



Together for Nutrition 2014

Working Across Sectors to Improve Nutrition in India

Conditional cash transfer improves women's access to essential nutrition services

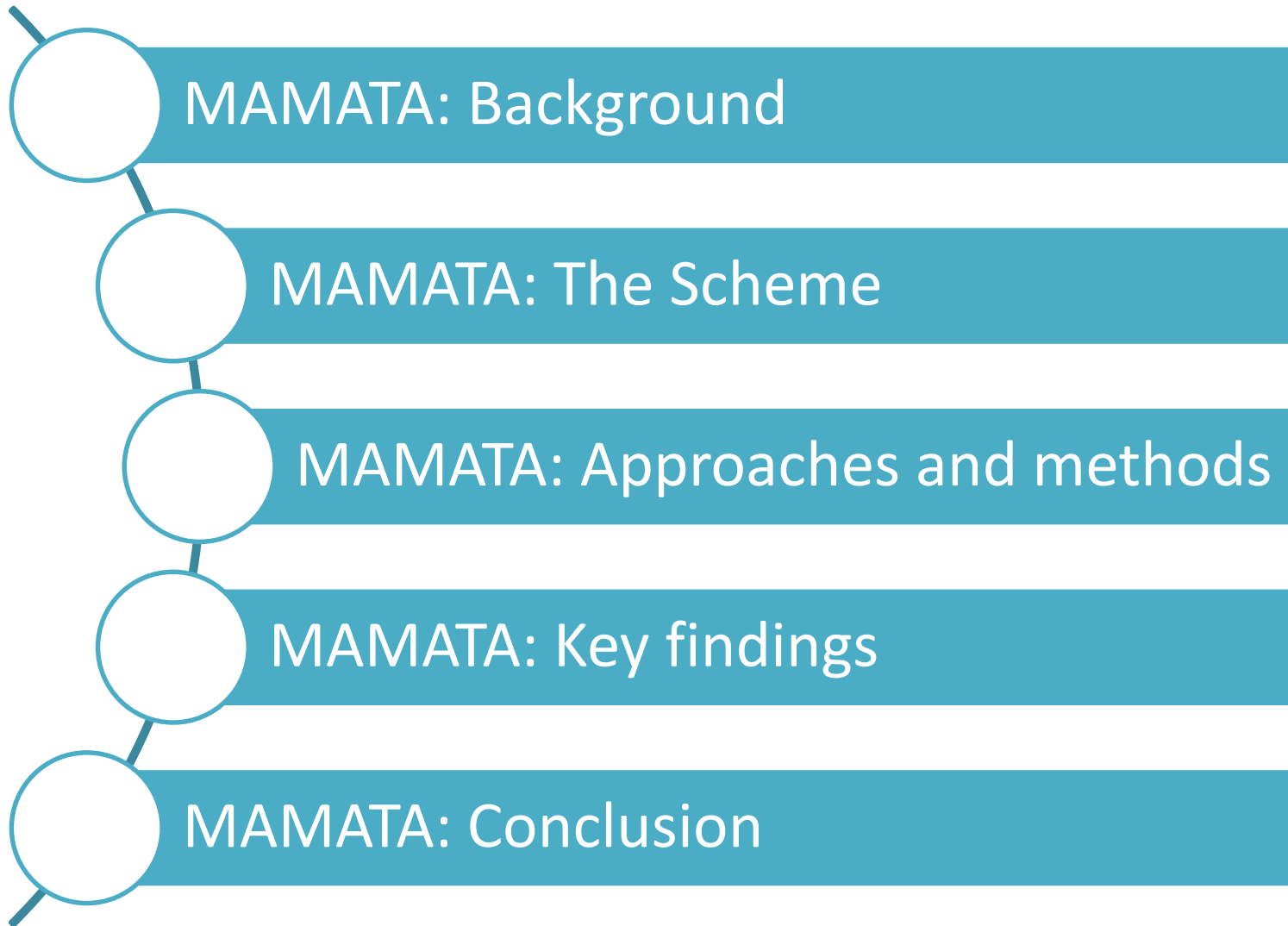
A Government of Odisha's conditional cash transfer scheme for improving women's health and nutrition

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unicef 

Scheme of presentation



MAMATA -- The Scheme



Background

- **There exists a close relationship between maternal nutrition and pregnancy outcomes**
 - **Poor diets from early childhood, prevailing social norms like child marriage, anaemia, poor hygiene & sanitation practices and frequent child bearing increase the risk of undernutrition in women**
 - **Additionally, poverty forces women to work even during pregnancy and lactation, resulting in higher rates of neonatal morbidity and neonatal and perinatal mortality**

To address these underlying causes of the poor social indicators, the Government of Odisha envisaged a state-specific scheme during 2011 for pregnant & lactating mothers called 'MAMATA' to...

MAMATA -- The Scheme



GOAL

- **Contribute to reducing maternal and infant mortality**
- **Improve the health and nutritional status of pregnant and lactating mothers and their infants**

OBJECTIVE

- **To provide partial wage loss compensation for pregnant and nursing mothers**
- **To increase utilization of maternal and child health services**
- **To improve mother and child care practices, especially exclusive breastfeeding and complementary feeding of infants**

MAMATA -- The Tranches



First
(at the end of second trimester of pregnancy)

- Rs 1500/-



Second
(3 months after delivery)

- Rs 1500/-



Third
(6 months after delivery)

- Rs 1000/-



Fourth
(9 months after delivery)

- Rs 1000/-

Target Group*

- Pregnant women aged 19 yrs and above; For the first 2 live births.
- Except Central/State govt. or PSU employees and their wives.

No. of live birth condition relaxed for Particularly Vulnerable Tribal Groups

(*Self certified)

MAMATA -- The Conditionalities



1st

- Pregnancy registered at the AWC.
- Received at least one ANC (out of optimal 3).
- Received IFA tablets.
- Received at least one TT vaccination (out of optimal 2).
- Received at least one counseling session at the AWC/ Village Health and Nutrition Day (VHND).

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Means of Verification

MCP card
Scheme Register

2nd

- Child birth is registered.
- Child has received BCG vaccination.
- Child has received Polio 1 and DPT-1 vaccination.
- Child has received Polio 2 and DPT-2 vaccination.
- Child has been weighed at least two times after birth (out of optimal 4 times including weighing at birth).
- After delivery, mother has attended at least two IYCF counseling sessions at the AWC / VHND / Home Visit (out of optimal 3 times), as certified by the AWW

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Means of Verification

MCP card
Scheme Register

3rd

- Child has been exclusively breastfed for first six months.
- Child has been introduced to complementary foods on completion of six months.
- Child has received Polio 3 and DPT-3 vaccination.
- Child has been weighed at least two times between age 3 and 6 months (out of optimal 3).
- Mother has attended at least two IYCF counseling sessions between 3 and 6 months of lactation, at the AWC/VHND/Home Visit (out of optimal 3).

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Means of Verification

MCP card
Scheme Register
Self certification on
MCP Card

4th

- Measles vaccine has been given before the child is one year old .
- Vitamin A first dose has been given before the child is one year old.
- Age specific appropriate complementary feeding has started and is continuing.
- Child is weighed at least two times between six months to nine months of age.

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Means of Verification

MCP card
Scheme Register
Self certification on
MCP Card

MAMATA -- The Roles & Responsibility



**Collector at the district
has the overall responsibility of scheme implementation**

AWWs are responsible for beneficiary registration, Issue MCP Cardservice delivery, motivation, co-ordination, follow-up, record keeping, sponsoring for payment, governance, etc.

ICDS Supervisors are responsible for timely collection of AWW report, review, handholding support, beneficiary verification, conditionality fulfillment, facilitation with banks, etc.

CDPOs are responsible for timely e-transfer of funds, ensure necessary support and supplies, review, beneficiary verification, conditionality fulfillment, facilitation with banks, use software based beneficiary management etc.

DSWOs are responsible for overall management, reporting and analysis, for the district, monitor supervision, beneficiary verification, conditionality fulfillment, coordination with health and banks, etc.

SPMU & DPMU provide technical and monitoring support
PAs work on Web based MIS and support CDPOs in using Corporate Internet Banking

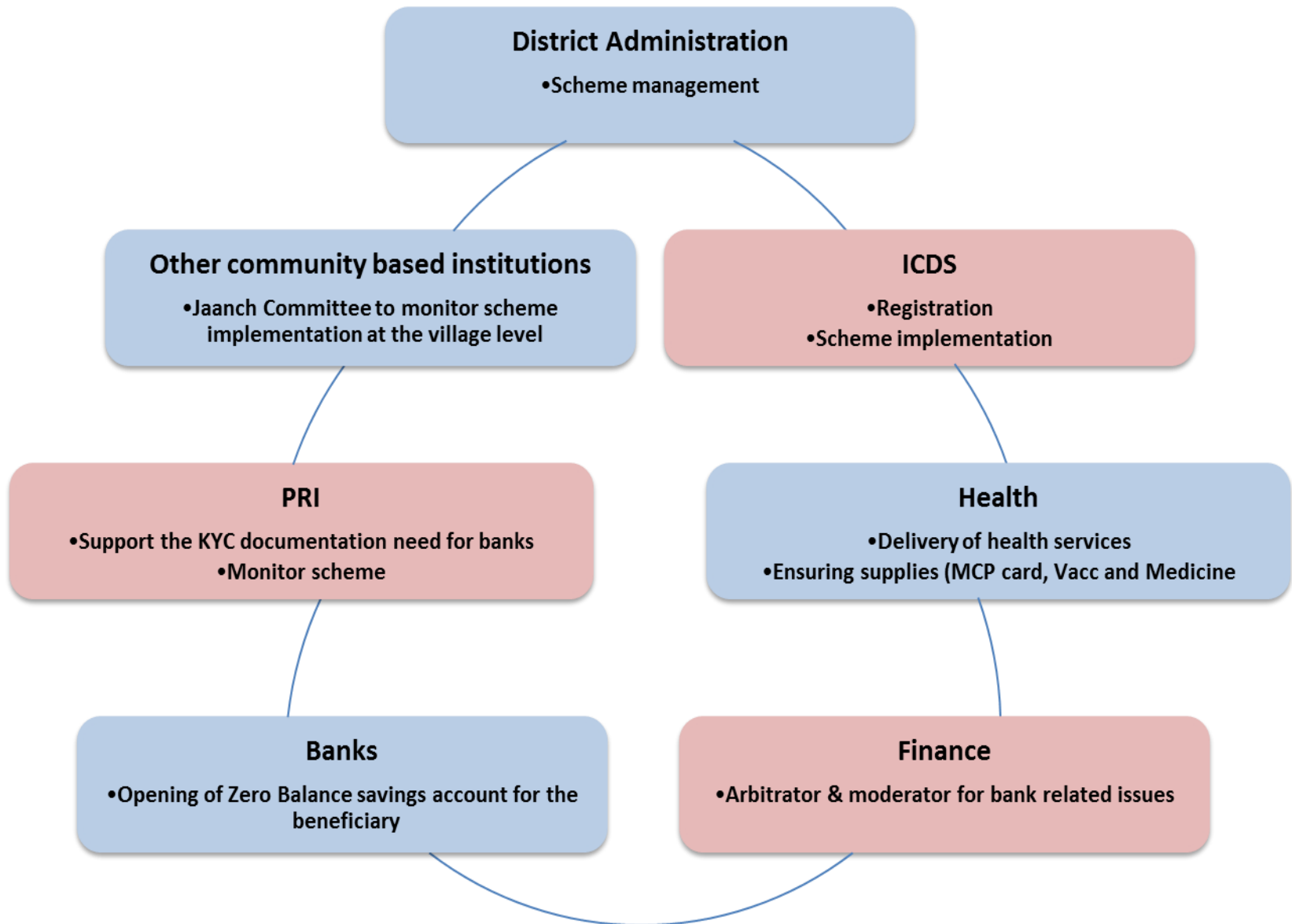


INNOVATIVE MODEL OF FUND TRANSFER

- Since inception MAMATA scheme ensured that Direct Benefit Transfer (DBT) becomes a practice at scale, at every nook and corner of the state
- Subscribed to VISTAAR product of State Bank of India (SBI) Corporate Internet Banking (CINB)- all payments through bank transfer from the Child Development Project Officer (CDPO) MAMATA account to the eligible women's bank account only
- Complete elimination of bottlenecks and middlemen from the fund transfer process from day one



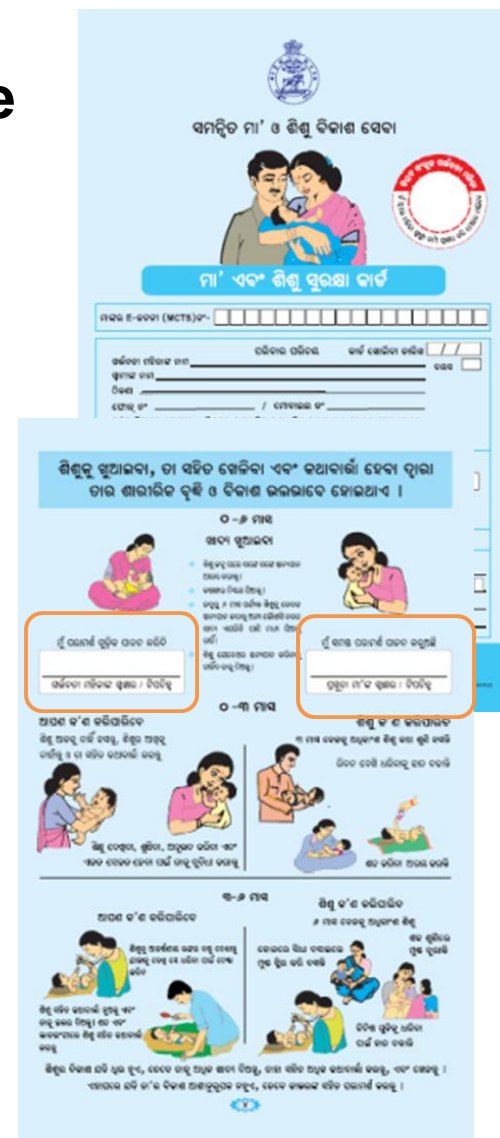
Approaches & methods – Convergence





Approaches & methods – MCP Card

- Institutionalized use of Mother & Child Protection (MCP) Card, and its joint use by AWW and ANM ensures better field level service convergence
- MCP Card is the means of verification for conditionalities and service uptake, including IYCF practices like Exclusive Breast Feeding and Complimentary Feeding
- Undertaking from Husband/ Father/ Guardian that he will support his wife/ daughter/ pupil in her care and improved nutrition during this pregnancy and child care



Approaches & methods – Transparency

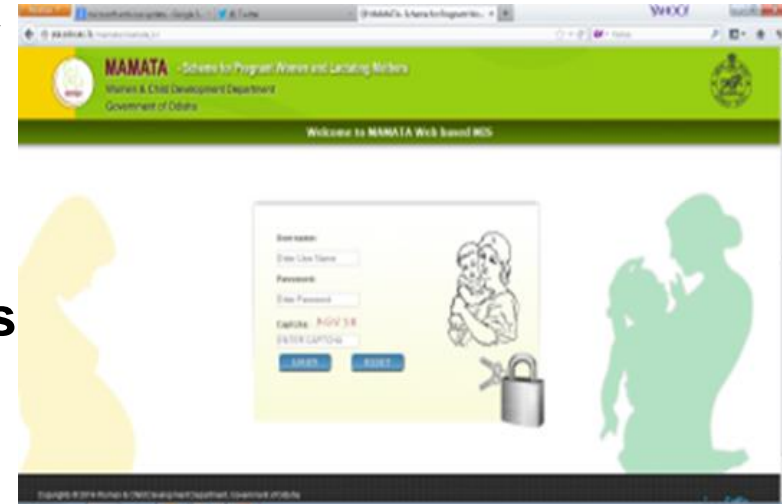


- **Use of Information & Communications Technologies (ICT) to reduce procedural bottlenecks and improve transparency**
- **Additional staff at State, District & Project levels; and additional infrastructure like Computer, Printer, Scanner, UPS, external drives, Broadband connections to facilitate such processes**
- **The monitoring and supervision mechanism of ICDS is mandated to check specific no of cases sponsored by AWW**
- **MAMATA registers at village level. Calendar display of beneficiaries with amount received in every AWC.**
- **Village level Jaanch committees involved in monitoring. It is also an educational process that helps communities increase their awareness and surges people's control over the development process**

Approaches & methods – Web Based MIS



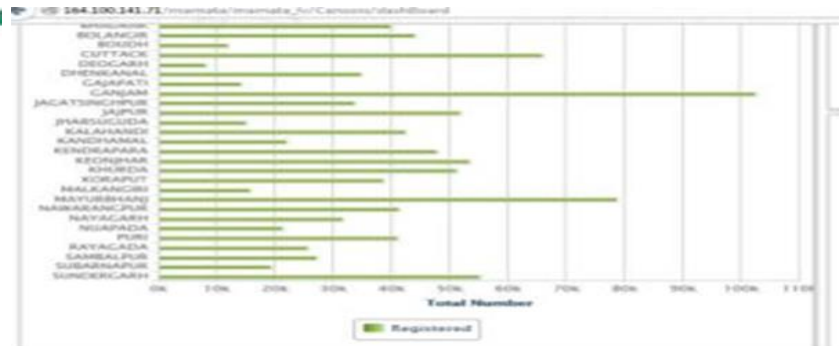
- Every woman joining the scheme is tracked for time-bound service delivery and conditionality
- Scheme implementers follow the same process across all projects
- 100% management of beneficiaries through the software only, till exit
- Database of all beneficiaries spread across 71,364 AWCs of 338 projects in all 30 districts have been centrally connected
- All users provided with classroom based training. Users manual, Step by step guideline and e-Module Videos on each and every processes
- Integrated with SBI CINB Vistaar architecture





Approaches & methods – Review

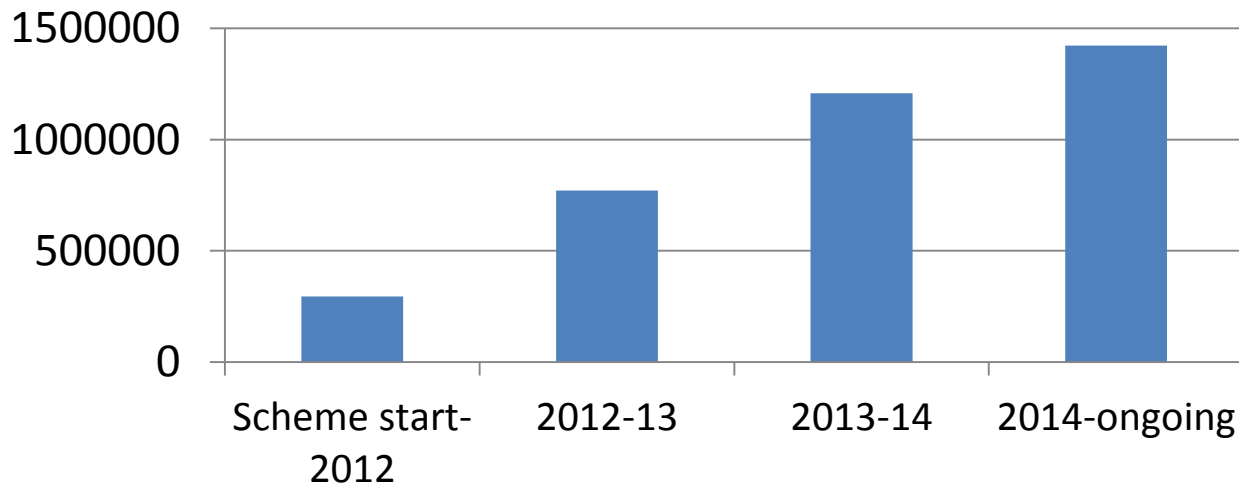
- **Real-time data dashboard for every level of managers -- at the state, district and projects**
- **AWCwise beneficiarywise scheme coverage details made available. Report generation of regular processes and outputs at any level segregated by caste, geographical region, (including exception reports) ensured**
- **Monthly review from state through Video Conference using data analysed from MIS**
- **Monthly review by Collectors institutionalized**



Key Findings:

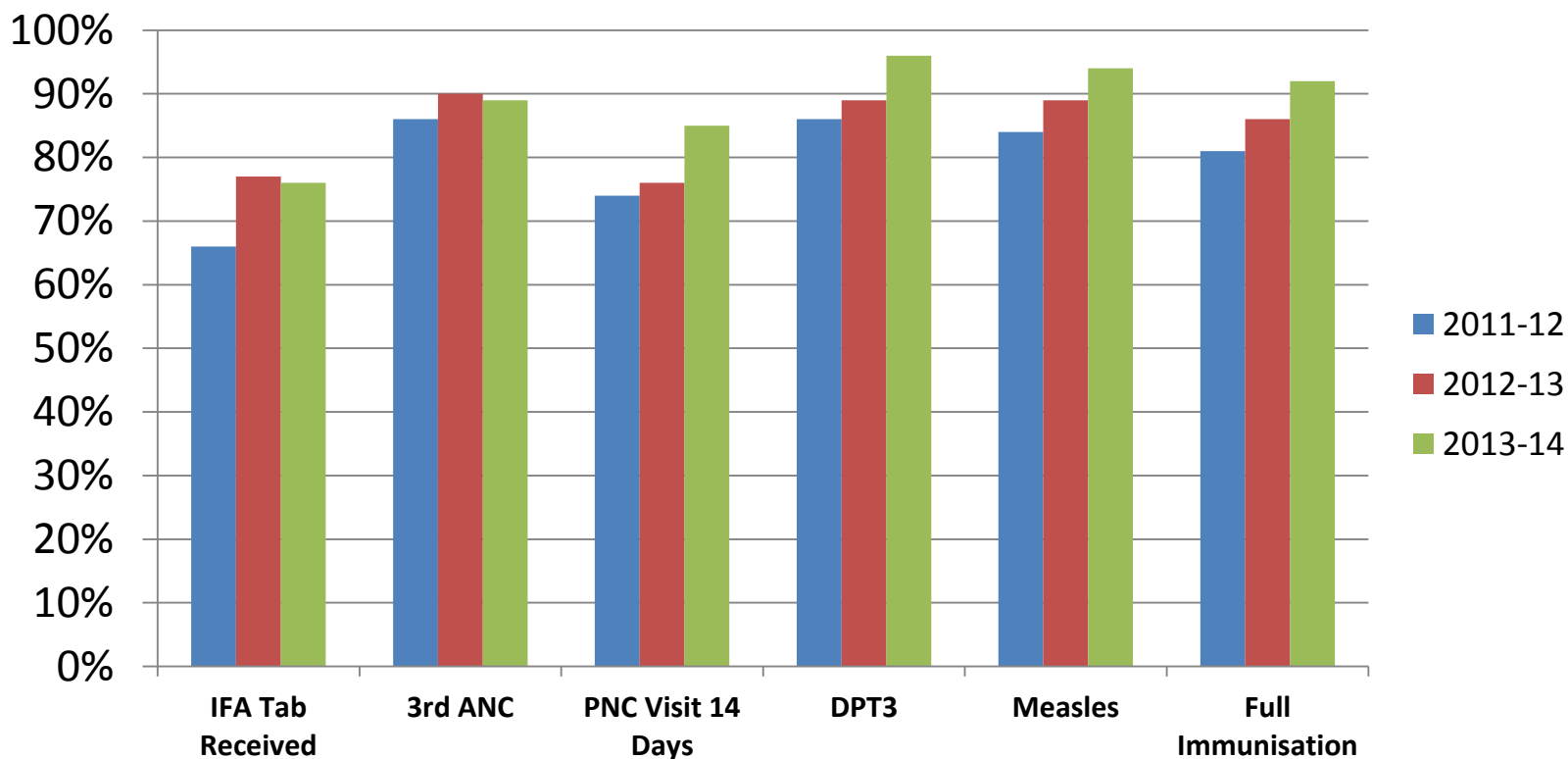
- **Independent impact assessment against the set goals and objectives has been planned for MAMATA, and is underway**
- **The immediate results are**
 - **More than 1.42 million women covered so far**
 - **Disbursed more than INR 5347.6 million to women's bank accounts**

Coverage of beneficiarie (cumulative)



Key Findings:

Demand generation reflected through improved uptake of maternal and child health services*, especially ANC, PNC and immunization, in a progressive manner



* Source: NHM HMIS Data

Key Findings:

- **Only direct fund transfers, no single cheque issued/cash given**
- **Financial inclusion of women**
- **Time-bound fund transfer to the right/legitimate beneficiary**
- **Better accountability and elimination of bottlenecks and middlemen from the fund transfer process**
- **Capacity building and skill development at all levels**
- **Community monitoring and ownership**
- **Fostering improved inter-departmental convergence**
- **Use of ICT in government service delivery at scale**
- **Good governance**



CONCLUSION

- Mamata, a state-wide programme, has demonstrated efficiency, competence, accountability, embracing equity and good governance.

The dream is that every mother is well-nourished during pregnancy and lactation and the child is well taken care of, starting in womb atleast till the first two years of age of the child.

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July 2014

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