



Ph. Studio/November, 1957/KN, A40d/A49j. A Lahouli mother and child in Kulu Valley. Public Resource via Internet Archive

## Recognising Reproductive Labour: Maternity Entitlements

*Article 42 of the Constitution states ‘the State shall make provision for securing just and humane conditions of work and for maternity relief’. Over the years, in fulfilment of this directive, India’s maternity protection regime has taken many steps starting with the Maternity Benefit Act of 1961. While important, it failed to fully realise the goal of maternity protection within the domain of universal citizenship and labour rights as it only applied to a subset of women engaged in formal employment. It was the National Food Security Act (NFSA), 2013, that finally marked a vital shift by guaranteeing a universal cash transfer of ₹6000 to every pregnant woman as partial compensation for wage loss during pregnancy. However, the Pradhan Mantri Matru Vandana Yojana (PMMVY) (notified under NFSA) diluted this recognition of women’s reproductive labour by marring it with conditionalities and digital barriers.*

# Recognising Reproductive Labour: Maternity Entitlements

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Maternity entitlements lie at the intersection of labour rights, social protection and gender justice. They reflect the extent to which the Indian state recognises women’s reproductive labour – pregnancy, childbirth, recovery and infant care – as economically and socially productive work. Article 42 of the Constitution of India directs the State to secure ‘just and humane conditions of work and maternity relief’, locating maternity protection not within charity but within the domain of citizenship and labour rights.

A key step in this direction was the Maternity Benefit Act, 1961, although it applied only to a subset of women employed in formal establishments employing at least ten persons. However, over 90 per cent of women workers are engaged in informal employment, without contracts, paid leave or social insurance. Many are self-employed, including as unpaid workers in household enterprises. For women

## NFSA: Provisions on Maternity Benefits and Nutritional Support

### Section 4

(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; and

(b) maternity benefit of not less than rupees six thousand, in such instalments as may be prescribed by the Central Government:

Provided that all pregnant women and lactating mothers in regular employment with the Central Government or State Governments or Public Sector Undertakings or those who are in receipt of similar benefits under any law for the time being in force shall not be entitled to benefits specified in clause (b).

### Section 5

(1) Subject to the provisions contained in clause (b), every child up to the age of fourteen years shall have the following entitlements for his nutritional needs, namely:—

(a) in the case of children in the age group of six months to six years, age appropriate meal, free of charge, through the local anganwadi so as to meet the nutritional standards specified in Schedule II: Provided that for children below the age of six months, exclusive breast feeding shall be promoted

outside the scope of the Maternity Benefit Act, pregnancy often results in income loss, nutritional deprivation and premature return to work, frequently under hazardous conditions and without wage compensation.

Feminist political economy has long argued that women's unpaid reproductive and care work sustains households, labour markets and the broader economy while remaining systematically unrecognised. Pregnancy and childbirth involve heightened nutritional needs, physical vulnerability and medically advised rest, followed by months of intensive care work associated with breastfeeding and infant care. Breastfeeding, often framed narrowly as a nutritional or behavioural intervention, is also labour. Exclusive breastfeeding during the first six months requires time, physical recovery and freedom from wage labour. For women dependent on daily wages, casual employment or seasonal work, this period entails substantial income loss. Without wage compensation, maternity can deepen household poverty and force women to resume work

prematurely, undermining both maternal and infant health. Maternity entitlements must therefore compensate for income loss and enable rest, recovery and breastfeeding, particularly exclusive breastfeeding during the first six months of an infant's life (Heinrich Böll Foundation 2016). We approach maternity entitlements within this framework rather than as a conditional or nutritional welfare transfer.

Maternity entitlements allow women to stay away from employment-related work for six months and enable infants to access exclusive breastfeeding. They

are therefore also part of the interventions necessary to secure the right to food for children below six months of age. With this understanding, the National Food Security Act (NFSA), 2013, included a cash-based maternity benefit for all pregnant women, along with supplementary nutrition and breastfeeding promotion under Sections 4 and 5 of the Act.

This chapter focuses primarily on the Pradhan Mantri Matru Vandana Yojana (PMMVY), India's flagship maternity benefit scheme, implemented under the framework of the NFSA. While the NFSA legally mandates maternity benefits of not less than ₹6,000 for all pregnant and lactating women, PMMVY operationalises this right through a targeted, conditional and digitised scheme. Cash-based maternity benefits are only one component of maternity entitlements. However, given the scope of this Handbook, the chapter restricts itself to analysing PMMVY and does not evaluate wider determinants of maternal health, clinical and nutritional interventions or other labour legislations covering maternity benefits. Nor does it assess fertility control or population objectives embedded within social policy. Drawing on field studies and existing scholarship, the chapter situates the demand for universal maternity entitlements within the framework of social protection, constitutional rights and the care economy.

#### 4.1

### **Evolution of maternity entitlements: From labour law to NFSA**

India's maternity protection regime has evolved unevenly, reflecting persistent tensions between rights-based guarantees and targeted welfare approaches. The Maternity Benefit Act established wage protection during maternity for women employed in the organised sector, but it has largely been framed as a maternal health measure rather than a labour right. The Janani Suraksha Yojana (JSY), introduced in 2005, provided cash incentives for institutional deliveries, prioritising biomedical outcomes while neglecting income loss and postnatal care (Ministry of Health and Family Welfare 2005). The Indira Gandhi Matritva Sahyog Yojana (IGMSY), launched in 2010 as a pilot in fifty-two districts, marked the first attempt to combine income support with health conditionalities through instalment-based payments (Ministry of Women and Child Development 2011). Although limited in scale, IGMSY introduced the conditional cash transfer model that later shaped PMMVY.

In this context, the legal recognition of maternity entitlements under the NFSA marked a significant normative shift. The provision emerged from sustained advocacy and judicial recognition of maternity entitlements as integral to food security and infant nutrition, including the right to exclusive breastfeeding. Yet, instead of realising this universal guarantee, the PMMVY, introduced in 2017 to operationalise the NFSA mandate, transformed a statutory right into a targeted

scheme governed by eligibility criteria, conditionalities and digital controls. The implications of this shift are examined in the sections that follow.

## 4.2 PMMVY: Eligibility, access and exclusions

Although PMMVY was introduced to operationalise maternity entitlements under the NFSA, its design has substantially narrowed access to these entitlements. Restrictions based on birth order, age and documentation exclude large sections of pregnant women, while the programme's increasing reliance on digital verification

systems has created new barriers to access. These exclusions are not experienced uniformly. Field evidence shows that they intersect with caste, migration status and women's location within informal labour markets, producing layered forms of disadvantage. Under the current PMMVY guidelines, eligibility is restricted primarily to first births and, in the case of second births, only where the child is a girl – a provision added in 2022 under PMMVY 2.0. Using a projected population of 143 crore and a crude birth rate of 18.4 per 1,000 ([Office of the Registrar General and Census Commissioner, India 2025](#)), India records approximately 2.63 crore births annually. Applying the Sample Registration System (SRS) birth-order distributions, the number of births eligible under PMMVY is estimated at 2.04 crore. This reduces to 1.83 crore after conservatively excluding women assumed to be covered under other schemes (see Annexure 4.2).

A comparison between these estimates based on birth-order data and the actual number of women receiving PMMVY benefits suggests that over half of pregnant women – approximately 55–60 per cent – remain outside the scheme's coverage. In 2024–25, about 80 lakh

### Scheme Name

Pradhan Mantri Matru Vandana Yojana (PMMVY)

### Minimum Entitlements

Maternity benefit of ₹5000 in two instalments for first child and ₹6000 in one instalment if second child is a girl

### Eligibility

At least 19 years old and a pregnant woman; first births and for second births, only girl children, conditional upon early registration of pregnancy and at least one Antenatal Check-up (ANC) for 1st installment and 'registration of childbirth and completion of the first cycle of universal vaccination' for 2nd installment

### Year of introduction

2017 (Revised in 2022)

### Why this scheme?

To provide cash incentive for partial compensation for the wage loss so that women can take adequate rest before and after delivery of the first child; and to improve health seeking behaviour amongst the pregnant women. To promote positive behavioural change towards girl child.

women received payments under PMMVY (Figure 4.2). Women from scheduled castes (SC), scheduled tribes (ST) and other marginalised communities, as well as those from poorer states, are disproportionately affected by restrictions on the number of births covered (Sinha et al. 2016). These figures suggest that exclusion is not incidental to the scheme's functioning but built into its design. Coverage has also fluctuated significantly over time. Drèze and Khera (2023) note that while 36 per cent of births were covered under PMMVY in 2019–20, this figure declined to 23 per cent in 2021–22. These estimates define coverage as receipt of at least one instalment. Among women receiving the third instalment, the corresponding figures were 22 per cent and 13 per cent respectively. The decline points not only to limited coverage but also to difficulties in sustaining access across successive stages of the scheme.

The scheme also retains the minimum eligibility age of nineteen years inherited from IGMSY. According to the National Family Health Survey–5 (NFHS–5), 2019–21, 6.8 per cent of women aged 15–19 years in India were either mothers or pregnant. Among them, the majority were aged 18–19 years (88.4 per cent) and had already experienced one birth (88.6 per cent). Their exclusion from state support not only undermines the spirit of the NFSA but also conflicts with the juvenile justice and child protection frameworks that recognise adolescent mothers as requiring enhanced social assistance. NFHS–5 further shows that a striking 84.6 per cent of adolescent mothers reside in rural areas, while 62 per cent belong to poor households, underlining the compounded vulnerabilities associated with class, geography and age. The eastern states account for nearly half (47.2 per cent) of all adolescent mothers, pointing to regional patterns of deprivation and weak access to reproductive health and social protection services. Interestingly, 78 per cent of these young mothers have completed secondary or higher education. Early motherhood is therefore not confined to the least educated, but reflects deeper systemic failures – including gaps in sexual and reproductive health education, inadequate institutional support for continued schooling and socio-cultural pressures associated with early marriage and childbearing.

Exclusion under PMMVY is further shaped by the intersection of gender, labour and caste. Field research in Panchmahal district of Gujarat shows that Dalit and Adivasi women face compounded barriers: limited mobility, lack of documentation and discrimination at health centres. Anganwadi workers and Accredited Social Health Activists (ASHA) reported that women from dominant castes are often registered more quickly as they are better able to furnish paperwork or are more familiar with local officials. Similar patterns of structurally produced exclusion, including caste-based disparities in access to public services, have been documented elsewhere (Acharya 2010; Baru et al. 2010; Social Protection Initiative 2022).

# A History of Maternity Provisions: Legislation and Policy

## NATIONAL LEGISLATION ON MATERNITY BENEFITS

- **Article 42 of the Constitution, 1950**  
Mandated maternity relief  
**Factories Act, 1948; Plantation Labour Act, 1951**  
Sectoral labour rights linked to Maternity Benefit Act
- **Maternity Benefit Act, 1961**  
'to regulate the employment of women in certain establishments for certain period before and after child-birth and to provide for maternity benefit and certain other benefits.'  
**Beedi and Cigar Workers (Conditions of Employment) Act, 1966; Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996**  
Other sectoral labour rights that provided a consolidated amount (to be notified by the state) as maternity benefit
- **Unorganised Sector Workers Social Security Act, 2008**  
Directed the Central government to notify a scheme for maternity benefits for unorganised workers
- **National Food Security Act (NFSA), 2013**  
Mandated a cash provision of at least ₹6,000 to all pregnant women
- **Maternity Benefit (Amended) Act, 2017**  
Paid maternity leave increased from twelve to twenty-six weeks among other amendments
- **Social Security Code, 2020**  
Subsumed the Maternity Benefit Act as well as other labour laws

## SCHEMES OF UNION GOVERNMENT

- **National Maternity Benefit Scheme (NMBS) - 1995-2005**  
₹500/- per pregnancy for the first two live births for women above 19 years of age belonging to below poverty line (BPL) households
- **Janani Suraksha Yojana (JSY) - 2005**  
Conditional cash transfer scheme aimed at incentivising institutional deliveries
- **Indira Gandhi Matritva Sahyog Yojana (IGMSY) - 2010-16**  
Established the model of combining income support with health conditionalities through conditional cash transfers that shaped PMMVY. Implemented in 52 pilot districts
- **Pradhan Mantri Matru Vandana Yojana (PMMVY) - 2017**  
Scheme notified under NFSA

## CASE STUDY

**Early marriage, adolescent motherhood and financial exclusion**

Kokila Ben, aged 18 and educated up to Class 12, migrated to her marital home of her own volition. During her first pregnancy, she did not receive any maternity benefits because she was registered only after six months of gestation. Following referral from a local clinic, she delivered at a private hospital in Godhra at a cost of ₹18,000. At the time of registration, she neither had a bank account nor updated identity documents, including an Aadhaar card and inclusion in the ration card of her marital household. As a result, she remained ineligible for maternity entitlements under PMMVY.

PMMVY requires proof of residence and registration at a fixed anganwadi centre.<sup>1</sup> Migrants, by definition, cannot fulfil these conditions. In states such as Gujarat and Maharashtra, local authorities often deny registration to out-of-state migrants due to lack of domicile documentation. As a result, migrant women, especially those engaged in brick kilns, construction and domestic labour, face near-total exclusion from the scheme. Caste and patriarchy also operate in subtle ways: village-level officials may delay applications from Dalit hamlets or demand additional documentation. In urban contexts, Muslim women living in informal settlements report exclusion arising from address-verification issues and linguistic barriers in online forms.

These patterns support the argument made by Agarwal and Dand (2016) that maternity entitlements cannot be separated from structural inequities in social reproduction. They must be understood not merely as health or welfare interventions but as mechanisms of redistributive justice.

**4.2.1 Privileging digital compliance over care**

PMMVY's increasing reliance on Aadhaar-linked verification and online registration systems has fundamentally reshaped how maternity entitlements are accessed. While digitised welfare delivery is often justified in the language of efficiency and transparency, in practice, these systems have created additional procedural burdens for women already located at the margins of formal social protection. Access to maternity entitlements increasingly depends not only on eligibility but also on the ability to navigate complex digital and administrative systems. PMMVY

<sup>1</sup> See Mission Shakti guidelines. (<https://pmmvy.wcd.gov.in/Content/assets/PDF/MissionShaktiGuidelines.pdf>)

operates within the framework of Direct Benefit Transfer (DBT) schemes and relies heavily on Aadhaar-based identification, online registration and Aadhaar-seeded bank accounts. Emerging evidence suggests that these systems generate new barriers to access, particularly for women in rural, marginalised and resource-constrained settings. Field-based studies identify two broad categories of barriers ([IT for Change 2024](#); [Kuruva and Buddha 2026](#)):

- documentation-related constraints, including incomplete forms and missing documents
- payment-related issues affecting receipt of benefits even among registered women

Access to PMMVY is therefore not guaranteed by eligibility alone, but depends on successful navigation of multiple procedural and technological steps. The interaction between Aadhaar, banking systems and digital platforms creates a layered system of conditional access. Women must not only register but also ensure that their personal details across databases, bank accounts and programme records are consistent and correctly linked. Any mismatch can result in delays or non-receipt of instalments. Many such cases are administratively recorded as ‘pending’ or ‘rejected’, even though they represent substantive denial of entitlements. Analyses of PMMVY implementation point to persistent delays in instalment-wise payments, often linked to verification processes, documentation requirements and system-level bottlenecks. Women from poorer households, remote areas and socially marginalised communities are more likely to face difficulties in accessing documentation, maintaining active bank accounts or completing digital verification processes. In such contexts, digitised welfare delivery can reinforce existing inequalities rather than reduce them.

A field inquiry conducted in October 2025 at an anganwadi centre in a tribal block of Gujarat covered twelve women who were either pregnant or lactating. Of these, six had delivered within the previous two years. Yet only two had received even a single instalment of their maternity entitlement. Since the online system provides no such option, none of the women received receipts acknowledging application submission. Lacking any official record, these women were forced to rely entirely on the goodwill of local ASHA workers or female health workers for updates. The Mamta cards<sup>2</sup> of all twelve women recorded low haemoglobin levels (between 6–9 g/dl), and most were classified as ‘high-risk pregnancies’. All but one continued to perform physically demanding domestic and wage labour – on farms or at construction sites – throughout pregnancy and resumed work within a week of childbirth. The ASHA worker who had identified all twelve women was well aware of

<sup>2</sup> The Mamta Card, also known as the Mother and Child Protection Card, is a name-based tracking system used in Gujarat to monitor maternal and child health services, including antenatal care (ANC), immunisation records, growth tracking and nutrition.

their socio-economic conditions and documentation gaps. Despite repeated efforts to assist them with Aadhaar updates, bank account activation, ration card inclusion and labour registration, only four women were able to complete the necessary formalities to obtain a Shramik card,<sup>3</sup> considered the least cumbersome document required for eligibility.

The case of **Tina Ben**, aged 28, from Rathwa Faliya, typifies these overlapping barriers. Illiterate and entirely dependent on her husband's mediation with the bank, she received only one instalment of ₹2,000 under PMMVY, credited to her husband's mobile-linked account. She had no awareness of the status of her entitlement. Among the twelve women interviewed, only one had her own mobile number linked to both Aadhaar and her bank account. The others relied on their husbands' phones and depended on migrant spouses to provide OTPs for every transaction. Updating bank passbooks was equally onerous. Even the two women who received benefits were required to make repeated trips to rural bank branches marked by long queues and erratic service.

The case of **Anjali Ben**, aged 22, from Damavav further illustrates the patriarchal architecture of welfare databases. She was excluded because her Aadhaar and voter identification had not been updated with her husband's name following marriage. At the time of registration, her name remained on the ration card of her maternal household, while her husband's household ration card did not include her name. Despite institutional delivery and antenatal care, she remained uncertain about her eligibility under the NaMo Shri scheme.<sup>4</sup> Such name-linkage requirements systematically disenfranchise newly married women by tying welfare access to patriarchal identity systems rather than individual citizenship. Similarly, **Sangeeta Ben**, a 29-year-old seasonal migrant worker from Panchmahal, endured multiple child losses and continues to be excluded from all maternity benefits. Spending eight months each year at construction sites in Surat, she lacks a local bank account and an updated ration card. Her case illustrates how migration and informal labour disrupt welfare access.

**Vanita Ben**, another migrant worker aged 26 years and in her third pregnancy, reported opting for home delivery due to mistrust of public health institutions arising from peers' accounts of neglect and verbal abuse during labour. Both her earlier home deliveries excluded her from JSY and PMMVY. Her experience demonstrates how institutional disrespect and gendered violence within maternal healthcare can deter women from accessing schemes intended to promote institutional deliveries.

Interviews with the Public Health Centre (PHC) staff and ASHA workers in the same block highlighted severe logistical constraints. Many expectant mothers

<sup>3</sup> An identity document issued to registered construction workers in Gujarat.

<sup>4</sup> A maternity benefit scheme implemented by the Government of Gujarat.

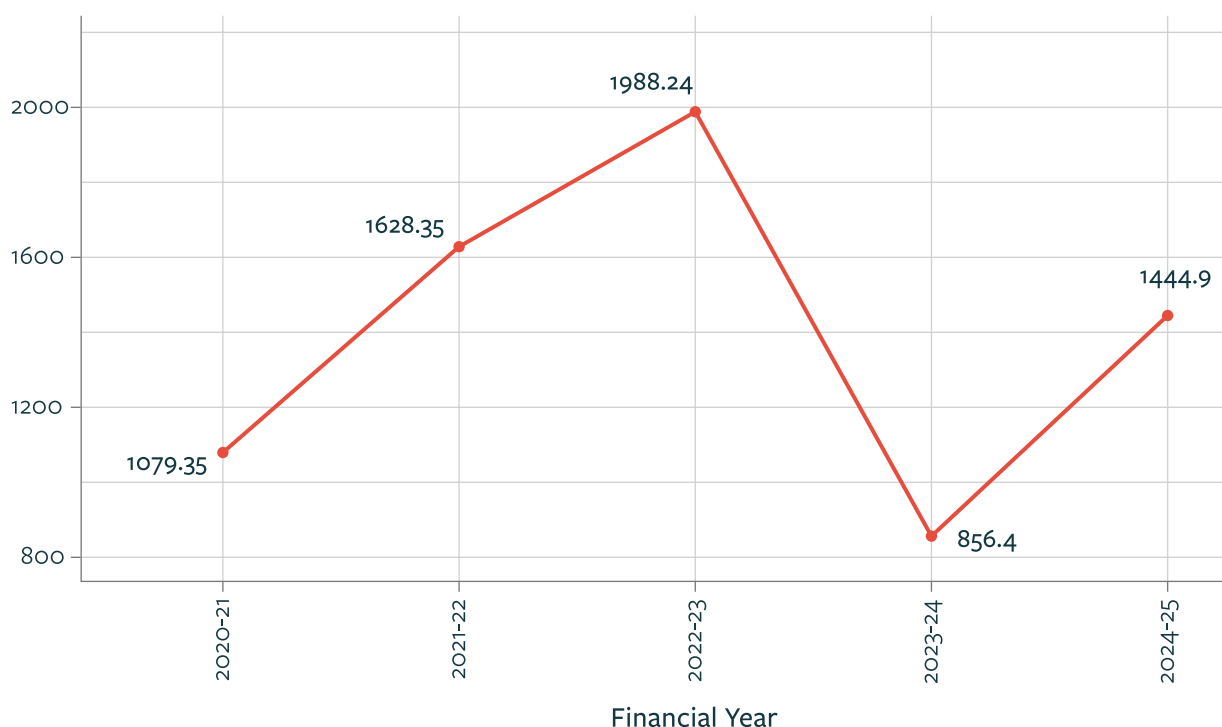
had Aadhaar and bank accounts registered in their natal villages, but these were rejected by the PMMVY system, which mandates marital domicile. Frontline workers also identified name inclusion in ration cards as a major obstacle. Poor internet connectivity, repeated portal failures, and recurring document rejections further complicated implementation. Despite uploading the same documents multiple times, frontline workers had little control over payment timelines or approval processes. No instalments had been credited since December 2024 for the women included in our October 2025 field inquiry. In essence, PMMVY's administrative logic privileges compliance over care. Rather than accommodating the lived realities of women in precarious conditions, the system assumes the ability to navigate complex digital and bureaucratic ecosystems. The burden of proving eligibility is thus shifted onto women least equipped to negotiate these systems.

The evidence presented across policy analyses, field studies and practitioner accounts suggests that the difficulties in accessing maternity entitlements stem not only from gaps in implementation but also from deeper design choices prioritising conditionality, digitisation and administrative control. As scholars such as Jean Drèze have argued in the context of digital welfare, systems designed to improve efficiency can also generate new forms of exclusion when they fail to account for lived realities. In the case of PMMVY, the convergence of restrictive eligibility criteria, Aadhaar-linked verification and fragmented delivery systems has transformed a legal entitlement into a contingent and uncertain benefit, particularly for women in informal work, marginalised communities and resource-poor settings.

### **4.3 Budgetary allocations and implications**

The limited coverage of PMMVY is reflected not only in the scheme's design but also in the level of budgetary commitment it has received since inception (Kapur, Rana and John 2023). The gap between the legal promise of maternity entitlements under the NFSA and actual public expenditure remains substantial. At the prevailing entitlement level of ₹5,000 per woman, the estimated annual requirement under PMMVY, based on current eligibility criteria, would be approximately ₹9,166 crore (see Annexure 4.2). Even this represents a diluted interpretation of the NFSA mandate. A universal NFSA-compliant scenario – covering all births at the statutory minimum of ₹6,000 – would require an estimated ₹14,202 crore annually. Assuming that 20 per cent of women receive higher maternity benefits through other sources, covering 80 per cent of pregnancies would still require allocations ranging from ₹12,624 crore (at ₹6,000 per woman) to ₹21,040 crore (at ₹10,000 per woman).

Actual expenditure under PMMVY has remained significantly lower than these estimates and has fluctuated across years. Official government data show that disbursements ranged from ₹856.4 crore in 2023–24 to ₹1988.24 crore in 2022–23,

**Figure 4.1: Funds released under PMMVY (in ₹ crore)**

Sources and notes: Ministry of Women and Child Development, *Rajya Sabha Unstarred Question No. 2072, Session 267*. Odisha did not implement PMMVY until 2024-25

without approaching even one-third of the estimated requirement under the scheme's existing eligibility framework (Figure 4.1).

The fiscal burden on states has increased following changes in cost-sharing arrangements between the Centre and states. PMMVY was initially fully funded by the Central government. However, the introduction of a 60:40 Centre–state cost-sharing formula in 2022 shifted a substantial share of expenditure onto state governments. Poorer states such as Bihar, Jharkhand, Chhattisgarh and several north-eastern states have struggled to mobilise matching funds, resulting in delays and partial implementation. States such as Tamil Nadu and Odisha, which operate independent maternity entitlement schemes, have faced reduced central support.

## 4.4 State schemes for maternity entitlements

While PMMVY remains the central maternity benefit programme, several states have developed parallel maternity entitlement schemes that provide broader coverage and greater administrative flexibility. Some of these schemes predate PMMVY and have subsequently integrated central benefits within existing state-level frameworks. Tamil Nadu and Odisha are among the earliest states to introduce cash-based maternity entitlements for women in rural areas and the informal sector. The schemes in these two states are discussed below, while a list of other state schemes is provided in Table 4.1.

**Table 4.1: Selected state-level maternity entitlement schemes in India**

State	Scheme	Year introduced	Benefit amount	Instalment structure
Assam	Wage Compensation Scheme for tea garden workers	2018	₹15,000	₹3,000 at registration during first trimester; ₹4,000 during sixth month of pregnancy; ₹4,000 after institutional delivery at government health institution; ₹4,000 six weeks after delivery
Goa	Mamta Scheme for girl child to improve sex ratio	2011	₹10,000	₹10,000 for institutional delivery of a girl child
Gujarat	NaMo Shri	2024	₹12,000	<p>₹12,000 is inclusive of ₹5,000 under PMMVY.</p> <p><b>First Pregnancy:</b>  ₹5,000 at registration (₹2,000 from state government and ₹3,000 from Central government);  ₹2,000 after six months of pregnancy (from state government)  ₹3,000 immediately after institutional delivery (from state government)  ₹2,000 after the 14-week vaccination (from Central government)</p> <p><b>Second pregnancy:</b>  ₹2,000 at registration;  ₹3,000 after six months of pregnancy;  ₹6,000 after institutional delivery (from Central government if newborn is a girl and from state government if newborn is a boy)  ₹1,000 from state government after the 14-week vaccination</p>

**Table 4.1(contd): Selected state-level maternity entitlement schemes in India**

State	Scheme	Year introduced	Benefit amount	Instalment structure
Karnataka	Mathrushree Yojana	2018	₹6,000	₹1,000 each at three months, two months and one month before delivery, and at one month, two months and three months after delivery
Odisha	Mamata Scheme	2011	₹10,000	₹6,000 during sixth month of pregnancy; ₹4,000 when infant reaches ten months of age
Rajasthan	Indira Gandhi/ Mukhya Mantri Matritva Poshan Yojana	2020	₹6,000	₹1,000; ₹1,000; ₹4,000
Tamil Nadu	Dr. Muthulakshmi Reddy Maternity Benefit Scheme	1987	₹18,000 cash transfer plus in-kind support for first child; ₹6,000 for second child (girl) under PMMVY	₹6,000 during fourth month of pregnancy; ₹6,000 after fourth month following delivery; ₹2,000 after ninth month following delivery

Sources and notes: RTI Response

#### 4.4.1 **Tamil Nadu's Dr Muthulakshmi Reddy maternity benefit scheme**

Tamil Nadu provides one of India's most compelling examples of state-led innovation in maternity benefits. The Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS), launched in 1987 and renamed in 2018, predates both IGMSY and PMMVY. It provides a cash transfer of ₹18,000 across multiple instalments linked to antenatal check-ups, institutional delivery and child immunisation. The Tamil Nadu scheme covers up to two live births and is not conditional on Aadhaar-linked digital registration. Women can register through the nearest PHC or anganwadi centre using offline documentation. Payments are disbursed through the state treasury system. The state's decentralised health infrastructure has been instrumental in the scheme's success. PHCs are mandated to maintain real-time

pregnancy registers while Village Health Nurses (VHNs) directly facilitate registration, documentation and follow-up visits. According to a 2019 study conducted in a semi-urban area of Chennai, 76 per cent of women utilised the scheme, while roughly 95 per cent were aware of it (Ali 2019).

Moreover, Tamil Nadu's scheme integrates nutritional support with maternity entitlements. Each instalment is accompanied by nutrition kits containing iron, folic acid and dry rations. This dual focus on cash support and nutrition strengthens linkages between the Integrated Child Development Services (ICDS) and health departments. Even so, pockets of exclusion remain. Urban poor and migrant women employed in construction or domestic work continue to be under-covered due to irregular health check-ups or lack of proof of residence. Despite these gaps, the scheme exemplifies how state-level commitment, administrative flexibility and fiscal prioritisation can achieve substantially higher levels of inclusion than centrally designed digital systems.

#### **4.4.2 Odisha's Mamata Scheme**

Launched in 2011, the Mamata Scheme is widely recognised as an early example of conditional cash transfers for maternity support. Implemented through the Department of Women and Child Development, the scheme initially provided ₹5,000 for up to two live births, disbursed in two instalments linked to antenatal care and child immunisation milestones. Introduced prior to PMMVY, it later served as one of the conceptual reference points for the central scheme. Following integration with PMMVY, the scheme was revised to provide ₹12,000 for girl child and ₹10,000 for boy child.<sup>5</sup>

Unlike PMMVY, Mamata's eligibility criteria remain relatively simple. Registration through an anganwadi centre and basic documentation such as proof of pregnancy and identity documents are generally sufficient, without mandatory Aadhaar-linked verification. Odisha's emphasis on community-level monitoring has also been notable. Monthly meetings involving anganwadi workers and supervisors are used to review beneficiary status, while the Women and Child Development Department publishes block-level fund-disbursement data through its portal — a level of transparency rarely observed in comparable schemes.

The scheme's relative success is also linked to political continuity. Over more than a decade, Odisha institutionalised maternity entitlements under the flagship Mission Shakti framework for women's empowerment. Official reports indicate that by 2023, more than 44 lakh women had benefited from the scheme, with cumulative disbursements exceeding ₹2,000 crore. Yet exclusion persists. Migrants and nomadic communities often miss registration because of seasonal mobility. Delays

<sup>5</sup> Government of Odisha, Department of Women & Child Development. (2025). *Guidelines for MAMATA – Conditional Cash Transfer Scheme*. Retrieved from <https://wcd.odisha.gov.in/en/ICDS/mamata>

continue for women without active bank accounts and grievance redress systems remain weak. Odisha's experience nonetheless demonstrates that institutional simplicity, political will and local monitoring can achieve significantly higher inclusion than systems heavily dependent on centralised digital control.

## 4.5 Transparency, accountability and grievance redressal

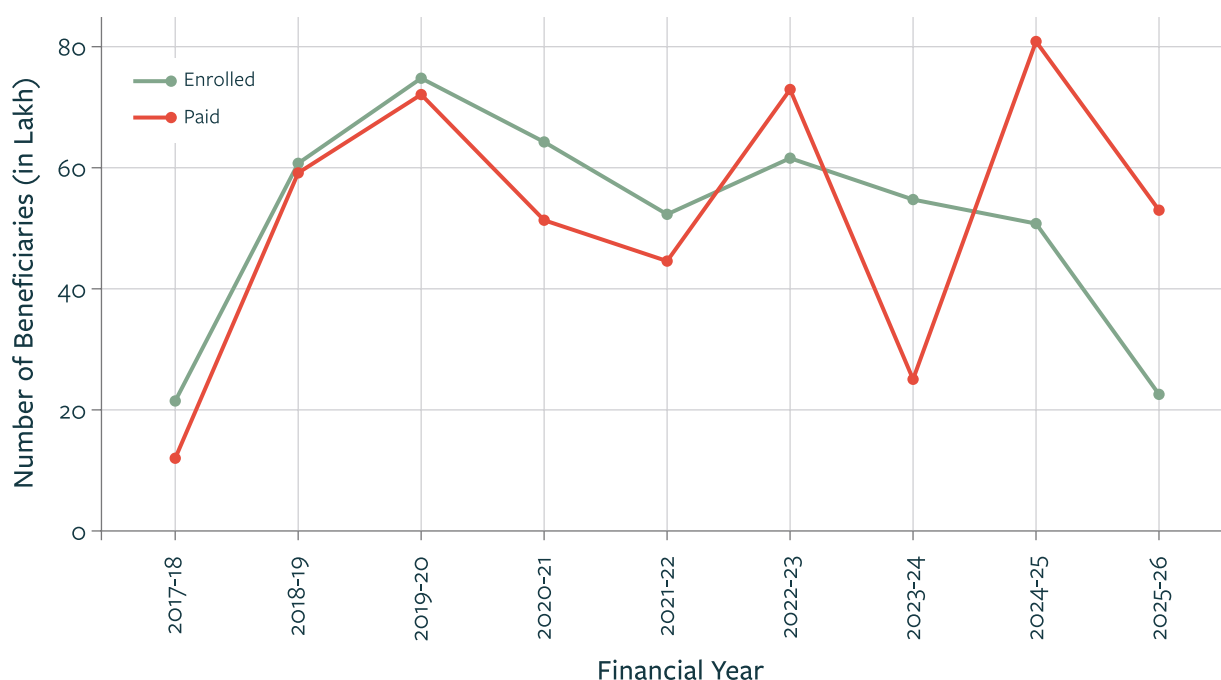
PMMVY does not maintain a publicly accessible data portal and therefore falls short of the proactive disclosure requirements of the Right to Information (RTI) Act, 2005 (Drèze and Khera 2023). The rights holders and frontline workers have limited means of tracking applications, payment status or reasons for delay beyond the information available on their dashboards. In the absence of publicly available data, we filed RTI requests seeking information from state governments. The responses received over a period of three months were compiled into Table 4.1.

During our field study, applicants reported that they did not receive acknowledgements or receipts after submitting forms. As a result, they had no documentary proof that their applications had been accepted or were under process. This left women dependent on local officials or ASHA workers for updates and created considerable uncertainty around payment status and eligibility. The absence of application receipts also limited women's ability to seek formal redress in cases of delay or non-payment. Many rights-holders reported being repeatedly asked to resubmit the same documents because of technical glitches, data-entry errors or migration from the earlier PMMVY-CAS software to PMMVYSoft. Even when payments were released, applicants often remained uncertain about which instalment had been credited, whether future instalments were pending or whether any rejection had occurred. No accessible grievance-redress mechanism was available at the local level. Informal complaints to the service providers became the only resort. Frontline workers — ASHAs, Anganwadi Workers and Auxiliary Nurse Midwives (ANMs) — play a crucial role in facilitating registration, documentation and follow-up. However, much of this labour remains unrecognised, as payment systems themselves frequently fail to operate according to prescribed timelines. Payments are often delayed for months, with little effective field-level tracking or follow-up.

Data observed on the dashboard of a frontline health worker during the field visit indicated a steep decline in coverage between the first and second instalments: nearly 68 per cent of enrolled women had received the first instalment, but only around 44 per cent had received the second. This points to both systemic leakage and to the scheme's inability to sustain continuity of support across successive stages of maternity care. National trends reflect similar patterns.<sup>6</sup> In 2019–20, about 78 per cent of estimated first births received at least one PMMVY instalment, while

<sup>6</sup> Excluding Odisha, Tamil Nadu and Telangana.

**Figure 4.2: PMMVY national trends in enrolment and payments (2017-18 and 2025-26)**



Sources and notes: PMMVY Portal ([pmmvy.wcd.gov.in](http://pmmvy.wcd.gov.in)). Includes both Center and State share 2025-26 is as on 30.10.2025. Before 2023-24, payments via PMMVY-CAS. Telangana not implementing PMMVY. Odisha onboarded in FY 2025-26

only 48 per cent received the third instalment (Drèze, Khera and Somanchi 2021). There also remains a persistent gap between women enrolled under the scheme and those who ultimately receive payments, indicating continuing payment backlogs and administrative discontinuities.

The absence of a functional grievance-redress mechanism further deepens the crisis. Complaints are typically routed through multiple administrative layers to district-level officials, rarely eliciting feedback or resolution. ‘Real-time monitoring’ appears to disguise the harsh realities of real-time exclusion. For many women, the promise of a ₹5,000 entitlement collapses into a web of codes, passwords and frozen dashboards.

## 4.6 Policy imperatives and reform directions

The experiences of Tamil Nadu and Odisha offer valuable insights for policy redesign.

- 1. Universal design versus conditionality:** Tamil Nadu’s inclusion of second births and Odisha’s two-birth eligibility contrast sharply with PMMVY’s single-birth cap. Both states demonstrate that broader eligibility need not undermine fiscal sustainability when administrative systems function effectively.
- 2. Offline registration:** The relative success of both states is closely tied to the availability of offline and assisted registration systems. This is particularly

important for women living in areas with poor connectivity – an issue insufficiently addressed within PMMVY.

3. **Decentralised delivery:** Tamil Nadu’s PHC-led implementation and Odisha’s ICDS-led monitoring prioritise local accountability and follow-up, unlike PMMVY’s heavily centralised Public Financial Management System-based structure.
4. **Integration of Nutrition and Care:** Tamil Nadu’s nutrition kits and Odisha’s coordination with ICDS strengthen the relationship between cash support, nutrition and maternal care, linking maternity entitlements more directly with health outcomes and income security.

In short, Tamil Nadu and Odisha embody a ‘universalist yet locally adaptive’ model that operationalises the intent of the NFSA far better than the national scheme. In light of these experiences, a gender-just maternity entitlement policy must rest on three pillars: universality, adequacy and accessibility. Universality demands inclusion of all women irrespective of employment status or birth order. Adequacy requires benefits that reflect actual wage loss and are indexed to inflation. Accessibility necessitates simplified procedures and meaningful offline alternatives to digital systems. Strengthening transparency through social audits, dedicated grievance-redress mechanism, and increased budgetary commitments is equally essential to ensure timely disbursement, minimise leakages and reduce out-of-pocket expenses. Drawing on evidence from across states and existing scholarship, the following policy directions emerge as both urgent and feasible:

#### 1. Universalise Eligibility

- Extend coverage to all pregnancies irrespective of birth order or age, as mandated under the NFSA.
- Remove the age-related restriction of 19 years and the requirement of the husband’s Aadhaar details.
- Include migrant and single women through portable entitlements, with Aadhaar used optionally rather than mandatorily.

#### 2. Simplify Documentation and Processes

- Delink Aadhaar–NPCI dependency and permit alternate payment channels.
- Reintroduce offline registration at PHCs and anganwadi centres, particularly in rural and tribal regions with poor connectivity.
- Standardise forms and reduce the number of mandatory documents from six to three.

#### 3. Strengthen Frontline Capacity

- Provide regular training and technical support to frontline workers.
- Ensure timely payment of frontline-worker incentives.
- Introduce simple grievance-redress mechanisms accessible through toll-free voice-based services rather than app-based systems.

#### 4. Enhance Fiscal Commitment

- Restore full central funding or adopt at least a 90:10 Centre–state cost-sharing formula for poorer states.
- Index entitlement levels to inflation and increase benefits to at least 50 per cent of minimum wage for six months.
- Earmark a separate budget head under NFSA for transparency.

#### 5. Institutional Convergence

- Establish a joint implementation cell between the Ministry of Women and Child Development and the Ministry of Health and Family Welfare to address coordination gaps where implementation responsibilities are divided.
- Integrate PMMVY with ICDS nutritional services and JSY health incentives to create a ‘continuum of care and income support’.

#### 6. Transparency and Social Accountability

- Mandate publication of block-level rights-holders and payment data.
- Introduce annual social audits.
- Involve women’s collectives and self-help groups (SHGs) in monitoring disbursements.

## 4.7 Conclusion

The trajectory of maternity entitlements in India reflects an initial recognition of women’s reproductive labour, followed by a gradual retreat from universality in policy implementation. Although the NFSA established maternity benefits as a legal right grounded in nutrition security and social citizenship, their operationalisation through the PMMVY has diluted this mandate through restrictive conditionalities, demographic exclusions and technologically mediated systems of access (Sinha and Dasgupta 2021). As a result, a universal entitlement has been transformed into a narrowly targeted provision that excludes large sections of pregnant and lactating women.

Maternity entitlements are fundamentally concerned with income security during pregnancy and lactation, enabling rest, recovery and breastfeeding, rather than functioning merely as behavioural incentives or supplementary nutrition support. Persistently low benefit amounts, restrictive eligibility criteria, including age-based exclusions and inadequate as well as volatile budgetary allocations reveal a deeper political economy in which women’s reproductive labour continues to be undervalued. Taken together, these features represent systemic departures from both the intent of the NFSA and the constitutional mandate under Article 42. Restoring maternity entitlements as universal, wage-linked and adequately financed forms of social protection is therefore essential not only to fulfilling constitutional obligations but also to advancing a more gender-just welfare system.

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