

Realising Universal Maternity Entitlements

Lessons from Indira Gandhi Matritva Sahyog Yojana

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In India, most of the work women do is invisible and unrecognised because it is done outside the boundaries of the formal economy. As a result, the laws pertaining to maternity entitlements reach a very limited number of women. The National Food Security Act, 2013 was the first national-level legislation to recognise the right of all women to maternity entitlements and wage compensation. Since the passage of the act, India has been using an existing conditional cash transfer scheme, the Indira Gandhi Matritva Sahyog Yojana, to implement this entitlement. An examination of the implementation of defined maternity entitlements under the act via a conditional cash transfer, highlights the failure of such a programme to uphold the spirit of the act. Amendments to the act are necessary to ensure that the most vulnerable women are able to realise their right to maternity entitlements, wage compensation, health and nutrition.

Universal maternity entitlements are a means of providing special protection to women during the vulnerable period of pregnancy and maternity. Such entitlements have a positive impact on maternal and child health outcomes such as maternal mortality and infant mortality rates (Baker and Milligan 2008; *Lancet* 2013).

Maternity entitlements aim to protect women against income loss and job discrimination, while ensuring that they have adequate time “to give birth, to recover and to nurse their children” (ILO nd). The Constitution takes cognisance of this in the Directive Principles of State Policy wherein it calls upon the state to “make provision for securing just and humane conditions of work and for maternity relief” (Article 42). Unfortunately, in practice very little has been done to provide adequate maternity relief to all women.

Maternity entitlements¹ in India till recently were governed mainly by the Maternity Benefits Act, 1961 (MBA) and a few other sectoral/labour laws.² These legislations are inadequate because they fail to provide sufficient leave, nursing breaks during work hours, protection against discrimination and grievance redressal mechanisms. Furthermore, assessments of the MBA and the other labour laws find that these legislations rarely reach women working outside of government or public sector establishments (Abraham et al 2014; Lingam and Kanchi 2013). Despite the fact that more than 95% of the total female workforce is employed in the unorganised sector (NCEUS 2007: 240), the only law that recognises the right to social security of female workers in the unorganised sector is the Unorganised Workers Social Security Act, 2008. However, women have not yet benefited from this act because the government has failed to formulate the schemes to implement its provisions.

The above-mentioned laws also fail to provide for women who perform unpaid work for the household and the market,³ but are outside the “workforce.” The cash for maternity protection available to unrecognised women workers through programmes such as the Janani Suraksha Yojana, National Maternity Benefit Scheme and others, have limited coverage because they target women on the basis of income status, age and number of children. Further, these schemes are linked to conditions such as institutional delivery and provide meagre amounts as benefit.

In this context, the National Food Security Act, 2013 (NFSA) is a landmark legislation because it recognises that *all* women work and deserve to be supported during pregnancy and child birth.⁴ The NFSA provides a universal maternity cash entitlement

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of ₹6,000 to all pregnant women.⁵ This cash entitlement is intended to enable women to fulfil the WHO (World Health Organization) recommendation of exclusive breastfeeding for six months. Along with this cash provision, the NFSA also mandates breastfeeding counselling.

Weight gain during pregnancy affects the birth weight of the child significantly. Low birth weight has lifelong effects on the health status of the child (Coffey and Hathi 2015). To account for this, the NFSA entitles all pregnant and lactating women to a free meal through the *anganwadis*.⁶ These meals must have a nutritive value of 600 calories and contain 18–20 grams of protein. Though supplementary nutrition is an important entitlement of the NFSA, this paper focuses on the maternity cash entitlement under the NFSA.

The Ministry of Women and Child Development (MOWCD) has proposed implementing the NFSA defined maternal cash entitlement provision through the Indira Gandhi Matritva Sahyog Yojana (IGMSY). The IGMSY is a conditional maternity benefit scheme that was implemented in 2010 on a pilot basis in 53 districts across the country. According to MOWCD administrative data for 2014–15, the IGMSY reached only 22.9% of its target coverage (GOI 2015).

Studies in the past have critiqued the IGMSY for its high rate of exclusion due to its eligibility conditions related to age of the mother and number of children (Lingam and Yelamanchili 2011). Sahyog (2012) highlights its poor implementation that exacerbates women's vulnerabilities during pregnancy. The effects of the IGMSY on maternal health and labour outcomes in Jharkhand are explored in P Kumar et al (2015). In addition, a MOWCD commissioned evaluation of the IGMSY assesses the strengths and weaknesses of the programme in the context of its impact on health and nutrition of women and children (ASCI 2013).

In this paper, we assess the IGMSY's potential to realise the NFSA's universal maternity entitlement for all women. The IGMSY is a conditional cash transfer (CCT) scheme. The authors argue that the conditionality of the scheme is the primary reason for its failure. As a CCT scheme, it contradicts the right to wage compensation, and shifts attention away from women's rest and well-being during pregnancy and childbirth, to meeting of conditions. The authors also examine issues related to fund flow processes.

Our analysis is primarily based on a study⁷ of the IGMSY conducted by the authors in 16 villages in eight districts in Bihar, Chhattisgarh, Jharkhand and Madhya Pradesh (MP). Selection of the sample was based on remoteness and presence of marginalised communities (that is, Scheduled Castes [SCs], Scheduled Tribes [STs] and Particularly Vulnerable Tribal Groups [PVTGs]). Within villages, women from difficult-to-reach parts and marginalised communities were given preference. A total of 127 in-depth interviews were conducted with women (both beneficiaries and non-beneficiaries), front-line workers (*anganwadi* workers [AWWs], accredited social health activists [ASHAs] and auxiliary nurse midwives [ANMs]), and government officials. In addition, this study uses national-level data such as MOWCD administrative data, Census 2011 and the

Rapid Survey on Children 2013–14 (RSOC; MOWCD 2015) to analyse target achievement, fund utilisation and exclusion from the scheme.

Women's Work Burdens

Din bhar kaam karengi, sham ko bachcha bana lengi. (They work throughout the day, in the evening they deliver a baby.)

— AWW, Kaream Raated village, Madhya Pradesh

Most of the women interviewed in this study are involved in multiple forms of work. In Kaream Raated village, Chhindwara district, a women's day begins with a two to three kilometre walk to a stream to fetch water as there is no handpump in the village. Besides daily tasks such as fetching water, collecting firewood, making dung cakes, cooking, cleaning, washing, and taking care of the children and the elderly, women are also involved in agricultural work. In addition, some women also earn a livelihood by performing daily wage labour under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). Home-based livelihood activities are also done, such as beedi rolling in Sagar, minor forest produce (MFP) collection in Bastar, Dhamtari, Chhindwara, East Singhbhum, Simdega and parts of Sagar, and basket making in Simdega and Sagar.

Unchanging work burden: In the four states visited, it was found that the onset of pregnancy signals little change in the kind of work women do. In most cases women reported working till the day of delivery and often resuming work within a week post-delivery. Sahyog (2012) and L Lingam and A Kanchi (2013) have also documented this. The drudgery of women's work is neither specific to one location nor one form of work. Various micro- and macro-level studies in the past have also highlighted the multiple work burdens that women face (Chowdhry 1993; Hirway 2002; Sharma 1989).

Women reported various reasons for working during pregnancy and after delivery. In some cases women were being forced to work by their husband and family. Bhago, a 27-year-old beneficiary from Dhamtari district in Chhattisgarh, resentfully said that her mother-in-law did not let her rest. *Ek bhi din aaram nahi karne diya* (I was not allowed to rest for a single day), she said.

In most cases, however, women did not rest enough because there was nobody to share the work burden, be it within the household or outside. Women, including pregnant women, continue to perform strenuous work both in the fields and at the home, which adversely affects the health of the mother and child. They remain invisible and unprotected by the labour laws.

Unequal work burden: Women also face an unequal burden of unpaid work. According to NCEUS (2009), the proportion of unpaid family workers is the highest among rural female workers. The category of female unpaid family workers in rural areas saw an increase of 10 percentage points, from 38% in 1983 to 48% in 2004–05 (NCEUS 2009). Further, J Ghosh (2014) found that if women involved in domestic duties⁸ are

also accounted for, then in 2011–12 the total female work participation rate was as high as 86.2%, compared with 79.8% for men.

Feminist economists in India and elsewhere have repeatedly highlighted the need to account for women's invisible, unrecognised and unpaid work, but the accounting systems continue to elude the range of "women's work" (Elson 2002; Ghosh 2014; Hirway 2002). The failure to recognise the coexistence of women's paid and unpaid work, and placing a higher value on "economic" or "productive" work results in women's domestic and care work being marginalised and unrecognised. This further constrains women's access to the "paid" work economy (Lingam and Yelamanchili 2011).

IGMSY: Design-related Issues

Inadequate wage compensation: The IGMSY is the first central government scheme⁹ providing maternity benefits as wage compensation. It aims "to provide partial compensation for the wage loss so that the woman is not under compulsion to work till the last stage of pregnancy and can take adequate rest before and after delivery" (GoI 2011: 5). The amount of ₹4,000 was a "part wage loss compensation of approximately 40 days ₹100 per day, given as maternity benefit, for ensuring mother takes the much required rest before delivery and soon after delivery for taking better care of herself and her young infant" (GoI 2011: 7). In addition, as a CCT scheme it aimed to promote appropriate practices of care and service utilisation during pregnancy, safe delivery and exclusive breastfeeding for six months after childbirth. However, the design and provisions of the IGMSY are insufficient to achieve many of its objectives.

Arbitrary duration: The decision to provide wage compensation for 5.7 weeks/40 days under the IGMSY is arbitrary in the light of the paid maternity leave norm of 14 weeks/98 days set by the International Labour Organization (ILO) and the MBA-defined statutory maternity leave period of 12 weeks or 84 days.

The IGMSY cash benefit of ₹4,000 (revised to ₹6,000 in 2013) falls far short of the ₹8,400 that should have been provided for 12 weeks at the rate of ₹100 per day (by standards set by the MBA). This shortfall is even greater if the minimum wages for unskilled agricultural workers,¹⁰ that is, ₹204 per day, is used. Using this rate, ₹6,000 is wage compensation for only 29 days. In fact, wage compensation for 40 days amounts to ₹8,160 and ₹19,992 for the ILO minimum of 14 weeks (84 days) (Table 1).

Civil society groups in India, such as the Right to Food Campaign, National Alliance for Maternal Health and Human Rights (NAMHHR) and Alliance for the Right to Early Childhood

Development, have been arguing for maternity cash benefits equivalent to wage compensation for 63 weeks/nine months. This amount would enable three months of rest during the third trimester (when it is crucial to avoid heavy work), as well as six months' rest post-delivery to enable exclusive breastfeeding as recommended by the WHO (ARECD 2014; Dand and Agrawal 2014).

Implementation Issues

Despite being limited to only 53 districts, a range of issues plague the effective implementation of the IGMSY. At the time of this study, the revised amount (GoI 2013) of ₹6,000 was not being received anywhere. There were long delays in payment, zero-balance accounts were rare, and supply-side gaps in health and nutrition services made it impossible to meet the conditions attached to the scheme.

Underachieved targets and unspent budget allocation: Earlier studies of the IGMSY have pointed out the slow take-off of the scheme, with some states not even operationalising the scheme in its first year, 2011–12 (Sahyog 2012). The large-scale evaluation of the IGMSY conducted in 12 states by the Administrative Staff College of India (ASCI 2013) reiterated this based on data up to 2012–13, but pointed out gradual improvement and interstate variations in coverage.

The latest available data from the MOWCD on coverage and budget utilisation, that is, till February 2013–14, shows that only 28% of the targeted women have been covered from 2010 till the first quarter of 2013–14. The coverage for the first quarter of 2013–14 showed improvement, but remained limited to 51%. The reasons for this low coverage and in-turn underutilisation of funds at the national level are consequences of various implementation issues. Our study findings highlight these issues and are discussed below.

Conditions and supply-side issues: After the NFSA was passed in 2013, the conditions under the IGMSY were revised, and the condition related to weighing and growth monitoring was dropped. The present conditions include registration of pregnancy, receiving antenatal check-ups (ANCs), consumption of iron-folic acid (IFA) tablets, immunisation of mother and child, attending infant and young child feeding (IYCF) counselling sessions, exclusive breastfeeding for six months and initiating complementary food after six months.

The purpose of the conditionalities in the IGMSY is to increase uptake of basic health services and bring about "behaviour change" among beneficiaries. However, the availability of these health services at the village level is inadequate. The recent findings of the RSOC on the availability of these services reflect worrying shortages in supply of services.

The RSOC data shows that only 19.7% women receive a full ANC (3+ ANCs, 100 IFA tablets' consumption and at least one dose of tetanus toxoid (TT). In other words, many women will not qualify to receive the first instalment under the IGMSY.

Table 1: Comparison of Estimated Wage Compensation under Different Policies

Scheme/Policy Norm	IGMSY Rate (@ ₹100/day)	Minimum Wage (@ ₹204/day)
IGMSY (5.7 weeks/40 days)	4,000	8,160
MBA (12 weeks/84 days)	8,400	17,136
ILO (14 weeks/98 days)	9,800	19,992

The data also shows that in the areas that have anganwadi centres (AWCs), approximately 35% do not provide nutrition and health education (NHE) (MoWCD 2015). Similarly, 39% of the AWCs do not provide ANCs. Furthermore, only 17% of pregnant women are aware of such NHE being conducted at the AWC and less than 33% knew that ANCs are supposed to be provided at the AWCs (MoWCD 2015).

Table 2 shows the extent of inadequate service provisioning. These shortages in supply of immunisation, counselling and antenatal care services, are beyond the control of women. However, they still prevent women from fulfilling the IGMSY conditions and receiving the cash entitlement.

There are also shortages in infrastructure and staffing. Only 61.8% of AWCs are run from own or rented buildings; the rest are run in schools, the AWC's homes or the panchayat building. Data published by the MoWCD shows that as of March 2014, there was a shortage of nearly one-third of block-level staff, such as supervisors (30%) and child development project officers (31%). Such a shortage is likely to result in existing staff being overworked, and poor implementation and monitoring of the programme.

Findings from our study show that immunisation of the mother and child, a condition to receive IGMSY benefits, often does not get fulfilled due to limited access to AWCs and health centres. In Bastanar block, Bastar district in Chhattisgarh, women travelled up to 25 km, while crossing hills and thick forest to reach the nearest government sub-centre. In MP's Sagar district, the health sub-centres were 9 km away, but crossing the forest and personal safety was a big concern for women. Simultaneously, the cost of travelling to health centres also deterred women from accessing the services.

Table 2: Status of Supply of Nutrition and Health Services

IGMSY Conditionalities	RSOC Indicator*	India (%)*	Bihar (%)*	Chhattisgarh (%)*	Jharkhand (%)*	MP (%)*
Registration of pregnancy at AWC/health centre within four months	Women who registered pregnancy	84.1	66.4	91.2	73.0	90.2
Two ANCs	Received three or more ANC	63.4	32.8	79.5	47.3	41.7
Received 100 IFA tablets	Received/purchased 100 or more IFA tablets/syrup during pregnancy	31.2	16.7	36.0	15.2	30.3
Receive 2 Tetanus Toxoid (TT) injections	Received two or more TT	89.8	88.6	92.2	90.6	88.9
Registration of childbirth	Children aged below five years whose birth is registered	72.0	39.5	60.8	34.9	84.9
Immunisation of child (BCG, DPT I, II & III, 3 OPV doses)	Received full immunisation	65.3	60.4	67.2	64.9	53.5
Attend 3 IYCF counselling sessions within three months of birth	AWCs providing nutrition and health services	64.7	57.2	46.9	68.3	56.2
Exclusive breastfeeding for six months	Children aged 0–5 months who were exclusively breastfed	64.9	70.8	82.3	64.3	74.8
Introduction of complementary food after six months	Children introduced complementary feeding between 6 and 8 months	50.5	45.7	59.9	53.7	46.3

* Source: Rapid Survey of Children (MoWCD 2015).

Given the existing status of health and nutrition services, the conditionalities under IGMSY further constrain access to maternity entitlements for women. Further, due to the emphasis on conditionalities related to the scheme, the IGMSY is only seen as a support to access health and nutrition services. None of the women interviewed knew that this money was supposed to enable them to rest and take off from work, or that it was wage compensation.

Even women who were IGMSY beneficiaries did agricultural work until the time of delivery. After delivery many women beneficiaries returned to agricultural work within a month. Some stayed home but began doing household work, including strenuous work such as fetching water and firewood, within 7–30 days. The conditionalities contradict the right of all women to maternity relief, as envisaged in the Constitution and the NFSA.

Delayed cash transfer and fund flow: Delay in fund transfer and inaccessible banks also impeded receipt of IGMSY benefits. To receive IGMSY cash, women need to have a bank or postal account. However, the rural banking system in India is still largely inaccessible to the poor.

Sangeeta from Bastar district had to climb a hill and walk for about 25 km in the third trimester of her pregnancy, to open her account at the post office in Bastanar. She required the help of her village's AWC since she is illiterate, does not know her age, and speaks only Gondi and Halbi.

Similar stories were heard in all four states. The overall range of the bank's distance from the villages visited for the study was approximately 25–30 km in MP, Chhattisgarh and Jharkhand. In Bihar the distance ranged between 4 and 10 km, but poor roads and lack of transport made the journey difficult for women during pregnancy. The post offices were relatively closer in some places, but in other areas they were as far as the banks. In MP the distance of post offices from the villages visited ranged from 3 to 17 km, 8 to 30 km in Chhattisgarh, 4 to 25 km in Jharkhand, and at least 3 km in Bihar.

A Adhikari and K Bhatia (2010) explore access to banking services of MGNREGA workers. They found that 41% travelled over 5 km from their place of residence to visit the bank. In such a scenario, often workers must forgo their day's wages to visit the bank. Therefore, accessing banks in rural areas involves high opportunity costs for women (and family members who accompany them), in terms of both money and time. Such forgone costs can act as a disincentive for the recipient and are not factored into the design of the IGMSY.

The issue was not limited to merely accessing the bank. The IGMSY guidelines mandate opening of zero-balance accounts, however, in most places this was not taking place. In MP's Kaream Raated village, the post office did not open Aarti Bharti's

account because she refused to pay a deposit. Aarti was eligible for the IGMSY cash benefit, but did not receive it as a result of not having an account.

Except for a few women, all beneficiaries interviewed had to pay a minimum deposit to open their account. In a number of cases women reported that their account was not opened until they paid a deposit. The front-line workers, block and district officials also acknowledged that banks were not opening zero-balance accounts. The deposit demanded ranged from ₹50 to ₹200 in post offices and ₹500 to ₹1,000 in banks.

Once an account is opened, there is no guarantee that women will receive their entitlements on time. The IGMSY guidelines require that the first instalment be paid in the third trimester. In the four states, no woman received her first IGMSY instalment before delivery. Women in the sample reported a delay of five months to three years in receiving the IGMSY cash.

Such delays have existed since the scheme was launched. The evaluation of the IGMSY conducted by the ASCI in 2012 found a delay of up to one to two years in receipt of IGMSY cash by beneficiaries (ASCI 2013). Kumar et al (2015) found that a majority of women do paid work till the last stages of their pregnancy and return to work as early as possible due to the increased expenditure, as a result of the newborn, combined with the low and delayed IGMSY cash benefit. An issue of concern, which links to the poor monitoring of the IGMSY, is that the data provided to the authors by the concerned government departments of the four states did not reflect these delays.

Issues with transfer of funds are not limited to only payment of beneficiaries. Fund flow from the state to subsequent administrative levels is also a lengthy and bureaucratic process. The process begins with women registering at the AWC. The AWC then compiles the data for the entire month and gives it to the supervisor. The supervisor in turn collates the data of her sector and submits it at the block office, where it is entered into a computerised database. The block-level data is then sent to the district level where yet again the data is compiled and sent to the state level. Funds are released only after state approval is obtained. This process takes approximately 45 days. The state releases funds to the districts or blocks on a quarterly or half-yearly basis.

State officials reported that fund release from the central government to the states is often delayed. Since the IGMSY is entirely centrally sponsored, such a delay causes a complete breakdown of the fund flow cycle and leads to extended delays in fund allotment to districts and thereon.

In Bihar, we were informed that the first instalment of the annual IGMSY budget is released by the Government of India (GoI) only in September, that is, the middle of the second quarter of the financial year. In Jharkhand, funds for 2014–15 had not been received till September 2014. An AWC informed us that for this reason she had stopped enrolling women for the IGMSY. Similar delays were found in Chhattisgarh and MP. The most significant cost of such delays are borne by the women and children, when their entitlements are delayed or denied to them.

High out-of-pocket expenditure: While the current IGMSY amount falls short of reasonable norms for wage compensation, women also spend huge amounts on out-of-pocket expenditure in relation to childbirth.

Shyamwati from Dhabara village in MP, for instance, had to spend ₹3,000 to hire a jeep for travelling to Sagar district hospital for her delivery. In addition, she had to spend about ₹1,500 on medicines and pay a bribe of ₹300 to the nurse. She could not recall exactly how much she spent for returning home or any other healthcare expenditure made pre- and post-delivery which were additional costs.

A study of Tamil Nadu's maternity entitlement scheme also found that women spend nearly 39% of the amount received on medical expenses (Public Health Resource Network 2010). The recent NSSO (2015) report on health expenditure also found that on average the out-of-pocket expenditure when availing public health services for childbirth is approximately ₹1,587 in rural and ₹2,117 in urban areas. The average expenditure on private health services for the same is ₹14,778 and ₹20,328 in rural and urban areas, respectively. Given such high medical expenditure, even if the IGMSY is received in a timely manner, it will have limited impact on nutrition and rest.

It was found that although the bank accounts are in the name of the women, they did not have complete control over how the amount gets spent. Sometimes they decided to spend the money with their husbands or keep it for themselves, however, some women gave it or were forced to give it to their husband or family.

The money was mostly spent on essentials such as food and health services. Some beneficiaries reported using it to meet additional expenditures related to rituals celebrating childbirth (IIPS 2016a, 2016b).

Exclusions due to eligibility criteria: A woman is entitled to the IGMSY cash benefit only for the first two live births and if she is above 19 years of age. Several issues exist regarding these eligibility criteria. In the sites we visited, widespread inconsistency existed regarding who qualifies for the IGMSY.

Several front-line workers stated that along with the above-mentioned criteria, a woman is entitled to the IGMSY cash if she maintained a three-year gap between children and if she is from a below poverty line (BPL) household. Some front-line workers also stated that the JSY requirement of institutional delivery is mandatory for receiving the final IGMSY instalment. Furthermore, women in some villages were informed by the front-line workers that sterilisation after two children was also a prerequisite for receiving IGMSY benefits. In Chhindwara, MP, women were informed that those who give birth to a boy are eligible for IGMSY and those who give birth to a girl are eligible for the Ladli Laxmi Yojana. Besides the additional eligibility criteria as a result of misinformation, the official eligibility criteria themselves result in some of the most vulnerable women being excluded.

In all four states visited, the fertility rate is higher than the national average of 2.3. As a result, in these states more women

are excluded as compared with other states. L Lingam and V Yelamanchili's (2011) analysis of exclusion as a result of the IGMSY eligibility criteria and conditions indicates that the socio-economically vulnerable are the most excluded. An analysis of Census 2011 data indicates that 37% women are excluded due to these eligibility criteria. Furthermore, the estimated exclusion is higher amongst STs and SCs. Exclusion is approximately 47% amongst STs and 41% amongst SCs.

The authors also observed this trend of exclusion of the most vulnerable during the field study. For instance, in the villages visited in Jharkhand, no woman from the Sabar (PVTG) and Ho (ST) tribes had received IGMSY benefits. The Sabar and Ho are some of the most deprived tribes in the region. The authors were informed by AWWs that child marriage is widely practised amongst these communities. As a result, women often bear children before the age of 19 and for this reason are ineligible for IGMSY benefits. In addition, an AWW in Jharkhand said, "It is not uncommon for women in this village to have more than two children ... because of the two child norm, many women get left out. Since 2010, about 25 to 30 women were left out."

As discussed, the IGMSY eligibility conditions increase the vulnerability of women who already lack access to proper healthcare, and are socially and economically marginalised.

Disincentivising having more than two children is often provided as the justification for the eligibility criteria. Besides the fact that discriminating against children who are born of a higher birth order or to young mothers is indefensible, there are a number of reasons why such eligibility criteria are not desirable.

For example, it is children of higher birth order or born to low-age mothers who are at greater risk of mortality, morbidity and malnutrition (Raj et al 2010). Similarly there is a high unmet need for contraception, and such systems of incentives and disincentives are not the appropriate way of achieving population stabilisation (Sama 2009). Moreover, there has been a secular decline in fertility rates in all states in India and it is estimated that all states will soon reach replacement-level fertility rates (Rukmini 2014).

In spite of this, interviews with state officials showed that they were not aware of the unfair exclusions as a result of these criteria and in fact believed that such criteria were justified. For example an official of the Integrated Child Development Services (ICDS) department in Bihar said, "Eligibility criteria do not lead to exclusion. We have not received this issue in any meeting or report. No group or community has reported issue of exclusion." The same official stated that the age criterion should remain because "if we allow women below the age of 19 to be included then we will be contradicting other government policies (on population). We would be promoting early marriage also." As with the case of IGMSY conditionality, retaining the IGMSY eligibility criteria while implementing the NFSA will undermine the maternity entitlement it defines for *all* women.

Conclusions

Despite the limited framework of the IGMSY, the scheme has design and implementation limitations. As demonstrated

through the field study and national-level data, the eligibility criteria such as limiting benefits to women above 19 years of age or only up to two live births result in the exclusion of the most marginalised. Conditionalities related to utilising health and nutrition services are also meaningless in the absence of service guarantee and the absence of effective counselling on exclusive breastfeeding.

In fact, such conditions act as a disservice to women by disqualifying them from the IGMSY. Administrative rigidities such as insisting on registration at the AWCs (even if the woman was registered with the health department) and not including women residing at their natal homes add to the barriers in access to the scheme. Finally, the hurdles faced by women in opening zero-balance bank accounts and accessing banks in general further serve to defeat the objectives of the IGMSY.

In most cases, the money was spent on health, food or other household expenses, because the payment was often so delayed that it was not available to women when they most needed nutrition and rest. Secondly, the amount is too little to have any impact on women's decisions to engage (or not) in paid work.

Moreover, norms related to gender division of labour are so entrenched that the burden of work on women remains almost the same even during late pregnancy or very soon after delivery. In the absence of any public debate on division of labour or support structures to reduce women's work either from within the household or the state, the IGMSY entitlement has failed to make any dent on time spent by women on other work.

In this context, it is important to pose the question: does the IGMSY, in its current form, address the rights of all women as workers? Given the absence of a link to minimum wages, MBA-defined statutory maternity leave and the vision of the IGMSY as a CCT scheme aimed at "changing unhealthy behaviour," it appears the rights of women as workers are not on its agenda.

If the true spirit of the NFSA is to guarantee maternal and child nutrition and health, ignoring the needs and rights of women entirely defeats its purpose. To ensure that the spirit of the NFSA is upheld, a complete overhaul of the IGMSY's design is necessary. This would include making the scheme universal and unconditional; linking the benefit to prevailing minimum wages and ensuring that bottlenecks related to fund transfer, access to banking services, delays in payment and staff shortages are taken care of.¹¹

Universal maternity entitlements have the potential to meet multiple objectives, including recognising women's rights as workers, providing social security for all women during maternity, and promoting exclusive breastfeeding which is best practice for the child. The Government of India must urgently implement the NFSA maternity entitlement through a universal scheme, given that it has been over two years since its passage. This study highlights the necessary changes in the design and implementation of the IGMSY, if the government intends to utilise it to implement the said maternal entitlement.

There are a number of other issues related to ensuring universal maternity entitlements in India that go beyond the

scope of this paper. In the current context where the government has announced the amendment of the MBA, these issues are significant. In particular, it is crucial to define coverage while accounting for the continuum of women's paid and unpaid work; link the wage compensation to minimum wages; define wage protection as a principle for those in paid employment; and account for the formal sector and the different

sectors within the vast unorganised sector while planning the delivery mechanism.¹²

This paper, while focusing on the NFSA maternity cash entitlement, has raised critical issues that need to be taken into account both for the proposed amendment of the MBA, as well as while drafting future (conditional and unconditional) cash transfer policies aimed at reaching the poorest and the most vulnerable.

NOTES

- In the existing literature the terms maternity entitlements, maternity benefits and maternity protections are often used interchangeably to refer to the range of supportive measures for women during pregnancy, childbirth and childcare. This includes access to healthcare, nutrition, childcare services, breastfeeding support and wage compensation/paid leave. In this paper, we mainly discuss the wage compensation component delivered in the form of cash transfers.
- Examples of such laws are the Plantations Act, 1949; the Mines Act, 1951; Beedi and Cigar Workers Act, 1966; Building and Construction Workers Act, 1966; Contract Labour (Regulation and Abolition) Act, 1970 and Inter-state Migrant Workers Act, 1970.
- See for example Chandrasekhar and Ghosh (2014), NCEUS (2009).
- Maternal entitlements were included in the NFSA because framers of the act adopted a life-cycle approach to food security, which meant accounting for the health and nutrition needs of mothers and children. These needs are crucial for intrauterine growth, mortality rates of mothers and children, and future physical and cognitive development.
- The act recognises that all pregnant and lactating women are entitled to maternity benefits of ₹6,000 and one free meal a day, excluding central and state government employees and women receiving such benefits under other laws.
- Although this entitlement currently exists through the Integrated Child Development Services (ICDS) and Supreme Court orders in *PUCI v Union of India and Others* Writ Petition (civil) 196 of 2001, there are a number of problems in its implementation. In the present article, however, we focus on the cash maternity benefit while acknowledging that supplementary nutrition is an important component of maternity entitlements to enable adequate nutrition and proper weight gain during pregnancy.
- For the study report see Falcao et al (2015).
- As defined by National Sample Surveys Office code 92 and 93.
- States such as Tamil Nadu and Odisha provide maternity benefits to women subject to eligibility based on age and number of children.
- For minimum wage for unskilled agricultural workers in C category areas (where wages are the lowest) see Order from the Office of Chief Labour Commissioner, Ministry of Labour and Employment, Government of India, No 1/3 (I)/2015-LS-II dated 30 March 2015.
- For detailed recommendations of this study on the IGMSY scheme see Falcao et al (2015).
- Many more issues are also raised in the context of the amendment of the MBA, such as rights of adoptive parents, moving to a focus on parental leave from maternal leave, etc.

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