



BUDGET BRIEFS

Vol 11/ Issue 2

Pradhan Mantri Matru Vandana Yojana & Janani Suraksha Yojana (PMMVY & JSY) GoI, 2019-20

This brief reports on two maternity benefits schemes, offering conditional cash transfers to pregnant women and mothers: a) The **Pradhan Mantri Matru Vandana Yojana** (PMMVY), Government of India's (GoI's) scheme aimed at providing partial compensation for wage loss and improving health seeking behaviour of pregnant women and lactating mothers, and b) the **Janani Suraksha Yojana** (JSY) aimed at incentivising institutional and safe delivery for reducing infant and maternal mortality.

Using government data, this brief reports on:

- Trends in allocations, releases, and utilisation
- Coverage and payments, and
- Outputs and outcomes

Cost share and implementation:

Nationally, PMMVY is implemented by the Ministry of Women and Child Development (MWCD) and JSY by the Ministry of Health and Family Welfare (MoHFW). Funds are shared between GoI and states in a 60:40 ratio for PMMVY and JSY. This ratio is 90:10 for the eight Northeastern and three Himalayan states. GoI funds the entire share for all UTs without a legislature.

HIGHLIGHTS

₹ 2,500 cr

GoI allocations for PMMVY in Interim Budget (IB) for FY 2019-20

₹ 2,013 cr

GoI total approved budget for JSY in FY 2017-18

SUMMARY & ANALYSIS

- In Financial Year (FY) 2019-20 (IB), ₹2,500 crore was allocated for the scheme, a 4 per cent increase from the previous year's Budget Estimate (BE). However, Revised Estimates (REs) were half the BE for 2018-19.
- Under JSY, the total approved budget including committed liabilities declined by 7 per cent from ₹2,168 crore in FY 2016-17 to ₹2,013 crore in FY 2017-18.
- PMMVY enrolment has been low. Only 25.7 lakh beneficiaries or less than half the annual target were enrolled in FY 2017-18, and, 35.6 lakh beneficiaries or 69 per cent FY 2018-19 till 10 December 2018. Coverage as a proportion of the estimated eligible population is even lower. Only 20 per cent of the estimated eligible population was enrolled in FY 2017-18 and 27 per cent in FY 2018-19 till 10 December 2018.
- Payment of beneficiaries under PMMVY has been high. Across the country, 49.9 lakh beneficiaries or 81 per cent of those enrolled had received at least one instalment of PMMVY benefits by December 2018.
- The percentage of institutional deliveries out of reported deliveries increased from 85 per cent in FY 2013-14 to 92 per cent in FY 2017-18. Thirteen states/UTs report that over 99 per cent of deliveries now happen in an institution.

PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)

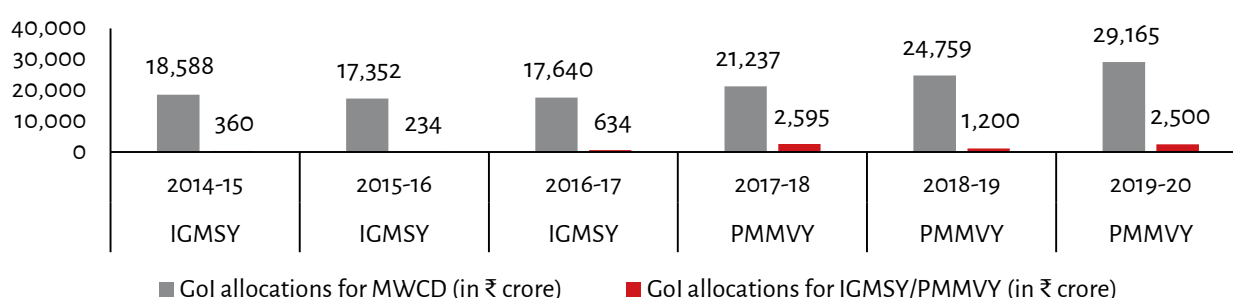
- The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a maternity benefit scheme providing conditional cash transfers to pregnant women and lactating mothers for the first live birth.
- The scheme has evolved over a period of time. In 2010, Government of India (GoI) had launched the Indira Gandhi Matritva Sahyog Yojana (IGMSY), on a pilot basis in 53 selected districts of the country. The passing of the National Food Security Act (NFSA), 2013, under Section 4(b) made the provision of maternity cash benefit of a minimum of ₹6,000 a justiciable right. Accordingly, from 5 July 2013, the maternity benefit amount was increased from ₹4,000 to ₹6,000 per beneficiary to be received in two instalments. Moreover, the conditionalities associated were simplified. On 31 December 2016, the Prime Minister announced the pan-India implementation of the programme with a provision of ₹6,000 to be disbursed in three instalments after meeting specific conditions for the first two live births. In May 2017, the Cabinet approved the implementation of the PMMVY with a revised payment of ₹5,000, and the remaining amount to be provided under the Janani Suraksha Yojana (JSY). The eligibility was restricted to the first live birth.
- The current scheme has two main objectives:
 - To partially compensate pregnant women and lactating mothers for wage loss, thereby enabling women to receive adequate rest and better nutrition before and after the birth, and;
 - To improve health seeking behaviour among pregnant women and lactating mothers.
- At the national level, the scheme is implemented by the Ministry of Women and Child Development (MWCD). At the state level, the scheme is to use the Anganwadi Centre (AWC) platform under the Women and Child Department or Social Justice Department. There are, however, at least 6 states/UTs where it is implemented by the Department of Health including Andhra Pradesh, Meghalaya, Chandigarh, Tamil Nadu, Telangana, and Uttar Pradesh.
- Maternity benefit beneficiaries are to register at the AWC or approved health facility and are verified by the respective authority based on their implementing department.

TRENDS IN GOI ALLOCATIONS AND EXPENDITURES

Allocations

- With the launch of PMMVY and the expansion of the scheme to the entire country, GoI allocations increased significantly from only ₹360 crore in under IGMSY FY 2014-15 to ₹2,595 crore in FY 2017-18.
- At the start of FY 2018-19, ₹2,400 crore was allocated to the scheme. This, however, was halved in the Revised Estimate (RE) to ₹1,200 crore and accounts for only 49 per cent of the anticipated demand of ₹2,449 crore by MWCD. In FY 2019-20 (IB), ₹2,500 crore has been allocated for the scheme, a 4 per cent increase from the FY 2018-19 BE, but more than double the RE.

FOUR-FOLD INCREASE IN ALLOCATIONS FOR PMMVY BETWEEN 2016-17 AND 2019-20



Source: Union Expenditure Budget, Volume 2, Ministry of Women and Child Development FY 2015-16 to FY 2019-20 (IB). Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2019.

Note: Figures are in crores of rupees and are REs, except for FY 2019-20 which are Budget Estimates (BE).

- The initial cost of the programme from 1 January 2017 to 31 March 2020 was estimated at ₹12,661 crore. For FY 2017-18 to FY 2019-20, the Gol share is ₹7,348 crore, of which ₹6,295 crore has been allocated, till FY 2019-20 (IB). This accounts for 85 per cent of Gol's total share for the period.

Releases

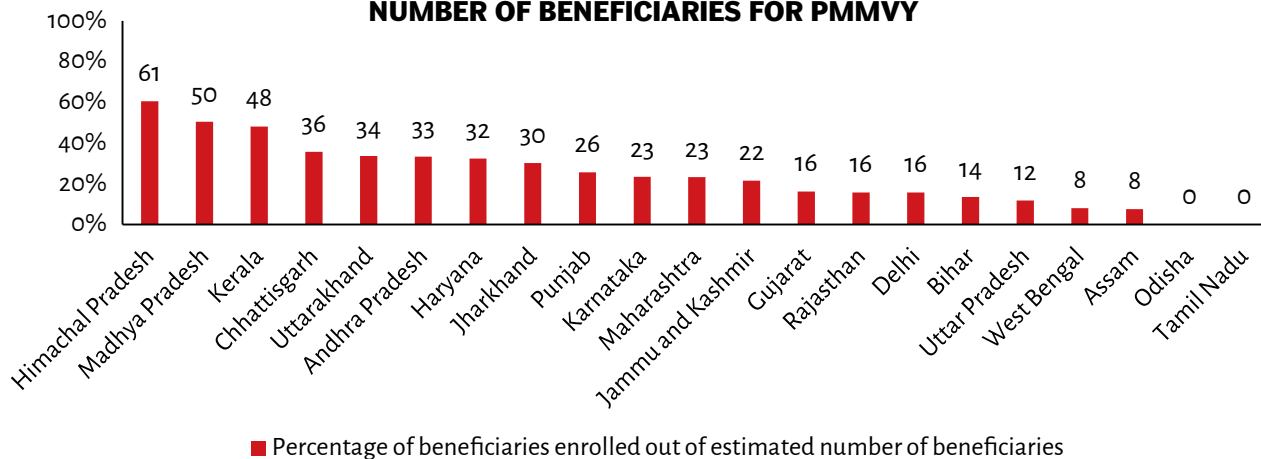
- According to the guidelines, in order to ensure dedicated and timely availability of funds to beneficiaries, states are to maintain a separate escrow account for the scheme. Funds are transferred by both Gol and states directly into this account. Subsequently, funds are transferred to the bank or post office account of beneficiaries through Direct Benefit Transfers (DBTs).
- For the remaining components such as setting up of administrative expenses, training and capacity building, flexi funds and Information, Education and Communication (IEC) material, etc. funds are routed through state treasuries via the Public Finance Management System (PFMS).
- Not all allocated funds are released, though there have been some improvements. Between FY 2014-15 and FY 2016-17, only 53 per cent of the total allocated funds were released for IGMSY. In FY 2017-18, Gol released 79 per cent of the allocated funds for PMMVY.
- The release of funds has significantly slowed down in FY 2018-19. As on 10 December 2018, only ₹369 crore or 31 per cent of the revised Gol allocation for FY 2018-19 had been released.

COVERAGE

- Under PMMVY, all pregnant women and lactating mothers [excluding those employed in government, public sector units (PSUs) or receiving similar benefits under any law], are eligible to receive benefits up to the first live birth. At the start of PMMVY, Gol estimated the scheme to target 51.70 lakh beneficiaries, annually.
- Enrolment under the scheme has been low, though it has improved over the years. According to the 304th Rajya Sabha report (Demand for Grants of MWCD, 2018-19), in FY 2015-16, out of an annual target of 10.5 lakh, only 30 per cent (3.69 lakh) beneficiaries had been covered under IGMSY. In FY 2016-17, this decreased further to 2.82 lakh beneficiaries. There are, however, data gaps and not all states have reported beneficiary details. In FY 2015-16 data was missing for 10 states and in FY 2016-17, it was missing for 16 states. Under PMMVY, from FY 2017-18 to FY 2018-19 (as on 10 December 2018), 61.3 lakh beneficiaries had been enrolled.
- There are two ways of measuring coverage under PMMVY. First, is to compare the total number of beneficiaries enrolled as a proportion of the annual target of 51.7 lakh as set by PMMVY. The other is to compare coverage with the estimated eligible population. Both calculations have been done in this section. The total number of estimated eligible beneficiaries was calculated by multiplying crude birth rates (birth rate per 1,000 people) with the projected population in India for 2017. Next, since PMMVY is restricted to only the first live birth, birth order data from the Sample Registration System (SRS) was used for the year 2016. The percentage of women with birth order 1 (or 1st birth) was then multiplied with the estimated number of mothers to arrive at an estimate for number of mothers with one birth, as a proxy for eligible PMMVY beneficiaries.
- A comparison of the two indicators shows significant differences in coverage rates. In FY 2017-18, 25.7 lakh beneficiaries or less than half the annual target were enrolled under PMMVY. Enrolment rates increased marginally in FY 2018-19. Till 10 December 2018, 35.6 lakh beneficiaries or 69 per cent of the annual target were enrolled under the scheme.
- Enrolment rates are even lower with respect to the estimated eligible population. Thus, while the eligible population is estimated at 130.1 lakh (nearly two and a half times the target set by PMMVY), only 20 per cent of the beneficiaries were enrolled in FY 2017-18 and 27 per cent in FY 2018-19 till 10 December 2018.
- There are state differences. No beneficiary was enrolled in Tamil Nadu in FY 2017-18. Enrolment numbers were also low in Meghalaya (at 2), Odisha (at 7), and Telangana (at 150). Low enrolments in these states continued in FY 2018-19. Till 10 December 2018, only 44 beneficiaries had been enrolled in Telangana and none in Odisha.

- One reason for low enrolment could be that Tamil Nadu, Odisha, and Telangana run maternity benefit schemes at the state level. For instance, Tamil Nadu runs the Muthulakshmi Reddy Maternity Benefits Programme, Odisha runs the Mamata Scheme, and Telangana the KCR kit scheme. All three schemes have an expanded coverage up to two live births, and have similar ANC and immunisation conditions, as PMMVY.
- The percentage of beneficiaries enrolled out of the estimated number of beneficiaries also differed significantly across states. While Himachal Pradesh, Madhya Pradesh, and Kerala enrolled more than 45 per cent of the estimated number of beneficiaries, West Bengal, Assam, Tamil Nadu, Odisha, and Telangana enrolled less than 10 per cent.

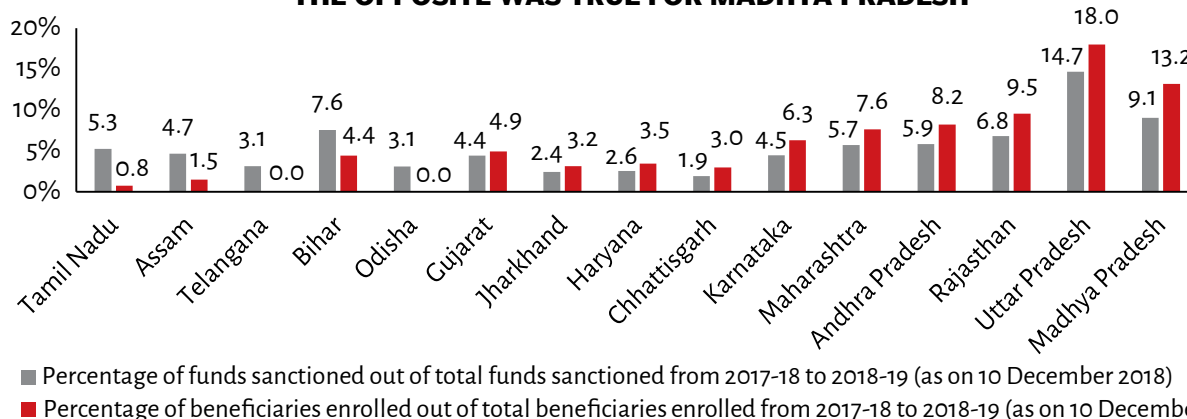
IN 2017-18 HIMACHAL PRADESH WAS CLOSEST TO ENROLLING THE ESTIMATED NUMBER OF BENEFICIARIES FOR PMMVY



Source: (1) Population Projections from the Report of the Technical Group on Population Projections Constituted by the National Commission for Population, May 2006. Available online at: <https://nrhm-mis.nic.in/Part%20B%20Demographic%20and%20Vital%20Indicators/Population%20Projection%20Report%202006%20by%20RGI.pdf>. (2) Crude birth rates for 2016 from the SRS Bulletin 2017. Available online at: http://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin%20-Sep_2017-Rate-2016.pdf. (3) Birth order from SRS 2016. Available online at: http://www.censusindia.gov.in/vital_statistics/SRS_Report_2016/9.SRS%20Statistical%20Report-Detailed%20tables-2016.pdf. (4) Number of beneficiaries enrolled from Lok Sabha Starred Question No. 256, answered on 28.12.2018. Available online at: <http://164.100.47.190/loksabhaquestions/annex/16/AS256.pdf>. Last accessed on 12 January 2019.

- There are also differences in the proportionate share of total releases to states and the proportionate share of beneficiaries enrolled. While 5 per cent of the total funds released for India were for Tamil Nadu, the state accounts for less than 1 per cent of the total beneficiaries. In contrast, Uttar Pradesh and Madhya Pradesh received a lower share of funds compared to the proportion of beneficiaries enrolled.

WHILE TAMIL NADU RECEIVED MORE FUNDS THAN THE NUMBER OF BENEFICIARIES, THE OPPOSITE WAS TRUE FOR MADHYA PRADESH



Source: Lok Sabha Starred Question No. 256, answered on 28.12.2018. Available online at: <http://164.100.47.190/loksabhaquestions/annex/16/AS256.pdf>. Last accessed on 12 January 2019.

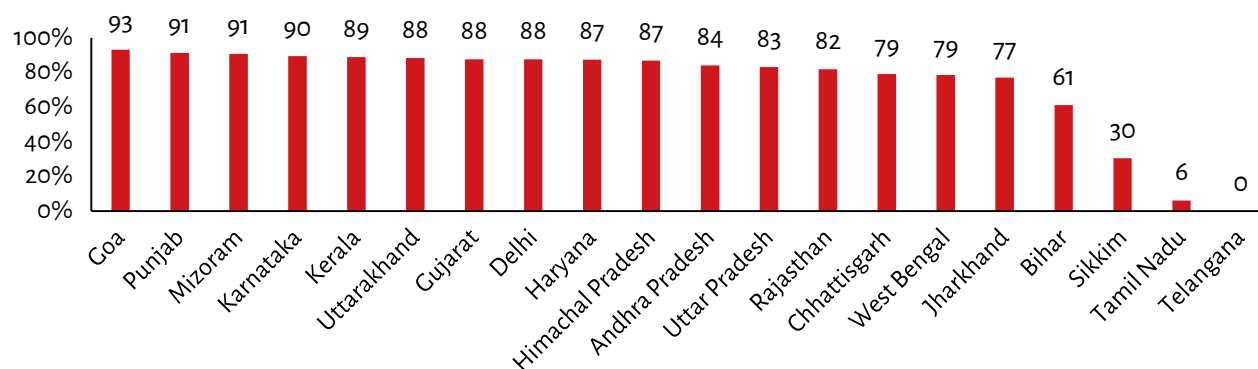
PAYMENT TO BENEFICIARIES

- PMMVY beneficiaries are to receive a sum total of ₹5,000 over three instalments. Each instalment is linked to specific conditions. These are:

Instalment	Conditions	Amount (in ₹)
1st	Early registration of Pregnancy (within 150 days from the date of the last monthly period, specified in the Mother and Child Protection (MCP) card.	1,000
2nd	Upon receipt of at least one antenatal check (can be claimed after 6 months of pregnancy), certified on the MCP card.	2,000
3rd	a) Registration of child birth b) The child receives the first cycle of immunisation for BCG (targets TB), OPV (Polio), DPT (Diphtheria, Pertussis, and Tetanus) and Hepatitis-B or its equivalent, certified on the MCP card.	2,000

- An officer/functionary of Health Department not below the rank of Auxiliary Nurse Midwife (ANM) is responsible for verifying that beneficiaries have met the above criteria.
- Across the country, 49.9 lakh beneficiaries or 81 per cent of those enrolled received any payment since the inception of PMMVY. These account for 38 per cent of the estimated beneficiaries. Till 10 December 2018, while less than 10 per cent beneficiaries enrolled had been paid in Telangana and Tamil Nadu, 90 per cent or more beneficiaries had been paid in Goa, Punjab, and Mizoram.

SINCE INCEPTION, 81% OF ENROLLED BENEFICIARIES HAVE BEEN PAID AT LEAST ONE INSTALMENT TILL DECEMBER 2018

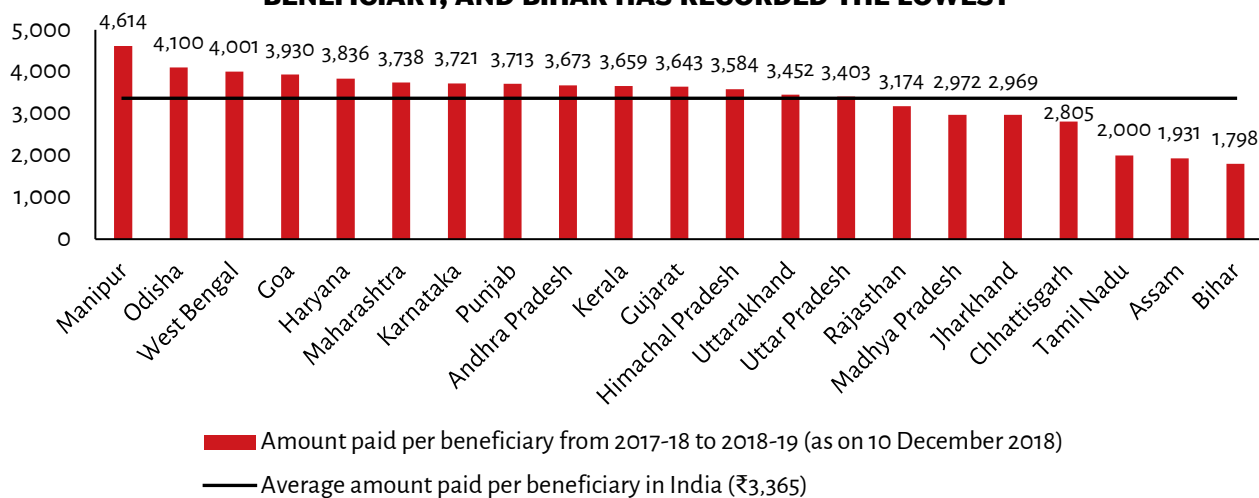


■ Percentage of beneficiaries paid, of those enrolled from 2017-18 to 2018-19 (as on 10 December 2018)

Source: Source: Lok Sabha Starred Question No. 256, answered on 28.12.2018. Available online at: <http://164.100.47.190/loksabhaquestions/annex/16/AS256.pdf>. Last accessed on 12 January 2019.

- There are differences across states in the amount of money paid per beneficiary. Since beneficiaries are paid in 3 instalments based on specific conditionalities, we have used the cumulative figures of beneficiaries and total money disbursed. Since FY 2017-18, the average amount paid per beneficiary is ₹3,365. The average amount paid per beneficiary is the highest in Manipur at ₹4,614 and lowest in Bihar at ₹1,798. These differences could be due to delays in scheme inception, delays in payment or failure, or delays by beneficiaries in meeting the conditionalities.
- For instance, an evaluation of IGMSY in 15 districts across 15 sample states by the NITI Aayog in 2015-16 had found that only about 36 per cent of the 1,800 registered beneficiaries had received any cash incentive during pregnancy, and money was often released irrespective of dates of registration of pregnancy.

SINCE THE INCEPTION OF PMMVY, MANIPUR HAS RECORDED THE HIGHEST PAYMENT PER BENEFICIARY, AND BIHAR HAS RECORDED THE LOWEST



Source: Lok Sabha Starred Question No. 256, answered on 28.12.2018. Available online at: <http://164.100.47.190/loksabhaquestions/annex/16/AS256.pdf>. Last accessed on 12 January 2019.

Janani Suraksha Yojana (JSY)

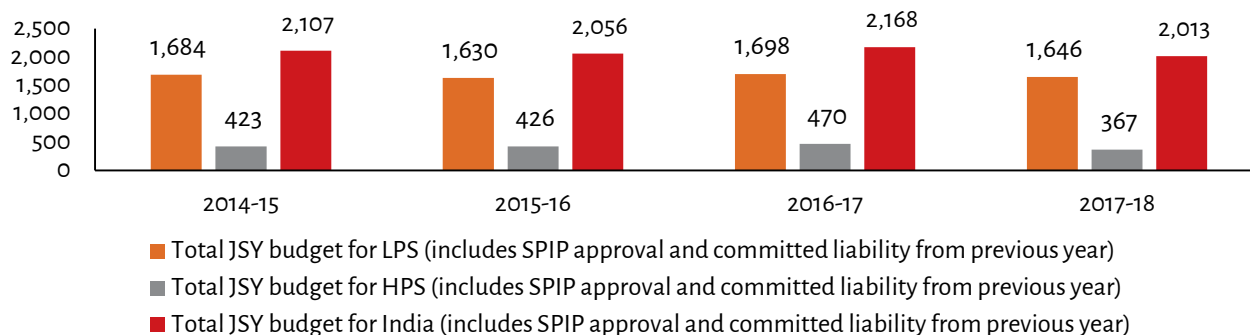
- The Janani Suraksha Yojana (JSY) is a conditional cash transfer scheme aimed at reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. The scheme is part of the National Health Mission (NHM) and is run by MoHFW.
- Unlike PMMVY which is for all pregnant women and lactating mothers, JSY focuses on poor and marginalised women. States are divided on the basis of their health indicators as low performing and high performing states. Low Performing States (LPS) include those with low institutional delivery rates such as Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha, and Jammu and Kashmir. All other states have deemed been 'high-performing (HPS)'.
- In LPS, all pregnant women regardless of age and number of children delivering in government health centres or private accredited health facilities are eligible to receive an incentive amount of ₹1,400 in rural areas, and ₹1,000 in urban areas.
- In HPS, the scheme is restricted only to pregnant women who fall under the Below Poverty Line (BPL) category or are Scheduled Caste (SC) or Scheduled Tribe (ST). An incentive amount of ₹700 in rural areas and ₹600 in urban areas is given for delivering in a government health centre or an accredited private institution. Incentives are also given to BPL women over the age of 19, if they deliver at home with the help of a Skilled Birth Attendant (SBA).
- The ASHA has been identified as the link between the government and beneficiaries. For every delivery under JSY, the ASHA is entitled to ₹600 in rural areas and ₹400 in urban areas. Half the amount is for Antenatal Care (ANC), and the other half is for facilitating delivery.

Approvals and Expenditure

- Funds for JSY follow the same approval process as NHM. States submit proposals to MoHFW known as State Programme Implementation Plans (SPIPs). These SPIPs are then finalised after negotiation and the approved budget is available in the Record of Proceedings (RoPs). The total available budget for a state includes fresh approvals as per the SPIP and committed liabilities pending from the previous year.
- Between FY 2016-17 and FY 2017-18, the total available budget for JSY declined by 7 per cent from ₹2,168 crore to ₹2,013 crore. However, this decrease was primarily driven by a decrease in committed liabilities from ₹211 crore in FY 2016-17 to ₹18 crore in FY 2017-18. The approved budget (SPIP) increased by 2 per cent from ₹1,957 crore to ₹1,994 crore between FY 2016-17 and FY 2017-18.

- The decrease in available budget was higher for the HPS. During the same period, while available budget for HPS decreased by 22 per cent, it decreased only by 3 per cent for LPS.

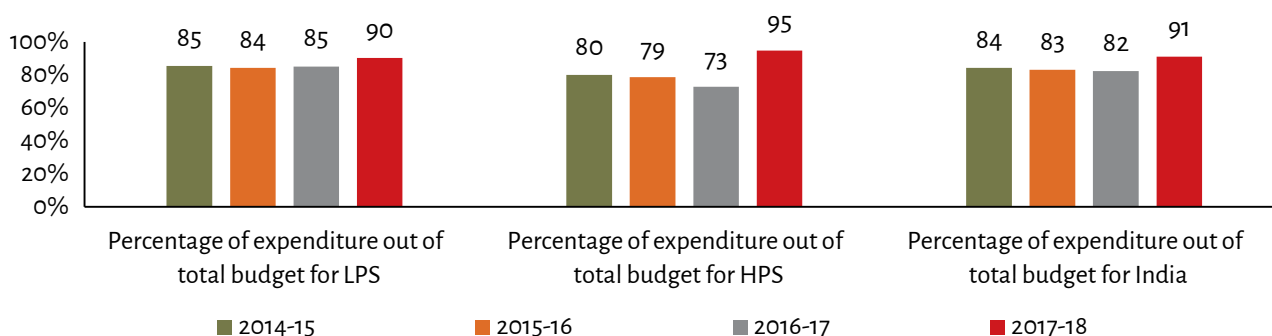
THE TOTAL AVAILABLE BUDGET FOR JSY FELL BY 7% BETWEEN 2016-17 AND 2017-18



Source: Total budgets for FY 2014-15, FY 2015-16, and FY 2017-18 are from NHM Financial Management Reports (FMRs), received via RTI response by MWCD dated 21 January 2019. (2) Total budgets for FY 2016-17 from 2016-17 FMR. Available online at: <http://www.nhm.gov.in/nrhm-components/nhm-finance.html?layout=edit&id=544>. Last accessed on 12 January 2019.

- There have been improvements in the utilisation of funds as a proportion of total budgets. Expenditure as a proportion of the total budget increased from 82 per cent in FY 2016-17 to 91 per cent in FY 2017-18. HPS states had a higher rate of expenditure as a proportion of available budget compared to LPS. In FY 2016-17, 73 per cent of funds in HPS were spent. This increased by 22 percentage points to 95 per cent in FY 2017-18. In contrast, expenditure in LPS increased by only 5 percentage points during the same period.
- These differences become clearer while looking at expenditure performance of specific states. In FY 2017-18, Himachal Pradesh spent more than twice its total available budget in FY 2017-18. Other HPS states that spent more than the total available budget were West Bengal, Punjab, Uttarakhand, Haryana, Odisha, Telangana, and Kerala.
- In contrast, the percentage of expenditure out of total available budget was low across Northeastern states (except Assam) in FY 2017-18. Four states spent less than 50 per cent – Manipur (48 per cent), Arunachal Pradesh (41 per cent), Mizoram (33 per cent), and Nagaland (6 per cent).

THE PERCENTAGE OF EXPENDITURE OUT OF THE TOTAL BUDGET INCREASED FROM 82% TO 91% BETWEEN 2016-17 AND 2017-18

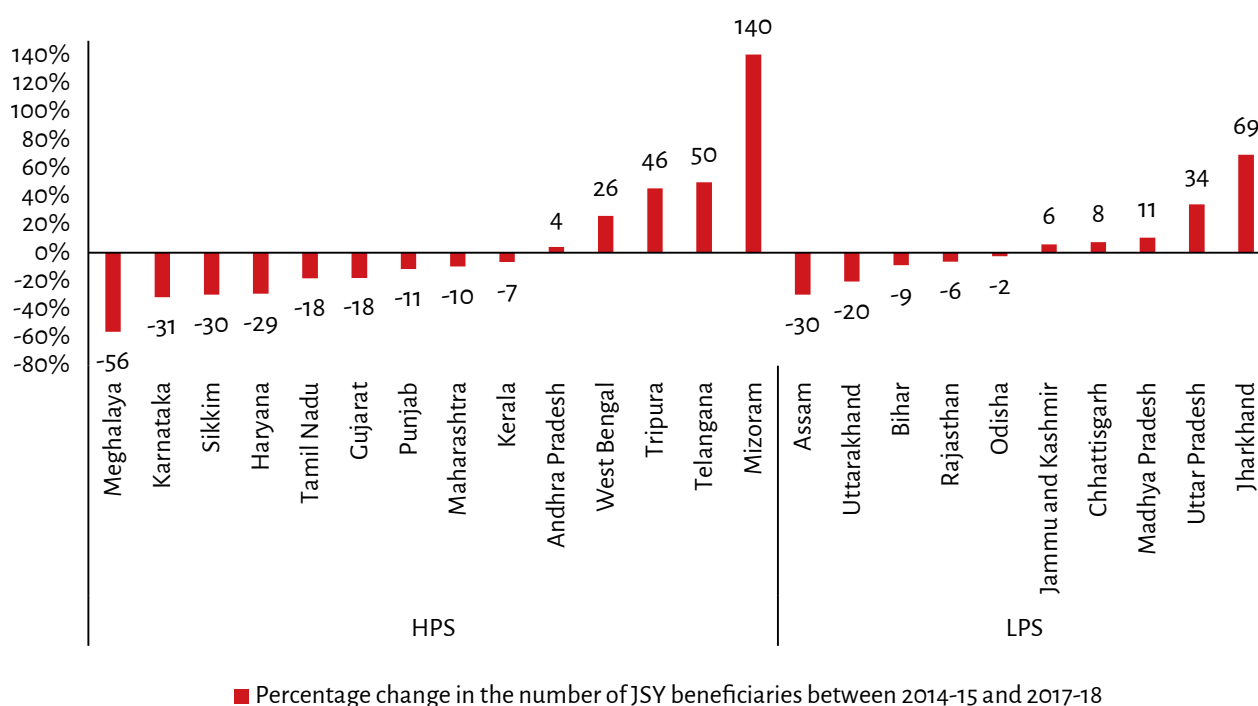


Source: Total budgets and expenditure for FY 2014-15, FY 2015-16, and FY 2017-18 is from NHM Financial Management Reports (FMRs), received via RTI response by MWCD dated 21 January 2019. (2) Total budgets and expenditure for FY 2016-17 from 2016-17 FMR. Available online at: <http://www.nhm.gov.in/nrhm-components/nhm-finance.html?layout=edit&id=544>. Last accessed on 12 January 2019.

Beneficiaries

- The number of JSY beneficiaries stood at 104 lakh in FY 2015-16, 105 lakh in FY 2016-17, 110 lakh in FY 2017-18, and 45 lakh in FY 2018-19 (as on 30 September 2018), according to a RTI response by MoHFW dated on 28 January 2019.
- There are differences in the FY 2015-16 and FY 2017-18 numbers between the RTI and those reported in the quarterly NHM report for September 2018 (latest available). As per the NHM report, the number of beneficiaries in FY 2015-16 and FY 2017-18 stood at 75 lakh and 76 lakh, respectively.
- While the number of JSY beneficiaries has increased gradually since FY 2014-15, there are substantial variations across states. In LPS, the number of JSY beneficiaries increased by 10 per cent between FY 2014-15 and FY 2017-18, whereas it decreased in HPS by 5 per cent.
- Within LPS, the percentage change in number of beneficiaries was most in Jharkhand (69 per cent), followed by Uttar Pradesh (34 per cent), between FY 2014-15 and FY 2017-18. In contrast, the number of beneficiaries fell by 30 per cent in Assam, 20 per cent in Uttarakhand, and 9 per cent in Bihar.
- Over the same period, among HPS, Mizoram, Telangana, Tripura, and West Bengal saw an over 20 per cent increase in number of beneficiaries. The opposite was the case in Meghalaya, Karnataka, Sikkim, and Haryana.

THE NUMBER OF JSY BENEFICIARIES INCREASED BY 10% IN LPS BUT DECREASED BY 5% IN HPS



Source: (1) Beneficiaries in FY 2014-15 from Lok Sabha Unstarred Question Number 2758, answered on 17.03.2018. Available online at: <http://164.100.47.190/loksabhaquestions/annex/16/AS256>. Last accessed on 12 January 2019. (2) Beneficiaries in FY 2017-18 from RTI response by MoHFW dated 28 January 2019.

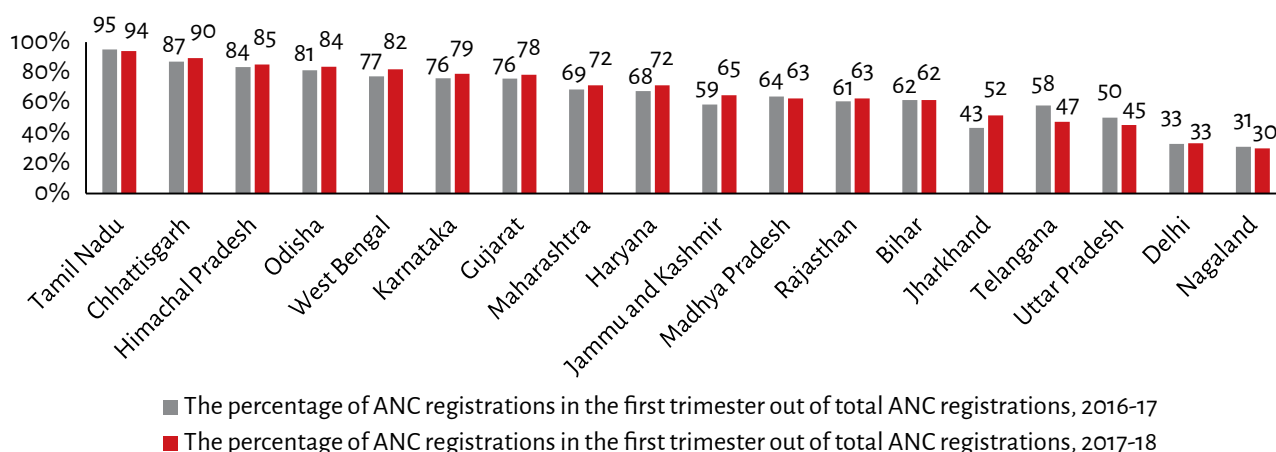
OUTCOMES

- This section focuses on some indicators specific to conditions for incentives laid out in PMMVY and JSY. These numbers provide a sense of the current status of behaviour that the government seeks to incentivise. These include the registration of pregnancy, an Antenatal Care (ANC) check-up, birth registration, immunisation, and institutional delivery.

Antenatal Care (ANC)

- Antenatal Care (ANC) refers to regular check-ups for women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus. A regular and proper ANC check-up can help identify complications and allow for their timely management through referral in care. GoI norms stipulate that all pregnant women should receive at least 4 ANC check-ups during their pregnancy.
- In order to incentivise ANC check-ups, PMMVY has linked the first instalment of release of funds to early registration of pregnancy, and the second instalment to pregnant women receiving at least one ANC check-up.
- Registration of pregnancies has been high. According to NFHS-4 (2015-16), prior to the start of the programme, 85 per cent of total pregnancies were registered and 78 per cent of them were registered in the first trimester.
- The proportion of women registering for ANC check-ups in the first trimester, however, is low. On average, in India, less than two-thirds (64 per cent) of pregnant women registered for ANC check-ups in their first trimester. The proportion remained the same between FY 2016-17 and FY 2017-18.
- There are state differences. The proportion of women registering for ANC in the first trimester increased by 8 percentage points in Jharkhand, 6 percentage points in Jammu and Kashmir, and 5 percentage points in West Bengal. Meanwhile, Telangana and Uttar Pradesh witnessed a decline of 11 percentage points and 5 percentage points, respectively.

ON AVERAGE, 64% OF PREGNANT WOMEN REGISTERED FOR ANC CHECK-UPS IN THE FIRST TRIMESTER IN 2016-17 AND 2017-18



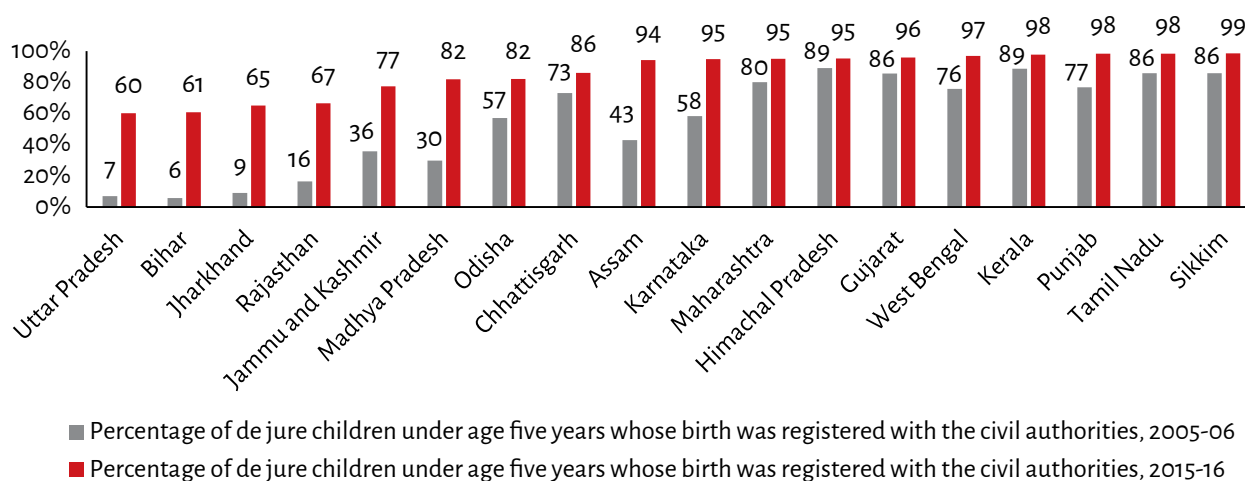
Source: Health Information Management System (HMIS) standard reports, March 2017 and March 2018. Available online at: https://nrhm-mis.nic.in/hmisreports/frmstandard_reports.aspx. Last accessed on 12 January 2019.

- In FY 2017-18, states with high registration of ANC within the first trimester include Tamil Nadu, Chhattisgarh, Himachal Pradesh, Odisha, and West Bengal. In contrast, the proportion of women registering for ANC within the first trimester was less than 50 per cent in Telangana, Uttar Pradesh, Delhi, and Nagaland.
- There are differences in ANC coverage across social strata. According to NFHS 4 (2015-16), 16 per cent women who gave birth in the five years preceding the survey did not receive ANC. Of the poorest 20 per cent women, 35 per cent did not receive ANC, while this proportion was 5 per cent for the richest 20 per cent.

Birth Registration

- Between 2005-06 and 2015-16, the percentage of births registered with civil authorities in India increased from 41 per cent to 80 per cent. During this period, Jharkhand, Bihar, Uttar Pradesh, Madhya Pradesh, Assam, and Rajasthan saw an increase of over 50 percentage points in the proportion of births registered.

ALL STATES RECORDED AN IMPROVEMENT IN THE PROPORTION OF BIRTHS REGISTERED WITH CIVIL AUTHORITIES

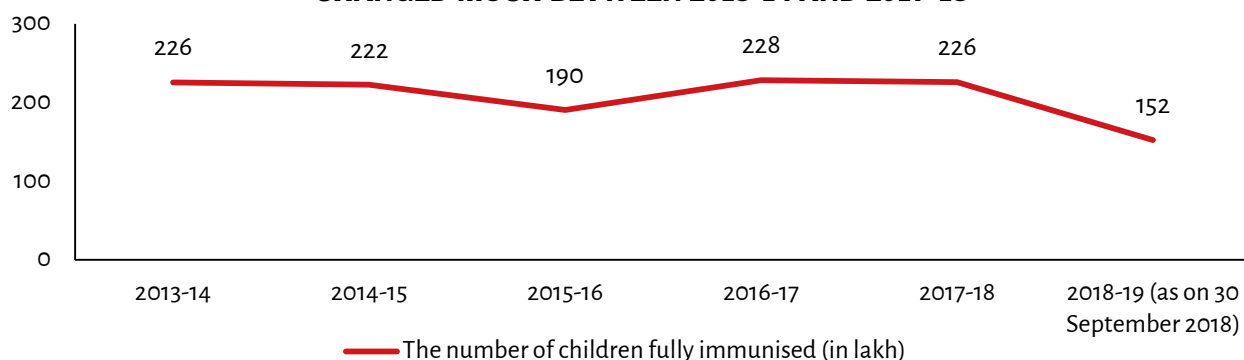


Source: (1) NFHS 4 report, 2015-16. Available online at: <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>. (2) NFHS 3 report, 2005-06. Available online at http://rchiips.org/nfhs/nfhs3_national_report.shtml. Last accessed on 12 January 2019.

Immunisation

- As per the guidelines, the first cycle of immunisation for children consists of a dose of BCG (which protects against tuberculosis), vaccinations against Hepatitis B and Polio at birth and 3 subsequent doses for each, and 3 doses of the DPT vaccine (Diphtheria, Pertussis, and Tetanus), or any equivalent.
- According to the Health Management Information System (HMIS), a child is considered fully immunised if they receive the aforementioned doses for polio, DPT, BCG, and a vaccine to prevent measles.
- According to NFHS-4 (2015-16), 92 per cent children received the BCG vaccine, 66 per cent received the vaccine for Hepatitis B at birth, 79 per cent received the Polio vaccine at birth, and 78 per cent received the third dose of the DPT vaccine. The percentage of children fully immunised stood at 62 per cent.
- According to NHM quarterly reports which report HMIS figures, the number of children fully immunised remained similar between FY 2013-14 and FY 2017-18 at 226 lakh. In FY 2018-19, as on 30 September 2018, 152 lakh children had been fully immunised.

THE NUMBER OF FULLY IMMUNISED CHILDREN HAS NOT CHANGED MUCH BETWEEN 2013-14 AND 2017-18

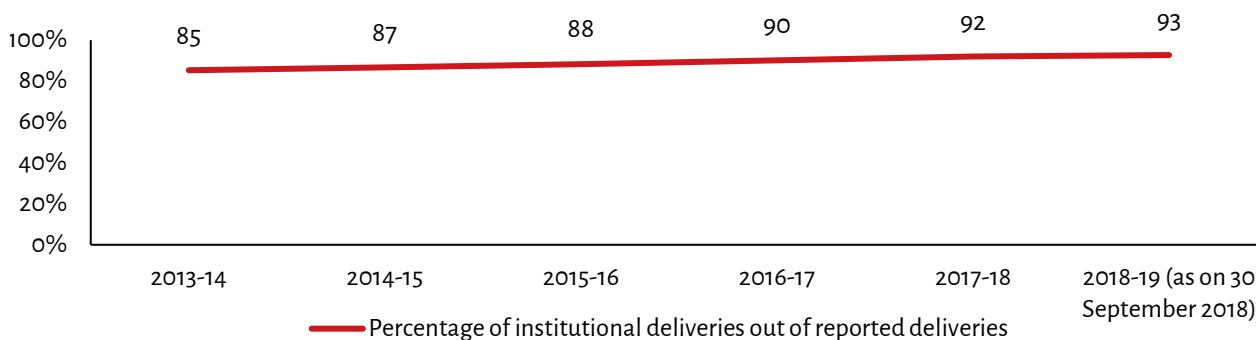


Source: NHM quarterly progress reports, September 2018-19. Available online at: <http://www.nhm.gov.in/nrhm-components/nhm-finance.html?id=405>. Last accessed on 12 January 2019.

Institutional Deliveries

- JSY incentivises institutional delivery, and the percentage of institutional deliveries out of total reported deliveries increased marginally from 85 per cent in FY 2013-14 to 92 per cent in FY 2017-18. There are differences across states. Thirteen states/UTs report that over 99 per cent of deliveries now happen in an institution.
- States such as Chhattisgarh, Jharkhand, and Uttar Pradesh have seen a significant increase in institutional deliveries. For instance, in FY 2014-15, in Chhattisgarh 74 per cent of deliveries were institutional deliveries. This increased to 96 per cent in FY 2017-18. In contrast, the proportion of institutional deliveries was low in Meghalaya at 56 per cent.

THE PERCENTAGE OF INSTITUTIONAL DELIVERIES HAS RISEN MARGINALLY OVER THE YEARS



Source: NHM quarterly progress reports, June 2018-19. Available online at: <http://www.nhm.gov.in/nrhm-components/nhm-finance.html?id=405>. Last accessed on 12 January 2019.

- The Comptroller and Auditor General of India (CAG) conducted a performance audit of the Reproductive and Child Health programme under the National Rural Health Mission in 2017. According to the CAG report, there were shortfalls against the targets set out for institutional delivery during 2011-16 in several states. These include Andhra Pradesh, Arunachal Pradesh, Chhattisgarh, Gujarat, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Madhya Pradesh, Manipur, Meghalaya, Odisha, Punjab, Rajasthan, and Uttarakhand. The shortfalls ranged from 4 per cent to 54 per cent, with the highest percentage recorded in Arunachal Pradesh (54 per cent) and Uttarakhand (52 per cent).
- Additionally, there are gaps in the availability of delivery facilities in Primary Health Centres (PHCs) – the first point of contact for pregnant women with a doctor. The CAG 2017 report found that 161 of the 514 PHCs surveyed did not have the facility for delivery. In Kerala, all the 12 selected PHCs and more than 50 per cent PHCs in six states namely Himachal Pradesh, Odisha, Tripura, Uttar Pradesh, Uttarakhand, and West Bengal, did not have facility for delivery. The Rural Health Statistics from 2018 also reports that only 68 per cent of PHCs in the country have labour rooms.