

# IMPLEMENTING THE INDIRA GANDHI MATRITVA SAHYOG YOJANA EVIDENCE FROM JHARKHAND



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# Implementing IGMSY: Evidence from Jharkhand

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## Abstract

This paper attempts to examine the effect of the conditional cash transfer scheme IGMSY, on maternal health and labour outcomes, for pregnant and lactating women in Simdega, Jharkhand. The study also analyzes the role played by demographic factors in the take-up of this scheme. Using data collected from interviews conducted with 221 women, it was found that factors like education, literacy and occupation seem to have significantly determined the pattern of the take-up of the scheme. Institutional delivery stood out starkly as a concentrated trend among beneficiaries, though it is not mentioned as a conditionality in the implementation guidelines of the scheme. Delay in receipt of the benefit amount remains the biggest lacuna of this scheme. Though the amount is certainly useful, the delay chokes the very purpose of the scheme, which is to encourage women to use this money as partial wage compensation for the working hours lost due to pregnancy. Uncertain of the time of disbursement of the cash, the women are forced to work anyway.

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## Contents

<b>1</b>	<b>Introduction</b>	<b>5</b>
1.1	Introduction to IGMSY . . . . .	5
1.2	Introduction to the site of research . . . . .	6
1.3	Research Question . . . . .	7
<b>2</b>	<b>Literature Review</b>	<b>7</b>
<b>3</b>	<b>Methodology</b>	<b>8</b>
<b>4</b>	<b>Results</b>	<b>9</b>
4.1	Demographics . . . . .	9
4.2	Pregnancy-specific Results . . . . .	12
4.2.1	Conditionality Variables . . . . .	12
4.2.2	Outcomes . . . . .	14
4.2.3	Sources of Biased Uptake . . . . .	15
4.3	Scheme Infrastructure . . . . .	17
<b>5</b>	<b>Conclusions</b>	<b>18</b>
<b>6</b>	<b>Acknowledgements</b>	<b>20</b>
<b>7</b>	<b>References</b>	<b>20</b>

**Table of Abbreviations**

<b>Acronym</b>	<b>Full form</b>
ANC	Ante Natal Care
ANM	Auxillary Nurse and Midwife
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BRGF	Backward Regions Grant Fund
DLHS	District Level Household Survey
HH	Household
IFA	Iron Folic Acid
IGMSY	Indira Gandhi Matritva Sahyog Yojana
IYCF	Infant and Young Child Feeding
JSY	Janani Suraksha Yojana
YB	Yet to Benefit from the scheme
NFSA	National Food Security Act
PDS	Public Distribution System
MCP	Mother and Child Protection
MoHFW	Ministry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
SC	Scheduled Caste
SECC	Socio Economic and Caste Census
ST	Scheduled Tribe
THR	Take Home Ration
TT	Tetanus
UID	Unique Identification

## 1. Introduction

*There are uses to adversity, and they don't reveal themselves until tested. Whether it's serious illness, financial hardship, or the simple constraint of parents who speak limited English, difficulty can tap unexpected strengths.*

-Sonia Sotomayor

Nestled amidst the calm skies and the dense forest cover of Jharkhand lies the pristine plateau of Simdega. It is a place of warm welcome, despite the teeming Maoist insurgency. The people there are shy, but should not be mistaken to be weak. The lives of the women, in particular, speak volumes about the toil they have to undergo in order to survive in this harsh terrain, when collecting firewood may take up to eight hours, and when you have to walk up to two hours in order to relieve yourself in the absence of toilets in homes. These obstacles become especially important when the women bear children, and this leads to poor maternal and child health outcomes. It is against this backdrop that we analyse the welfare impacts of the Indira Gandhi Matritva Sahyog Yojana (IGMSY), which is a conditional cash transfer for pregnant women. Clad in their light sarees that defy the scorching heat of Jharkhand, the women of Simdega spoke to us about their lives and gave us a glimpse into their motherhood, which is usually a mingled chapter of joy and anguish. At the end of the day, there were many stories to take home, some narrating whispers of domestic harassment behind their latched doors, others pointing fingers at instances of blatant diversion of funds and denial of their rightful benefits.

One of our interviewees, Sushila Devi, comes to mind in this context. She sat clutching her infant, cradling him gently and refusing to meet our eyes. When she started speaking, her voice came out tremulously and something unsaid hung between us like a raincloud. It was a long while later that she showed us the burn marks on her hand, left by cigarette butts. Then came the downpour of her story, of her silent submission to torture by her husband and in-laws, all because she couldn't work

since she had to take care of her young children aged 18 and 2 months respectively. As the story progressed, we got the biggest shock of all. She was one of those 'yet to benefit' from the scheme, meaning that though she had filled up the forms, the money had not been received yet. She stoically told us how her in-laws keep torturing her because of this delay, saying that it is, somehow, her fault. "*Saas kehti hain ki tu ghar kuch nahi laati hai, baki sab ko kaise mil gaya?*", she said. Adding to her miseries is the fact that her husband is a chain smoker and an alcoholic. She also said that she wants to get a tubectomy done, because she is scared of the prospect of what she might face if she has one more little child to steal her working hours.

A scheme aimed at improving maternity outcomes becomes a ground for domestic violence. The administrative delay gnaws at her and causes her nightmares. The sad irony might make us want to question the sanctity of the scheme, but are things as ghastly as they seem?

### 1.1. Introduction to IGMSY

The Indira Gandhi Matritva Sahayog Yojana (IGMSY) was launched by the Ministry of Women and Child Development (MCWD) in 2010 in an attempt to tackle the problem of falling maternity welfare and excessive effort undertaken by women during the course of their pregnancy. It was established to complement the Janani Suraksha Yojana (JSY; the conditional cash transfer scheme aimed at promoting institutional deliveries). IGMSY aims to improve the health and nutrition status of pregnant and lactating women through the promotion of appropriate care, ensuring utilization of health services during pregnancy and encouraging women to follow optimal Infant and Young Child Feeding (IYCF) practices. It provides a conditional cash transfer that serves to partially compensate for wage loss during pregnancy.

The target beneficiaries are pregnant and lactating women of 19 years of age and above, for their first two live births. The age criterion is chosen to accord with the legal marriage age of 18 years in India, so as to encourage marriage and childbirth

at the right age. The scheme is valid only for the first two births so as to ensure that the health of the woman is not compromised due to repeated pregnancies, and thereby, bring in an element of family planning.

The scheme was initially introduced in fifty two districts all across India. For selecting these districts, data from the third District Level Household Survey (DLHS-3), conducted in 2007-08, was used. All districts in India were evaluated on six counts: literacy rate among the female population (age 7+), proportion of mothers registered in the first trimester when they were pregnant with last live birth/stillbirth, proportion of mothers who had at least 3 antenatal care (ANC) visits during the last pregnancy, proportion of institutional births, proportion of children (12-23 months) fully immunized (BCG, 3 doses each of DPT, Polio and Measles), and proportion of children breastfed within one hour of birth. A comprehensive index was then developed and districts were divided into three categories on the basis of performance: good, medium and poor. Then 11, 26 and 11 districts respectively were picked from these three categories, in addition to 4 that were from Union Territories. IGMSY has been implemented through the Integrated Child Development Services (ICDS) platform, and its success was largely deemed to depend on the successful convergence of the ICDS and the National Rural Health Mission (NRHM). We were able to gather a fair picture of the functioning of the former during the course of our fieldwork.

The implementation guidelines for IGMSY as issued by the MWCD on 4 April 2011 specified that the cash transfer was to be implemented in three instalments of Rs. 1500 (in the second trimester of pregnancy), Rs. 1500 (three months after delivery), and Rs. 1000 (six months after delivery), on application, after fulfilment of the conditions specified in Table 1. After the introduction of the National Food Security Act, a revised guideline was issued on 27 September 2013 that increased the total amount to be disbursed from Rs 4000 to Rs 6000 in two instalments of Rs 3000 each, one in the third trimester of pregnancy and the other six months af-

ter delivery. The conditionalities were kept more or less unchanged. Nevertheless, we found that in spite of the revised notification, the scheme has not yet been implemented in its new form at the research site.

Instalment 1	Instalment 2	Instalment 3
<ul style="list-style-type: none"> <li>• Pregnancy registered within 4 months</li> <li>• At least 1 ANC visit</li> </ul>	<ul style="list-style-type: none"> <li>• Child birth registered</li> <li>• Polio &amp; BCG vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Child exclusively breast-fed for 6 months</li> <li>• Child introduced to complementary foods after 6 months</li> </ul>
<ul style="list-style-type: none"> <li>• Received IFA tablets</li> <li>• At least 1 TT shot</li> <li>• At least 1 counselling session at AWC</li> </ul>	<ul style="list-style-type: none"> <li>• Polio &amp; DPT-1 vaccination</li> <li>• Polio &amp; DPT-2 vaccination</li> <li>• Child weighed at least twice</li> <li>• At least 2 IYCF sessions at AWC</li> </ul>	<ul style="list-style-type: none"> <li>• Polio &amp; DPT-3 vaccination</li> <li>• Child weighed at least four times</li> <li>• At least 4 IYCF sessions</li> </ul>

Table 1: Conditions for disbursement of instalments

On the basis of whether they have received the benefits from the scheme, we partition our sample into three groups: those who have already received at least part of the money (beneficiaries, B), those who have applied for benefits under the scheme, but have not received anything yet (those yet-to-benefit, YB), and those who have not applied for the scheme at all (non-beneficiaries, NB). A woman might become a non-beneficiary due to lack of awareness or interest, lack of a bank account, or her ineligibility for the scheme.

## 1.2. Introduction to the site of research

Located in the south-western part of Jharkhand, Simdega is one of the 24 districts of Jharkhand, which was carved out from the adjacent district of Gumla in 2001. It has 10 blocks and is the third least populous district of Jharkhand with 31.75% of total land area under forest coverage. Its geographical location and dense forests, along with other factors, have made Simdega a strategically important part of the Red Corridor, the region eastern India infamous for its teeming Maoist insurgency. In 2006, the Ministry of Panchayati Raj named Simdega as one of the country's 250 most backward districts (out of a total of 664). It is one of the 21 districts in Jharkhand currently receiving funds from the Backward Regions Grant Fund

(BRGF) Programme. According to the 2011 census, Simdega has a population of 599,813. The total literacy rate is 67.59% with male literacy rate at 75.84% and female literacy rate at 59.38%. The population is mainly dominated by tribals, with a notable presence of Christian missionaries. The main source of income is agricultural farming and forest produce.

IGMSY has been implemented in two districts of Jharkhand, Simdega and East Singhbhoom. We selected Simdega for our research primarily because of the contacts we had there. We restricted our attention to two blocks, namely Simdega Sadar and Pakartanr, chosen on the basis of accessibility by road and safety parameters (which include the extent of Maoist insurgency). Both fall under the purview of the same Child Development Program Officer (CDPO). We were able to find a reasonably good control district, Gumla, on the basis of the 6 DLHS parameters. However, we were unable to visit Gumla due to threats of Maoist insurgency. We are aware of the indeterminacy of effects (whether differences in outcomes are due to the scheme or otherwise) this leads to, and this remains as a shortfall of our study. Also, since the initial choice of blocks was not random, the sample might not be representative of the district at large.

### *1.3. Research Question*

Our study aims to analyse the welfare impacts of IGMSY in Simdega, by looking at the differences in outcomes of beneficiaries and non-beneficiaries of the scheme within the district. We also examine if there is evidence for differential take-up of the scheme, based on demographic parameters.

The rest of the paper is structured as follows. In section 2, we review the existing literature on the implementation effectiveness of this scheme and other similar schemes and expound how our study is different. Section 3 talks about our methodology, defining our sampling strategy and method of analysis. Section 4 assimilates our results on differential take-up on the basis of demographics, pregnancy-specific variables (conditionalities and outcomes of the scheme, and

sources of biased take-up), and the current state of the supporting infrastructure of the scheme, combined with a few anecdotes from our field experiences. Section 5 concludes.

## **2. Literature Review**

The idea for our study came from an article in a national daily on a study by Falcao et al. [8]. This is a broad-based qualitative study assessing the implementation of IGMSY in Bihar, Chhattisgarh, Jharkhand and Madhya Pradesh. Their variables of interest include women's access to health care, nutrition, rest and breastfeeding for the child. The whole study is put to light as an indicator of the preparedness of these states to implement the maternity entitlements defined as per the National Food Security Act (the raise of cash transfer amount from Rs. 4000 to Rs. 6000). The study makes extensive use of secondary data (mainly Census 2011) to assess the summary statistics of the chosen districts and attempts to relate these to the outcomes of the scheme (mainly its reach). Our study has tried to dig deeper, using a larger sample and a more quantitative approach, with a focus on a few blocks of one district where the scheme has been implemented, to see the difference in the welfare of beneficiaries and non-beneficiaries there, and discover the extant pitfalls of the scheme.

Since the scheme is closely tied to other schemes like ICDS and JSY, papers highlighting the status of these and their connection to IGMSY are also relevant to this study. Jehan et al. [2] report increased use of maternal health services since the initiation of schemes like JSY. The study points out certain areas for improvement in this scheme, such as the need for more efficient operational management, clear guidelines, financial transparency, and proven impact on quality of care and maternal mortality and morbidity. Sahayog India [4] highlights poor access to maternal health services and the need for state-supported maternity protection measures. When women workers in the unorganized sector undergo pregnancy and childbirth, they are forced to take time away from work. In the absence of timely delivery of maternity benefits, the

study indicates that they often continue with physically strenuous wage labour till the eighth month and shorten their post-partum rest. In the absence of crches, they are forced to stay at home if they wish to breastfeed the children, which adversely affects household income. As a result, mothers have a tendency to stop breastfeeding earlier than advisable.

Most of the literature on IGMSY seems to suggest that the implementation of the scheme has been sloppy at best. Lingam and Yelamanchili [1] highlight that the strength of IGMSY lies in its attempt to provide maternity protection to women while its weakness lies in its exclusionary criteria. Dhar [3] points out that an ill equipped ICDS health system is a major reason for the poor uptake of this scheme. Another key problem has been the lack of awareness and information regarding the scheme amongst both women as well as ICDS workers. Sejal Dand and Nikita Agarwal [10] quote IGMSY as “one of the poorest performing schemes which entails an urgent requirement to frame a new one”.

### 3. Methodology

We were able to obtain a block-wise list of AWCs from the CDPO office. From amongst these AWCs, we randomly selected 21: 3 in Pakartand (Jamtoli ,Basantpur, Grondabeda) and 18 in Simdega (Saldega I,Saldega II, Ghochotoli, Lohratoli, Brahmin Basti, Mahuatoli, Baspahar, Birnibeda, Khuntitoli, Arani, Bindhaintoli, Khijri Khas, Kullukera, Rigdi Khas, Choytatoli, Tongritoli, Purnapani and Tamra Khas). These were spread over 12 Panchayats and spanned an area within a radius of approximately of around 25 kilometres from Simdega town. We contacted each AWW one or two days before we went to their AWC, and informed them that we were doing a survey of women who had been pregnant since 2011. We asked them to gather all such women. We did not mention that we were particularly interested in IGMSY beneficiaries, as this would have incentivised the AWW to tell us only about those women who had received the money, whilst attempting to sweep the non-beneficiaries under the carpet. We

proceeded to meet expectant mothers and women who had children upto 4 years of age either at the AWC itself or at their homes. We would try to reach the village early in the morning so that we could meet the women before they left for work. Many a time, we were able to coordinate our visit to an AWC with the immunisation or THR distribution day. In that case, we met the women at the ICDS centre itself. Sometimes, however, we were unable to meet some women, if, for instance, they had gone away to their parental home. However, since such instances were scant and there does not seem to be any systematic reason for this absence, we do not expect this to create any bias in our results.

To avoid exclusion, we asked both the AWW as well as the respondents about women who were not registered at the AWC. We found that almost all women in each village were registered and involved with the AWC. The most plausible reason for this roughly complete coverage of ICDS is that since this is a platform for a multitude of schemes and benefits, women have a high incentive to get themselves registered with the AWC.

Each woman was interviewed on the basis of a two-part questionnaire. The first part comprised of details about their household, such as household size, wealth, access to other government schemes through the possession of ID cards such as the ration card and the Aadhar card, and accessibility to banks or post offices through which IGMSY benefits are to be disbursed. The second part focussed on issues relating to their pregnancy (such as health problems faced, level of physical activity and rest undertaken both before and after delivery), child health outcomes (including immunisation, breastfeeding and other IYCF practices) as well as awareness about IGMSY.

We were successful in interviewing a total of 221 women over a period of 21 days. Since the ICDS workers are an integral part of the scheme, we interviewed them in order to understand their degree of awareness about the scheme and their motivation towards their work, which could have an impact on the uptake of the scheme. Figure 1 illustrates the



breakup of these women into beneficiaries, those yet to benefit, and non-beneficiaries.

We have used two-tailed t-tests for difference in means to check for differences in the average demographic characteristics and average outcomes of beneficiaries and non-beneficiaries. All tests have been run by partitioning the sample into two groups, using two different specifications; one where we include all those who have received the cash amount in one group (B), and another where we include all those who have had some form of access to the scheme in one group (B+YB). The quantitative analysis has been carried out after excluding all ineligible women from the sample.

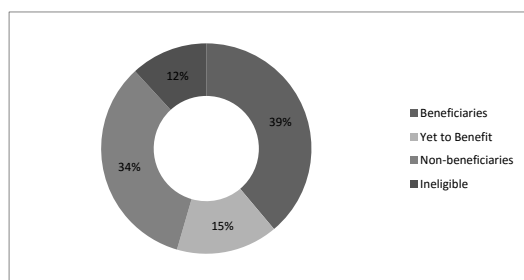


Figure 1: Distribution by beneficiary status

## 4. Results

### 4.1. Demographics

Female literacy was one of the six indicators on the basis of which the pilot districts were chosen for the implementation of IGMSY. We expect literacy rates to be a key variable since it is natural to think that high literacy will aid in tasks like opening a bank account. A significant difference in literacy rates among beneficiaries and non-beneficiaries under both specifications reinforces this belief. The literate women were most inquisitive to look into our questionnaires, and asked us questions about the purpose of the survey. So much so that, once while asking questions about dietary

habits, one respondent read the question in advance while we were still struggling to phrase it in Hindi, and answered, in English, “I like apples! A similar test for the significance of husbands’ literacy indicates that there is no difference under either specification. However, we did come across an instance when a woman came to know about the scheme from her husband, even before the AWW told her. She enquired about the scheme on her husband’s insistence, and successfully took home the cash amount, doing the needful.

Education, though not one of the original six

Variable	NB	YB	B	p-value (B vs YB+NB)	p-value (B + YB vs NB)
Age	24.42	23.13	25.43	<b>0.0275</b>	0.6212
Literacy	66.20%	75.75%	85.36%	<b>0.0100</b>	<b>0.0103</b>
Spouse Literacy	86.67%	83.87%	90.47%	0.3803	0.7659
10th pass	31.91%	56.00%	54.29%	<b>0.0959</b>	<b>0.0101</b>
Housewife	32.39%	45.45%	54.88%	<b>0.0123</b>	<b>0.0082</b>
Laborer	63.38%	45.45%	37.80%	<b>0.0069</b>	<b>0.0018</b>
Nuclear family	36.62%	51.52%	50.00%	0.2413	<b>0.0665</b>
Religion	50.70%	60.60%	60.49%	0.3679	0.1917
SC/ST	56.25%	53.33%	57.74%	0.7574	0.9814
Livestock	126.9	78.90	46.91	<b>0.0010</b>	<b>0.0004</b>
HH Assets	14.33	6.879	12.59	0.8838	0.4392
Total Assets	141.3	85.79	59.50	<b>0.0015</b>	<b>0.0003</b>
Bank A/c	57.75%	84.84%	95.12%	<b>0.0000</b>	<b>0.0000</b>
Distance to bank (km)	8.485	13.26	5.262	<b>0.0546</b>	0.7136
Wood Collected	73.24%	66.67%	52.43%	<b>0.0085</b>	<b>0.0218</b>
Wood Collection	4.278	4.727	4.328	0.8986	0.7711
Time (hrs)					
Presence of La- trine	19.72%	6.06%	14.63%	0.8878	0.1639

Table 2: Differential uptake on the basis of demographics

indicators, is expected to be an important indicator of improvement in the standard of living. There is a significantly higher proportion of matriculates among beneficiaries than among non-beneficiaries within the literate section of the population, which may indicate that they are more aware of the monetary benefits of the scheme and of health outcomes in general, and about what may be good for them. Jebline Bage, one of the YBs of the scheme, is a 12th pass-out and is eager to join college. Her husband is most supportive and she plans to enrol as soon as her 6-month-old child grows a bit older. There are other elder females in the household who would take care of her son. Rajani Lugun is one of the beneficiaries of the scheme, who has done a B.Ed. She talks knowledgeably to the other women about our questions when they have some difficulty following them. She also asked us why the NFSA update has not been implemented for the scheme

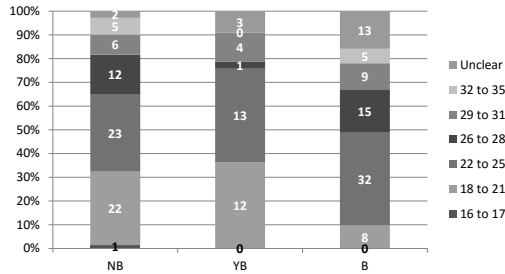


Figure 2: Differential Takeup by Age

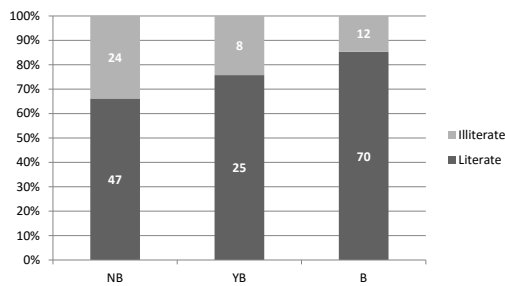


Figure 3: Differential Takeup by Literacy

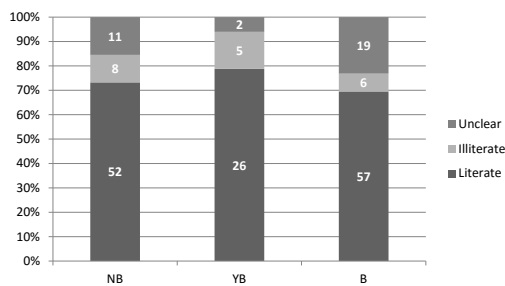


Figure 4: Differential Takeup by Husband's Literacy

in Jharkhand. Her conditionality record has checks all over. These are a couple of the pleasant exceptions that stand out.

Occupation is an important indicator that draws attention to two of the most important parameters of interest - the working hours of and the rest undertaken by a pregnant woman. A larger proportion of women were engaged in physical labour during pregnancy among non-beneficiaries than beneficiaries, whereas there were more housewives among the beneficiaries. It would seem that the availability of the scheme does not very effectively translate into eligibility or the instance of actual transfer being received for the group of women engaged in the most strenuous class of work. This potentially unfortunate result may follow from the inability of those engaged in physical labor to find the time to make effective use of healthcare facilities, which is a prerequisite to obtain any disbursement under this scheme.

The proportion of nuclear households is larger among beneficiaries, which supports the argument that women in larger households might have to do a greater amount of work, and hence may be more likely to not fulfil the conditionalities of the scheme and thereby be excluded from receiving IGMSY benefit. It is also interesting to note that the difference is significant only when yet-to-benefit women are included as beneficiaries (specification 2), and not when they are included as non-beneficiaries (specification 1). This suggests that a decline in household size may facilitate a movement towards enrolling in the scheme.

Simdega has an approximately equal proportion of Hindus and Christians, and is dominated by a tribal population, including SCs such as Bhogta, Bhuiyan, Dhobi, Ghasi, and Harijan, and STs such as Munda, Oraon, Khadia, Bhinjia, Lohar, and Gond. No significant difference is observed in the proportion of beneficiaries amongst Christians and Hindus, and amongst the SC/ST population and other caste groups, which is an encouraging result.

We look at ownership of household assets by assigning weights equal to a thousandth of the market price of a second-hand unit of that asset

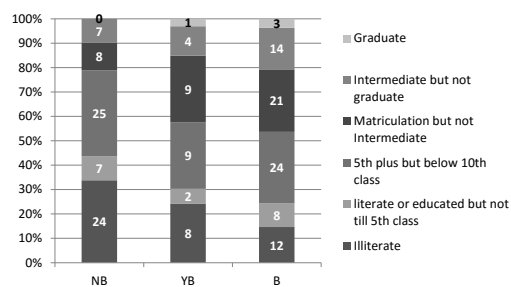


Figure 5: Differential Takeup by Education

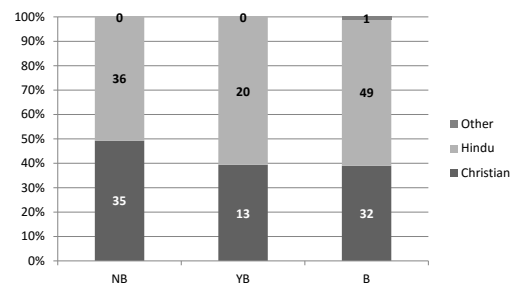


Figure 8: Differential Takeup by Religion

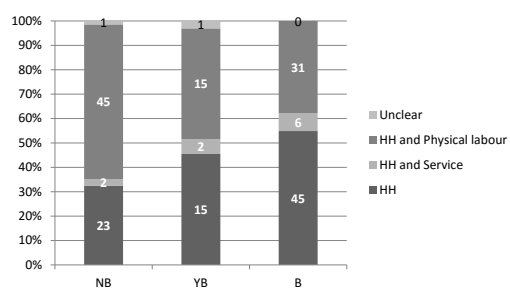


Figure 6: Differential Takeup by Occupation

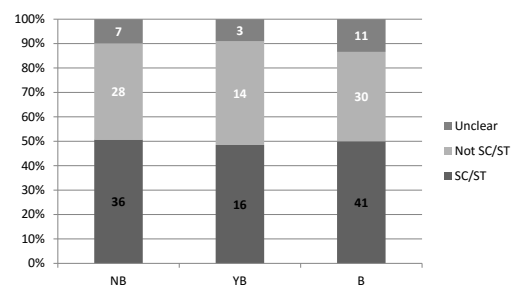


Figure 9: Differential Takeup by Caste

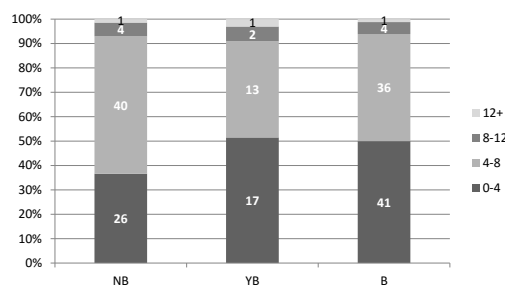


Figure 7: Differential Takeup by Household Size

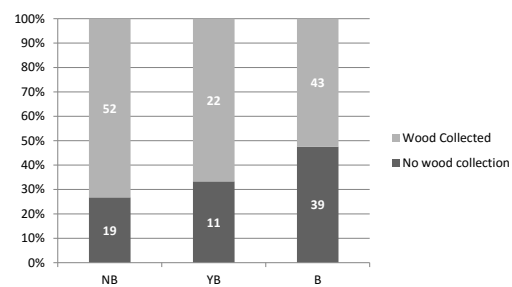


Figure 10: Differential Takeup by Fuelwood Market Accessibility

in Simdega. We find no significant difference in average asset ownership among beneficiaries and non-beneficiaries in either specification. This may arise from the fact that the consumption basket in the area is pretty restricted due to dearth of many goods. The assets that households aspire to own are also limited due to the unavailability or poor quality of electricity connections in the area. A different story, however, takes shape regarding the ownership of livestock. Weights to cattle were assigned using the current market prices in Simdega. There is a significant difference in mean livestock assets between beneficiaries and non-beneficiaries. The “poorer” sections of society, i.e. the ones with more limited livestock assets, tend to be the ones to make better use of the scheme, though it is not clear whether this is due to targeting or greater need. This observation does seem somewhat positive. Connecting this to our earlier observation that women engaged in strenuous labour seem to be able to avail the benefits of the scheme to a lesser extent, we make note of the fact that this ‘strenuous labour’ included cases of seasonal agriculture for the most part. Since livestock is closely related to agriculture, this correlation can explain why the “richer” women seem to be engaged in more strenuous forms of labour. It needs to be noted that the housewives from our sample are significantly “poorer”, on average, than the laborers. IGMSY benefits are deposited in a savings account opened in the name of the woman. To assess financial accessibility, we look at the distance between the beneficiary’s home and the nearest bank. Under the first specification, the average distance to the nearest bank is statistically different for the two groups, while under the second, we do not find any significant difference. This seems to suggest that a nearby bank only serves to differentiate between those yet to benefit from the scheme and those who have already done so, which is to say that it helps in the realization and utilization of the benefit amount, rather than improve take-up of the scheme. These findings are consistent with our own experiences in the field. Many women who lived far away from their bank branches said that

they had never gone to the bank once the account was opened, and it was their husbands who would go to check if the money from the scheme had arrived or not.

The primary source of fuel in Simdega is firewood, and collecting it is a major form of physical labour. There is a highly significant difference in the proportion of those who collected firewood amongst beneficiaries and non-beneficiaries. This might indicate that beneficiaries have greater access to the firewood markets. The mean hours spent per visit to collect firewood, however, are not significantly different for beneficiaries and non-beneficiaries who choose to collect firewood. We have had instances where pregnant women have had to spend 12 hours on collecting firewood, often travelling by foot, right up to the ninth month of pregnancy. Anita Devi of Brahmin Basti, a mother of four children, had to collect firewood from 10 km away twice a week till the last month of pregnancy, since her husband is an alcoholic and doesn’t contribute to household chores. In her words, “*Bahut taklif hota tha. Par kya karein, pet ke khaatir, bachho ke khatir karna padta hai. Sabzi kharidne ka paisa nahi hai, lakdi kahan se kharide didi?*”

Recently there has been quite a bit of focus on sanitation facilities with different government schemes facilitating access to toilets, etc. But sadly, the villages we visited were quite neglected in this regard. Out of 221 households, only 35 (15%) had toilets at home, which mainly included simple holes in the ground. 85% of the households did not have any access to sanitation facilities and had to defecate in the open. This creates a major problem for women who sometimes have to walk as far as 3 km to find a suitable spot. Needless to say, this is a burden on pregnant women.

## 4.2. Pregnancy-specific Results

### 4.2.1. Conditionality Variables

Iron Folic Acid intake is one of the conditions that have to be fulfilled by the expectant mother to benefit from the scheme. The condition requires the woman to collect 100 IFA tablets, or an equivalent dose of IFA syrup, and consume them over

a period of 3 months. While the scheme does not ask for verification of intake, we decided to look at the actual intake of the supplements in our survey, and found that around 47% of the women had taken IFA tablets for three or more months, with around 86% having taken them for some period of time. Many women complained of the tablets inducing nausea, and hence did not consume them at all. Some of the expectant mothers were not taking the IFA supplements because of a rumour going around that the IFA tablets make the child gain weight while in womb, and hence results in problems during delivery. Nevertheless, the AWC distributes IFA on a regular basis and most women have access to it. Awareness about IFA is high and some women even purchase the tablets from medical stores and continue having it during the course of the pregnancy. It was found that IFA consumption was significant under the first specification and not in the second, which, combined with the mean uptake in each group, suggests the presence of a more or less universal coverage of IFA, consistent with our claim.

Yet another of the conditions of IGMSY is to get at least one TT shot during pregnancy (out of an optimal two shots). We found that all but three women had been administered at least one TT shot. Interestingly, all three women are beneficiaries of the scheme. Administering TT shots has been taken up intensively by the AWC. There is no significant difference in the number of TT shots between beneficiaries and non beneficiaries under either specification, as expected. This, combined with the earlier observation of near 100% coverage of at least one TT shot tells us that IGMSY has neither incentivized women to start taking TT, nor has it motivated them to get two shots instead of one. This reduces getting TT shots to being a health practice that is anyway followed by the women, more due to the merit of the ICDS system, regardless of IGMSY.

The benefits of breastfeeding extend well beyond basic nutrition, and breast milk is considered to be absolutely essential for infants. IGMSY promotes six months of exclusive breastfeeding by making

Variable	NB	YB	B	p-value (B vs YB+NB)	p-value (B + YB vs NB)
IFA	83.81%	75.61%	93.15%	<b>0.0212</b>	0.5226
TT (two shots)	90.24%	82.22%	90%	0.5718	0.5058
Breastfed immediately	83.92%	89.28%	88.70%	0.5979	0.5718
Exclusive Breast-feeding	97.13%	96.15%	94.45%	0.4383	0.4758
Immunization	100%	100%	100%		
ANC	93.58%	97.50%	98.75%	0.1532	<b>0.0781</b>
Three ANC	64.10%	62.50%	83.75%	<b>0.0018</b>	<b>0.0555</b>
Weight	80.90%	100%	85.71%	0.9396	0.3027
Diet	17.33%	8.88%	15.18%	0.8423	0.3933
Reduced activity	17.65%	13.95%	12.20%	0.4090	0.3361
Postpartum rest	2.5	2.231	2.776	0.3339	0.7248
HH					
Postpartum rest outside	2.570	3.923	3.429	0.2592	<b>0.0317</b>
Health Pre	0.3049	0.4565	0.3441	0.8695	0.2330
Health during	0.2045	0.1714	0.1263	0.1644	0.1817
Health post	0.1070	0.1563	0.1064	0.8536	0.6763
Institutionalization	62.10%	96.55%	92.11%	<b>0.0004</b>	<b>0.0000</b>
Birth Order	1.560	1.550	1.287	<b>0.0013</b>	<b>0.0184</b>
Gender	54.37%	50.00%	45.75%	0.2976	0.3022
Awareness of the Woman	30.99%	84.85%	91.46%	<b>0.0000</b>	<b>0.0000</b>
AWW Awareness	1.516	1.571	1.584	0.6011	0.5201
AWW Motivation	1.690	1.478	1.730	0.2205	0.7597
Awareness dummy	53.52%	57.58%	58.54%	0.6129	0.5291
Motivation dummy	47.89%	36.36%	59.76%	<b>0.0356</b>	0.4970

Table 3: Differential pregnancy-specific outcomes

it one of the conditions imposed on aspiring beneficiaries. From our survey, it was clear that quite a large number of women knew about the merits of exclusive breastfeeding, although instances of gross misinformation were not uncommon. For instance, one of the respondents in Saldega told us that she fed her child only powder milk because she had heard it was better than breast milk. On a more positive note, many respondents said that the importance of exclusive breastfeeding was being emphasised by the health workers. Birmuni Devi from Khijri Khas, who has eight children, the eldest being 19 years old and the youngest around 5, said that earlier there was no such awareness about exclusive breastfeeding, but nowadays the AWW, ANM and other health workers promote it quite strongly. With such practices, the insignificant difference between beneficiaries and non-beneficiaries for the prevalence of both immediate breastfeeding and exclusive breastfeeding was not unexpected. The delay in most cases was due to medical reasons, and only in a small fraction of cases due to lack of awareness.

Immunisation against various diseases is of utmost importance, and has manifestations throughout the

lifetime of a person. Our team was witness to several immunisation days at various AWCs, and it appears that immunisation is carried out in these centres as a very thorough exercise. A certain day of the month is fixed for the ANM to visit the AWC, and the AWW makes sure that all children who are to be immunised receive their doses. Our results reflect this positive aspect, as all eligible respondents had provided the required vaccinations (including that for measles) to their children. The only group where immunisation was not 100% was that of ineligible (NB-I) women.

IGMSY requires an expectant mother to undergo at least one antenatal care visit, and considers three to be the optimal number of ANC visits. We used data collected from surveying the respondents, and not from the MCP cards, where all beneficiaries have at least one ANC marked. On the whole, it is clear that the beneficiaries turned up for ANCs (whether for one or three) in larger proportions.

Growth monitoring sessions are conducted once a month at most AWCs on the day of immunisation. However, none of the AWCs we visited measured height. IGMSY requires the child to be weighed at least twice in the first 6 months after birth. No significant difference in attendance was found between beneficiaries and non beneficiaries under any specification.

#### 4.2.2. Outcomes

Dietary practice during pregnancy is an important indicator of nutrition, and also a crucial indicator of child health. We constructed a dummy that takes the value 1 for a diet that has improved during pregnancy. The null hypothesis of there being no difference in proportion of diet improvement among beneficiaries and non-beneficiaries is not rejected. A major reason for this could be late receipts of the transfer, mostly after delivery. The stories relating to diet were diverse, and in some aspects, strange. Unavailability of milk was one of the most common stories across almost all AWCs we visited. Even where available, milk is very expensive; in remote villages, milk costs around Rs 12 per glass. Even women from households which own scores of cows say “*gai doodh nahi*

*deti hai*” and have scarcely any milk component in their diet. There were instances where whenever milk was available, women gave it up for their children and husband. Our ‘frequency of milk consumption’ question often made the women laugh. “*Peena ka mann to hai, nahi milta toh kya karein*”, they said. Most often, inclusion of milk in their diets is one luxury that makes women say that their diets had improved during pregnancy.

The only fruits that seemed to be available were mango and jamun, and they too are seasonal. Meat and eggs were mostly consumed once or twice a week. Vegetables and daal were consumed nearly every day. Seen in this light, most women seem to have a somewhat balanced diet, the only catch being the quantity consumed, especially in larger families. There were stories that stood out too. Soni Devi was one of the women who tearfully told us how her in-laws used to starve her during her pregnancy when she was unable to work. Her child suffered from low birth weight, she did not have breast milk, and as a result, the child has to be fed Lactogen even now.

One of the goals of the scheme was to incentivise pregnant women, by means of a partial wage compensation, to work less and take adequate rest. Since many of our respondents were housewives (for whom the concept of working hours was alien) and since several others were agricultural labourers (whose workload was seasonal), a simple calculation of average working hours before and during pregnancy would not be very useful, not to mention plagued with problems of imperfect recall. To bypass this, we decided to look at the related, and more easily recalled, question of whether the women had moved to less physically intense occupations or activities during pregnancy. A dummy is constructed which takes the value 1 for any pregnancy during which the woman switched to a less intensive occupation. It was found that roughly the same proportion of women from both groups make the switch during pregnancy, driven perhaps by their own needs, rather than by the existence of the scheme. It could be argued that the beneficiaries make the switch because of the money they re-

ceive, whereas the non-beneficiaries do so because they are inherently better-off, but this is unlikely in light of the very small proportion that actually makes the switch. However, this result is not entirely unexpected, for the money is often delayed, and as such, can no longer serve as even a partial wage compensation. For 25 year old Kunti Devi, every day is a new challenge. Leaving for firewood collection before sunrise and returning at dusk two times a week and carrying heavy bucketsful of water drawn from the well an hour away is hard work redefined. She has received just Rs. 1500 from the scheme yet and she is frustrated that the rest of the money hasnt been forthcoming, since she left working in the fields in the hope of receiving Rs. 4000. *“Kab aenge paise, aap pata karke batao na”* she tells us. As Juliani Topo, one of our respondents from Arani, puts it, *“paise nahin hai; jeena hai to kaam karna hi padega na?”*

To evaluate the amount of rest taken, we create an index that represents the number of fortnights rested before resuming work. We find no significant difference between beneficiaries and non-beneficiaries in the rest taken before resuming household work. This seems to suggest that the scheme may be of no avail in relieving women from household work immediately post delivery. However, we find a significant difference between the two groups in the rest taken before resuming outside work, which includes resuming work at the place where the women may have been employed post-delivery. It is worthwhile to note that despite IGMSY benefits being delivered so late, we are able to find a significant positive impact, even among those who are yet to benefit. These numbers are likely to understate the potential effect of the scheme, and we may expect to see an even greater impact if the cash transfer is made timely. Pooja Devis story is sombre. Her husband is an alcoholic and rarely works. This adds to her work burden and no cash transfer can make for the effort she takes every day, she says. Her child was born underweight and she has taken her best efforts to nourish him, of no avail. The way she single handedly strives to feed her family and take care of the child

moved us.

We expect the cash transfer to have a positive effect on mitigating health problems, because it empowers women to purchase medical services. The results, however, show that there is no significant difference between beneficiaries and non-beneficiaries in the number of women who faced health problems during pregnancy, at the time of delivery, or after delivery.

Although institutional deliveries are not an official precondition for disbursement of grants under IGMSY, many of the AWWs that we talked to seemed to believe that it was, and they forced the women to go to the hospital for their deliveries. The difference between beneficiaries and non-beneficiaries on this count is staggering and highly significant under both specifications. Hence, although this misconception seems to have had a very strong positive externality, it has also resulted in instances such as that of Lakshmi Devi from Tongritoli, who was denied the benefits simply because she delivered her child at home. One of the saddest cases we encountered was in Birnibeda. The AWW strongly insisted in taking us to this womans house. She was making plates and bowls out of saal leaves for her sister-in-law’s upcoming wedding, when we arrived. The 17-year-old sister-in-law watched us as the womans three-year-old mute elder child roamed around, playing. He lost his voice two years ago, due to malnourishment. The woman’s second delivery was excruciatingly painful, resulting in huge blood loss and the child coming out deformed and stillborn. Her household members did not let her go for checkups or to a hospital for delivery, deeming it unnecessary, though she was always in pain. None of this shows on the placid face of the woman who has borne enough tragedies for a lifetime. This is an example of how stereotypes cut through all else, whatever scheme may be in place.

#### 4.2.3. Sources of Biased Uptake

The benefits granted under IGMSY are available only for the first two live births, and, as a result, all eligible births have birth order one or two. Given that almost every family we talked to had, or planned to have, more than two children, a high

average birth order among beneficiaries might indicate that the scheme has been gaining in popularity. A low average birth order, on the other hand, might indicate reluctance to enrol for the second child, perhaps due to the perception of inefficiency in the system. We find that the difference in average birth order (and hence in proportion of 2nd order births) between beneficiaries and non-beneficiaries is negative and highly significant. Interestingly, the average birth order among pregnancies where the benefit was not received due to the AWW not informing them is in fact the lowest. The case of Aarti Devi is queer. She is a beneficiary with three children. Her first child Gabbar was from her first husband who drowned in a dam. She got married to her brother-in-law with whom she has 2 children. She got the benefit amount for her second and third pregnancy, though not the first.

A look at the breakup of various classes of beneficiaries and non-beneficiaries by gender yields a very interesting picture of gender discrimination or bias. After excluding the ineligible pregnancies, the null hypothesis of no difference in the proportion of girls in both groups is not rejected. However, when the ineligible pregnancies are included, the distribution seems decidedly one-sided, with significantly greater proportions of boys among beneficiaries, and of girls among non-beneficiaries. A widely prevalent preference for a male child leads to couples without male children continuing their attempts until successful. This results in a large number of girls in families that have multiple kids. Since these families continue to have kids, they usually end up becoming ineligible, and thus we get a large proportion of ineligible girl children. This same observation also indicates that the family planning aspect of the programme, as envisaged by the restriction to children of birth orders one and two, is perhaps being overpowered by the existing preference for male children.

In our interviews, we observed that none of the women were aware of the conditionalities of IGMSY; it was only the AWW who knew about them. We find that the proportion of people who have heard about the existence of IGMSY from

sources such as the AWW or neighbours is significantly higher for beneficiaries than for non-beneficiaries. This supports the view that lack of knowledge about the scheme is a major factor contributing to differential uptake. However, this does not rule out the possibility that the lack of awareness stems from a lack of interest, or a kind of apathy to such matters.

In order to gain a perspective on how the IGMSY benefit is actually used, we asked the beneficiaries what they had done with the money they had received. Our findings, as indicated by Figure 11, show that a large chunk of the amount is spent on daily or incidental expenses. When seen together with the lack of ready cash among poor households, this suggests that a timely cash transfer could substantially improve maternal and child health. 18 year old Poonam Devi is a non-beneficiary in Basantpur, who did not to take the efforts for document submission since she would have had to go all the way to Simdega, she says. The AWW had offered to submit forms for her, but she was complacent. *“4000 rupaye se kya hoga didi, ghar pe paise rahenge toh kharch ho hi jate hain, pata hi nahi chalega kaise khatm hue”* she insists. When asked if she would have been more motivated to take up benefits if the amount had been more, she says maybe.

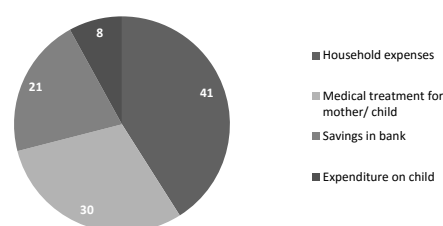


Figure 11: Utilization of the Benefit Amount



### 4.3. Scheme Infrastructure

If the structure of the scheme were to be followed correctly, the money was to be received in instalments over the course of pregnancy, extending to six months post-delivery. It was found that practically all the women who received the amount received it post-delivery, whether they got the money in instalments or all at once. The transfer was delayed, and was received over anywhere from 2 months to two years post-delivery, in one, two, or three instalments. While probing into the possible cause for this delay, we elicited the following story from a group of AWWs. The money is actually disbursed according to how the AWWs submit the IGMSY forms. Nowadays, because of delay in opening bank accounts and unavailability of MCP cards in AWCs, the form itself is submitted late, which is why the money is late in arriving. The AWWs themselves decided on nine months as the deadline for submitting forms, without getting any guidelines about the same from above. Though it is doubtful whether this was the sole reason for the delay or if red tape also hindered operation within the time frame, it can surely be said that this delay kills the purpose of the scheme to a large extent. The instalments were meant to ease the whole experience of pregnancy and childbirth for the woman, and by becoming a one-shot transfer that may come months after delivery, the transfer amount has been rendered a mere means for additional household expenditure to most of the beneficiaries. There were even cases where the AWWs insisted that the women have received the money while the women claim they haven't. After all, who would check an account every day hoping to see a credit of 4000 Rupees that is known to come years later, they ask.

There were also instances of corruption where the AWW took bribes. One of the respondents had come all the way from her home five kilometres away just to speak to us about this. *"Aap log aa rahe hain, suna toh hame bhi accha laga, hamari pareshani sunne ke lie koi nahi hai"* she said. In that AWC, the AWW took Rs. 500 as bribe for every Rs. 4000 she helped give out. If the money

came in installments, and if the woman refused to pay the bribe, the AWW would say she wouldn't get her the next instalment. She was one of the people who refused to pay. As a result, the AWW would not inform her about any new scheme. She constantly ignores her questions about her eligibility for the Ladli Yojana and her delay in responding has now resulted in the breach of deadline for application. Another respondent told us that the AWW herself keeps only Rs. 200, while the rest goes to those higher up the chain. The strangest part of it all was that the AWW was right next to the respondents during the interview despite our best efforts to separate them and neither the women nor the AWW flinched from this discussion. For us, it was like staring at the stubborn face of corruption. In other AWCs, the AWWs took bribes of Rs. 200- 300 as transportation costs for submitting the forms, and did not reimburse it after the receipt of the benefit.

The ICDS runs surprisingly well in the district, especially in terms of coverage of immunization. The ANM regularly visits each month, as reported by both the AWW and the respondents. A major proportion of the respondents also send their children to the AWCs though many say that the teaching quality is poor. Later, most of these children are sent to government or missionary schools which are aplenty, but are still taken to the AWC for the cooked meal they get till 6 years of age.

UIDs are a prerequisite in most banks for opening a bank account, and thereby, to avail the benefits of IGMSY. It was found that 97% of the sample had UIDs. In some cases though, delay in receipt of UIDs delayed the opening of bank accounts and prevented the women from availing the benefits of the scheme. Opening a bank/post office account being the starting point of the scheme, we checked if there is a significant difference in proportions of account-holders among beneficiaries and non-beneficiaries, and found that the null hypothesis of no difference is strongly rejected in both specifications. We had also asked questions about the attitude of bank/post office employees. While there were a couple of cases where the post office of-

ficial took bribes, the primary complaint was that many visits were required to get the bank account opened. Another issue that came up was the insistence of some banks on having two ID proofs instead of one, which denied benefits of the scheme to some, due to the delay in receipt of these IDs. We also noticed that most respondents were unaware of zero-balance or no-frills accounts. Most respondents admitted to having started accounts by depositing money, despite financial difficulties. However, it is unlikely that this financial constraint kept many people from opening accounts; given the assurance of receiving money under IGMSY, even if it is delayed, most respondents were willing to make an investment to open the accounts. We also discovered that many women had recently been able to open no-frills accounts under the Pradhan Mantri Jan- Dhan Yojana, which may act as a positive externality as it may reduce the number of women who are unable to get IGMSY benefit simply because they do not have an account.

We now examine the level of motivation of the Anganwadi worker to see if this has a significant impact on the uptake of the scheme. To measure motivation, we asked the women to rate their AWW as unhelpful (0), indifferent (1) or helpful (2). The average of these responses was taken to assign a motivation score to each worker. A two tailed test in the first specification shows that the proportion of women from villages whose AWW was cited as highly motivated (cited as helpful by all respondents) is significantly higher among beneficiaries (specification 1) but not significantly lower among non-beneficiaries (specification 2). From this, we can infer that a woman in an AWC with a highly motivated AWW has a greater probability of actually getting the benefit amount. In other words, this suggests that highly motivated AWWs may be instrumental in reducing the delay in payments.

We also conducted a test to see if the proportion of beneficiaries can vary with the level of awareness of the AWW about the scheme, as measured by the proportion of questions about the conditionalities of the scheme that she was able to answer correctly. However, the results turn out to be in-

significant. This is indicative of our observations that AWWs tend to be aware of the scheme in general, and the variation in awareness, which primarily arise in their understanding (or lack thereof) of the minutiae of the scheme, is not large enough to affect enrolment or delays. However, there are also cases such as that of 25-year-old Susheela Devi, who could not avail the benefits of the scheme because of a miscommunication from the AWW. She was told that the scheme would provide only Rs. 1600 for a girl child, while Rs. 4000 was only if the woman had a boy child. Being a mother of a 4 month old girl, she decided not to go through the pain of the whole process, just for Rs. 1600.

## 5. Conclusions

IGMSY has been implemented with mixed success in Simdega. The takeup of the scheme has been bolstered by an already robust ICDS system, but is also marred by the flaws of the system. This very robustness of the system also seems to undercut the scope of the scheme. The eligibility conditions of the scheme, and the social proclivities of the target population have also led to a differential uptake of the scheme.

A large number of beneficiaries come from women in the mid-20s. Recently married, and newly pregnant, everything they say or do is tinged with the exuberance of their youth. The more educated these women are, the better they are able to channel this exuberance into healthy practices, increasing the uptake of the scheme. On a related note, the literate section of the population seems to exhibit a greater uptake of the scheme. The scheme might be well-targeted in terms of ownership of livestock, with greater proportions of beneficiaries in the poorer sections of society, but does not seem to appeal to the right target audience in terms of occupation. Rather than the daily wage labourers who are truly in need of the scheme, it is the housewives of Simdega who appear to be opting for it in larger numbers. The uptake does not seem to depend on social characteristics such as religion or caste, but does depend on household size, with a fall in proportion of beneficiaries with increasing

family size. The respondents ability to obtain and utilize the benefit amount seems to increase with greater financial accessibility, but uptake of the scheme does not. Firewood collection, as an effort-intensive activity, seems to differ significantly between beneficiaries and non-beneficiaries, indicating that beneficiaries might be having greater access to firewood markets.

There also appears to be differential uptake of the scheme along gender lines. This bias is likely to be associated with prevailing boy-child-preferences. A lower average birth order among beneficiaries might suggest a reluctance to enrol for later births, given that most beneficiaries have more than one child. Awareness of the potential beneficiaries also seems to be key to the uptake of the scheme. The money accruing from the scheme is spent primarily as a supplementary income for household needs, and indicates the cash-strapped nature of the beneficiary households.

The scheme seems to promote ANC visits, and taking adequate rest from work outside the household, but this effect cannot be attributed purely to this scheme, but may also be arising from various other improvements in the recent past. Given the lack of a control group (due to our inability to visit the control district of Gumla), it is impossible to separate out these effects. However, it is interesting to note that, even in this situation, there is no real difference between the beneficiaries and non-beneficiaries in outcomes such as consumption of iron supplements (IFA), uptake of TT shots, and breastfeeding and immunisation practices, in large part because of the strength of the ICDS system, and a near-universal implementation of these practices among the general population. The scheme has not helped popularise growth monitoring, primarily due to the inability of the ICDS system to meet the infrastructural requirements of the practice. Further, we do not observe any significant differential effect on maternal health, diet, or physical activity levels, with any changes being reflected similarly across beneficiary and non-beneficiary groups. Since there does not seem to be any other factor that would work on these aspects

differentially and still result in such low levels of change overall, it seems likely that the scheme is, in fact, not having any effect on these parameters in and of itself. One key, unexpected takeaway from the scheme seems to be the promotion of institutional deliveries as a positive externality, though also as an unintended exclusionary criterion. The highly significant difference in the proportion of institutional deliveries among beneficiaries and non-beneficiaries of IGMSY might be accidental in origin, but seems to have significant welfare implications for the target group.

Keeping in mind any other positive outcomes this scheme may have resulted in, the delay in the receipt of the cash amount can be deemed as the biggest drawback of the scheme. The transfers are staggered, and the delay ranges from two months to nearly two years. The uncertainty such an inconsistent time schedule generates kills the purpose of the scheme by making working during pregnancy an all-the-more-necessary condition for many respondents. Even this scheme doesn't seem to be free from the clutches of the long arms of corruption. Bribe-taking has become a rule in some of the Anganwadis, where women who refuse to pay are often denied further help from the AWW. This leakage from the transfer amount significantly lowers the welfare of the women from this scheme, and worse, makes them lose faith in the entire process of working of the scheme.

Most of the women we spoke to told us that they were aware of the necessity of taking IFA tablets and ANC visits among other things. They did not know that these were a part of the conditions of the scheme. Since they took it as a kind of general counselling given by the AWW, they mostly did not give much thought about fulfilling these conditions seriously, though the relatively robust ICDS structure seems to be taking care of this anyway. Often, women were totally unaware of the purpose of the scheme. For them, it was just another sarkaaari scheme which gets them money on filling forms. In short, the entire scheme seems to be standing on the shoulders of a strong ICDS structure, at least in the aspect of imparting good health practices as a

part of the conditions of the scheme.

To conclude, we recount one of our pleasant encounters with a respondent. Estella Dungdung - her smile was that of a person who has learnt to be happy even amidst a kind of poverty most of us don't even know. Our conversation with her made us introspect about how happiness comes at unexpected times. We were way lighter of heart and probably wiser. We don't know what she took back. We had nothing to offer this exceptional woman with a sharp mind, a warm and open smile, and a determination that left us amazed and inspired. We are left wondering what she might have been able to achieve, for herself and her family, if she had the right kind of support, when and where it counted. If only government schemes worked as they were intended to; as they ought to.

## 6. Acknowledgements

We would like to express our gratitude towards our supervisor Dr. Deepti Goel for her valuable guidance throughout the research. We are also thankful to Dr. Janaki Abraham from the Department of Sociology, DSE, for the insights she shared with us on the things to focus on while looking at the social fabric of our area of study. We would also like to thank the CDE staff for all the timely communications regarding the research.

We would like to thank Dr. Jean Dreze for being our guide throughout the research. Responding exuberantly to all our requests for counsel, he gave us an idea of what the feeling of living in a survey truly was. Each of his suggestions gave us new avenues to think about, which modified the course of our survey as we moved along.

We are immensely thankful to Mr. Novel Jojowar, Joint Secretary (retd.), Rural Development Department, Government of Jharkhand, without whose help this study might not have been possible.

We express our sincere gratitude towards the CDPO, DDC and NDC of the district of Simdega, Jharkhand. Their hospitality and willingness to help made the research experience one of the most pleasant times of our lives. They did everything in their capacity to make sure we had access to all

the official data about the scheme that was available, to take care of our transportation on the days we had to go to remote and thickly forested places for our survey and recommend us to other government officials whenever necessary, to make our work smoother and more efficient.

We would also like to thank all the Anganwadi Workers who took time off to initiate our conversations with the respondents, talk about all the stories centered around the scheme and often, walk with us in the scorching summer heat, to take us to households.

Last, but most definitely not the least, we would like to thank all the 221 women who talked to us during the survey. They listened to our questions patiently and poured their hearts out about their problems. No report can fully do justice to the plethora of stories of life experiences that were opened up before us, though we have made our sincerest attempt to capture the essence of them here.

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