

## POLICY BRIEF

# A review of the Pradhan Mantri Matru Vandana Yojana

### At a Glance

The National Food Security Act promises every pregnant woman ₹6,000 in maternity benefits. PMMVY pays this only for the first two children, and only if the second child is a girl. The gap between what the law promises and what the scheme delivers has never closed.

Effective coverage dropped from about 36 per cent of eligible women in 2019-20 to around 9 per cent in 2023-24, even as the eligible population held steady at close to 19.8 million women a year.

Where states add their own money and counselling, it works. Tamil Nadu and Odisha, which run their own top-up schemes, reach 84 per cent and 64 per cent of eligible women respectively. Rajasthan's RajPusht model goes a step further by pairing cash with structured behaviour change, and an independent study has now measured a real drop in low birth weight as a result.

## 1. Background and Context

India's maternity benefit policy starts with a legal promise. Section 4 of the National Food Security Act, 2013 entitles every pregnant and lactating woman, except those in regular government or formal sector employment, to a maternity benefit of at least ₹6,000. This was meant to be universal, covering every pregnancy, as partial compensation for the wage loss a woman faces around childbirth and as support for adequate rest, nutrition and care in the weeks before and after delivery.

The scheme built to deliver on this promise has changed shape more than once. It began in 2010 as the Indira Gandhi Matritva Sahyog Yojana, running only in a small number of pilot districts, and was renamed the Pradhan Mantri Matru Vandana Yojana in 2017 when the government scaled it nationally. The Ministry of Women and Child Development runs it as a centrally sponsored scheme, now placed under the Samarthya vertical of the broader Mission Shakti umbrella. As designed, a woman receives ₹5,000 for her first living child, paid in three installments tied to early registration, antenatal checkups and birth registration, with a further amount available through the Janani Suraksha Yojana for institutional delivery. Since 2022, PMMVY 2.0 has added a second payment of ₹6,000 if the second child is a girl, intended to work against the practice of sex selective abortion.

Nine years into implementation, the scheme has reached real scale. As of early 2026, over 4.26 crore beneficiaries have received a combined ₹20,060 crore since the scheme began. But scale over nine years is a different measure from coverage in any given year, and it is on that second measure that PMMVY has struggled the most, as this brief sets out to show.

## 2. Objectives of the Brief

This brief sets out to do four things.

- Explain what PMMVY offers, and how that differs from what the National Food Security Act promises.
- Track how budget allocation and actual coverage have moved over the past several years.
- Examine why some states, running their own top-up schemes, reach far more women than PMMVY does on its own.
- Use Rajasthan's RajPusht programme as a case study of what pairing cash with behaviour change can do and set out what the national scheme could learn from it.

## 3. Data Sources and Methodology

This brief draws on a structured desk review of publicly available material: the official PMMVY portal and scheme guidelines, Union Budget documents and revised estimates, National Family Health Survey (NFHS-5) data, the Economic Survey 2025-26, and the peer reviewed evaluation of RajPusht published in Nature Health in 2026. It also draws on secondary reporting and policy commentary, including coverage in The Hindu and analysis published by IMPRI and Drishti IAS. The approach is

qualitative and comparative, reading budget and coverage figures against the scheme's own stated design and against outcomes in states that have chosen to go further than the national baseline.

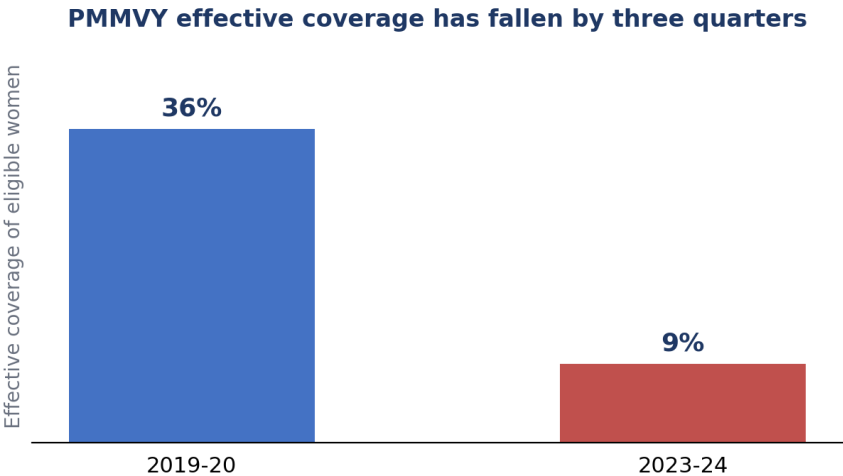
## 4. Key Findings

### 4.1 What PMMVY Actually Offers

A woman is eligible for PMMVY benefits for her first living child, and again for a second child only if that child is a girl. Government employees and women already receiving comparable maternity benefits under other laws are excluded, since the scheme is meant to reach women, largely in informal work, who have no other form of paid maternity support. For a first child, payment arrives in three installments totalling ₹5,000, released against milestones such as early pregnancy registration, at least one antenatal checkup, and registration of the child's birth. A separate ₹1,000 is available under the Janani Suraksha Yojana for delivering in a health facility, bringing total support for a first child to roughly ₹6,000, in line with the NFSA figure. For a second child, if it is a girl, a further ₹6,000 is paid as a single installment after birth.

### 4.2 The Coverage Gap: What Was Budgeted Against What Was Needed

The clearest sign of strain in PMMVY is the widening gap between what has been allocated and what would actually be required to cover the eligible population.



| Metric                                                | Figure                                                                            |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| Estimated eligible population per year                | About 19.8 million pregnant and lactating women (Accountability Initiative, 2022) |
| Budget required to cover 90% of births at ₹6,000 each | At least ₹12,000 crore                                                            |
| Central allocation, 2023-24                           | ₹870 crore, about a third of the 2019-20 allocation                               |
| Central allocation (BE), 2025-26                      | ₹2,521 crore, under the Samarthya vertical of Mission Shakti                      |
| Effective coverage, 2019-20                           | About 36% of eligible women                                                       |
| Effective coverage, 2023-24                           | About 9% of eligible women                                                        |

Two things follow from this. The first is that even the improved 2025-26 allocation remains well short of the roughly ₹12,000 crore that full coverage at 90 per cent of births would require, meaning the funding gap has narrowed but not closed. The second is that the scheme's cumulative reach, over 4 crore women paid across nine years, sits alongside a coverage rate, in any single year, that has fallen by three quarters. A scheme can grow in absolute terms and still be reaching a shrinking share of the women it was designed for, and PMMVY illustrates exactly that pattern.

### 4.3 A Restriction Written Into the Design

The gap between PMMVY and the National Food Security Act is not only about money. It is written into the scheme's eligibility rules. NFSA promises a maternity benefit to every pregnant woman, regardless of how many children she has already had. PMMVY pays out only for a first child and, conditionally, for a second child if it is a girl. A woman having her third child, or

her second son, receives nothing under the scheme, even though the law that PMMVY is meant to implement makes no such distinction.

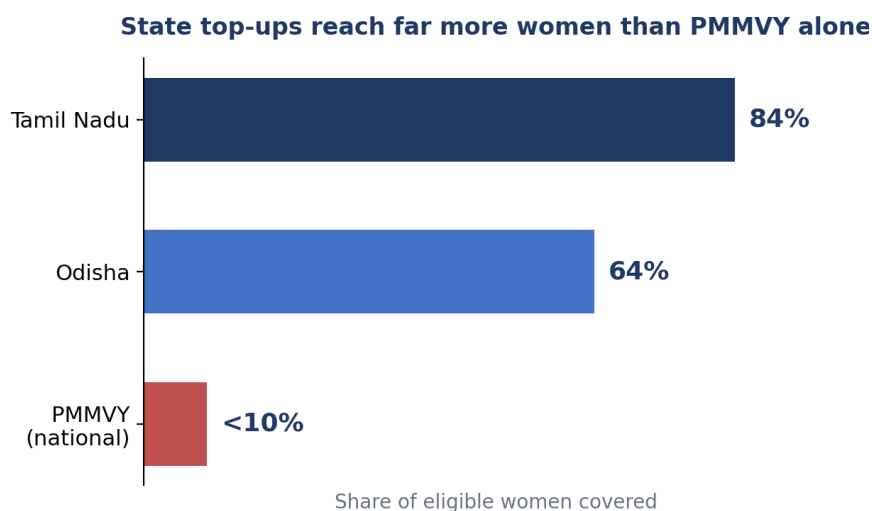
The restriction was a deliberate design choice, intended to work alongside the girl-child incentive and to keep costs down relative to a fully universal scheme. NITI Aayog is reported to have opposed the birth-order restriction when the scheme was being designed, on the grounds that it excludes exactly the kind of repeat and later pregnancies where maternal nutrition support matters most. That objection did not change the final design, and the restriction remains the single most cited reason why PMMVY, on paper a universal entitlement, functions in practice as a narrower, conditional scheme.

#### 4.4 Getting the Cash to Women Who Need It

Even within its narrower eligibility, PMMVY has struggled with basic delivery. Applications require Aadhaar-based verification, and the process has been reported to fail for exactly the women the scheme is meant to serve, those with limited digital literacy, unstable connectivity, or documentation that does not perfectly match across databases. Software failures and a multi-step application process compound this. These are not marginal complaints. They sit alongside NFHS-5 data showing that only 54 per cent of pregnant women in India had four or more antenatal care visits, and that only 67 per cent had a checkup in the first trimester, suggesting that PMMVY's delivery problems are part of a wider pattern of women falling out of the maternal health system at multiple points, not a problem unique to one scheme.

#### 4.5 What Happens When a State Adds Its Own Money and Counselling

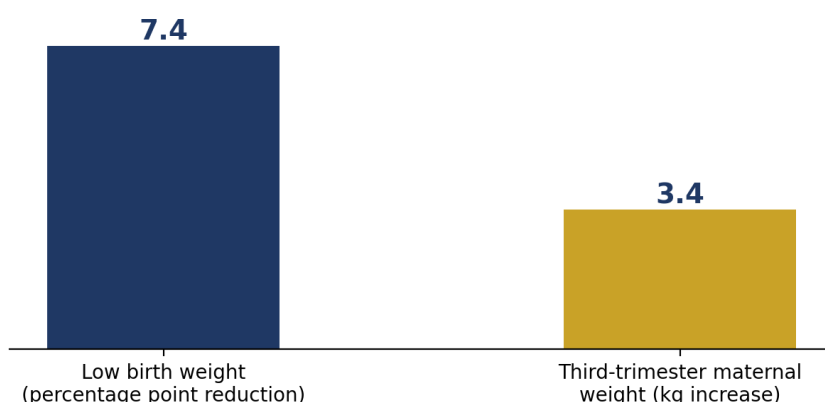
The clearest evidence that PMMVY's design, not just its funding, is holding it back comes from states that have chosen to go further. Tamil Nadu, combining PMMVY with its own Dr Muthulakshmi Reddy Maternity Benefit Scheme to offer ₹18,000 per child, reaches around 84 per cent of eligible women. Odisha, after merging its Mamata scheme with PMMVY to offer ₹10,000 to ₹12,000 depending on the child's sex, reaches around 64 per cent. Both figures dwarf PMMVY's own national coverage rate of under 10 per cent, and both involve state governments spending significantly more than the central scheme alone provides.



Rajasthan's RajPusht programme takes this a step further by changing what the money is paired with, not just how much of it there is. Run by the state's Department of Women and Child Development with technical support from IPE Global and funding from the Children's Investment Fund Foundation, RajPusht strengthens the existing PMMVY and state maternity cash transfers while adding a structured layer of social and behaviour change communication delivered through the existing Anganwadi and ICDS system. The starting problem was stark: roughly one in three newborns in Rajasthan is underweight. Since 2021, the programme has supported over three million women, working initially in five tribal districts in the south of the state before expanding further, on the understanding that cash transfers alone often fail to change what a pregnant woman actually eats, since food decisions within a household are shaped by family members and social norms as much as by money in hand.

An independent evaluation of RajPusht, published in *Nature Health* in 2026, used an interrupted time-series analysis of routine programme data collected between January 2021 and August 2024, focused on second-birth pregnancies. Covering 90,732 newborns and 60,899 mothers, the study found an absolute reduction in the prevalence of low birth weight of 7.4 percentage points, and an increase in mean third-trimester maternal weight of 3.4 kilograms, both statistically significant.

### RajPusht measured outcomes (Nature Health, 2026)



This is one of the few Indian cash transfer programmes in maternal nutrition with a published, peer-reviewed outcome evaluation of this kind, rather than only administrative coverage figures. The programme has since been cited in the Economic Survey 2025-26 as a model worth institutionalising more widely as a national cash-plus approach.

## 5. Policy Gaps

Reading PMMVY's design against its outcomes points to five connected gaps.

- A legal-design mismatch. NFSA promises a universal benefit; PMMVY delivers a conditional one, restricted by birth order and, for the second child, by sex.
- Chronic underfunding relative to need. Even the improved 2025-26 allocation covers a fraction of what full coverage at NFSA's own benchmark would cost.
- Falling coverage despite a stable eligible population. The drop from 36 per cent to 9 per cent coverage between 2019-20 and 2023-24 cannot be explained by fewer eligible women; it points to a widening gap between entitlement and delivery.
- Digital and bureaucratic exclusion. Aadhaar-based verification and a multi-step application process appear to be excluding some of the poorest and least digitally literate women, who are also the group the scheme was designed to prioritise.
- No behaviour change component at the national level. PMMVY assumes cash alone will translate into better maternal nutrition. RajPusht's evaluation suggests that assumption does not hold on its own, and that pairing cash with structured counselling produces measurably different outcomes.

## 6. Policy Recommendations

### For the Ministry of Women and Child Development

- Revisit the birth-order and sex-conditional restrictions on PMMVY eligibility, at minimum by costing out and phasing in coverage for third and later pregnancies, to bring the scheme closer to the universal entitlement NFSA already promises in law.
- Commission an independent, published evaluation of PMMVY's own outcomes, not only its disbursement figures, following the model RajPusht's evaluation has set.
- Simplify Aadhaar-based verification with a fallback identity check for cases where biometric or database matching fails, so that verification is not the reason a poor woman does not receive her entitlement.
- Study the design of state top-up schemes in Tamil Nadu, Odisha and Rajasthan directly, since each has already solved a piece of the coverage problem that PMMVY has not.

## For State Governments

- Where fiscal space allows, follow Tamil Nadu, Odisha and Rajasthan in topping up PMMVY with state funds, since the coverage gap between PMMVY-only states and these three is now well documented.
- Where a state cannot afford a large cash top-up, consider adding a behaviour change layer on the existing PMMVY cash flow, using the Anganwadi and ASHA network already in place, since RajPusht's evidence suggests this may matter as much as the amount of cash itself.

## For the Scheme as a Whole

- Build a public, real-time dashboard tracking coverage as a share of the eligible population, not only cumulative beneficiaries and disbursement, so that a falling coverage rate is visible immediately rather than emerging years later in independent analysis.
- Treat RajPusht as a live pilot for national design, rather than only a case study to reference, given that it is already running within the same government systems PMMVY itself uses.

## 7. Way Forward and Conclusion

PMMVY has reached real scale over nine years, and the cash it has delivered is not nothing. But scale and coverage are different things, and on coverage, the national picture has gone backward even as states running their own versions of the same idea have shown what is possible. The gap between PMMVY and NFSA's own promise is not a technical detail; it is the difference between a universal entitlement and a conditional one, and it shows up directly in who does and does not receive support.

RajPusht matters here because it answers a question PMMVY's own data cannot: whether cash paired with structured counselling produces different outcomes than cash alone. The published evidence suggests it does. That does not mean simply copying RajPusht nationally would work everywhere in the same way, since it has run in a specific set of high-burden tribal districts with dedicated technical support. But it does mean the national scheme now has a working example, inside its own government systems, of what closing the gap between disbursement and outcome could look like. The next phase of PMMVY's design should treat that example as a starting point, not a footnote.

## 8. References

- Ministry of Women and Child Development, Government of India, PMMVY portal and scheme guidelines, [pmmvy.wcd.gov.in](http://pmmvy.wcd.gov.in)
- National Food Security Act, 2013, Section 4
- Economic Survey 2025-26, Government of India
- National Family Health Survey-5 (2019-21)
- Nature Health, "Effects of a cash-plus intervention combining conditional cash transfer with social and behaviour-change communication on pregnancy weight and birth weight in India", 2026
- Children's Investment Fund Foundation, "Reducing low birthweight in India: giving children a healthier start with RajPusht", [ciff.org](http://ciff.org)
- IPE Global, RajPusht programme pages, [ipeglobal.com](http://ipeglobal.com) and [rajpusht.in](http://rajpusht.in)
- The Hindu, "A leap backward for maternity entitlements"
- Drishti IAS, "PMMVY Implementation Concerns", 07 March 2025
- IMPRI Impact and Policy Research Institute, "Pradhan Mantri Matru Vandana Yojana: Maternal Health Matters"
- Accountability Initiative, estimate of eligible pregnant and lactating women population, 2022