

Milestone Volume

BUDGET BRIEFS

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Pradhan Mantri Matru Vandana Yojana and Janani Suraksha Yojana (PMMVY & JSY) Gol, 2023-24

This brief reports on two maternity benefit schemes of the Government of India (Gol): a) **Pradhan Mantri Matru Vandana Yojana** (PMMVY) provides partial wage compensation to improve health-seeking behaviour of pregnant women and lactating mothers for two live births; and b) **Janani Suraksha Yojana** (JSY) incentivises institutional and safe delivery for reducing infant and maternal mortality.

Using government data, this brief reports on:

- Trends in finances;
- Coverage and payments; and
- Outcomes.

Cost share and implementation:

PMMVY and JSY are implemented by the Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare (MoHFW), respectively. Funds for PMMVY are shared between Gol and states in a 60:40 ratio, whereas JSY is fully funded by Gol. For PMMVY, funding ratio is 90:10 for the North Eastern Region (NER) states and the Himalayan states.

HIGHLIGHTS

₹ 2,048 cr

Gol allocations for PMMVY in FY 2022-23

₹ 2,074 cr

Gol total approved budget for JSY in FY 2022-23

SUMMARY & ANALYSIS

- In Financial Year (FY) 2021-22, PMMVY was clubbed under Mission Shakti's Samarthyaa sub-scheme, meant for women's economic empowerment, and accounted for 78 per cent of the sub-scheme's allocations in FY 2022-23. It has also been renamed to PMMVY 2.0.
- In FY 2022-23, ₹2,048 crore was allocated to PMMVY 2.0 in the Budget Estimates (BEs). This was approximately 5 per cent lower than the BEs (₹2,150 crore) in FY 2021-22. There are no separate allocations mentioned for PMMVY in Budget 2023-24.
- Based on the scheme guidelines released in July 2022, PMMVY 2.0 provides an additional lumpsum cash transfer of ₹6,000 per eligible citizen for the second live birth in case it is a girl.
- Under JSY, the total approved budget, including committed liabilities, was ₹2,074 crore in FY 2022-23, 1 per cent higher than the approvals in FY 2021-22.
- Total enrolled eligible citizens under JSY in FY 2021-22 were 96.9 lakh, 10 lakh lower than FY 2019-20.
- The total number of institutional deliveries in FY 2020-21 were 193.74 lakh, a 4 per cent decrease from FY 2019-20.

PRADHAN MANTRI MATRU VANDANA YOJANA 2.0

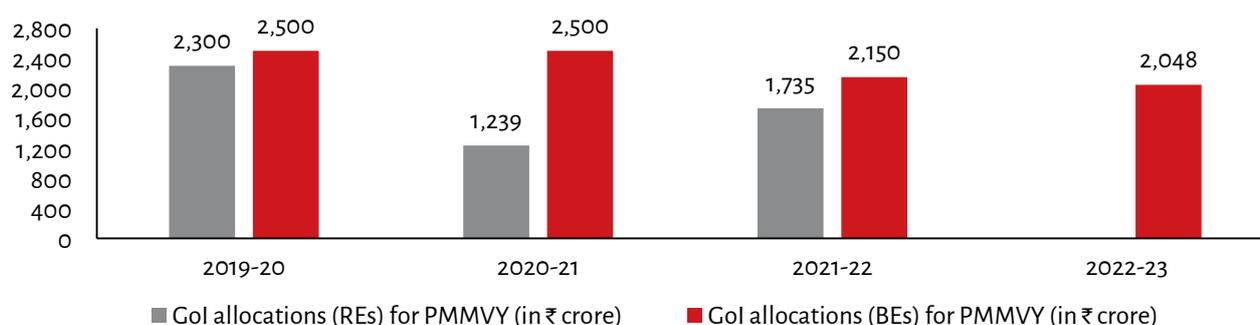
- The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a maternity benefit scheme providing ₹5,000 as conditional cash transfers to Pregnant Women and Lactating Mothers (PWLM). Implemented by the Ministry of Women and Child Development (MWCD), it aims to promote health-seeking behaviour and compensate for wage loss during pregnancy and a few months after birth.
- In Financial Year (FY) 2021-22, the scheme was merged with the newly restructured Mission Shakti scheme and is a part of the Samarthya sub-scheme for economic empowerment of women. Further, based on the scheme guidelines released in July 2022, the scheme now provides an additional cash transfer for the second live birth, in case it is a girl, and is called PMMVY 2.0.
- The primary objectives of PMMVY 2.0 are:
 - To provide partial compensation to PWLM for the wage loss suffered and, therefore, to enable adequate rest before and after delivery;
 - To improve health-seeking behaviour among PWLM; and
 - To promote positive behavioural change towards girl child.
- For the first live birth, the scheme provides a total of ₹5,000 in two instalments upon the fulfilment of certain health-seeking practices. In case of the second live birth, a one-time lumpsum of ₹6,000 is provided after birth of a girl to promote positive behavioural change towards the girl child. At the state level, the scheme uses Anganwadi Centres (AWCs) under the women and child development or social justice departments. The health department implements the scheme in at least six states and Union Territories (UTs), including Andhra Pradesh, Meghalaya, Chandigarh, Tamil Nadu, Telangana, and Uttar Pradesh.
- Some states also implement their own maternity benefits schemes similar to PMMVY. These include the Dr. Muthulakshmi Maternity Benefits Scheme in Tamil Nadu, KCR Kit Scheme in Telangana, and Mamata Scheme in Odisha. Cash transfers under these schemes are also associated with the fulfilment of conditions to promote health-seeking behaviour among PWLM. These state schemes, however, have been excluded from our analysis.

TRENDS IN GOI ALLOCATIONS AND EXPENDITURES

Allocations

- Since FY 2021-22, specific allocations for PMMVY are not available in Union Budget documents. However, as per an RTI response by MWCD, dated 17 January 2023, ₹2,048 crore was allocated to PMMVY 2.0 in the Budget Estimates (BEs) for FY 2022-23. This was approximately 5 per cent lower than BEs (₹2,150 crore) for FY 2021-22 but 18 per cent higher than the Revised Estimates (REs).

PMMVY ALLOCATIONS DECREASED BY 5% BETWEEN 2021-22 AND 2022-23



Source: (1) Union Expenditure Budget, 2019-20 to 2020-21. Available online at: <https://www.indiabudget.gov.in/>. Last accessed on 7 December 2022. (2) Allocations for FYs 2020-21, 2021-22, and 2022-23 from RTI response by MWCD, dated 17 January 2023.

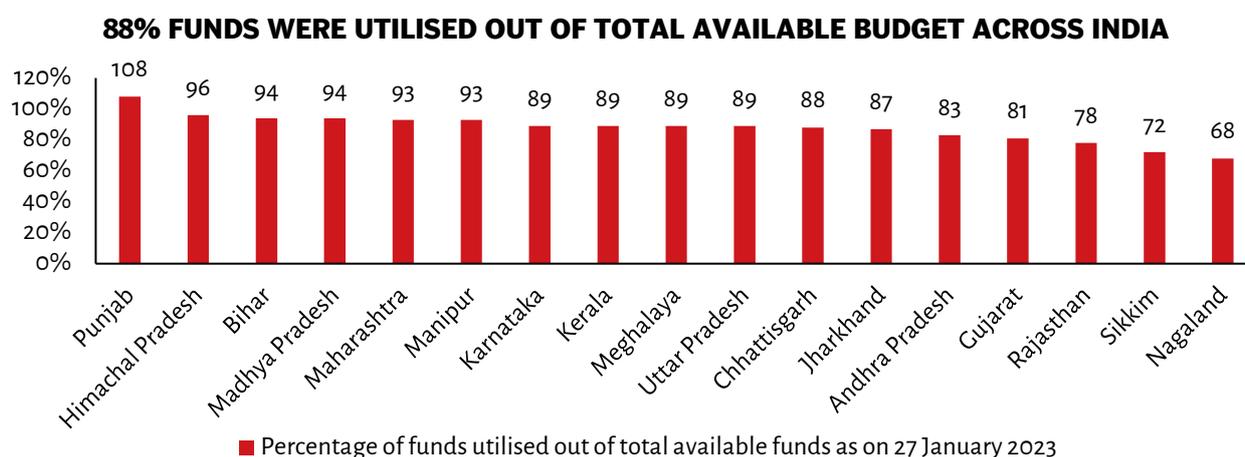
- This is because REs have consistently been lower than the BEs since FY 2019-20. For instance, in FY 2019-20, REs were 92 per cent of BEs, and declined to only 50 per cent of BEs in FY 2020-21. In FY 2021-22, REs were 81 per cent of BEs.
- In FY 2022-23, allocations for Mission Shakti's Samarthyaa stood at ₹2,622 crore, of which 78 per cent were for PMMVY. In FY 2023-24, however, BEs for Mission Shakti's Samarthyaa declined by 2 per cent to ₹2,582 crore.

Releases

- According to the scheme guidelines, states and UTs have to maintain a distinct escrow account for PMMVY. Both Gol and state and UTs transfer their share directly into this account.
- Gol releases funds in four quarterly instalments. Funds are subsequently transferred to eligible citizens' bank or post office accounts through Direct Benefit Transfers (DBTs). The first two instalments are released notionally, and the remaining releases are contingent upon submission of Statement of Expenditure (SoE) by states and UTs.
- For other scheme-related requirements, such as administrative expenses, funds are transferred from MWCD to state treasuries through the Public Finance Management System (PFMS).
- The downward revisions of REs may partly be a consequence of low releases of Gol funds by states and UTs. In FY 2020-21, 44 per cent of the BEs were released by Gol. This, however, increased in FY 2021-22 to 76 per cent. In FY 2022-23, till 21 November 2022, Gol had released only 25 per cent of its allocations.

Utilisations

- MWCD's dashboard for PMMVY provides state-wise information on funds available, which includes both Gol and state funds released and utilised.
- As on 27 January 2023, out of 30 states and UTs, Punjab (108 per cent) had utilised more than its available budget. Himachal Pradesh (96 per cent), Bihar (94 per cent), and Madhya Pradesh (94 per cent) had also utilised a high share of their available budgets. On the other hand, states such as Rajasthan (78 per cent), Sikkim (72 per cent), and Nagaland (68 per cent) had utilised a lesser proportion of total funds available.



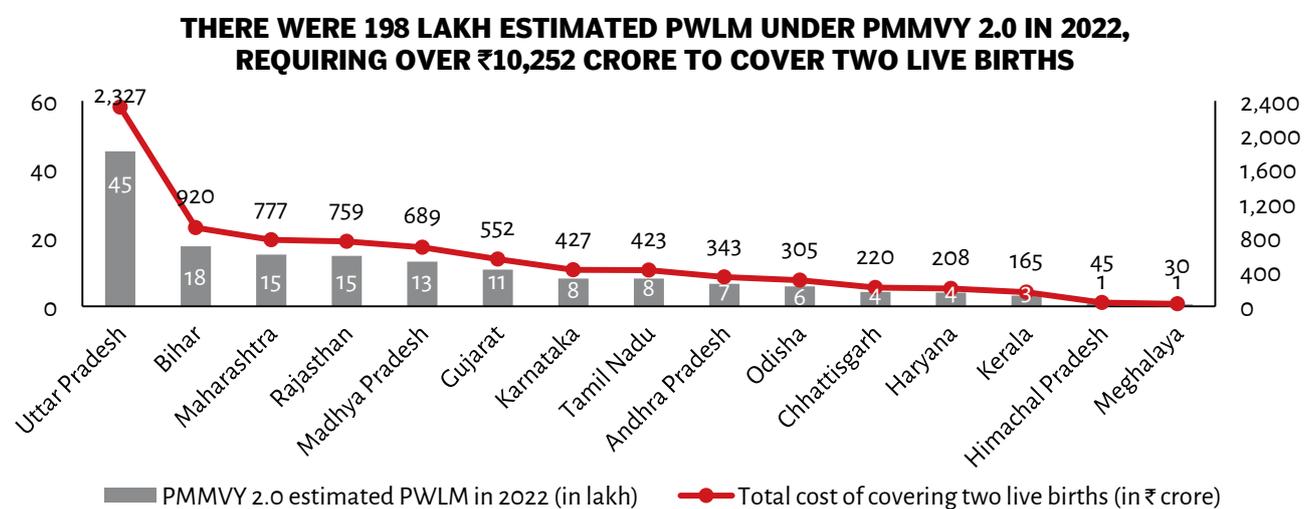
Source: MWCD dashboard. Available online at: <https://wcd.dashboard.nic.in/>. Last accessed on 27 January 2023.

ESTIMATIONS

Estimated PWLM and Costing

- Allocations for the scheme were also lower than those required based on the estimated number of PWLM.

- The number of estimated PWLM for PMMVY was calculated using the Individual Growth Rate Method. For this, the number of live births were derived from the crude birth rate in the Sample Registration System (SRS) and total population in Census 2011. A multiplication factor was calculated using the year-wise Natural Growth Rate (NGR) of population between 2011 and 2022. Using this multiplication factor and SRS birth rates, live births were projected for 2022.
- The analysis found that the total estimated number of PWLM in 2022 was 198 lakh, over 161 lakh more than the enrolled eligible citizens in FY 2022-23 till 21 November 2022. Consequently, the estimated cost for the first live birth under the scheme alone was ₹8,204 crore, which is three-fold higher than the allocations for FY 2022-23. The estimated cost of second live birth results in an additional cost of ₹2,048 crore. This suggests that the existing allocations did not even cover for the first live birth in FY 2021-22, which was before the new guidelines for PMMVY 2.0 came into effect in July 2022.
- Among selected states, large states like Uttar Pradesh, Bihar, Maharashtra, and Rajasthan had the highest number of estimated PWLM and corresponding costs to cover them.

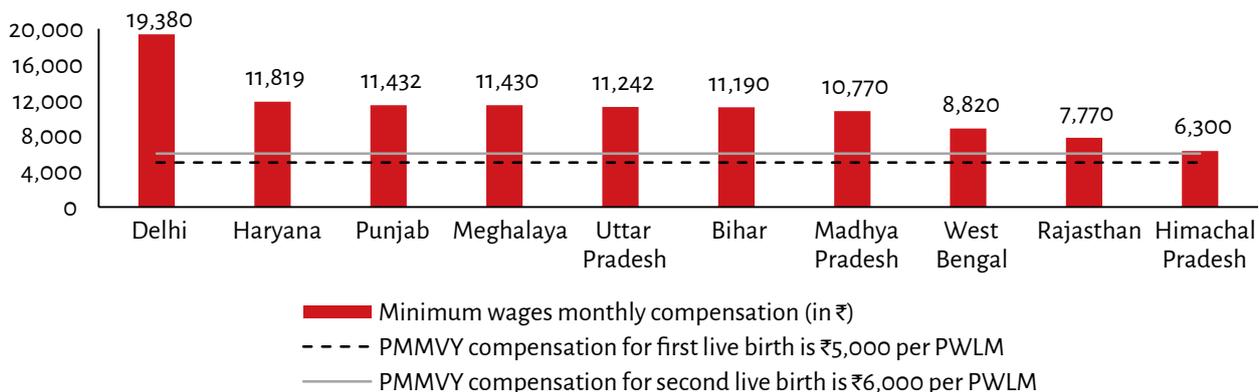


Source: (1) Birth Order, Sample Registration System (SRS), Census India. Available online at: <https://censusindia.gov.in/nada/index.php/catalog/44376>. (2) Natural Growth Rate (NGR), Sample Registration System, Census India. Available online at: <https://censusindia.gov.in/nada/index.php/catalog/42687>. (3) Sex ratio at birth for children born in the last five years (female per 1,000 male), Press Information Bureau. Available online at: <https://pib.gov.in/PressReleaseFramePage.aspx?PRID=1782601>. Last accessed on 7 December 2022.

Compensation

- An important objective of PMMVY 2.0 is to compensate for the wage loss during pregnancy and a few months of rest after childbirth.
- A comparison has been made between the amount given under PMMVY 2.0 and monthly minimum wages for unskilled workers as per respective state government labour department notifications. For both live births, PMMVY 2.0 compensation does not cover for respective state government's monthly minimum wages.
- Govt's monthly minimum wage as of October 2022 for unskilled workers is ₹12,270, which is ₹7,270 and ₹6,270 more than the compensation for first and second live births, respectively, under PMMVY 2.0.
- The highest difference between state monthly minimum wages and PMMVY 2.0 compensation was for Delhi, Haryana, Punjab, and Meghalaya.
- Compensation for the first live birth also does not account for inflation and has remained the same since 2017. Adjusted for inflation, at the national level, compensation should have increased by at least ₹1,599 to ₹6,599.

GOI's MONTHLY WAGES FOR UNSKILLED WORKERS ARE SIGNIFICANTLY HIGHER THAN PMMVY COMPENSATION FOR TWO LIVE BIRTHS



Source: State-wise labour department minimum wages notifications.

COVERAGE

- According to scheme guidelines, pregnant women have to apply no later than 730 days of pregnancy to become eligible under PMMVY 2.0. Further, eligible citizens are given a Mother and Child Protection Card (MCP), which records the date of pregnancy as that of their Last Menstrual Period (LMP). MCP is a tool for mapping and documenting the provision of continuous maternal and child health.
- As per an RTI response by MWCD, dated 17 January 2023, there were 69 lakh enrolled eligible citizens in FY 2021-22, up by 7 per cent from FY 2020-21.
- Till 21 November 2022, enrolment of eligible citizens under PMMVY was low in FY 2022-23. There were only 38 lakh enrolled eligible citizens under PMMVY, 46 per cent less than the previous year.
- This decline could partly be because of new guidelines, which state that scheme benefits can be availed only on the basis of eligible citizens' Aadhaar numbers. As per an RTI response by MWCD, dated 17 January 2023, there were 50 lakh Aadhaar linked accounts in FY 2021-22 (72 per cent of the enrolled eligible citizens), compared to 62 lakh in FY 2020-21. In FY 2022-23, till 21 November 2022, there were 37 lakh PMMVY eligible citizens linked to Aadhaar.

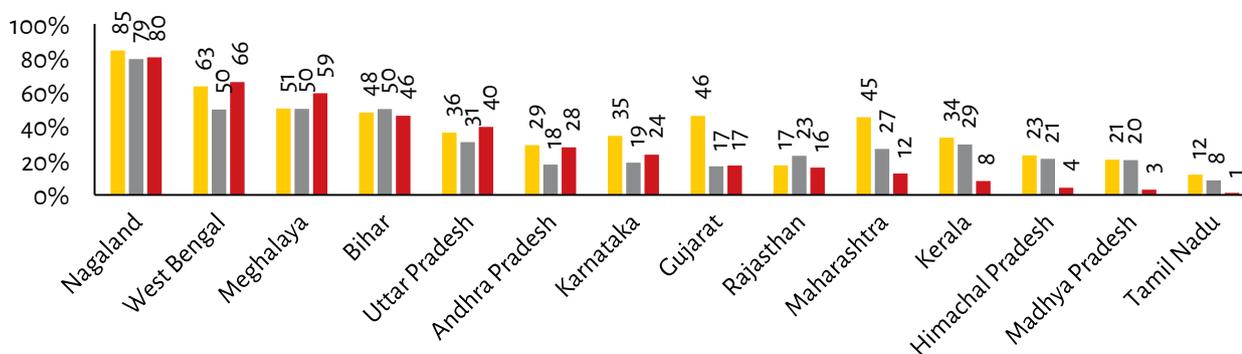
Payments

- Previously, payment was released in three instalments. In the revised scheme, early registrations have been merged with Antenatal Care (ANC) check-up, and payment is released in two instalments. These are:

| Instalments | Conditions | Amount |
|----------------------------|---|--------|
| 1 st Instalment | Registration of pregnancy and at least one ANC check-up within 6 months from LMP date at the AWC or approved health facilities identified by the administering state or UT. | ₹3,000 |
| 2 nd Instalment | i. Childbirth is registered. ii. Child has received first cycle of BCG, OPV, DPT, and Hepatitis-B or its equivalent or substitute. | ₹2,000 |

- As per an RTI response by MWCD, the pan-India average time to disburse PMMVY to an eligible citizen after registration on PMMVY Common Application Software (CAS) portal is 47 days.
- Payment delays, however, have been reported. According to NITI Aayog's report on Accelerating Progress on Nutrition in India, in July 2020, the percentage of registered PWLM receiving the first and third instalment, respectively, declined from 83 per cent to 56 per cent.
- Further, till 31 December 2019, only 17 per cent of first releases were paid to PWLM within 150 days of their LMP date.
- In FY 2022-23, till 21 November 2022, 64 per cent eligible citizens, out of those paid, received their first instalment under PMMVY. However, only 29 per cent eligible citizens paid had received all their instalments.
- There were state variations in the percentage of eligible citizens receiving all instalments, out of those paid, over the years. Twenty-eight out of 36 states and UTs saw a decline in all instalments paid to eligible citizens between FY 2019-20 and FY 2021-22.
- This decline in the total quantum of all instalments paid between FY 2019-20 and FY 2021-22 was highest for West Bengal, followed by Uttar Pradesh, Maharashtra, and Bihar.
- In FY 2022-23, till 21 November 2022, Nagaland, West Bengal, and Meghalaya had the highest percentage of eligible citizens who were paid all instalments out of total eligible citizens paid. Himachal Pradesh, Madhya Pradesh, and Tamil Nadu, however, had lower percentage of eligible citizens who were paid all instalments in FY 2022-23 till 21 November 2022.

THERE WAS A 7% DECLINE IN ELIGIBLE CITIZENS RECEIVING ALL INSTALMENTS, OUT OF THOSE PAID, BETWEEN 2019-20 AND 2021-22

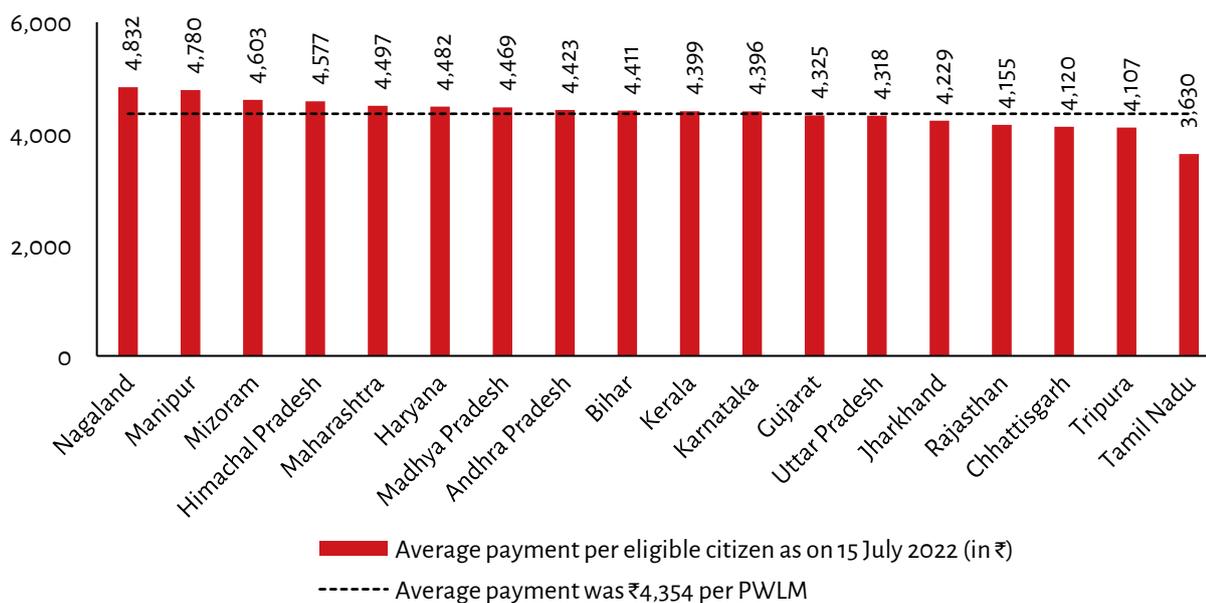


- Percentage of eligible citizens paid all instalments out of total eligible citizens paid in 2019-20
- Percentage of eligible citizens paid all instalments out of total eligible citizens paid in 2021-22
- Percentage of eligible citizens paid all instalments out of total eligible citizens paid in 2022-23 till 21 November 2022

Source: RTI response by MWCD, dated 17 January 2023.

- Since not all PWLM have received all instalments, gaps also exist in terms of the total quantum of money paid. The average disbursement under PMMVY per eligible PWLM, as on 15 July 2022, was ₹4,354, which was ₹646 lesser than the owed entitlement of ₹5,000 per PWLM for first live birth.
- Nagaland (₹4,832), Manipur (₹4,780), and Mizoram (₹4,603) had more payments under PMMVY for first live birth, compared to Chhattisgarh (₹4,120), Tripura (₹4,107), and Tamil Nadu (₹3,630).

13 STATES AND UTs PAID LESS THAN THE NATIONAL AVERAGE PAYMENT OF ₹4,354 PER PWLM



Source: Lok Sabha Unstarred Question No. 3432, answered on 5 August 2022. Available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AU3432.pdf>. Last accessed on 7 December 2022.

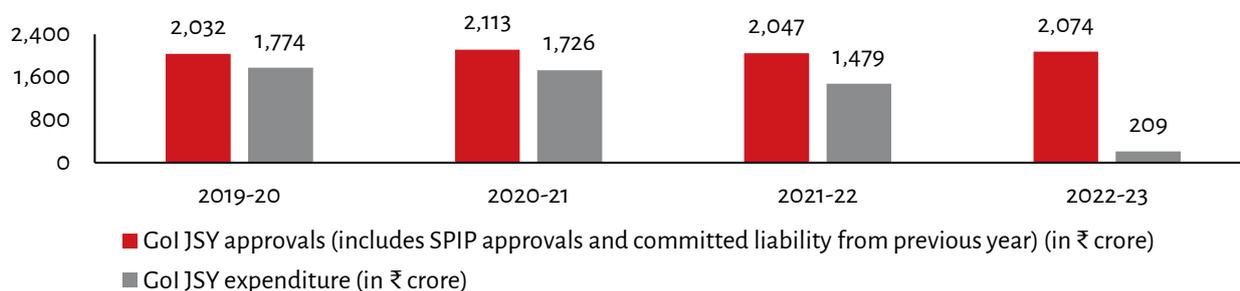
JANANI SURAKSHA YOJANA

- The Janani Suraksha Yojana (JSY) is a conditional cash transfer scheme. Launched in April 2005, it is fully funded by GoI and is implemented in all states and UTs. The objective of the scheme is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. JSY falls under the National Health Mission (NHM) and is run by the Ministry of Health and Family Welfare (MoHFW).
- States are divided into Low Performing States (LPS) and High Performing States (HPS) based on their performance in institutional delivery rates. States with low institutional delivery rates, such as Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha, and the erstwhile state of Jammu and Kashmir, are included in the LPS category. The remaining states and UTs are considered as HPS.
- Since JSY places a special focus on LPS, all pregnant women in these states, regardless of age and number of children delivered 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. However, in HPS, the scheme is limited to pregnant women who either fall Below Poverty Line (BPL) or belong to Scheduled Caste (SC), or Scheduled Tribe (ST) categories. Eligible citizens receive an amount of ₹700 in rural areas and ₹600 in urban areas for delivering in a government health centre or an accredited private institution. Additionally, incentives are also provided to BPL women over the age of 19, if they deliver at home with the help of a Skilled Birth Attendant (SBA).
- GoI has assigned Accredited Social Health Activists (ASHAs) the responsibility of helping poor pregnant women to avail the benefits under the scheme. For every delivery under JSY, the ASHA is entitled to an incentive of ₹600 in rural areas and ₹400 in urban areas, where half the incentive is for ANC, and the other half is for facilitating institutional delivery.

Allocations and Expenditures

- Funds for JSY follow the same approval process as NHM. Each state has to submit a proposal called the State Programme Implementation Plan (SPIP) to MoHFW. These SPIPs are then finalised after negotiation and the approved budgets are available in the Record of Proceedings (RoPs). The total available budget for a state includes fresh approvals as per the SPIP plus committed liabilities pending from the previous year.
- Approved budgets for the scheme have remained stagnant. In FY 2022-23, ₹2,074 crore was approved in the BEs to JSY, 1 per cent higher than the previous year's approvals.

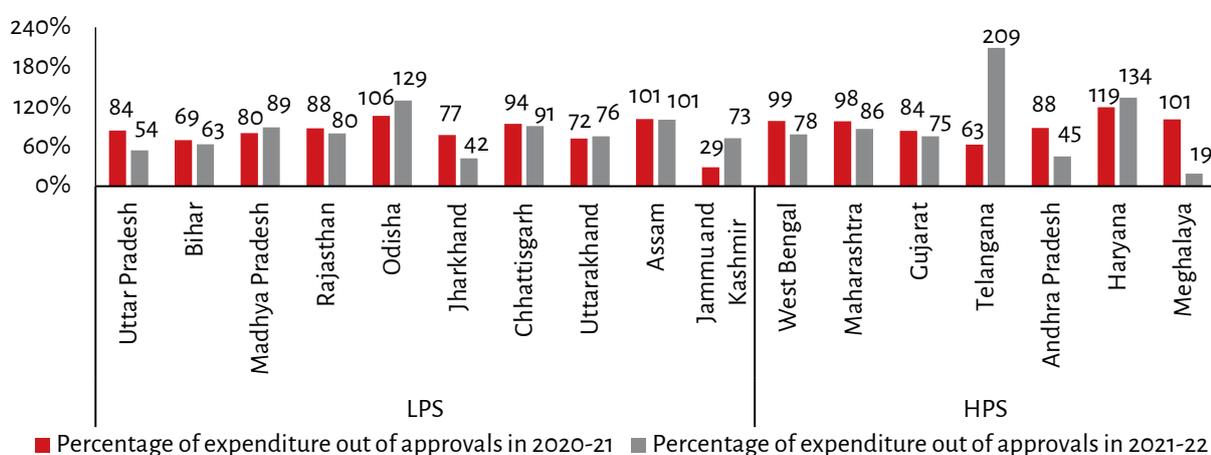
APPROVED BUDGET FOR JSY MARGINALLY INCREASED IN 2022-23 BUT ONLY 10% HAS BEEN UTILISED OUT OF TOTAL APPROVED FUNDS TILL NOVEMBER 2022



Source: (1) Budget approval and expenditure for JSY for FY 2020-21 to FY 2022-23 from RTI response by MoHFW dated 29 November 2022. (2) Budget approval and expenditure for JSY for 2019-20 from RTI response by MoHFW dated 11 January 2021. Last accessed on 20 December 2022.

- Expenditure under the scheme has also been low. In FY 2021-22, ₹1,479 crore was spent, lower than the expenditure incurred in the previous two FYs. As a proportion of total approvals, utilisation has fallen from 87 per cent in FY 2019-20 to 82 per cent in FY 2020-21, and further to 72 per cent in FY 2021-22.
- A comparison of LPS and HPS, however, indicates that HPS states utilise a higher proportion of their approved budgets. For instance, among LPS, JSY expenditure as a proportion of budget approvals was 71 per cent in FY 2021-22.

EXPENDITURE ON JSY IN LPS WAS ONLY 71% OF THE APPROVED AMOUNT IN 2021-22



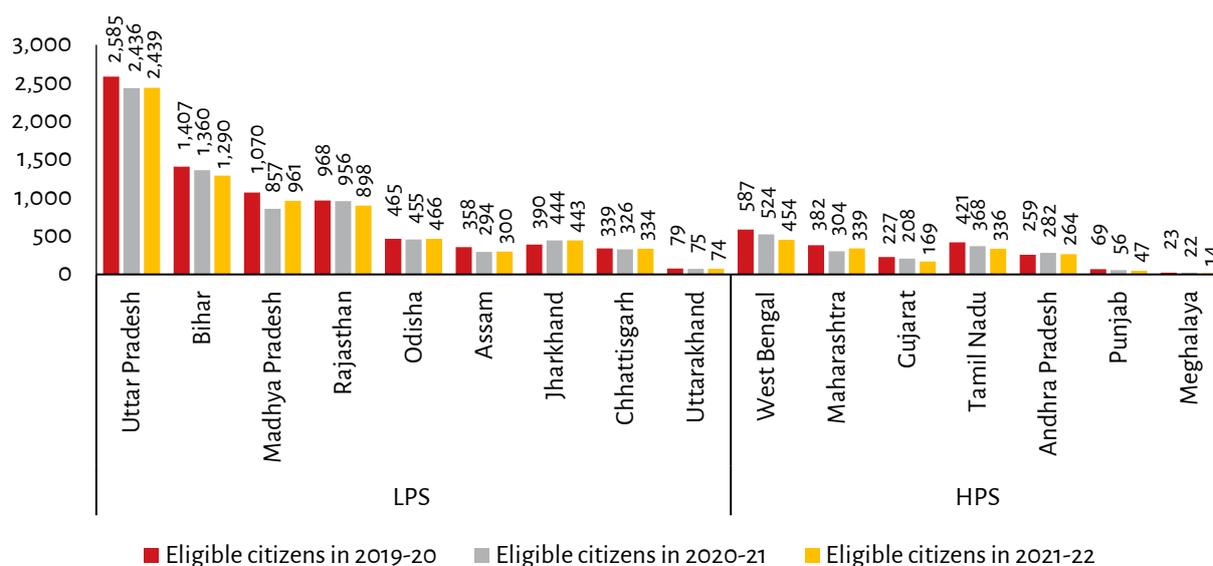
Source: (1) State-wise budget approvals and expenditures for JSY for FY 2019-20 from RTI response by MoHFW, dated 11 January 2021. (2) State-wise budget approvals and expenditures for JSY for FY 2020-21 and FY 2021-22 from RTI response by MoHFW, dated 29 December 2022. Last accessed on 22 December 2022.

- Utilisation was the lowest in Jharkhand (42 per cent), Uttar Pradesh (54 per cent), and Bihar (63 per cent), and the highest in Odisha (129 per cent). In contrast, HPS utilised 78 per cent of their total approved budget in FY 2021-22.
- For FY 2022-23, provisional expenditure figures were available for the first two quarters, i.e. till September 2022, and a similar trend was observed. While LPS have utilised 9 per cent of their JSY approvals, this figure is higher for HPS at 14 per cent.

Coverage

- Enrolment under JSY has been declining since FY 2019-20. While 107 lakh pregnant women were enrolled in the scheme in FY 2019-20, this fell to 99.8 lakh in FY 2020-21, and further to 96.9 lakh in FY 2021-22. This was a 3 per cent decline from the previous FY.
- Among LPS, Madhya Pradesh saw the largest increase in enrolment from FY 2020-21 to FY 2021-22 to 1 lakh. In contrast, Bihar and Rajasthan saw a decrease of 0.7 lakh and 0.57 lakh, respectively, over this period.
- As per an RTI response from MoHFW, dated 29 November 2022, total eligible citizens in FY 2022-23 stood at 20 lakh, which is half the number of eligible citizens reported in FY 2020-21 for the same period.

THE TOTAL NUMBER OF ELIGIBLE CITIZENS ENROLLED IN JSY WAS 10 LAKH LOWER IN 2021-22 THAN 2019-20



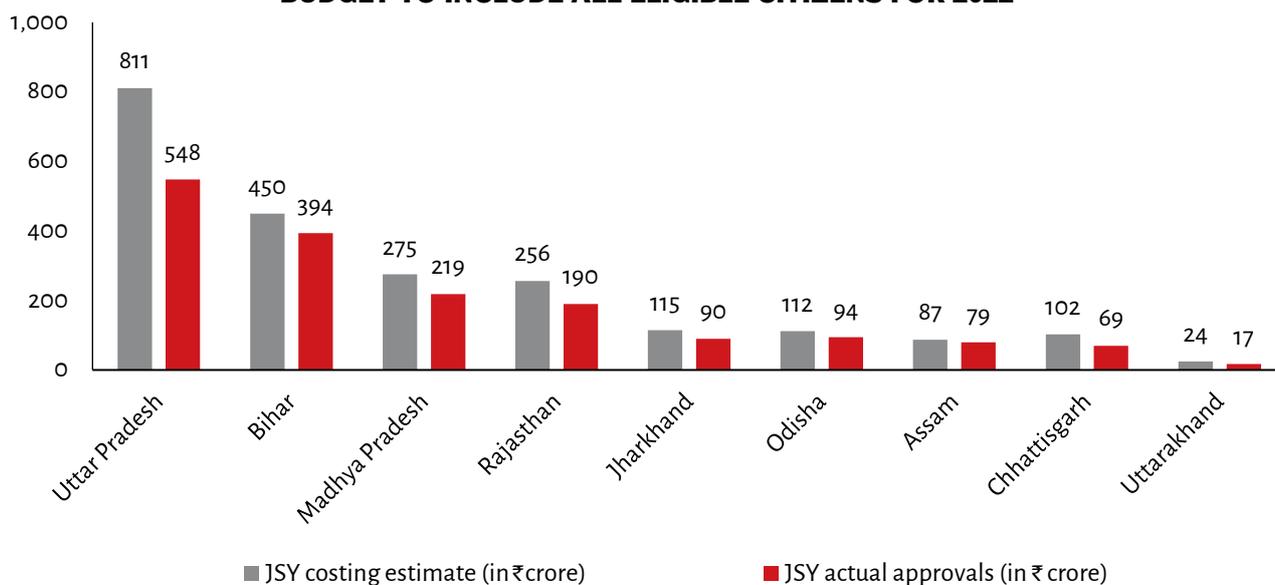
Source: (1) Eligible citizens in FY 2019-20 from RTI response by MoHFW, dated 21 December 2020. (2) Eligible citizens in FY 2020-21-2021-22 from RTI response by MoHFW, dated 29 November 2022. Last accessed on 22 December 2022.

ESTIMATION OF ELIGIBLE CITIZENS AND COSTING FOR JSY

- To calculate the number of eligible citizens for JSY benefits for 2022, a similar method to PMMVY 2.0 costing was followed. For this, the number of live births were derived from the crude birth rate in SRS and total population in Census 2011, and then multiplied by the percentage of rural and urban populations from Census 2011.
- The difference between urban and rural areas was considered because of the variation in the benefits package for eligible citizens across these settings. The estimates of eligible citizens were subsequently multiplied by the payment amounts for eligible citizens ₹1,000 for mothers in urban areas and ₹1,400 for mothers in rural areas to calculate the requisite allocation.

- The overall count of eligible citizens for 2022 across LPS was estimated at 1.69 crore, which implied a costing requirement of ₹2,232 crore for the scheme, not including benefits accruing to ASHA workers. However, the actual approved amount for LPS for FY 2022-23 stood at ₹1,699 crore, ₹532 crore lower than the required amount.
- The estimates for the number of eligible citizens and required costs for the JSY scheme in 2022 were highest in Uttar Pradesh, followed by Bihar, Madhya Pradesh, and Rajasthan.

IN LPS, JSY NEEDED ₹532 CRORE MORE THAN THE APPROVED BUDGET TO INCLUDE ALL ELIGIBLE CITIZENS FOR 2022



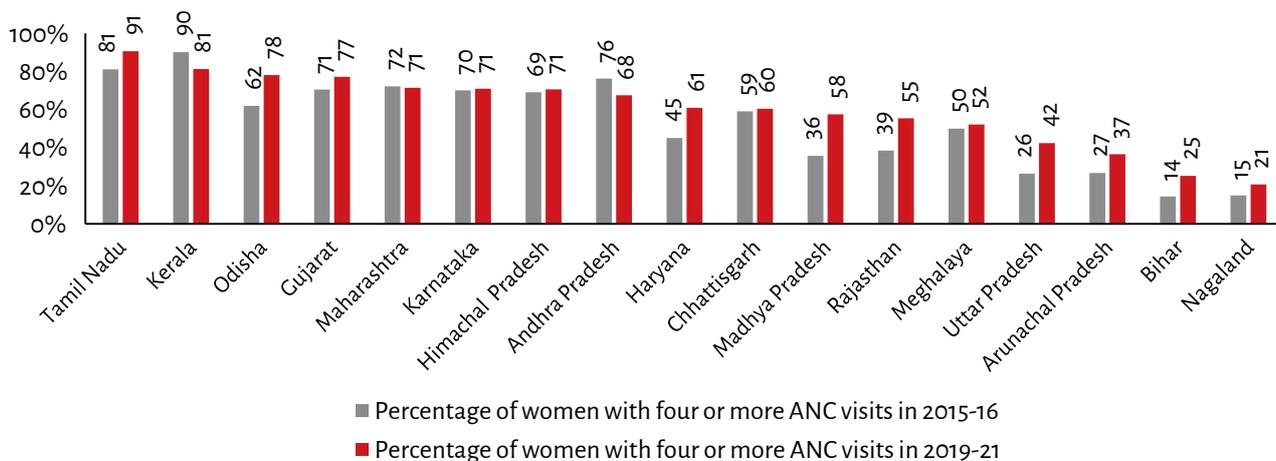
Source: (1) Birth Order, Sample Registration System (SRS), Census India. Available online at: <https://censusindia.gov.in/nada/index.php/catalog/44376>. (2) Natural Growth Rate (NGR), Sample Registration System, Census India. Available online at: <https://censusindia.gov.in/nada/index.php/catalog/42687>. (3) Population figures and rural-urban percentage breakdown, Census India. Available online at: <https://censusindia.gov.in/nada/index.php/catalog/42687>. Last accessed on 22 December 2022.

HEALTH OUTCOMES

Antenatal Care (ANC)

- ANC refers to regular check-ups for women during pregnancy to monitor the progress of foetal growth and 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 referrals. GoI norms stipulate that all pregnant women should receive at least four ANC check-ups during their pregnancy.
- To incentivise ANC, PMMVY 2.0 has linked the first instalment of fund release to registration of pregnancy and at least one ANC check-up. Since PMMVY was implemented from 2017, a comparison has been made between the fourth and fifth round of the National Family Health Survey (NFHS) to see changes in health-seeking behaviour.
- There have been some improvements in registration of pregnancies and reception of ANC. As per NFHS-5 (2019-21), 94 per cent of pregnancies were registered, up by approximately 9 percentage points from NFHS-4 in 2015-16. Similarly, in 2019-21, 59 per cent of women received at least four or more ANC visits, up from 51 per cent in 2015-16.
- Tamil Nadu and Kerala had the highest percentage of women with four or more ANC visits in both 2015-16 and 2019-21.
- The percentage of women remained low in Arunachal Pradesh, Bihar, and Nagaland.

PREGNANT WOMEN RECEIVING FOUR OR MORE ANTENATAL CARE VISITS HAVE INCREASED BY 8 PERCENTAGE POINTS BETWEEN 2015-16 AND 2019-21

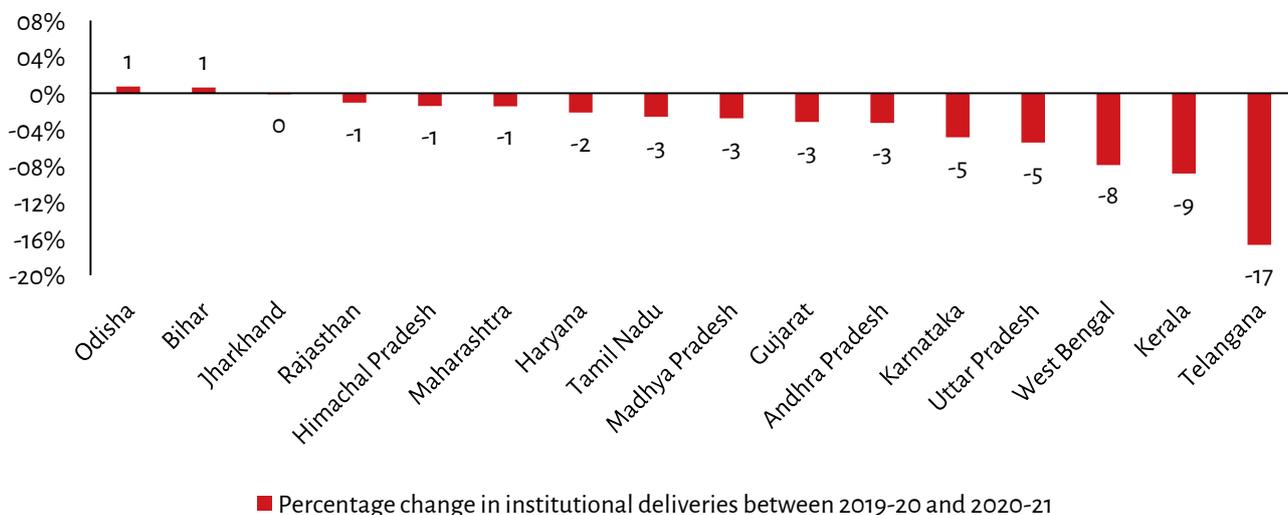


Source: (1) NFHS-4 India report. Available online at: <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>. (2) NFHS-5 India report. Available online at: http://rchiips.org/nfhs/factsheet_NFHS-5.shtml. Last accessed on 20 December 2022.

Institutional Deliveries

- Under JSY, women are encouraged to have institutional deliveries either at public (government health centres) or private institutions (accredited health facilities). Since the introduction of JSY in 2005, the percentage of institutional deliveries in India has increased significantly from 39 per cent in 2005-06 (NFHS-3) to 79 per cent in 2015-16 (NFHS-4). According to the NFHS-5 conducted in 2019-21, this figure jumped to 89 per cent.
- However, according to data from the Health Management Information System (HMIS), the number of institutional deliveries has been decreasing in recent years. Overall, between FY 2019-20 and FY 2020-21, the number of institutional deliveries in private and public facilities decreased from 202.27 lakh to 193.74 lakh. In FY 2021-22, till May 2021, there were only 25.86 lakh institutional deliveries.
- There were state variations in the percentage change in institutional deliveries between FY 2019-20 and FY 2020-21. Odisha and Bihar saw a 1 per cent increase in the number of institutional deliveries.

INSTITUTIONAL DELIVERIES DECREASED BY 4% BETWEEN 2019-20 AND 2020-21



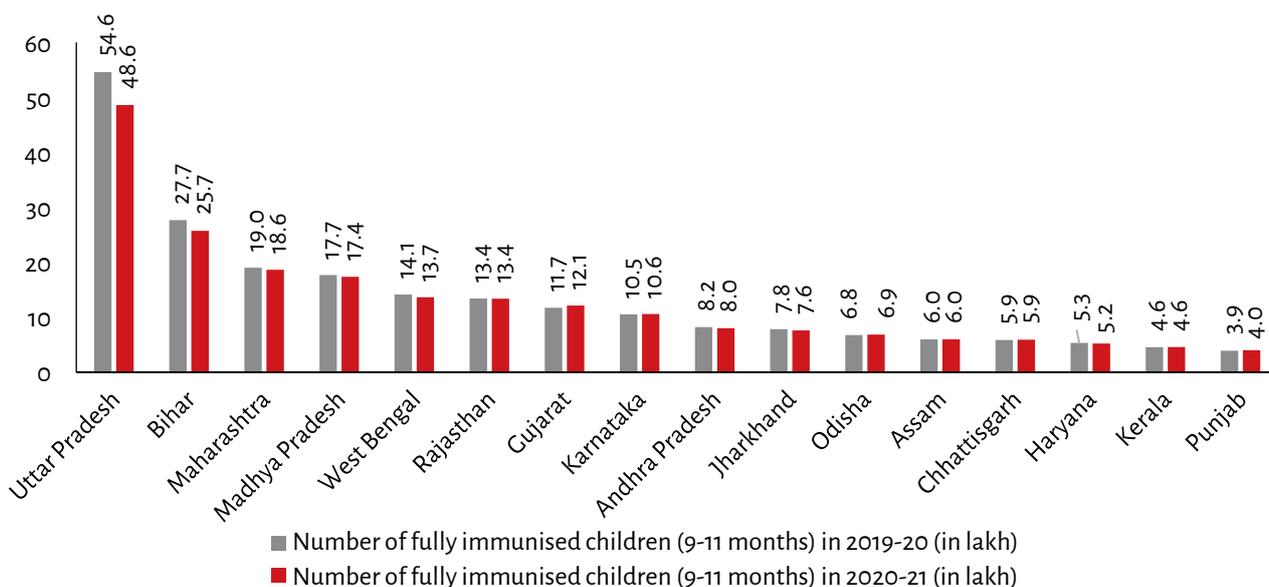
Source: Standard Reports, HMIS. Available online at: <https://hmis.nhp.gov.in/#/standardReports>. Last accessed on 20 December 2022.

- However, states such as West Bengal (8 per cent), Kerala (9 per cent), and Telangana (17 per cent) saw a decrease in institutional deliveries between FY 2019-20 and FY 2020-21.

Immunisation

- As per the National Immunisation Schedule, 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 (three subsequent doses for each), and three doses of the DPT vaccine (Diphtheria, Pertussis, and Tetanus) or any equivalent. According to HMIS, a child is considered fully immunised if they receive the aforementioned doses for Polio, DPT, BCG, and a vaccine to prevent measles.
- The pandemic period saw a 4 per cent decrease in the number of fully immunised children (9-11 months) from 244 lakh in FY 2019-20 to 233 lakh in FY 2020-21. This could be because of the lack of access to programmes such as Village Health, Sanitation and Nutrition Days (VHSNDs). During the pandemic, these were held less frequently due to safety measures put in place by Gol. Analysis for FY 2021-22 could not be conducted as recent data has not been published.
- Uttar Pradesh and Bihar witnessed the largest decrease in total numbers at 6 lakh and 2 lakh, respectively. Among the large states, only Gujarat and Karnataka saw a greater number of fully immunised children in FY 2020-21.

10 LAKH FEWER CHILDREN (9-11 MONTHS) WERE FULLY IMMUNISED IN 2020-21 COMPARED TO 2019-20



Source: Standard Reports, HMIS. Available online at: <https://hmis.nhp.gov.in/#/standardReports>. Last accessed on 20 December 2022.