Rs.100/- would be provided to Anganwadi helper per beneficiary. This would ensure effective implementation of the scheme, since the cash incentives would act as a catalyst to motivate the Anganwadi to service the beneficiaries efficiently and also encourage more women to participate in the scheme.

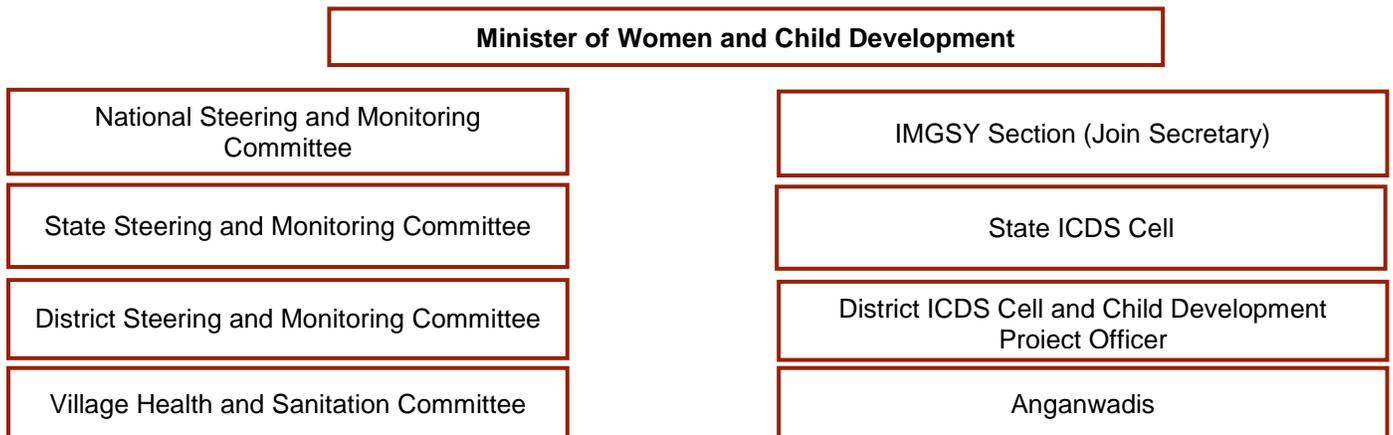
Funding Mechanism

The Ministry of Women and Child Development (MWCD) would give the financial assistance to the State Governments in two installments. The 1st installment in April/May will be released by MOWCD (GoI) based on indicative entitlement and the next installment would be based on the actual expenditure reflected in the Statement of Expenditure. The Ministry of Women and Child Development would transfer the funds to the consolidated account of the concerned State Government. States may have an IGMSY special bank account operated by the state ICDS Cell. The State ICDS Cell shall in turn provide grant-in-aid to the district ICDS cell and the ICDS projects implementing the scheme at the grassroots level depending on the case.



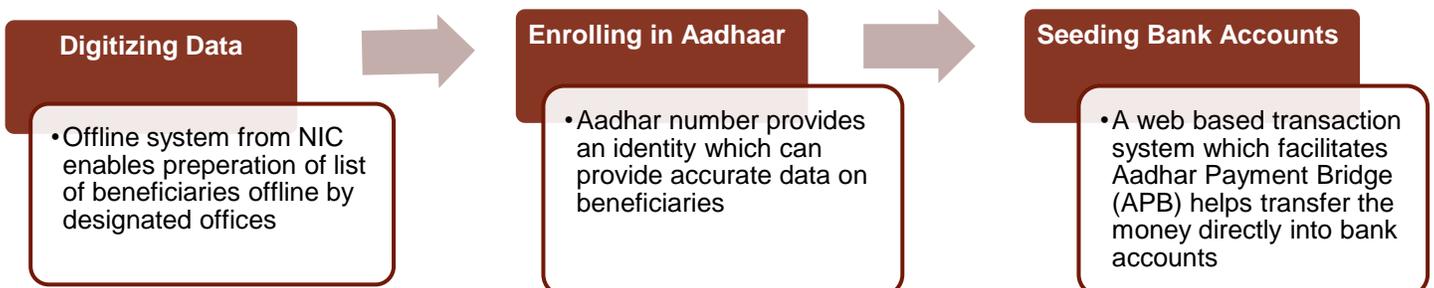
Governance & Monitoring

At the central level an IGMSY cell would be set up under the Ministry of Women and Child Development (MWWCD), with one director and one under-secretary and supporting staff. At the state, district and grassroots the IGMSY would be implemented through ICDS infrastructure. The state level steering and monitoring committee would consist of heads of health, NHRM, Water & sanitation, Rural Development, PRI and Planning and Finance. At the district level district ICDS cell would be have the nodal responsibility for implementation and monitoring. At the grassroots Child Development Project Officer (CDPO) and Anganwadi Centers would be responsible for implementation. The service delivery structure would function as below:-



Phase 2: Direct Cash Benefit Transfer

The current mode of implementation which involves the transfer of money to bank accounts to IGMSY districts (53) is going to continue in tandem with direct cash transfer in few pilot districts. From 2013, it was envisaged that 9 districts would be the part of Phase I districts where direct benefits transfer would be implemented. 26 Public Sector Banks and 12 Regional Banks are on board for roll-out which can be linked with Aadhaar cards. The Phase II would see launch in another 7 districts. The three steps of direct cash transfer are as follows:



E-Mamta, Gujarat

E-Mamta is an innovative project which tries to integrate information and communication technology into primary health care. It was conceived under State rural health mission in 2010. It is a citizen centric initiative which tracks pregnant mothers and children, and tries to integrate non recipients of services into the health care system. The state government has provided a computer with internet connectivity to each primary health center. The software for online tracking of mother and child has been developed by National Informatics Centre (NIC). The main beneficiaries include pregnant women, children (0-6 years) and adolescents (10-19 years). The local health workers such as ASHA (Accredited Social Health Activist) identify the target population in their designated area. This information is conveyed to the local primary health center which enters the data in the online tracking system. Once the identified beneficiaries are registered, they are provided with a unique identification number. The target population is tracked and followed for the outcomes through SMS. Once a week “Mamta Divas” is organized through which pregnant females, mothers and infants come to the health center for checkup. Almost 80% of the population has been registered in the system and an elaborate database of individuals has been generated.