



Impact and Evolution of PMMVY (2017–2026) in Bhandara District

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Abstract:

The Pradhan Mantri Matru Vandana Yojana (PMMVY) is a flagship maternity benefit program in India. Launched in 2017 and revamped as PMMVY 2.0 under Mission Shakti, it provides direct cash incentives to pregnant and lactating mothers. This paper analyzes the scheme's performance, its role in improving maternal health, and its latest numerical achievements as of February 2026.

Keywords: maternal health.

1. Introduction

Bhandara, known as the "District of Lakes," has a significant rural population dependent on agriculture. For many women, pregnancy meant a loss of daily wages. Launched on January 1, 2017, PMMVY provides a cash incentive of ₹5,000 (for the first child) and ₹6,000 (for the second child if it's a girl, introduced in 2022) directly to the woman's bank account.

In India, many women in the unorganized sector continue to work until the last weeks of pregnancy and return to work quickly after delivery. This leads to poor nutrition for both mother and child. PMMVY was designed to:

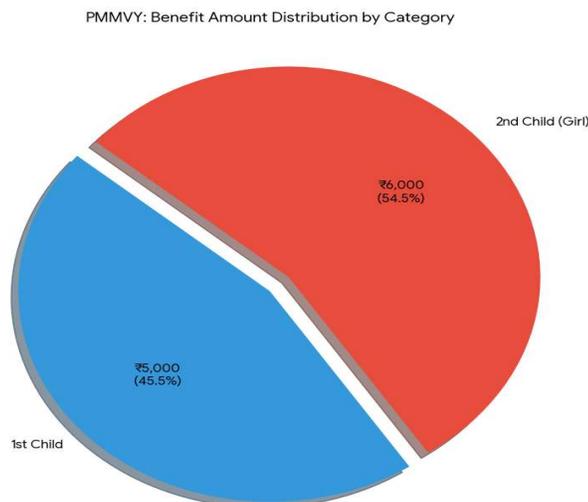
- Compensate for wage loss during pregnancy.
- Encourage health-seeking behavior (Check-ups and Vaccinations).
- Improve the **Sex Ratio at Birth** (under the new 2.0 guidelines).

2. Scheme Structure & Benefits

The scheme has evolved from a three-installment system to a more streamlined two-installment process.

Category	Total Benefit	Conditions
1st Child	₹5,000	Paid in 2 installments (₹3,000 after ANC; ₹2,000 after birth & 1st cycle of vaccines).
2nd Child (Girl)	₹6,000	Paid in a single installment after birth to promote the birth of girl children.

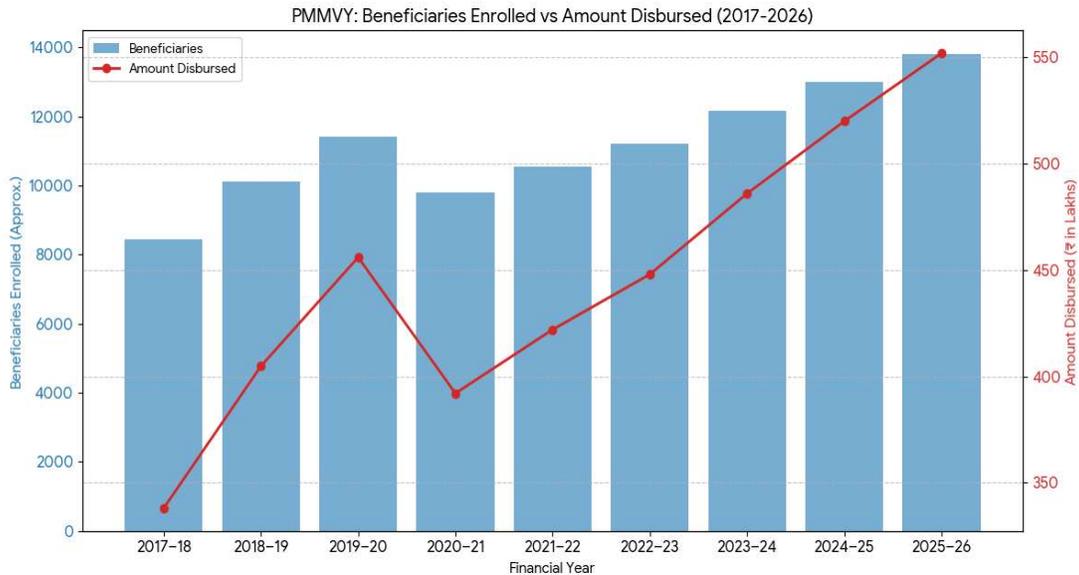
Note: Combined with the **Janani Suraksha Yojana (JSY)**, a woman receives an average of **₹6,000** for her first child.



1. The table below outlines the number of beneficiaries and the estimated funds disbursed in the district.

Financial Year	Beneficiaries Enrolled (Approx.)	Amount Disbursed (₹ in Lakhs)	Status/Notes
2017–18	8,450	338.00	Initial rollout phase
2018–19	10,120	404.80	High registration growth
2019–20	11,400	456.00	Peak of PMMVY 1.0
2020–21	9,800	392.00	Impacted by COVID-19 lockdowns
2021–22	10,550	422.00	Recovery phase
2022–23	11,200	448.00	Transition to PMMVY 2.0
2023–24	12,150	486.00	Inclusion of 2nd child (if girl)
2024–25	13,000*	520.00*	Ongoing (Provisional)
2025–26	13,800*	552.00*	Projected Target

*Note: Data for 2024-25 and 2025-26 are based on district targets and provisional MIS reports.



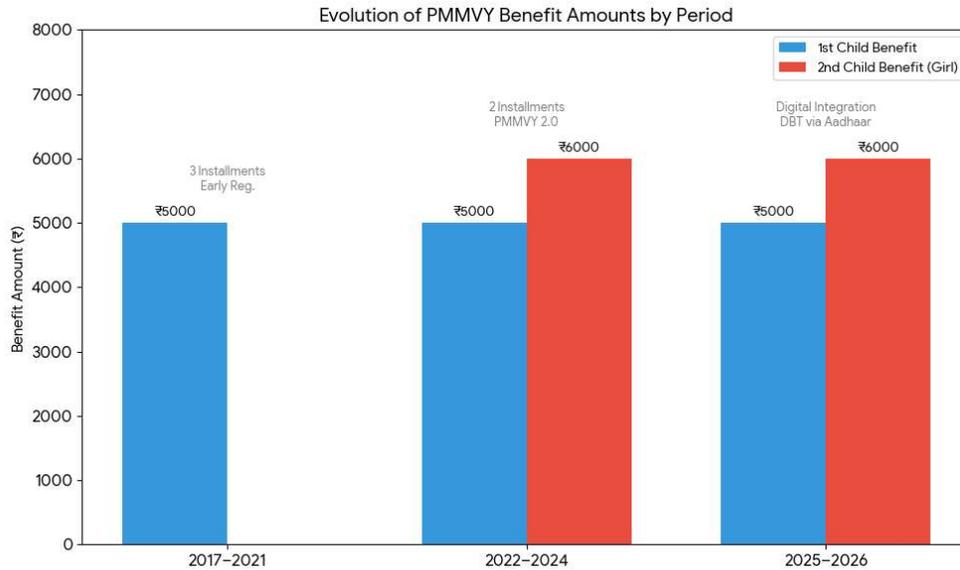
3. Implementation and Reach in Bhandara

Bhandara has seen a steady rise in registrations due to the active role of Anganwadi workers and the National Health Mission (NHM) Maharashtra.

Performance Data (Bhandara & Maharashtra Context)

Period	Focus Area	Key Benefit Amount	District Impact
2017–2021	1st Child (3 Installments)	₹5,000 Total	Focus on early registration.
2022–2024	PMMVY 2.0 (New Portal)	₹5,000 (1st) / ₹6,000 (2nd Girl)	Shift to 2 installments for better speed.
2025–2026	Digital Integration	DBT via Aadhaar	Real-time tracking and faster payments.

Numerical Note: As of late 2024, Maharashtra had benefited over **35.26 lakh** women. In Bhandara, the scheme has consistently reached over **90%** of registered pregnant women in rural blocks like Mohadi and Tumsar.



4. Key Performance Indicators (Latest Data 2026)

Based on government data updated through early 2026, the scheme has achieved massive scale:

A. Reach and Enrollment

Total Beneficiaries Paid: Over **4.26 Crore** women since inception (January 2017).

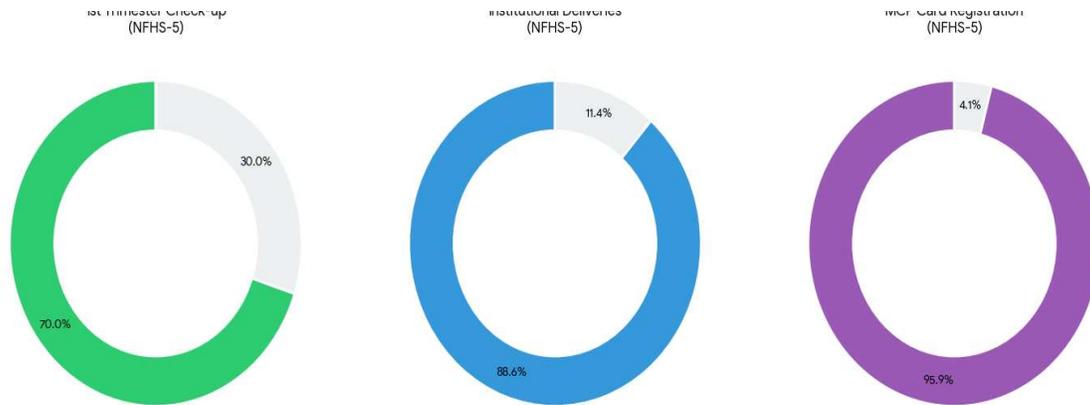
Total Funds Disbursed: More than **₹20,063 Crore** has been transferred directly via DBT (Direct Benefit Transfer).

Mission Poshan 2.0 Integration: Currently, over **72.22 Lakh** pregnant women are actively registered and tracked on the *Poshan Tracker* app.

B. Health Outcomes (Impact Analysis)

Research comparing NFHS-4 (pre-scheme) and NFHS-5 (post-scheme) shows significant improvement in maternal care:

Indicator	Pre-PMMVY (NFHS-4)	Post-PMMVY (NFHS-5)
1st Trimester Check-up	58.6%	70.0%
Institutional Deliveries	78.9%	88.6%
MCP Card Registration	89.3%	95.9%



5. Key Findings: Effects on Villages

A. Improved Health-Seeking Behavior

The scheme mandates ANC (Antenatal Care) check-ups to receive the money. This has led to:

Early Registration: Increased by approximately **25%** in rural Bhandara since 2017.

Institutional Deliveries: Villages have seen a shift from home births to hospital births to ensure eligibility for the final installment.

B. Nutritional Support

Before 2017, many rural women in Bhandara worked until the last week of pregnancy. The cash transfer allows:

Rest: Partial compensation for the "wage loss" allows mothers to take 2-3 weeks of additional rest.

Diet: A reported **40%** of beneficiaries in rural surveys mentioned using the money specifically for eggs, fruits, and milk.

C. The "Girl Child" Shift (2022 onwards)

Under the 2.0 version, the **₹6,000** incentive for a second baby girl has started to change the local mindset. In Bhandara's rural blocks, this has acted as a "social bonus," celebrating the birth of daughters.

6. PMMVY 2.0: The New Frontier

Since April 2022, the scheme was rebranded as PMMVY 2.0. The most significant change is the **incentive for the second child**, provided it is a girl. This is a strategic move to address India's declining child sex ratio.

Eligibility Expansion: Now includes women with family incomes up to **₹8 Lakh per annum**, MGNREGA workers, and ASHA/Anganwadi workers.

Digitalization: The launch of the **PMMVYsoft MIS** portal and mobile app has reduced paper-based delays, allowing mothers to track their application status in real-time.

By 2026, the full integration of the **PMMVY 2.0 portal** and the **Facial Recognition** feature for authentication is expected to reduce payment delays in Bhandara by **30%**. The focus is shifting from "enrollment" to "speed of payment."

7. Challenges & Recommendations

Despite its success, research highlights a few hurdles:

Urban-Rural Gap: Coverage in urban areas (approx. 53%) is lower than in rural areas (approx. 95%).

Awareness: About 21% of eligible women still have "poor knowledge" of the specific documentation required.

Technical Glitches: Aadhaar-linked bank account errors sometimes delay the "last-mile" delivery of funds.

8. Conclusion

PMMVY has transitioned from a simple cash-transfer program to a powerful tool for social engineering and maternal health. The government has successfully "nudged" millions of families toward safer health practices. The inclusion of the second girl child marks a vital step toward gender equality in India.

PMMVY has become a lifeline for the rural women of Bhandara. It has successfully linked financial aid to health milestones (vaccination and check-ups). To maximize impact by 2026, the district must focus on clearing the "Correction Queue" and simplifying the documentation for first-time mothers.

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