

**June 2<sup>nd</sup>**  
**Planning Commission**  
**Presentation and Discussion on Dr. Muthulakshmi Maternity Assistance Scheme**  
**(DMMAS)**  
**Room No. 122, Yojana Bhawan**

The Planning Commission hosted a meeting to disseminate the findings of the study “**Towards Universalisation of Maternity Entitlements: An Exploratory Case Study of the Dr. Muthulakshmi Maternity Assistance Scheme, Tamil Nadu**” done by PHRN in collaboration with M.S. Swaminathan Research Foundation and Tamil Nadu – Forum for Crèche and Child Care Services.

There were 35 participants (*Annexure 1 – List of Participants*) for the meeting with Dr. Syeda Hameed (Member, Planning Commission) as Chair.

The meeting started with a round of introduction of all participants. The Chair then invited Dr. Vandana Prasad, National Convenor, PHRN to present the DMMAS study. Dr. Prasad started by thanking the Planning Commission for the opportunity to share the findings of the study. She then gave the background and context of the study and the collaborative organisations with whom PHRN took it up as an initiative. She also stated that Ms. Mina Swaminathan who was part of the study group and had given many insights during the course of the exploratory study and its analysis was not available on the day and was missed. She set the context by stating that maternity benefits, maternity entitlements and maternity protection are used synonymously but there is a conscious choice to use the term ‘maternity entitlements’ that still continues to be a gap area. In the recent past Ministry of Woman and Child Development and the Planning Commission have played a major role in bringing it up as an area that needs intervention especially with the advent of a national scheme on maternity entitlement called the Indira Gandhi Matritva Sahyog Yojana (IGMSY). It is in the context of universalising a scheme on maternity entitlement that it was important that one share the findings of a scheme that was started in Tamil Nadu way back in 1987 with various reforms in between to its present form.

This short introduction was followed by the power point presentation of the study that highlighted objectives, conceptual issues, the methodology, the major findings and recommendations (*Annexure 2 - Power point presentation*).

During the presentation there were lot of inputs from the people representing Tamil Nadu Government. After the presentation the floor was open for discussion. Many participated and the issues that came up could be broadly put into the following headings:

**Maternity Entitlement as a right** – It was reiterated by many that the term ‘entitlement’ should be used rather than keeping it as ‘benefit’ or ‘assistance’ that sound paternalistic. Maternity entitlement should be seen as a right and it should not be merely a programme about cash transfers. This choice of term itself spells the **attitude of the programme**.

Some **conceptual tensions** needed to be addressed. It is not simply an issue of better health services but also gender and caste dynamics that would arise if universalising the scheme. Tamil Nadu has had a different socio-political history but the same scheme applied to any other state must not forget to address gender and caste issues at the conceptual level.

**Objectives of any scheme** on maternity entitlement should have clarity. It should not overlap with other programmes like JSY. JSY has already taken over the National Maternity Benefit Scheme (NMBS) and the latter is almost non-existent now. The objectives of preventing Low Birth Weight (link objective to growth standards) and exclusive breastfeeding should be foregrounded and then it should be implemented in a way where the woman receives the entitlement during pregnancy, starting 7<sup>th</sup> month and support till 6 months after delivery i.e. the time of exclusive breastfeeding. Therefore, an entire period of 9 months is what needs to be understood as crucial to the period of receiving entitlement. It was also stated that cash transfers was not enough; equally important is the knowledge transfer to providers and those receiving the entitlement. Another participant also said that the approach should be that of a life course epidemiology keeping in mind that early intervention has its effect on later life and continues throughout life. Another participant also gave example of a study from Mexico that links poverty alleviation and women's empowerment to maternity entitlements. The objective of wage compensation is also linked to exclusive breastfeeding where working women need to be compensated for the wages lost during the period of exclusive breastfeeding. But it was agreed by all that ideally all women (whether in the labour market or not; whether paid or unpaid workers) should be receiving entitlement as all women.

**Issue of conditionality** – It was stated by many participants that the moment one talks of conditionality it impinges on rights of an individual and these are generally directed towards women who are poor – conditions like whether a woman would deliver in a public institution; family size norms. It was important to note that no conditionalities are imposed upon women receiving the entitlement in the organised sector. It was also said that conditionality should be imposed on providers and not beneficiary side. There are concerns on overemphasis on institutionalising deliveries. That should not be an objective of a maternity entitlement scheme. Women having home births should be equally entitled. There was one participant who voiced that some conditionality must be there for promotion of appropriate practices and said that absence of conditionality may not completely make the scheme viable. But the major consensus was that there should be **no conditionalities** attached to the scheme.

**Equity** – From the above discussion on conditionalities it was also voiced that there are serious concerns of equity that arise when different norms apply to organised and unorganised sector. The 6<sup>th</sup> Pay Commission is the benchmark for any Maternity Entitlement scheme but it is restricted to central government women employees only and there are no conditions attached to them. Women working in central government services (if one may call belonging to upper class) can deliver anywhere but she receives the entitlement as a right. Therefore, attitude of policy makers towards poor women has to change and a maternity entitlement scheme should be universal and not targeted.

**Child Care Leave** - In the 6<sup>th</sup> Pay Commission child care leave is given for a period of up to two years that can be availed till the child is 18 years. Participants felt that the first two years of child's life is important but stretching it anytime period within 18 years is illogical, reinforces the notion that only the woman is responsible for child caring all through their childhood and enhances inequity.

**Incentives to providers** – Since the role of the ANM/Anganwadi worker and ASHA overlap and they complement each other's work, incentives can create conflicts amongst them. So it is important to either delineate roles or do away with incentivisation.

**Urban – rural differences** – One of the study findings was that implementation of the scheme was poorer in urban areas. This was visible in Tamil Nadu because PHCs are robust in rural areas. To this a participant from Mobile Crèches said that in a recent study in 22 *bastis* of Delhi it was found that 67 percent children were malnourished. Very few mothers had received JSY assistance. Migration is another big issue that raises concerns on accessibility of services especially in the context of construction workers where a woman is back to work with an 8 day old baby. There needs to be special focus on delivering such a scheme to the urban poor.

**Issues relating to operationalising and implementing a scheme** - There were several issues raised on making a scheme operational. One important concern was how to make cash transfers in the absence of banks. There were suggestions on tying up VHSCs and also if accounts are being opened for NREGA, same channels could be used for transferring money to these accounts. Tamil Nadu government also shared its experience that there were lots of administrative problems in opening bank accounts initially as there are security deposits to be made. However, once the initial hurdles are overcome things are smooth. In addition, the woman receives the additional asset of the bank account.

Another operational issue as seen in Tamil Nadu is that of giving money in two instalments before and after delivery. To make it administratively easier the money is given only post delivery in one instalment which does not adhere to the objective of the scheme. The MD, NRHM of Tamil Nadu said that it was observed that the woman moves to mother's house in the 7<sup>th</sup> month of pregnancy. So the government was thinking of issuing smart cards and at present money is being allocated for the whole year so that women receive money in two instalments as stated in the objective.

At the end of the discussion the Chair thanked everybody and said that Planning Commission would keep the group updated on the IGMSY scheme. The meeting came to an end with the release of the study report by Dr. Syeda Hameed.

**Annexure 1**  
**List of Participants**

No.	Name	Designation	Organization	Email ID
<b>Planning Commission</b>				
1	Dr. Syeda Hameed	Member	Planning Commission	
2	G.B. Panda	Advisor	Planning Commission	gb_panda@yahoo.com
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## Annexure 2

**Power point Presentation by Dr. Vandana Prasad, National Convenor, PHRN**

*Towards Universalisation of Maternity Entitlements An Exploratory Case Study of the Dr. Muthulakshmi Maternity Assistance Scheme, Tamil Nadu*

Public Health Resource Network

M.S. Swaminathan Research Foundation

Tamil Nadu – Forum for Crèche and Child Care Services

### **Slide 1-**

#### **Objectives**

- To trace the history and developments in maternity entitlements; concepts and delivery through a review of literature
- Analyse the current implementation of DMMAS scheme vis a vis its own objectives as well as the currently accepted objectives of maternity entitlements
- Make recommendations for better implementation of the DMMAS as well as for the proposed IGMSY on the basis of the study

### **Slide 2-**

#### **Conceptual Issues**

- Women's labour right; protection of employment and support during pregnancy, delivery and lactation
- Impact on maternal morbidity and mortality
- Impact on birth weight
- Impact on exclusive breastfeeding and thus on neonatal and infant mortality, growth and development

### **Slide 3-**

#### **Indian Benchmark – Recommendations Sixth Pay Commission**

- The existing ceiling of 135 days Maternity Leave provided in Rule 43(1) of Central Civil Services (Leave) Rules, 1972 shall be enhanced to 180 days
- Leave of the kind due and admissible (including commuted leave for a period not exceeding 60 days and leave not due) that can be granted in continuation with Maternity Leave provided in Rule 43(4)(b) shall be increased to 2 years
- Women employees having minor children may be granted Child Care Leave by an authority competent to grant leave, for a maximum period of two years (i.e. 730 days) during their entire service for taking care of upto two children whether for rearing or to look after any of their needs like examination, sickness etc.. During the period of such leave, the women employees shall be paid leave salary equal to the pay drawn immediately before proceeding on leave. It may be availed of in more than one spell. Child Care Leave shall not be debited against the leave account

*Slide 4-*

**Current Inequities**

- Applicable to a very small number of women
- Back of envelope costs for child care leave about Rs 12 lakhs per woman employee
- As against zero financial entitlements for over 90% women working in the informal sector

*Slide 5-*

**DMMAS objectives**

- Financial assistance of Rs. 3000 before delivery and Rs. 3000 after delivery for two deliveries
- Compensate loss of income during 'delivery' period and for consuming nutritious diet so they give birth to a healthy child

*Slide 6-*

**IGMSY objectives**

- Promoting appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation (JSY??)
- Encouraging the women to follow (optimal) Infant and Young Child Feeding (IYCF) practices including early and exclusive breast feeding for six months
- Contributing to better enabling environment by providing cash incentives (? Wage compensation) for improved health and nutrition to pregnant and nursing mothers

*Slide 7 and 8-*

**The DMMAS Field Study**

**Methodology**

- Secondary data – census, surveys, reports on previous studies
- Primary data collected in Dharmapuri (last rank) and Kancheepuram (second rank) district of Tamil Nadu; worse off and better off districts; rural and urban areas
  1. Mothers who received financial assistance from DMMAS
  2. Village Health Nurses (VHN) / Auxiliary Nurse Midwife (ANM)
  3. Anganwadi Workers (AWWs)
- Sampling: Convenience, snowballing
- Tools used: Interview Schedule, Focus Group Discussion (FGD)

**Slide 9-  
Respondents**

Respondents	Dharmapuri		Kancheepuram		Total
	Rural	Urban	Rural	Urban	
Mothers	54	50	53	50	207
VHN/ANM	9	8	8	7	32
AWW	8	10	8	7	33

**Slide 10-  
Discussion**

- Adherence to Concept
- Inclusion and Exclusion
- Utilisation of Entitlement Money
- Delays
- Leakages
- Training and Capacity Building
- Exclusive Breastfeeding
- Contribution of Other Village Level Functionaries
- Wage Compensation
- Urban-Rural Differences
- Convergence with ICDS

**Slide 11-  
Adherence to Concept**

- Stated objectives of DMMAS – Wage compensation during delivery and nutritional support to pregnant women
- Important issues of Child care and Exclusive breastfeeding are not specifically related to the scheme

**Slide 12-  
Inclusion and Exclusion**

- Though BPL is used by functionaries for identification of mothers, the scheme offers greater universality and is not limited to the BPL framework (46% of all live births, 2008-09)
- A large number of women who received benefits were SC /ST / MBC/ BC (30%, 1%, 44%, 24%)
- Unwritten targets for family planning still persist (3 women) as well as two child norm in policy
- Study did not include any eligible woman who was excluded from the scheme; beyond its scope



- It is not known whether a woman delivering at home would be considered eligible or not

***Slide 13-***

**Utilisation of Entitlement Money**

- Most women used money for medical expenses, buying food and savings
- 58 percent mention medical expenses as one of the items they spend money on; 44 percent mentioned food and 35 percent mentioned savings
- This medical expenditure is despite the fact that all delivered in government institutions

***Slide 14-***

**Delays**

- None received money during pregnancy so no influence upon nutrition and LBW
- 86 percent received money within first six months of delivery out of which only 22 percent received the money in the first month
- 14 percent received the money within 7 months to one years time

***Slide 15-***

**Leakages**

- Study hardly found any evidence of corruption or leakages
- 94 percent did not face any difficulty in getting the money. 87 percent got the money in the first instalment
- No major problems were perceived with getting bank accounts

***Slide 16-***

**Training and Capacity Building**

- Lack of focus to link cash compensation with objectives
- Training was given only on procedural elements
- No specific training on the technical issues specially exclusive breastfeeding
- Most providers reported having advised the women to eat nutritious food and to breastfeed. Only 2 VHNs and 3 AWWs linked exclusive breastfeeding with the scheme while advising mothers

***Slide 17-***

**Exclusive Breastfeeding Cont.**

- Out of the total respondents 28 women had children below 6 months and 6 out of them had given up breastfeeding altogether
- Out of 182 women who were giving other food, 145 i.e. 80 % started other food after six months. This was self-reported by women and there was no further probing. We can assume that these women mostly breast fed till six months
- Caveat – no one understands ‘exclusive’. This data probably valid for ‘mostly’ breastfeeding, not exclusive breastfeeding

***Slide 18-***

**Contribution of Other Village Level Functionaries**

- Even though VHNs/ANMs administer the scheme, the study showed that AWW played a significant role in identifying potential mothers who would benefit and they felt they could play an important role in implementing the scheme
- AWW also interacted with the women on how to utilise the entitlement money
- ASHA can also play a role
- In case the delivery is incentivised, roles will have to be clearly demarcated

***Slide 19-***

**Wage Compensation**

- Most respondents were not in the formal wage market (only 12 percent in paid work). They were young (72 percent between 18-25 years) with 57 percent who had one child. The study was therefore unable to capture whether the scheme's objective of wage compensation for pregnant women in formal labour market was being achieved
- All women contribute economically to the survival of the family through paid or unpaid work
- 'Mostly breastfeeding' even without specific counselling may relate to the support of the scheme

***Slide 20-***

**Urban-Rural Differences**

- Profile of respondents was not very different apart from higher number of MBCs in rural areas
- In terms of scheme delivery, urban areas seem far poorer
- 69 percent of the women who were not told what the scheme was for were from urban areas
- The few who faced difficulty in applying for the scheme and getting the money were all from urban areas
- There are no significant differences between the better-off and worse-off districts

***Slide 21-***

**Convergence with the ICDS**

- Incidental findings of the study shows that supplementary nutrition programme (SNP) through ICDS is working well
- DMMAS has not supplanted use of supplementary nutrition programme; most women continue to avail

***Slide 22 and 23-***

**Recommendations from the Study**

- Objectives of maternal entitlements should be clear and consistent with current concept

- Universality is desirable and achievable and should not be compromised by adding conditionalities not related to the concept of maternity entitlements (institutional delivery etc)
- Wage compensation should be adequate and equitable (6th Pay Commission)
- Good implementation should be commensurate with objectives
  - capacity building for purpose of the scheme; linking it to EBF and wage compensation
  - prevention of delays
- Use of bank accounts is appropriate
- Convergence with AWW/ICDS along with health workers may be better than ANM / VHN delivered scheme
- Special attention for urban poor
- Health care services should be made free and available to all so that money is spent on nutrition and not on seeking health care

***Slide 24-***

**Areas for Further Research**

- Impact, especially in worse off states
  - EBF
  - LBW
  - Days off work
  - IMR
- Exclusions and bottlenecks for inclusion
- Any new scheme should have a built-in review to look at issues of capacity and delivery mechanisms to achieve objectives
- Developing methodology for assessing exclusive breastfeeding