



REVISED MAMATA GUIDELINES



DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT & MISSION SHAKTI
Government of Odisha

Acronym

| Sl. No. | Acronym | Description |
|---------|---------|---|
| 1 | ANC | Ante Natal Check up |
| 2 | ANM | Auxiliary Nurse Midwifery |
| 3 | AWCs | Anganwadi Centres |
| 4 | AWHs | Anganwadi Helpers |
| 5 | AWWs | Anganwadi Workers |
| 6 | BCC | Behaviour Change Communication |
| 7 | BCG | Bacillus Calmette–Guérin |
| 8 | CDPO | Child Development Project Officer |
| 9 | CHC | Community Health Centre |
| 10 | DPC | District Programme Coordinator |
| 11 | DPMU | District Programme Management Unit |
| 12 | DSWO | District Social Welfare Officer |
| 13 | ECCE | Early Childhood Care and Education |
| 14 | GKS | Gaon Kalyan Samiti |
| 15 | GP | Gram Panchayat |
| 16 | HSC | Health Sub-centre |
| 17 | ICDS | Integrated Child Development Scheme |
| 18 | IEC | Information Education and Communication |
| 19 | IFA | Iron and Folic Acid |
| 20 | IFSC | Indian Financial System Code |
| 21 | IMR | Infant Mortality Rate |
| 22 | IYCF | Infant and Young Child Feeding |
| 23 | JSY | Janani Suraksha Yojana |
| 24 | LBW | Low Birth Weight |
| 25 | MCPC | Mother and Child Protection Card |
| 26 | MCT | Mother and Child Tracking |
| 27 | MDG | Millennium Development Goal |
| 28 | MIS | Management Information System |

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|----|------|--------------------------------------|
| 29 | MMR | Maternal Mortality Rate |
| 30 | MO | Medical Officer |
| 31 | NEFT | National Electronic Funds Transfer |
| 32 | NRC | Nutrition Rehabilitation Centre |
| 33 | PHC | Primary Health Centre |
| 34 | PRI | Panchayati Raj Institution |
| 35 | PVTG | Particularly Vulnerable Tribal Group |
| 36 | RCH | Reproductive Child Health |
| 37 | SHG | Self-help Group |
| 38 | SPMU | State Programme Management Unit |
| 39 | SRS | Sample Registration System |
| 40 | TT | Tetanus Toxoid |
| 41 | UID | Unique Identification |
| 42 | VHND | Village Health Nutrition Day |

1. Introduction

There exists a close relationship between maternal nutrition and pregnancy outcomes. During pregnancy the fetus is solely dependent on maternal food intake and nutritional stores, mostly fat, for its energy. Poor maternal nutrition during pregnancy in turn implies a risk of poor nutritional availability to the fetus resulting in low birth weight babies. (mainly due to pre-term births or intra-uterine growth retardation) In the case of undernourished women, however, 30-40% of their children will have low birth weights (World Resources Institute, 2000).

Various studies have shown that low birth weight infants have less chances of survival and even when they survive they are more prone to disease, growth retardation and impaired mental development (Lancet Series, 2008). Also, intrauterine growth retardation contributes largely to the high incidence of low birth weights (LBWs). Moreover, even after pregnancy women resume work much before the body has recuperated which leads to a depletion in the nutrient stores of the body. This results in higher rates of neonatal morbidity and neonatal and perinatal mortality.

Although state of Odisha has made considerable progress in curbing the high rates of maternal mortality (222 per 100,000 live births) and infant mortality [(40 per 1000 live births [Sample Registration System (SRS), 2018]), a lot still needs to be done before we reach the Sustainable Development Goals (SDGs).

To address the aforesaid situation and alleviate the problem of maternal and infant undernutrition, Government of Odisha (Department of Women and Child Development & Mission Shakti) has envisaged a state-specific scheme for pregnant and lactating mothers called '**MAMATA**'- a conditional cash transfer maternity benefit scheme. The scheme will provide monetary support to the pregnant and lactating women which will enable them to seek improved nutrition and promote health seeking behavior.

As part and parcel of 5 Ts initiative under good governance, the mode of payment and process of registration of MAMATA beneficiaries has been made

through MAMATA Mobile App based MIS. This made the scheme more seamless, transparent and hassle-free to reach the beneficiaries.

2. Goals and Objectives

2.1. Goals

- Contribute as a factor in reducing maternal and infant mortality.
- Improve the health and nutrition status of pregnant and lactating mothers and their infants.

2.2. Objectives

- To provide partial wage compensation for pregnant and nursing mothers so that they are able to rest adequately during their pregnancy and after delivery.
- To increase utilization of maternal and child health services, especially ante-natal care, postnatal care and immunization.
- To improve mother and child care practices, especially exclusive breastfeeding and complementary feeding of infants.

3. Target Beneficiaries and Coverage

This scheme is operational in all the 338 projects of 30 districts of the State.

Pregnant & Lactating women of 19 years of age and above for the first two live births, except all Government/Public Sector Undertakings (Central and State) employees and their wives will be covered. The first two live birth norms shall be relaxed for Particularly Vulnerable Tribal Groups (PVTGs) who are belonging to 13 communities as per Order No.10226 of dated 19-06-2018) or any other order issued by Government from time to time (Ref: annexures).

The employment status would be as reported by the beneficiary in the signed undertaking format (Annexure-B) prescribed in revised MAMATA guidelines. In case of wrongful claim by the beneficiary, the amount paid to her would be recovered as per law.

4. Beneficiary Registration:

To make the present system paperless, hassle free, time saving, a Mobile Application integrated with MAMATA MIS is introduced under 5 Ts intervention.

In present system, the beneficiary registration will be made through Mobile Application by the Anganwadi Worker (AWW) or the beneficiaries herself or through Common Service Centers. The detailed process is given below:

4.1. By the AWW-

- 4.1.1. To avail the benefits under this scheme, a pregnant woman has to register herself at the Anganwadi Centers (AWC) / mini AWC to which she belongs.
- 4.1.2. The pregnant woman must register her pregnancy with the Auxiliary Nurse Midwifery (ANM) & AWW within first 04 months of her pregnancy to get benefits under the scheme, or with such time limit as prescribed by Govt. from time to time.
- 4.1.3. No pregnant woman will be denied for her registration on ground of late registration. She will be allowed for getting necessary care and health services according to the gestational age (duration of the pregnancy).
- 4.1.4. Necessary care should be taken to see that every pregnant woman registers her pregnancy at the AWC/mini AWC in whose service area she ordinarily resides. (A pregnant woman may avail services at any AWC, but she will receive her entitlements under MAMATA only from the AWC where she is registered. e.g. If a woman found her pregnancy at her maternal home, she may go for her ANC at the maternal village, but her pregnancy should be registered at the AWC in whose service area she ordinarily resides). However, if Govt. introduces facility of portability of AWC for the scheme, then that provision will be applicable.
- 4.1.5. In case of AWW vacancy, the beneficiary will register in the nearest AWC. However, the AWW while sponsoring her name for MAMATA beneficiaries to the CDPO shall mention the name of the AWC to which the beneficiary originally belongs and the reason for sponsoring her name. In that case the AWW will submit two separate reports for two AWCs.
- 4.1.6. It is the duty of the AWW to see that every pregnant woman registered at the AWC receives an MCP card. The MCP card will be used as a means of verification of the fulfillment of the conditions necessary for payment. Hence the AWW and ANM should ensure that the MCP card is provided to

every beneficiary and the required information is filled in this card on time. It shall be the duty of the ANM to ensure that the RCH No of each beneficiary is recorded on the respective MCP Card within one month of her registration in the AWC/Mini AWC.

- 4.1.7. The names of all pregnant women who have registered at the AWC/ mini AWC will also be entered in Pregnant Women Survey Register of MAMATA scheme every month. Basing on these details of each pregnant woman, the AWW shall identify those pregnant women who are eligible to get entitlements under the scheme.
- 4.1.8. All such eligible women shall be asked by the AWW to open an account in a bank which has NEFT banking facility. The account shall be a single account in the name of the beneficiary. (A joint account or an account other than in the name of the beneficiary shall not be accepted). The beneficiary shall submit a photocopy of her first page of the bank passbook to the AWW. The AWW shall check the correctness of the details so submitted. It is extremely important that correct bank details are submitted to the AWW, as the mode of payment shall be through e transfer. The bank details shall be filled up by the AWW in the MCP card at the appropriate place i.e. reverse side of the cover page.
- 4.1.9. All eligible beneficiaries shall then be briefed on MAMATA scheme & its conditionalities and handed over the self-declaration form (**Annexure-B**). The beneficiary shall fill up the self-declaration form, mobile no details (of self or husband/guardian, if available) and undertaking by Husband/Guardian and return it, along with the photocopy of MCP card, Aadhaar card to the AWW as soon as possible.
- 4.1.10 However, the AWW shall ensure all pregnancy detail entry in Mobile App along with capturing the picture of the beneficiary to upload in the application. It will filter and display the eligible and ineligible list to the AWW for further follow up actions.
- 4.1.11 Then, the AWW will enter bank, Aadhaar detail of eligible beneficiaries only in Mobile App and submit it to Supervisor. The detailed procedure on Mobile App use is given in annexure-A.

- 4.1.12 The Supervisor will verify the documents of each pregnant women and forward them to CDPO for approval within a week of sponsorship by AWW.
- 4.1.13 The CDPO will check the details of beneficiaries and approve the eligible beneficiaries to get enrolled under MAMATA scheme. However, in case of any doubts, the CDPO can have field visits to verify the genuine of the beneficiaries.
- 4.1.14 In due course, Aadhar verification of beneficiaries will be done online once prescribed by Govt.

4.2. Online Registration by the beneficiaries-

- 4.2.1 The pregnant woman can also register herself directly under the scheme through Mobile App to be downloaded from “Google play store” in her smart phone.
- 4.2.2 The pregnant woman will have to register her pregnancy at the AWC/ mini AWC to which she belongs to within first 04 months of her pregnancy to get benefits under the scheme or within such time limit as prescribed by Govt. from time to time. Besides that, she can also upload the necessary documents of her pregnancy through Mobile App for necessary verification and further action.
- 4.2.3 She will have to fill up the input fields like Pregnancy detail, bank account detail, RCH no., and Aadhar detail and an online self-declaration form correctly in the Mobile App based system. After her registration, a unique id will be generated and SMS will be sent to the beneficiary immediately.
- 4.2.4 Mobile App will ensure that no duplicate entry in the MIS system through data triangulation of RCH no. and Aadhaar number as the unique id of the beneficiary.

5. Amount of Payment and Conditionality

The beneficiary shall be given total incentive of Rs.10000 in two instalments, subject to the fulfillment of prescribed conditions. Payment shall be made through centralized bulk transfer of funds to the

beneficiaries' accounts directly using IFMS and e-Kuber prescribed by Finance Department.

5.1 First Instalment:

Rs.6000. Shall be given only **during the third trimester of pregnancy** i.e., from 7th months of pregnancy onwards till the delivery, on fulfillment of **all the five conditions** mentioned below:

- i. Pregnancy registered at the AWC/Mini AWC.
- ii. Received at least 2 antenatal check-up (ANC)
- iii. Received IFA and Calcium tablets.
- iv. Received at least one TT vaccination (out of optimal 2).
- v. Received at least one counseling session at the AWC/ Village Health and Nutrition Day (VHND)/ Home Visit.

5.1.1 The first four conditions shall be verified from the MCP card. Condition five should be verified from MAMATA Scheme Register or ICDS Home Visit Register at the AWC/mini AWC.

5.1.2 All pregnant women who have fulfilled all the conditions of the first instalment (including, earlier submission of the self-declaration form and supporting documents specified in Annexure B) and completed the second trimester of pregnancy (i.e. have completed 6 months of pregnancy) shall be entitled to receive the first instalment.

5.1.3 The AWW shall then do data entry of all conditions of first installment fulfilled by all eligible beneficiaries in Mobile App and forward it to Supervisor for further action.

5.1.4 The Supervisor will verify the form sent by the AWW to her in the Mobile App based MIS system and forward it to the CDPO for approval **within 03 days** of getting the report from the AWW.

5.1.5 CDPO will verify all details from MAMATA MIS and approve the payment for first installment to all due beneficiaries which will further forwarded online in the MIS itself to State DDO for online fund transfer.

5.1.6 After due procedures, the Departmental DDO will make centralized bulk

transfer through IFMS Gateways once in a week in MAMATA MIS directly to all eligible beneficiaries for first installment.

- 5.1.7 After successful fund transfer, the SMS alert will be shared to the concerned MAMATA beneficiaries and AWW for information.
- 5.1.8 In case of failed transactions, a report with reasons will be generated in MIS for further necessary corrective actions at field level.
- 5.1.9 It is to be noted, that even if a woman fulfils all the conditions of the first instalment before completion of the second trimester of pregnancy, her name shall be submitted by the AWW only after she completes the second trimester .i.e. after completion of 6 months of pregnancy.

5.2 Second Instalment:

Rs.4000. Shall be given only after completion of **ten months** after **delivery** on fulfillment of **all the eleven conditions** mentioned below:

- i. Child birth is registered at AWC or HSC.
- ii. Child has received BCG vaccination.
- iii. Child has received Pentavalent 1 & 2 & 3 vaccinations.
- iv. Child has received Polio 1 & 2 & 3 vaccinations.
- v. Child has received Rotavirus 1 & 2 & 3 vaccinations.
- vi. Child has received Measles vaccine before attaining 1 year of age
- vii. Child has received Vitamin-A first dose before attaining 1 year of age
- viii. Mother has attended at least six Growth Monitoring and IYCF counselling sessions after delivery till 9 months
- ix. Child has been exclusively breastfed for first six months (self-certification by the beneficiary)
- x. Child has been introduced to complementary food on completion of six months of age (self- certification by the beneficiary)
- xi. Child is being fed age-appropriate complementary feeding and continuing (self- certification by the beneficiary)

- 5.2.1 Conditions (i) to (vii) are to be verified through the MCP card. Condition

(viii) shall be verified through MCP Card, ICDS Growth Monitoring Register and MAMATA Scheme Register at the AWC. Conditions (ix) to (xi) are to be self-certified in the MCP card.

- 5.2.2 After delivery of the MAMATA beneficiaries, the AWW will update delivery date, outcome of delivery etc. in the Mobile App immediately so that MIS can generate actual due date for 2nd installment.
- 5.2.3 The AWW shall then do data entry of all conditions of second installment full-filled by all eligible beneficiaries in Mobile App and forward it to Supervisor for further action.
- 5.2.4 The Supervisor will verify the conditions fulfilled by beneficiaries in her Mobile App log in and forward it to the CDPO for approval within 03 days of getting the report from the AWW.
- 5.2.5 CDPO will verify all details in MAMATA MIS and approve the payment for second installment to all due beneficiaries which will further forwarded to State DDO for online fund transfer.
- 5.2.6 After due procedures (prescribed separately), the DDO will transfer the funds once in a week through MAMATA MIS integrated with IFMS gateways directly to all eligible beneficiaries for first installment.
- 5.2.7 After successful fund transfer, the SMS alert will be sent to concerned MAMATA beneficiaries and AWW for information.
- 5.2.8 In case of failed transactions, a report will be generated in MIS with reasons for further necessary corrective actions at field level.
- 5.2.9 Beneficiary will get the cash benefits only after fulfilling the conditions.
- 5.2.10. However, in case a beneficiary has not fulfilled some conditions of any installment, then she will not get that specific installment only. e.g. if a beneficiary has not registered her pregnancy within 4 months of pregnancy, then she will not able to get 1st installment only. But, she will get her 2nd installment after due time, if she will fulfill all conditions of that installment.

6. Special Conditions:

- 6.1. If the beneficiary fulfills the conditions for the 1st.instalment, but undergoes a miscarriage she may be given the 1st instalment after the beneficiary produces proper documentation.
- 6.2. If the beneficiary on her first delivery gives birth to live twins, she can avail the benefit of the Scheme only once (since the wage loss and rest required would be only once).
- 6.3. If the beneficiary has one child and then in second delivery gives birth to twins, she can avail the benefit of the Scheme for the second time.
- 6.4. If the beneficiary delivers twins, and only one child survives ten months after delivery, and all conditions have been fulfilled for the living child, she will be given the 2nd instalment.
- 6.5. If the beneficiary migrates permanently from the AWC where she has registered and is not traceable even after six months after due date, the AWW will intimate the fact to the CDPO in her Mobile App based system (online) through the Supervisor. A verification to be conducted by the DPC (MAMATA) on utilization of Health Services from the RCH System, and an enquiry report by ICDS Supervisor through discussion with the community. Based on these two reports, the CDPO will approve for closure of the pending cases.

7. Verification of the Conditionality:

7.1. Verification by AWW:

Means of verification of each conditionality to be used by AWW are listed below (further details in Table 1)

7.2. Mother Child Protection (MCP) card.

7.2.1 HOW TO FILL UP THE MCP CARD.

7.2.2 As the main source of verification of the fulfilment of conditions under this scheme is the MCP card, due care shall be taken while filling up the MCP card. The MCP card shall be filled by ANM and AWW related to them as mentioned on the top of the every pages.

- 7.2.3 The bank details shall be entered on the reverse side of the cover page of the MCP card by the AWW.
- 7.2.4 It shall be the duty of the ANM and the AWW to enter the details of services provided in MCP card, on the same day as the provision of service. There shall not be any time lag between services provided and entry in the MCP card.
- 7.2.5 The entry in MCP Card shall have the signature of the ANM or AWW with the date. The ANM shall put the date in the relevant box for that service, not be just a tick.
- 7.2.6 Every pregnant woman coming to the VHND session must carry the MCP card with her.
- 7.2.7 The MCP Card is meant for the woman and shall not be retained with the AWW. In case the card is lost by the woman, a duplicate can be issued on application to the CDPO concerned. For any Duplicate MCP Card issue by the CDPO, the details to be added from ANM Register and Scheme Register.
- 7.2.8 The AWW shall weigh the child every month and plot in the MCP Card, in addition to ICDS Growth Monitoring Register. AWW shall counsel on IYCF practices appropriate for the child.
- 7.2.9 Every beneficiary must fill in the undertakings in MCP card in advance for conditions of exclusive breastfeeding, initiation of complementary foods and giving age specific complementary foods. On completion of conditions, they are **to be self-certified** by the beneficiary **in the MCP card again**).

7.3. Weight Record of Children Register- 11 and Immunization and VHND Register- 6

7.4. Verification by ANM and updation of service delivery in RCH System

- 7.4.1 Eleven of the sixteen conditions of MAMATA are in RCH System. Service delivery information from RCH System may also be used for verification of fulfilment of conditionality. Every ANM shall not only update the MCP card, but ensure immediate updation of service delivery information in the RCH system.

8. Role of CDPO:

- 8.1. Plan and manage the successful scheme operation at the project level.
- 8.2. Ensure the availability of IT systems (Hardware and internet connectivity), qualified personnel for data entry, and stationary (scheme registers at AWC) at the project level and with supervisors and Anganwadi centers (AWCs).
- 8.3. On 1st of every month, download the MAMATA calendar for each AWC and send them for publication/ inspection by Jaanch committee
- 8.4. Ensure proper and regular training being provided on the scheme to all the personnel associated with the system.
- 8.5. Review performance and trends in benefits disbursements.
- 8.6. Coordinate with all respective stakeholders at the project level to ensure the success of the scheme and ensure all activities of MAMATA scheme are carried out properly.
- 8.7. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their project, as per agreed protocols.
- 8.8. Inform the DSWO in case of her absence, in order to maintain tight control of access to the software solution.
- 8.9. Verify the details of beneficiaries in MAMATA MIS submitted by AWW through Supervisor through Mobile App integrated with MIS and approve/ reject the beneficiaries within 05 days positively.
- 8.10. In case of special condition exits, field verification is mandatory.
- 8.11. Refer to the user Manual of the software for any queries.
- 8.12. Regularly log into the MAMATA MIS and approve the registrations and installment claims of the beneficiaries after verification of data entered only. After CDPO approves in MIS, the DDO of State will release the funds to the bank accounts of those beneficiaries through e-transfer directly.
- 8.13. Reject the registration records of the beneficiaries, which are found to be erroneous and provide guidance on rectifications.

- 8.14. All fund transfer to beneficiaries shall happen through e-transfers. Therefore, it shall be the responsibility of the Supervisor and CDPO to ensure that the correct data on conditionality fulfilment is updated in the MIS, without any delay.
- 8.15. The CDPO shall review the monthly progress of MAMATA scheme with the Supervisors every month. The focus shall be on timely submission of details in the MIS.
- 8.16. The CDPO shall check 20 cases randomly every month through field visits. She is responsible for effective delivery of scheme benefits and smooth implementation of MAMATA in the project area.

9. Role of ICDS Supervisor:

- 9.1. The Supervisor must train the AWW under her sector to explain the detailed guidelines of MAMATA scheme. Follow up sessions must be conducted at regular intervals in order to convey any changes in the scheme guidelines and to resolve any queries.
- 9.2. She should make sure that all pregnancy are registered in Mobile App by AWW every month and supportive documents are collected and updated by the AWW in the app timely. In case of AWW being absent, the AWH and the tagged AWW as decided by the Supervisor shall ensure the same every month.
- 9.3. The Supervisor shall be held responsible if any AWW fails to submit information through Mobile App in time.
- 9.4. The Supervisor shall then verify the detail of each beneficiary entered in Mobile App and submit the same report to the CDPO immediately.
- 9.5. The Supervisor shall monitor the correct entry of the conditionalities in the Mobile App by AWW.
- 9.6. During field monitoring visits, the ICDS supervisor shall check at least 20 cases sponsored by the worker every month. At the same time the Supervisor should ensure sufficient spread of awareness across different AWCs.
- 9.7. She shall check the MCP Card for correctness and verify the fulfillment of conditionalities through **discussion with beneficiaries.**

9.8. The Supervisor shall review the monthly progress of MAMATA scheme with the AWWs every month. The focus shall be on timely submission of details in the MIS.

9.9. The supervisor shall be responsible to ensure display of updated MAMATA calendar at the AWC.

10. Role of Programme Assistant (PA) at the Project Level:

10.1. The Programme Assistant shall support the CDPO in database management, downloading reports, MCP stock management and data triangulation between MAMATA MIS and RCH portal.

10.2. In case of any payment has not been made to any beneficiary, the list shall be immediately reviewed by the Programme Assistant and a report must be furnished by him/her to the CDPO every Friday identifying the reasons for non-payment and enabling the CDPO to take corrective actions.

10.3. The Programme Assistant shall generate AWC wise and Sector wise list of beneficiaries due for payment for this month and the next month, and share with the Supervisor. The Supervisor shall track the claims raised and intimate the AWW on their next month's due.

10.4. The Programme Assistant will have to collate supervision visit details along with that of the CDPO, all Supervisors, and support to CDPO for furnishing the compiled report to the DSWO by 3rd of every month through e-mail with a copy to the DPC (MAMATA) at the district level.

11. Role of District Programme Coordinator (DPC) at the District Level

11.1. Support the DSWO in planning and administering the scheme operation at the district level.

11.2. Ensure comprehensive training is provided to all the personnel regarding the system and the scheme.

11.3. Prepare analysis of district expenditures, performance and trends in benefits disbursements project and sector wise to appraise the district administration.

11.4. Coordinate all activities of the DPMU, MAMATA and support DSWO to ensure implementation of the action items.

- 11.5. Facilitate the payment of incentives to the field functionaries as may be applicable under the scheme.
- 11.6. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their district, as per agreed protocols.
- 11.7. Coordinate with all banks to sort out issues arising in the process of implementation of the scheme.
- 11.8. Make field monitoring visits, and should check at least 50 cases sponsored by the worker every month. At the same time he/she shall ensure sufficient spread across different AWCs.
- 11.9. Ensure compilation of the field visit findings of project staff and district staff at the district level and submit to the Collector for his/her review along with other reports on MAMATA.
- 11.10. Check the scheme register for correctness and verify the fulfillment of conditionalities through **discussion with beneficiaries**.
- 11.11. Check the MCP cards and compare them with the scheme register and the display calendar at the AWC/mini AWCs.
- 11.12. Coordinate with Health and other Departments for smooth implementation of the scheme.
- 11.13. Prepare presentations and reports on supplies of MCP Card, IFA Tablets, Vaccines, and also delivery of services by ICDS, Health, etc. every month for the interdepartmental coordination meeting.
- 11.14. Undertake periodic Programmatic audit at project level for its effective implementation.
- 11.15. Maintain and manage the grievance helpline (181) for MAMATA scheme. He/she shall be responsible for maintain the compliance and keep the Collector updated on it.
- 11.16. Ensure all IEC/BCC activities as per the guidelines issued.

12. Role of District Programme Assistant (DPA) at the District Level

- 12.1. The DPA shall support to DPC in database management, downloading reports, MCP stock management and data triangulation between

MAMATA MIS and RCH portal.

12.2. The DPA shall generate Project wise and Sector wise list of beneficiaries due for payment for this month and the next month, and share with the DPC. The Supervisor shall track the claims raised and intimate the AWW on their next month's due.

12.3. The DPA will have to collate supervision visit details along with that of DSWO, DPC, CDPOs, all Supervisors, and support to DPC for furnishing the compiled report to the DSWO every month and prepare presentations at district level review meeting.

13. Role of Jaanch Committee, Mothers' Committee and PRI representatives.

13.1. The AWW will keep the copy of the bank list and Aadhaar detail with her for record and verification purposes. An abstract in the calendar format prescribed shall be put up outside the AWC. Members of the Jaanch Committee, Mothers' committee and PRI representatives should check the veracity of the display with the MCP card of beneficiaries, ICDS registers kept with the AWW and the bank statement. In case of any wrong doing, they should immediately bring it to the notice of the CDPO/ DSWO/ Collector of the district.

TABLE - 1

| Conditionality | Primary Responsibility to ensure service delivery | Means of Verification |
|---|--|--------------------------------|
| First Instalment | | |
| 1. Pregnancy registered at the AWC/Mini AWC. | AWW / ANM | MCP Card, ICDS Register, /RCHS |
| 2. Received at least 2 antenatal check-up (ANC) | ANM | MCP Card & RCHS |
| 3. Received IFA and Calcium tablets. | ANM | MCP Card & RCHS |
| 4. Received at least one TT vaccination (out of optimal 2). | ANM | MCP Card & RCHS |
| 5. Received at least one counseling session at the AWC/ Village Health and Nutrition Day (VHND)/Home Visit. | AWW / ANM | Scheme & ICDS Register |
| Second Instalment | | |
| 6. Child birth is registered at AWC or HSC. | AWW / ANM | MCP Card, ICDS Register, /RCHS |
| 7. Child has received BCG vaccination. | ANM | MCP Card, RCHS |
| 8. Child has received Pentavalent 1 & 2 & 3 vaccinations. | ANM | MCP Card, RCHS |
| 9. Child has received Polio 1 & 2 & 3 vaccinations. | ANM | MCP Card, RCHS |
| 10. Child has received Rotavirus 1 & 2 & 3 vaccinations. | ANM | MCP Card, RCHS |
| 11. Child has received Measles vaccine before attaining 1 year of age | ANM | MCP Card, RCHS |
| 12. Child has received Vitamin-A first dose before attaining 1 year of age | ANM | MCP Card, RCHS |
| 13. Mother has attended at least six Growth Monitoring and IYCF counselling sessions after delivery till 9 months | AWW | MCP Card, ICDS Growth Register |
| 14. Child has been exclusively breastfed for first six months | AWW | Self-certification on MCP Card |
| 15. Child has been introduced to complementary food on completion of six | AWW | Self-certification on MCP Card |
| 16. Child is being fed age-appropriate complementary feeding and continuing | AWW | Self-certification on MCP Card |

14. SCHEME LINKAGE WITH JANANI SURAKSHA YOJANA (JSY):

14.1.AWWs should encourage the beneficiaries to avail the JSY package for institutional delivery. This should also be emphasized by ANMs during VHND. All delivery attendants should be sensitized to motivate mothers to initiate breastfeeding within an hour of birth, colostrum feeding and for exclusive breastfeeding of their infant for the first six months.

15. PROCEDURES FOR PAYMENT:

15.1. Payment to the beneficiary:

15.1 Transfer of amount to the beneficiary will be through bank e-transfer only.

15.2 No disbursement would be in the form of “cash” or “cheque”.

15.3 Responsibility for opening a bank account lies with the beneficiary.

16. Incentive to the AWW and AWH:

All AWWs and AWHs have bank accounts in which their honorarium is credited. The incentive under the scheme to the AWW and AWH should also be credited in the same account through e-transfer.

17. ROLE OF AWWs:

17.1. To ensure early registration and fulfillment of conditionalities of each beneficiary in close coordination with ASHA and ANM.

17.2. To motivate the beneficiaries for fulfillment of conditionalities.

17.3. To ensure along with health functionaries that the required supplies/services for fulfilling the conditionalities are available. In case of any difficulty, AWW should immediately report the same to the Supervisor.

17.4. To ensure that beneficiaries are regularly counseled in the VHND or through home visits.

- 17.5. To maintain all records perfectly.
- 17.6. To display names of beneficiaries and amounts received in prescribed format outside the AWC.
- 17.7. To discuss beneficiaries and payments received in the monthly meeting of GKS.
- 17.8. To submit monthly report to the Supervisor at the sector meeting on 1st of next month.
- 17.9. The AWW and ASHA & ANM shall compare the names of Pregnant Women in their registers maintained by each and match it every month at the end of the VHND in presence of the ANM.
- 17.10. The AWW should give special focus to pregnant women with disability. She shall ensure through home visits that they avail benefits under the MAMATA Scheme.
- 17.11. The AWW shall also get the beneficiary to sign a declaration on the MCP card after first instalment that she will i) initiate breastfeeding within one hour of delivery ii) continue exclusive breastfeeding till six months, iii) initiate complementary food on completion of six months and iv) continue age appropriate complementary feeding to after six months onwards.
- 17.12. The AWW will ensure 100% registration of all pregnant women in Mobile App and timely updation of information of all eligible MAMATA beneficiaries in Mobile App.
- 17.13. Maintain the documents related to Bank details and Aadhaar details and undertaking of MAMATA beneficiaries properly.

18.ROLE OF AWHs:

- 18.1. To motivate beneficiaries to follow conditions.
- 18.2. To make home visits to ensure counseling.
- 18.3. To motivate beneficiaries to come VHND and Fixed Immunization Days.

19.INCENTIVE TO THE AWW AND AWH:

- 19.1. The AWW will receive a cash incentive of Rs. 200 **per beneficiary** after all the **due** cash transfers to the beneficiary are completed.

(Including AWWs in mini AWCs).

19.2. The AWH will receive a cash incentive of Rs.100 per beneficiary after all the **due** cash transfers to the beneficiary are completed.

20. When cash transfer is due to beneficiary?

Completion of due cash transfers to a beneficiary is when either of the following conditions are met.

- 20.1. The beneficiary has received first and second instalments amounting to Rs.10000.
- 20.2. The beneficiary has had a miscarriage and has received the first instalment of Rs.6000 only.
- 20.3. The beneficiary has had a still birth and has received till the first instalment of Rs.6000 only.
- 20.4. The beneficiary has a child who has died within ten months of age and hence receives till the first instalment of Rs.6000 only.
- 20.5. Beneficiary has delivered twins, but only one child survives after ten months from delivery, fulfils all conditions for the living child, and has received both the instalments amounting Rs.10000.
- 20.6. Beneficiary permanently migrates from the AWC where she is registered, is not traceable even after six months after due date, and approval for closure of the pending case is granted following the protocol defined in 2.6

21. RECORDS AND REGISTERS

- 21.1. The self-declaration form (**Annexure B**) including photograph and photocopy of first page of passbook in the name of the beneficiary, photocopy of beneficiary Aadhaar Card and photocopy of MCP Card with RCH No shall be collected from the beneficiary in duplicate kept at AWC properly for any future reference in case of data collection and entry by AWC. In case beneficiary applies online, self-declaration form not required.

21.2. The MCP cards with the beneficiary shall be updated regularly.

21.3. MAMATA Payment Tracker Calendar **generated online and sent by CDPO every month** to be displayed outside the AWC with all details.

21.4. Weight Record of Children Register- 11 and Immunization & VHND Register- 6 of ICDS program shall be updated regularly to verify the conditions fulfilled by beneficiaries at AWC level.

22. MONITORING AND SUPERVISION

22.1. The monitoring and supervision mechanism set up under the ICDS at all levels will be used for this Scheme. Field visits should be undertaken by the District Social Welfare Officer / PO/CDPO/Supervisors as per the supervision schedule prescribed in Table 2.

| Sl. No. | Category of Official | Schedule/ Proposed requirement |
|---------|--------------------------------------|--|
| 1 | Supervisor | Shall randomly check 20 cases reported by the AWWs in her jurisdiction so as to cover maximum number of beneficiaries per visit. |
| 2 | CDPO | Shall randomly check 20 cases sponsored every month. |
| 3 | District Programme Coordinator (DPC) | Shall randomly check 50 cases every month. |
| 4 | Programme Officer (ICDS) | Shall randomly check 20 cases every month. |
| 5 | DSWO | Shall randomly check 20 cases every month. |
| 6 | SPC | Shall randomly check 20 cases every month |

22.2. The AWW shall update the scheme register every month. She should share the details of the register with the Jaanch committee GKS and Mothers committee. It is her duty to see the scheme register is kept up to date and all details are entered there.

22.3. She shall keep one copy of the self-declaration form along with the photograph and photocopy of first page of passbook in the name of the beneficiary, photocopy of beneficiary Aadhaar Card and photocopy of MCP Card with RCH No submitted by the beneficiary with her at the AWC.

22.4. The details of payments credited to the beneficiaries through e

transfer shall be updated in the MAMATA Calendar by the AWW and displayed outside the AWC.

- 22.5. The records and documents at the AWC shall be open to verification by the members of the Jaanch committee, Mothers' committee and the PRI members.
- 22.6. The supervisor shall randomly check 20 cases of all those reported by the AWWs in her jurisdiction so as to cover maximum number of beneficiaries per visit. This **shall not only be a check of the documents**, but she must also interact with the actual beneficiaries and see whether the beneficiary has fulfilled the conditionalities or not and payments due have been received by them or not. She should also compare the bank statement with the display at the AWC.
- 22.7. The CDPO must randomly check 20 cases from among those beneficiaries sponsored every month. The DSWO and PO must randomly check 20 number of the beneficiaries every month.
- 22.8. An AWW shall be responsible for every case that she reports. It is her responsibility to ensure that only names of those beneficiaries that fulfill all the conditions are submitted. In case it is found, that an AWW has deliberately given false data regarding a beneficiary, enabling an ineligible woman to get benefits, then strict action shall be taken against her immediately following due procedure and benefit of the scheme will be recovered from that beneficiary.
- 22.9. In case a beneficiary is registered at one AWC, but has received services in another AWC, her name shall go to the CDPO only from the AWC where her initial registration is done. This will ensure that a woman can claim the financial benefits of this scheme only from one AWC.
- 22.10. The input fields in the MAMATA Mobile App should be carefully filled up by the AWW, including date of delivery, outcome of delivery, sex, weight details of the child. Care should be taken to see that there are no errors which will deny a beneficiary from

receiving the benefits under this scheme.

- 22.11. It is extremely important that VHND and Fixed Immunisation Day are strengthened as most of the conditionalities of this scheme will be met in the VHND. The ANM must ensure that vaccine and IFA & calcium stocks are adequate and all pregnant women receive ANC and counselling. The VHND should also be publicized well in advance, so that every pregnant and lactating woman shall be aware of VHND.
- 22.12. All beneficiaries under this scheme shall come with their MCP cards to the VHND and the services provided by the ANM shall be entered by the ANM with her signature and date on the same day itself. The ANM shall ensure updating of Service Delivery details in RCH System.
- 22.13. The DPMU (MAMATA) at the district level shall work under the overall supervision of the Collector of the district. It is his duty to ensure that the scheme implementation is as per the guidelines.
- 22.14. Every district should use the toll free number 181 for registering grievances. This number shall be widely publicized at every AWC, block and GP office and displayed both at AWC and GP office.
- 22.15. The Collector of the district shall have overall responsibility for the implementation of this scheme. He/she shall monitor the implementation of this scheme closely. In this work the Collector shall be assisted by DPMU (MAMATA).
- 22.16. The Collector shall hold meetings with banks in the district to ensure that the banks open Zero Balance account for the scheme beneficiaries and they issue passbooks simultaneously with the opening of account. He/she shall hold interdepartmental coordination meetings every month to monitor supplies of MCP Card, IFA, Calcium Tablets, Vaccines, and also delivery of services by ICDS, Health, etc.
- 22.17. The Collector shall initiate regular audits to prevent possibilities of leakages, with the assistance of the PMU at the district level.

- 22.18. The Collector should ensure early filling-up of vacancies whenever such situation arises.
- 22.19. The Collector must ensure that the field visits are taking place as per schedule. He/ she must also initiate any action required on the basis of field visit reports etc.
- 22.20. The scheme implementation must be reviewed by the Collector once every month.

23. Grievance Redressal

- 23.1. 181 Helpline number will be used to register any grievances or issues related to MAMATA scheme.
- 23.2. Besides that, it should be discussed in the meeting of the Jaanch Committee. The Jaanch Committee President/Secretary must sign every month on the calendar displayed at the AWC. The AWW must share the details of the beneficiaries who have received the benefits with the PRI members, GKS and the Jaanch committee members. The Mothers committee should also be informed about the beneficiaries sponsored by the AWW/Mini AWW.
- 23.3. Entitlements under the scheme, eligibility criteria and list of beneficiaries should be displayed at the AWC/Mini AWC level. The scheme should be an agenda point during the Gram Sabhas and panchayat meetings.
- 23.4. The block and GP level Womens' SHG federations should actively discuss this scheme and help generate awareness of this scheme among their members.
- 23.5. In case of exigency, Govt. can issue necessary instruction to follow old guidelines or any new instructions which is not part of the guideline or can amend the guidelines.

MAMATA SCHEME

UNDERTAKING BY THE BENEFICIARY

(TO BE FILLED BY THE BENEFICIARY AT THE TIME OF

AWC Name: _____

Sector Name: _____

Project _____

District _____

Passport size
Photograph**APPLICATION FOR REGISTRATION UNDER THE SCHEME**

MY PERSONAL DETAILS

Name _____ (full name)**Wife/daughter of** _____ (name of Husband/Father)**Resident of** __________

_____ (contact address as per the bank pass
book)**Mobile no** _____ (Husband / Father / Guardian)**Caste** (1=ST) / (2=SC) / (3=OBC) / (4=Others) (Circle
appropriate)**BPL** Yes / No (Circle appropriate) **Minority** Yes / No (Circle
appropriate)**Age** _____ (age in completed years) **No of live births** _____

I certify that I or my husband is not an employee of the Central/State Government/Public Sector Undertaking. In case I am employed elsewhere, I certify that I am not entitled for any paid maternity benefits at my place of employment (if any). I have registered myself on

□□/□□/□□□□

(date)

with

AWC

(name and address of AWC) to avail benefit under the scheme. My details as per **ICDS Register - 5 : Pregnancy and Delivery** are as follows: Srl No: _____ Srl No of Family: _____ Srl No within Family: _____. **I am not enrolled with any other AWC for this Scheme.**

The aforesaid statements made by me are true, complete and correct to the best of my knowledge and belief. I also agree that any misrepresentation of information would mean removal from the Scheme. I undertake to repay the amount paid to me in such a case. Failing, I may be made liable for prosecution.

Signature/thumb print of Beneficiary: _____ **Date:**

I will support _____ (Name of beneficiary) in her care and improved nutrition during this Pregnancy and child care.

Signature/thumb print of Husband/ Father/ Guardian of the Beneficiary:

Relation: _____ **Date:** _____

Enclosed:

1. Photocopy of the first page of passbook

Bank Details

| Bank Name | Branch Name | IFSC Code | A/C No |
|-----------|-------------|-----------|--------|
| | | | |

2. Photocopy of the first page of MCP Card with RCH No

Available: Yes / No (Circle appropriate)

RCH No:

3. Photocopy of the Aadhaar / UID Card

Available: Yes / No (Circle appropriate)

Aadhaar / UID No: