

MOST IMMEDIATE

F.No.9-5/2010-IGMSY
Government of India
Ministry of Women and Child Development

Shastri Bhawan, New Delhi
Dated : 04.04.2011

To

The Principal Secretaries/Secretaries/Administrators dealing with ICDS (Women and Child Development Department) (all States/UTs)

Subject: Implementation Guidelines of Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit (CMB) Scheme.

Dear Sir/Madam,

This has reference to this Ministry's letter of even number dated 08.11.2010 conveying Government approval for implementation of "Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit (CMB) Scheme" on a pilot basis in 52 districts across the country. A copy of the Scheme along with the list of the districts selected was forwarded to you and is also available on the website of this Ministry (www.wcd.nic.in).

2. We have now formulated the implementation guidelines for the Scheme. These have been drafted after extensive discussions with States/UTs during the regional workshops conducted across the country between December, 2010 and January, 2011. **The implementation guidelines are enclosed herewith for necessary action.**
3. The target audience for these guidelines are officers and functionaries of States/UTs at all levels including the AWWs. The guidelines can also be used by partner agencies and training institutions. It is expected that these guidelines will be used by the target audience as a reference manual for effective implementation of the Scheme at the grass root level. These guidelines are also available on the website of the Ministry.
4. The immediate next steps required to be taken by States/UTs are:
 - (i) Guidelines may be translated and widely circulated in local language(s), as required.
 - (ii) IGMSY registers and reporting formats, as included in **Annex F** to **Annex H** of the implementation guidelines, may be translated, printed and circulated to all concerned. Although the first quarter progress report should reach the Ministry by 15.04.2011, the first quarterly progress report in the prescribed format **Annex H(i)** may be sent to the Ministry not later than 15.05.2011.

Contd/..

(iii) Trainings of concerned ICDS and Health functionaries at all levels may be organized on these guidelines and completed by 31.05. 2011.

5. Receipt of this letter may be kindly acknowledged.

Yours faithfully,

Vivek Joshi

(Vivek Joshi)

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Enclosure: Implementation Guidelines, April 2011 (62 pages)

Copy to:

- i. PS to MoS
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- iv. PS to AS & FA, WCD
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Joint Secretary to the Govt. of India

INDIRA GANDHI MATRITVA SAHYOG YOJANA

- A Conditional Maternity Benefit Scheme

IMPLEMENTATION GUIDELINES FOR STATE GOVERNMENTS / UT ADMINISTRATIONS



Towards a new dawn

**Ministry of Women and Child Development
Government of India
New Delhi**

April, 2011

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INTRODUCTION

Undernutrition continues to adversely affect majority of women in India. In India, every third woman is undernourished and every second woman is anemic¹. An undernourished mother almost inevitably gives birth to a low birth weight baby. When poor nutrition starts in-utero, it extends throughout the life cycle, particularly in women. Owing to economic and social distress many women continue to work to earn a living for their family right up to the last days of their pregnancy. Furthermore, they resume working soon after childbirth, even though their bodies might not permit it, thus preventing their bodies from fully recovering on one hand, and also impeding their ability to exclusively breastfeed their young infant in the first six months.

Janani Suraksha Yojana (JSY) was launched in 2005 by Ministry of Health and Family Welfare. It provides a differential one-time cash incentive to pregnant women for institutional/home births through skilled assistance. JSY however, does not address the issues regarding a woman's socio-economic compulsions to work right up to the last stage of pregnancy and resuming work soon after child birth. Hence, a need for introducing a modest maternity benefit to partly compensate for their wage loss was recommended by the Planning Commission in the XIth Five Year Plan².

In view of the above, the Ministry of Women and Child Development (MWCD) formulated a new Scheme for pregnant and lactating mothers called Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit Scheme. Under this Scheme, a cash incentive of ₹4000 will be provided directly to women 19 years and above for the first two live births subject to the woman fulfilling specific conditions relating to maternal child health and nutrition. Cash incentive will be provided in three installments, between the second trimester of pregnancy till the infant completes 6 months of age. Women enrolled under IGMSY will be encouraged to avail JSY package also for institutional delivery and vice-versa. However, there is no cash incentive under IGMSY at the time of delivery since cash incentive for this is already provided under JSY.

IGMSY is a Centrally Sponsored Scheme under which full grant-in-aid would be provided to State Government (SGs)/Union Territories (UTs). It has been approved by the Government on pilot basis in 52 selected districts across the country. It will be implemented using the platform of ICDS. The focal point of implementation will be the Anganwadi Centre (AWC).

¹National Family Health Survey-3, 2005-06: All India. Volume I. Mumbai: International Institute of Population Sciences; 2008.

²Planning Commission. Eleventh Five Year Plan 2007-12. Volume II Social Sector. New Delhi: Planning Commission, Government of India, 2008. p.143.

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PURPOSE OF THE IMPLEMENTATION GUIDELINES

The purpose of these guidelines is to serve as a reference material with all necessary practical information on the components of IGMSY and how to implement, monitor and report it at various levels.

The target audience for these guidelines are the officers and functionaries of SGs/UTs beginning from State, District and Project level right up to the grass-root levels, partnering implementing agencies, training and academic institutions, etc. It is expected that these guidelines will be used by the target audience both as a reference material and for training to ensure effective implementation of the Scheme at all levels.

These guidelines would be further supplemented by the GoI from time to time, as and when required.

THE SCHEME

3.1 Objectives of IGMSY:

To improve the health and nutrition status of Pregnant and Lactating (P & L) women and their young infants by:

- i. Promoting appropriate practices, care and service utilization during pregnancy, safe delivery and lactation.
- ii. Encouraging women to follow (optimal) Infant and Young Child Feeding (IYCF) practices including early and exclusive breastfeeding for the first six months.
- iii. Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and lactating women.

Note: The Scheme aims to provide partial compensation for the wage loss so that the woman is not under compulsion to work till the last stage of pregnancy and can take adequate rest before and after delivery.

3.2 Target beneficiaries:

- i. **P & L women of 19 years of age and above for their first 2 live births.**
 - *Why 19 years of age and above?* The legal age of marriage in India for women is 18 years and hence the age criterion for child birth has been taken as 19 years. This is to encourage marriage and child birth at the right age.
 - *Why only first two live births?* To ensure that the health of the woman is not compromised due to repeated pregnancies and to promote family planning.
- ii. All Government/Public Sector Undertakings (Central and State) employees are excluded from the Scheme as they are entitled for paid maternity leave. The wives of such employees are also excluded from the Scheme.
- iii. Age, number of live births and employment status would be as reported by the beneficiary. In case of wrongful claim by the beneficiary, the amount paid to her would be recovered. Failing which, she will be liable for prosecution. A signed undertaking to this effect, as at **Annex F, Part II (A)**, will be necessarily taken from the beneficiary at the time of registration under the Scheme
- iv. Pregnant and lactating AWWs and AWHs may also avail the benefit under the Scheme if they are not receiving paid maternity benefits from the Government.

3.3 Districts covered under the Scheme:

- i. IGMSY will be implemented in all projects and AWCs (including urban projects and mini AWCs) of 52 selected districts across the country (**Annex A**).
- ii. The districts have been selected based on a composite score calculated using six indicators related to maternal and child health and nutrition from District Level Household Survey-3, 2007-08, with each indicator given equal weightage.
- iii. These indicators included:
 - Literate female population (Age 7+) (%)
 - Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)
 - Mothers who had at least 3 antenatal care visits during the last pregnancy (%)
 - Institutional births (%)
 - Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, Polio and Measles) (%)
 - Children breastfed within one hour of birth (%)
- iv. The districts were divided into three categories, based on their composite score - good, medium and poor performance. This categorization has been done to assess the implementation in all three types of sampled districts, lessons of which will be useful in up-scaling the Scheme.
- v. Out of 52 districts, 11 are good performance districts, 11 are poor performance districts, 26 are medium performance districts and 4 are UTs.

3.4 Beneficiary registration:

- i. To avail the benefit, the woman has to register herself at the AWC for IGMSY.
- ii. The baseline survey was carried out with the validation date of 01.12.2010. The women registered during the baseline survey would get the benefit of the Scheme during 2010-11 on fulfilment of conditions. Any woman who becomes pregnant after the baseline survey shall also be included for the benefit under the Scheme, provided they register at the AWC.
- iii. Every registered beneficiary under the IGMSY will receive a Mother and Child Protection (MCP) Card, either from the Anganwadi Worker (AWW) or the Auxillary Nurse Midwife (ANM). The MCP Card will be used as a means of verification of the conditionalities for payment. Hence, AWW and ANM should ensure that the MCP card is provided to every beneficiary and required information is filled in this card, timely.

3.5 Amount of payment and conditionality:

- i. The beneficiary will receive a **total cash incentive of ₹4000 in three installments, subject to the fulfillment of specific conditions.**
- ii. Why three installments and why cash incentive of ₹4000 only?
 - The three installments and amounts have been worked out such that the beneficiary gets a reasonable amount every three months after 2nd trimester of pregnancy up to six months after delivery (including the JSY tranche).
 - This is a part wage loss compensation of approximately 40 days @ ₹100 per day, given as maternity benefit, for ensuring mother takes the much required rest before delivery and soon after delivery for taking better care of herself and her young infant.

3.5.1 First Installment:

Amount: ₹1500. Given only **at the end of the 2nd trimester of pregnancy** i.e., completion of six months of pregnancy, on fulfilment of **all** the five conditions mentioned below:

- i. Pregnancy registered within 4 months at the AWC or Health Centre (Sub-centre/ PHC/ CHC/ district hospital/ empanelled private doctor under JSY).
- ii. Received at least one antenatal check-up (out of optimal 3).
- iii. Received IFA 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.

3.5.2 Second Installment:

Amount: ₹1500. Given only **at the end of three months of delivery** on fulfilment of **all** the six conditions mentioned below:

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

3.5.3 Third Installment:

Amount: ₹1000. Given only when the infant completes six months of age, on fulfilment of **all** the five conditions mentioned below:

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

Note 1: *Exclusive breastfeeding for the first six months means that for the first six months of life the infant receives only breast milk and nothing else (no food, drink or water) but allows the infant to receive ORS and vitamins/mineral/medicine as drops or syrup. Babies who are exclusively breastfed do not require additional food or fluid, herbal water, glucose water, fruit drinks or water during the first six months. Breast milk alone is adequate to meet the hydration requirements even under the extremely hot and dry summer conditions prevailing in the country³.*

Note 2: *Complementary foods are soft, semi-solid or mashed foods which should be introduced in the infant's diet when the infant completes six months of age as after the age of six months breast milk alone cannot meet the needs of the growing infant. The purpose of complementary feeding is to complement and not replace breast milk and make certain that the infant continues to have enough energy, protein and other nutrients to grow normally. It is important that breastfeeding is continued upto the age of two years or beyond as it provides useful amounts of energy, good quality protein and other nutrients³.*

3.5.4 Special conditions:

- i. If the beneficiary fulfils the conditions for the 1st installment, but undergoes a miscarriage she may be given the 1st installment upon producing proper documentation.
- ii. In the first year of implementation (i.e., up to March 2011), the beneficiary can be enrolled at any stage of pregnancy or lactation. From 2011-12 onwards, a woman has to be enrolled in the Scheme from the stage of pregnancy, preferably within 4 months of pregnancy, to avail the benefit of the Scheme unless she gives reasons as to why she was left out or did not register at AWC.

³ National Guidelines on Infant and Young Child Feeding. Food and Nutrition Board, Ministry of Women and Child Development, Government of India; 2006.

- iii. The beneficiary will be given the 1st installment only after the 2nd trimester is completed even if the beneficiary has fulfilled the conditions for the 1st installment earlier.
- iv. If the beneficiary has a still birth, she will be eligible for the 2nd installment subject to attending 2 counseling sessions for her own health and well being.
- v. If the beneficiary fulfills the conditions for the 2nd installment but the infant does not survive between birth and 3 months of age, she will be given the 2nd installment, upon producing proper documentation to ensure it was not a case of infanticide especially for the girl child.
- vi. 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).
- vii. 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 (even though there are now 3 children).
- viii. Beneficiary can receive the cash benefit of the Scheme only from the AWC where the beneficiary is registered. For example, if the woman is pregnant and has registered at one AWC and for her delivery she goes to her maternal village and receives some services, she can avail the cash benefit only from one AWC, that is the AWC where she has registered, on showing the filled up MCP card.

3.5.5 Verification of the Conditionality: How, When and by Whom?

- a) **Verification by AWW:** Means of verification of each conditionality to be used by AWW are (details at **Annex B**):
 - i. MCP card
 - ii. IGMSY register (**Annex F**)
 - iii. Growth monitoring register of ICDS
 - iv. Exclusive breastfeeding and initiation of complementary foods are to be self-certified.
- b) **Verification by ICDS Supervisor:**
 - i. During field monitoring visits, the ICDS supervisor should check the IGMSY register for correctness and verify the fulfillment of conditionalities through discussion with beneficiaries and checking their MCP cards.
 - ii. While receiving the Monthly Progress Report (MPR) from the AWW, the ICDS supervisor should check it for correctness.

3.5.6 IGMSY linkage with Janani Suraksha Yojana (JSY):

AWWs should encourage the IGMSY beneficiaries to avail the JSY package for institutional delivery. All delivery attendants should be sensitized to motivate mothers to initiate breastfeeding within an hour of birth, colostrum feeding and for exclusively breastfeeding their infant for the first six months.

3.6 Incentive to AWW and AWH:

- i. AWW will receive a cash incentive of **₹200 per beneficiary** after all the **due** cash transfers to the beneficiary are completed.
- ii. AWH will receive a cash incentive of **₹100 per beneficiary** after all the **due** cash transfers to the beneficiary are completed.

***Note:** Even if the beneficiary migrates in or out of the AWC area, the AWW and AWH would be entitled to the complete cash incentive amount if **all due cash transfers** to the beneficiary are completed. E.g., in some cases it might be the first two installments after which the beneficiary migrates out of the area, in other cases it might be that the beneficiary is eligible for the last two installments only, since as a result of migration she registered herself at the AWC for this Scheme after delivery.*

3.7 Procedures for Payment:

a) Payment to the beneficiary:

- i. Transfer of amount to the beneficiary should be through bank/post office only.
- ii. Modalities of cash transfer may be decided by the SGs/UTs. **However, no disbursement would be in the form of “cash” or “cheque”.**
- iii. Modes of cash transfer can include - nationalized bank, post office, cooperative bank, business correspondent model of bank, etc. The mode used for M-NREGA, pensions, etc may also be explored. Some indicative examples are at **Annex C.**

b) Payment to the AWW and AWH: All AWWs and AWHs have bank accounts in which their honorarium is credited. The incentive under IGMSY to the AWW and AWH should also be credited in the same account.

3.8 Role of AWWs:

- i. To ensure early registration and fulfillment of conditionalities of each beneficiary in close coordination with ASHA and ANM.
- ii. To support the beneficiaries in opening bank/post office accounts, where they do not already have one.
- iii. To motivate the beneficiaries in fulfillment of conditionalities.
- iv. To ensure along with health functionaries that the required supplies/services for fulfilling conditionality are available. In case of any difficulty, AWW should immediately report to the Supervisor.
- v. To ensure that beneficiaries are regularly counseled. For example, one day and time can be fixed every month for counseling all pregnant women and one day and time can be fixed every month for counseling all lactating mothers.

3.9 Flexi-Funds:

- i. A flexi-fund amounting to 2.5 percent of total annual expenditure under the Scheme is available for each SG/UT for innovative activities.
- ii. Some indicative examples for using flexi-fund could be interventions for promotion of maternal and child health and care, community mobilization, providing additional incentives to beneficiaries under special conditions **based on state specific issues/problems** like:
 - i. Marriage after 21 years of age
 - ii. Birth of 1st child after 22 years of age
 - iii. Spacing of 2-3 years between the births
 - iv. Child is in green zone of new WHO growth monitoring chart (normal weight-for-age) from birth to six months
 - v. Both children are girls
 - vi. Woman has disability as per Persons With Disability (PWD) Act, etc.

3.10 Capacity Building & Information Education and Communication (IEC) activities:

- i. An amount of 3 percent of total annual expenditure under the Scheme is available for each SG/UT for Capacity Building and IEC activities.

- ii. All cadres of ICDS staff from SG/UT level up to grassroot workers need to be sensitized on IGMSY. Wherever possible, these sensitization workshops should be organized in coordination/jointly with the Health Department as health services provision is a significant part of IGMSY.
- iii. NIPCCD along with its Regional Centres would organize trainings, either through cascade model, vertical training or as the SGs/UTs deem appropriate. NIPCCD would also include IGMSY training in its regular job and refresher training courses of ICDS functionaries.
- iv. State ICDS and Health Departments through their training Institutes should ensure all concerned personnel are trained in IGMSY in selected districts.
- v. Capacity building should include training of PRI members.
- vi. IEC activities at sector/project/district level and State/UT level should be organized for spreading awareness about the Scheme and sensitizing all concerned. A one-page pamphlet informing the intended beneficiaries about the Scheme, criterion to be met to receive the financial benefits and mechanisms to receive the money and from whom and when may be considered to be distributed to the service providers and beneficiaries.
- vii. Advertisements as IEC may be used to spread mass awareness about the Scheme (Para 3.11 (c) may also be seen).

3.11 Inter-departmental convergence:

The implementation of IGMSY requires close coordination with the following Departments for:

a) Health Department:

- i. Ensuring services and counseling is given during VHND and women are motivated to avail benefits of this Scheme.
- ii. Promoting early initiation of breastfeeding, colostrum feeding and exclusive breastfeeding for first six months as part of the JSY package.
- iii. Ensuring availability of IFA tablets and vaccine supply to meet the increased demand.
- iv. Ensuring MCP cards are available and used.
- v. Organizing sensitization and training programs for IGMSY for all concerned staff.
- vi. Organizing joint community mobilization activities, especially during Breastfeeding Week (1-7 August), National Nutrition Week (1-7 September), etc besides any other such events.

b) Panchayati Raj Institutions:

- i. Organizing community awareness events.
- ii. Providing additional incentives to mothers through their own funds.
- iii. Conducting social audits/addressing grievances.

c) Information / Public Relations Department: Publicity and mass reach through- All India Radio, Song and Drama Division, Directorate of Audio Visual Publicity (DAVP), Division of Field Publicity, State IEC Bureau, Print Media, Regional TV channels, etc.

d) Lead State and District Post Office/Banks: for opening of no frill accounts with zero balance for IGMSY beneficiaries and devising appropriate cash transfer mechanism for smooth transactions in 52 selected districts.

e) State Training Institutes/Medical Colleges for ensuring their training curriculum includes training on IGMSY.

4

IMPLEMENTATION MODALITIES

4.1 Establishment of an IGMSY Section:

- i. In order to ensure effective implementation of the Scheme, an IGMSY Section will be established within MWCD, New Delhi.
- ii. Every state would establish a State-level IGMSY Cell within the Department of Women and Child Development, which will be under the supervision of concerned State Secretary. Director (ICDS) will be responsible for the day to day implementation of the Scheme at the State/UT level. Each SG/UT should designate one Officer as nodal person in-charge for IGMSY at State-level.
- iii. The Scheme provides for **two additional staff at State/UT level**: One State Programme Coordinator and one State Programme Assistant, on contractual basis and **two additional staff at District level**: One District Programme Coordinator and one District Programme Assistant, on contractual basis, to support implementation of the Scheme.
- iv. Under the overall supervision of the District Magistrate/ Collector, the District Programme Officer will be in-charge of day-to-day implementation of the Scheme at district level. At project-level - Child Development Project Officers, at sector-level – Supervisors and at village/ward-level - AWWs and AWHs will be responsible for the implementation of IGMSY.
- v. Each State/UT should create office space for the Cell and ensure office space is provided at district level for which funds are provided in the Scheme.
- vi. The recruitment of contractual staff at State/UT level will be done by the concerned Secretary. The recruitment of contractual staff at District-level will be done by the concerned DPO in consultation with the Director, ICDS, at State-level.
- vii. The additional staff hired would be on contractual basis, with no liability to the Government. Each of the above-mentioned staff hired should have clear Terms of Reference (as decided by the SG/UT) and be given salary as per budget earmarked in the Scheme. Contracts for all such staff would be renewed annually based on performance.
- viii. Minimum indicative qualifications and experience for the contractual staff to be hired may be as under:

| | Education qualification | Experience/Competencies |
|---------------------------------------|--|--|
| State Programme Coordinator | Postgraduate in social sciences/life sciences/nutrition / medicine / health management / social work/ rural management | i. At least 3 years experience of working with the Government/Non-Government organizations. ii. Proficiency in using MS-office. |
| District Programme Coordinator | | i. At least 1 year experience of working with the Government/Non-Government organizations. ii. Proficiency in using MS-office |
| State Programme Assistant | Graduate in social sciences /social work/rural management/statistics. | i. At least 2 years experience of working with Government/ Non-Government organizations. ii. Proficiency in using MS-office, data entry and analysis. |
| District Programme Assistant | | i. At least 1 year experience of working with Government/ Non-Government organizations. ii. Proficiency in using MS-Office and data entry. |

- ix. Functions for the IGMSY Section and Cells at State and District-level are detailed in **Annex D**.

4.2 IGMSY Steering and Monitoring Committees:

- i. Steering and Monitoring Committees would be formed at National, State, District, Project and Village-level to ensure effective implementation of this Scheme.
- ii. If an ICDS Committee or SABLA Monitoring and Supervision Committee has been constituted, IGMSY Steering and Monitoring committee may be a sub-committee of these Committees and members from Banking/Post Office may be added. **Formation of separate IGMSY committees at State/District/Project/Village-level would be at the discretion of the SGs/UTs.**
- iii. These committees shall review, monitor and advise on matters relating to the implementation of the Scheme. They shall review progress of the Scheme and strengthen the coordination and convergence between concerned Departments. Such committees will also consider the bottlenecks faced during the implementation of the Scheme and suggest modifications required for improving the implementation. The Committees should meet Quarterly or earlier, if needed, as per the discretion of the Chairperson. Technical experts, NGOs or civil society groups may also be invited, if considered appropriate.
- iv. The suggestive composition of IGMSY Steering and Monitoring Committees are detailed in **Annex E**.

5 FUND FLOW AND DISBURSEMENT MECHANISM

- i. GoI will provide cent percent funding for the implementation of the IGMSY to the SGs/UTs. The day to day implementation and administrative matters will be the responsibility of the concerned Secretary dealing with the Scheme in the SG/UT. Financial provisions under IGMSY are at **Annex I**.
- ii. The financial assistance to the SGs/UTs will be given in installments by GoI. The 1st installment in April/May will be released by GoI based on indicative entitlement whereas the next installment would be based on the actual expenditure reflected in the SoE.
- iii. The SG/UT shall in turn provide grant-in-aid to the IGMSY special account at State-level and District/Project level for speedy fund flow.
- iv. The processing of disbursement to the beneficiaries for each tranche should be completed within 30 days of fulfilment of the conditionality for that tranche. Receiving the financial benefits timely by the beneficiary is imperative for the success of the Scheme and should be ensured.
- v. Advance grant-in-aid can be given from State IGMSY cell to District and from District/Project-level to General Post Office/Bank on Quarterly basis. Based on utilization certificate received from GPO/Bank, next Quarter funds may accordingly be disbursed to them.

RECORDS, REPORTS, MONITORING AND EVALUATION

6.1 Records and Reports:

- i. One IGMSY register (to be opened every financial year) has to be maintained at the AWC by AWW (**Annex F**). The **IGMSY register** is meant to identify and keep a record of all beneficiaries under a particular AWC area. The register needs to be filled in blue ink/ball point pen except total of Part I, which is to be filled in pencil. There are three parts of the IGMSY register (Part I, II and III):
 - a. **Part I** is the record of all Pregnant and Lactating (P & L) women in the AWC area. Part I helps in identifying the eligible and actual beneficiaries out of all P and L women in the AWC area and keeps record of month when the actual beneficiaries exit out of the Scheme.
 - b. **Part II** contains two sections – Part II (A) and Part II (B).
 - i. Part II (A) is the undertaking to be filled by the beneficiary at the time of registration into the Scheme.
 - ii. Part II (B) is the individual record of only the actual IGMSY beneficiaries on the conditions fulfilled. It is to be filled-in upon registration under the Scheme and updated as and when the actual beneficiary fulfills conditions and receives payment until the beneficiary exits from the Scheme.
 - c. **Part III** is the monthly update of all actual beneficiaries in terms of their present Status and installments which are due, received and pending. It is to be filled in each month.

When a woman comes to the AWC to register herself under IGMSY, the AWW will fill the details of the woman in Part I of the register. Based on the information filled in Part I, if the woman is eligible and availing the benefit under the Scheme, she becomes an actual beneficiary. A signed undertaking needs to be taken necessarily from beneficiary (Part II (A)) and her details will be added and her progress tracked in Part II (B) until she exits from Scheme. Monthly progress of all actual beneficiaries will be updated in Part III. Instructions for the AWW on 'How to fill the IGMSY Register' is at **Annex. F**.

- ii. AWW will give a Monthly Progress Report (MPR) on the Scheme to the Supervisor in the format at **Annex G (i)**.
- iii. The monthly reports received by the AWW will be compiled by Supervisor in the format at **Annex G (ii)** and submitted to the CDPO. Sector-wise report will be submitted by the CDPO in the format at **Annex G (iii)** to the district IGMSY cell. DPO will send the

project-wise report on fixed day each month to State IGMSY cell in the format at **Annex G (iv)**.

- iv. Quarterly and Annual Statement of Expenditure (SoE) along with Physical and financial reporting in prescribed formats (**Annex H i-ii**) will be consolidated by the SG/UT to be sent to Gol, by the following dates :

- Annual physical and financial report for previous year : 31st May
- Quarter ending 30th June : by 15th July
- Quarter ending 30th September : by 15th October
- Quarter ending 31st December : by 15th January
- Quarter ending 31st March : by 15th April

Time schedule for submission of SoE, physical and financial reporting may be strictly adhered, to enable Gol to release the funds to SGs/UTs in time.

6.2 Monitoring and Supervision:

- i. The monitoring and supervision mechanism set up under the ICDS at all levels would be used for this Scheme since it is to be implemented using ICDS platform.
- ii. Field visits should be undertaken by the State Officials/DPO/CDPO/Supervisors as per the supervision schedule under ICDS.

6.3 Evaluation:

- i. Baseline and endline surveys will be conducted to assess the effect of the Scheme. Concurrent evaluation will also be carried out.
- ii. The formats and methodology for the surveys/concurrent evaluation mechanism would be devised by the GOI to maintain uniformity.

7 SOCIAL AUDITS/ ADDRESSING GRIEVANCES

- i. A grievance can be defined as any sort of discontent/dissatisfaction, which needs to be redressed in order to bring about the smooth functioning of the Scheme. Some indicative examples of grievances could be:
 - No services provided by the AWW/AWH/ANM
 - Irregular (delayed or short) payments of the installments to the beneficiaries
 - Exclusion of some beneficiaries owing to caste/class/personal bias
 - Victimization
 - Corruption
- ii. The States may consider setting up a formal grievance redressal mechanism at project and district level for handling complaints, determining the time limits and responsible units for addressing complaints and taking necessary action. Existing grievance redressal units, e.g., Collector's grievance redressal unit / Zilla Parishad Council at district-level, may be considered for addressing grievances related to this Scheme.
- iii. Issues and grievances related to the Scheme should be discussed in the meeting of the Village Health and Sanitation Committee (VHSC) or Village-level IGMSY Steering and Monitoring Committee and forwarded to the project-level steering and monitoring committee for necessary action.
- iv. Entitlements under the Scheme, eligibility criteria and list of beneficiaries should be pasted at the AWC to maintain transparency. Further for Social Audits, IGMSY should be an agenda point during the Gram Sabhas. Wherever possible, special Women Gram Sabhas (Mahila Sabhas) may be convened by the Women Sarpanch/Panchayat member. During the Mahila Sabhas, names of IGMSY beneficiaries should be informed to the community members by the Anganwadi Worker/member secretary of Village-level IGMSY Steering and Monitoring Committee. Representatives of Bank, Post office and District IGMSY cell may also be invited to these meetings. Mahila Sabha meetings may be held twice a year.
- v. In areas where Mahila Sabhas are not in existence, the IGMSY Steering and Monitoring Committee at village-level may hold such a meeting by inviting community members.

List of Districts Covered under IGMSY

| S.No. | State | District |
|-------|----------------------------|---------------------------|
| 1 | Andaman and Nicobar Island | South Andaman |
| 2 | Andhra Pradesh | West Godavari, Nalgonda |
| 3 | Arunachal Pradesh | Papum pare |
| 4 | Assam | Kamrup, Goalpara |
| 5 | Bihar | Vaishali, Saharsa |
| 6 | Chandigarh | Chandigarh |
| 7 | Chattisgarh | Dhamtari, Bastar |
| 8 | Dadra & Nagar Haveli | Dadra & Nagar Haveli |
| 9 | Daman and Diu | Diu |
| 10 | Delhi | West, North West |
| 11 | Goa | North Goa |
| 12 | Gujarat | Bharuch, Patan |
| 13 | Haryana | Panchkula |
| 14 | Himachal Pradesh | Hamirpur |
| 15 | J & K | Kathua, Anantnag |
| 16 | Jharkhand | East Singh Bhumi, Simdega |
| 17 | Karnataka | Kolar, Dharwad |
| 18 | Kerala | Palakkad |
| 19 | Lakshadweep | Lakshadweep |
| 20 | Madhya Pradesh | Chindwara, Sagar |
| 21 | Maharashtra | Bhandara, Amravati |
| 22 | Manipur | Tamenglong |
| 23 | Meghalaya | E.Garo Hills |
| 24 | Mizoram | Lawngtlai |
| 25 | Nagaland | Kohima |
| 26 | Orissa | Bargarh, Sundargarh |
| 27 | Pondicherry | Yanam |
| 28 | Punjab | Amritsar, Kapurthala |
| 29 | Rajasthan | Bhilwara , Udaipur |
| 30 | Sikkim | West Sikkim |
| 31 | Tamil Nadu | Cuddalore, Erode |
| 32 | Tripura | Dhalai |
| 33 | Uttar Pradesh | Mahoba, Sultanpur* |
| 34 | Uttarakhand | Dehradun |
| 35 | West Bengal | Jalpaiguri, Bankura |

* includes Musafirkhana, Amethi, Gauriganj tehsil of Chhatrapati Sahuji Maharaj Nagar

Means for Verification of the conditionalities

| Conditionality | Means of Verification |
|--|--|
| First Installment | |
| 1. Pregnancy registered within 4 months at the AWC or Health Centre (Sub-centre/ PHC/ CHC/ District hospital / empanelled private doctor under JSY | MCP card IGMSY register |
| 2. Received at least one antenatal check-up | MCP card |
| 3. Received IFA tablets | |
| 4. Received at least one TT vaccination | |
| 5. Received at least one counseling session at the AWC/ VHND/Home Visit | IGMSY register |
| Second Installment | |
| 6. Registration of child birth | MCP card |
| 7. Child received Polio and BCG vaccination | |
| 8. Child received Polio and DPT-1 vaccination | |
| 9. Child received Polio and DPT-2 vaccination | MCP card Growth Monitoring Register |
| 10. Child weighed at least two times after birth (out of optimal 4 times including weighing at birth) | |
| 11. Mother attended at least two IYCF counseling sessions at the AWC/VHND/Home Visit after delivery (out of optimal 3 times). | IGMSY register |
| Third Installment | |
| 12. Exclusive breastfeeding for first 6 months of life | Self-reported |
| 13. Introduction of complementary foods on completion of 6 months of age | |
| 14. Child received Polio and DPT-3 vaccination | MCP card |
| 15. Child weighed at least two times between age 3 and 6 months | MCP card Growth Monitoring Register |
| 16. Mother attended at least two IYCF counseling sessions at the AWC/VHND/Home Visit between 3 and 6 months of lactation. | IGMSY register |

Modes of Cash Transfer to the Beneficiary
Indicative Examples

a) Mode 1 - Bank/Post Office to beneficiary:

- i. The district IGMSY cell will transfer a consolidated grant-in-aid on Quarterly basis to the GPO/Lead Bank of the District which will disburse the amount to all Post Offices/select District branches of concerned bank. After each Quarter, the GPO/lead bank will submit a Quarterly utilization certificate to the district and district to the State/UT for further release of funds.
- ii. The AWW will maintain the record in the IGMSY register.
- iii. Each month, the AWW will give the list of beneficiaries (with account numbers) due to receive payment to the Supervisor. The Supervisor will check the list and forward the list to CDPO. CDPO will then give the list to the Bank/PO, which will transfer the money into the beneficiary account.

b) Mode 2 - Business correspondent model:

- i. The district IGMSY cell will transfer a consolidated grant-in-aid on Quarterly basis to a particular lead bank of the district. The lead bank will recruit business correspondents for every village/cluster of villages.
- ii. After each Quarter the lead bank will submit Quarterly utilization certificate to the district and district to the State/UT for further release of funds.
- iii. The AWW will maintain the record in the IGMSY register. Each month the AWW will give the list of beneficiaries (with account numbers) who have to receive payment to Supervisor. Supervisor will check this list and forward the list to CDPO. CDPO will forward the list to the Bank and Business Correspondent. The bank will transfer the money into the account of business correspondent. Business correspondent will disburse cash to the beneficiary in her home or in the village on a fixed day.

Functions of IGMSY Section and Cells at State-level and District-level

a) IGMSY Section, New Delhi:

- i. Provide techno-managerial support for roll-out of the Scheme.
- ii. Issue need-based guidelines for effective implementation of the Scheme.
- iii. Facilitate capacity building of concerned service providers under IGMSY.
- iv. Ensure timely release of funds to SGs/UTs.
- v. Set up a monitoring, review and evaluation system to monitor and evaluate the Scheme.
- vi. Converge, coordinate and facilitate advocacy and awareness generation on health and nutrition issues of pregnant and lactating mothers.
- vii. Visit the districts to assess, monitor and review implementation of IGMSY.
- viii. Monitor State and district IGMSY cells
- ix. Document progress, State initiatives and lessons learned.
- x. Any other matter relating to effective implementation of the IGMSY.

b) State-level IGMSY Cell:

- i. Facilitate and monitor roll out of the Scheme in the selected IGMSY districts.
- ii. Facilitate issuance of State-specific guidelines for effective implementation of the Scheme.
- iii. Conduct and coordinate need-based sensitization programs, training and refresher courses for all stakeholders/service providers involved in implementation of IGMSY in pilot districts.
- iv. Facilitate timely release of funds to districts and monitor fund utilization at district level.
- v. Ensure payment procedures are streamlined, transparent and effective.
- vi. Ensure SG/UT level and District-level IGMSY Steering and Monitoring committee are functional and meet regularly.
- vii. Coordinate with H & FW Department for adequate health supplies.
- viii. Set up monitoring and supervision system for IGMSY.
- ix. Compile and review reports received from the districts and share with GoI.
- x. Conduct monthly review meetings of the district IGMSY cells.

- xi. Liaise with Banks and Post offices for ensuring effective implementation of the Scheme.
- xii. Coordinate with MWCD.
- xiii. Document best practices.
- xiv. Any other matter relating to effective implementation of the IGMSY.

c) District-level IGMSY Cell:

- i. Operationalize IGMSY in all projects and AWCs (including urban AWCs and mini AWCs).
- ii. Implement state-specific guidelines issued.
- iii. Conduct training and refreshers for all stakeholders/service providers in the districts.
- iv. Monitor and streamline payment procedures for effectively reaching the beneficiary.
- v. Facilitate regular district-level IGMSY Steering and Monitoring committee meetings.
- vi. Coordinate with H & FW Department for adequate health supplies.
- vii. Compile the project-level reports received and prepare a monthly progress report for district.
- viii. Visit the AWCs to assess functioning of Scheme
- ix. Participate in project-level monthly review meetings to review programme progress.
- x. Liaise with other Departments, Banks and Post offices for ensuring incentive reaches the beneficiary on time.
- xi. Coordinate with and inform the IGMSY State/UT Cell, as and when needed.
- xii. Any other matter relating to effective implementation of the IGMSY at district level.

IGMSY Steering and Monitoring Committees - Suggestive Composition

Steering and Monitoring Committees will review and monitor progress of the Scheme and strengthen the coordination and convergence between concerned departments. These Committees will also consider the bottlenecks faced in the implementation and suggest appropriate mechanisms for improving the implementation.

IGMSY National-level Steering and Monitoring Committee:

| | |
|---|------------------|
| Secretary, Ministry of Women & Child Development | Chairperson |
| Secretary, Planning Commission | Member |
| Secretary, Ministry of Health & Family Welfare | Member |
| Secretary, Ministry of Panchayati Raj | Member |
| Secretary, Department of Expenditure | Member |
| Secretary, Department of Financial Services | Member |
| Secretary, Department of Post | Member |
| Two State Secretaries on rotation basis | Member |
| Director, NIPCCD | Member |
| Joint Secretary (ICDS), MWCD | Member |
| Joint Secretary, In-charge of the Programme | Member Secretary |
| Others (may be called at the discretion of the Chairperson) | Invited Members |

The Committee will meet Quarterly, or earlier if required, at the discretion of the Chairperson.

IGMSY State-level Steering and Monitoring Committee:

| | |
|---|-------------|
| Secretary, WCD/Social Welfare/Concerned Department | Chairperson |
| Secretary, Planning Department | Member |
| Secretary, Health & Family Welfare Department | Member |
| Secretary, Institutional Finance Department/Banking | Member |
| Secretary, Panchayati Raj Department | Member |
| NIPCCD Representative | Member |
| Head, State Manager(s) Concerned Lead Banks/GPO | Member |
| Collectors/DDOs of concerned districts | Members |

| | |
|---|------------------|
| 2 MPs/MLAs | Members |
| Director, ICDS | Member Secretary |
| Others (may be called at the discretion of the Chairperson) | Invited Members |

This Committee will meet Quarterly, or earlier if required, at the discretion of the Chairperson.

IGMSY District-level Steering and Monitoring Committee:

| | |
|---|------------------|
| District Collector/DDO/CEO, Zila Panchayat / Parishad | Chairperson |
| Chief District Health Officer/CMO | Member |
| DDO/CDO | Member |
| Concerned Officers' of Lead Bank & GPO | Member |
| Selected CDPOs of concerned IGMSY districts | Members |
| MP/MLA of concerned district | Member |
| District Programme Officer, ICDS | Member Secretary |
| Others (may be called at the discretion of the Chairperson) | Invited Members |

This Committee will meet monthly.

IGMSY Project-level Steering and Monitoring Committee:

| | |
|---|------------------|
| Sub Divisional Officer/ Sub Divisional Magistrate | Chairperson |
| Block Development Officer | Member |
| Block Health Officer/SMO | Member |
| Taluka/Panchayat Samiti Representative | Member |
| Head, Project Manager(s) concerned Lead Banks/GPO | Member |
| CDPO | Member Secretary |

This committee will meet monthly.

IGMSY Village-level Monitoring and Supervision Committee:

Village Health and Sanitation Committee should also be monitoring this Scheme during its meetings. Additionally, Branch Manager of Bank/ Post-Office In-charge should be included as members of this committee for review of this Scheme.

Indira Gandhi Matritva Sahyog Yojana Register

**Department of Women and Child Development
[Name of State/UT]**

Financial Year:

Name & Address of AWC:

Date of Opening of Register:

Name of Village/Mohalla/Locality:

AWC Code No.:

Name of Sector/Ward:

Name of AWW:

Name of Project:

Name of AWH:

Name of District/City:

Name of ANM:

Name of Attached Sub-centre:
Urban Health Post or Centre

Name of ASHA:



Towards a new dawn

**Ministry of Women and Child Development
Government of India**

PART I: RECORD OF ALL PREGNANT AND LACTATING WOMEN IN THE AWC AREA

(DETAILS OF ALL PREGNANT AND LACTATING WOMEN IDENTIFIED DURING BASELINE SURVEY SHOULD BE ENTERED HERE, FOLLOWED BY ALL WOMEN WHO COME FOR REGISTRATION UNDER IGMSY EACH MONTH, IN THE YEAR)

| S. No. | Name (First, Middle & Last Name) | Category (SC/ST/Other) | Date of Registration with IGMSY (dd /mm /yy) | D.O.B. (dd /mm/yy) | Age (in completed years) as on date of registration with IGMSY | No. of live births | Self / Husband Working in Govt. / PSU Yes-Y No-N | Status at the time of registration | | P/L woman eligible under IGMSY (Write 'Y' if Col. 6 is ≥ 19 & Col. 7 is 0 or 1 & Col. 8 is N. Otherwise write N) | Actual P/L woman beneficiary under IGMSY (Out of eligible i.e., Y of Col. 11 & who have signed the undertaking at Part II (A)) | Month of exit of actual beneficiary from Scheme (Fill from Col. 13, Part III of Register month when beneficiary exits from Scheme) |
|---------------------------------|---|-------------------------------|---|---------------------------|---|--------------------|--|------------------------------------|--------------------------------|---|---|---|
| | | | | | | | | Pregnant - P Lactating - L | Month of Pregnancy / Lactation | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| BASELINE SURVEY (mm/yy): | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| . | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| JANUARY | | | | | | | | | | | | |
| . | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| FEBRUARY | | | | | | | | | | | | |
| . | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | | | | | | |
| . | | | | | | | | | | | | |
| . | | | | | | | | | | | | |
| TOTAL (WRITE IN PENCIL) | | | | | | | | P =__ L =__ Total =__ | | Total of Y P =__ L =__ Total =__ | Total of Y P =__ L =__ Total =__ | |

PART II (A): UNDERTAKING BY THE BENEFICIARY

(TO BE FILLED IN FOR THE BENEFICIARY AT THE TIME OF REGISTRATION)

Village: _____

Project: _____

District: _____

SUB: APPLICATION FOR REGISTRATION UNDER THE IGMSY SCHEME

MY PERSONAL DETAILS

Name _____ (*full name*)

Wife/daughter of _____ (*name of Husband/Father*)

Resident of _____ (*name of village/mohalla/locality*),
_____ (*district/city*)

Age _____ (*age in completed years*)

Number of live births _____

I certify that I or my husband is not an employee of the Central/State Government/Public Sector Undertaking. I have registered myself on _____ (date) with AWC _____ (name and address of AWC) to avail benefit under IGMSY. **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: _____

S.No. **PART II (B): INDIVIDUAL RECORD OF BENEFICIARIES**

(TO BE FILLED IN FOR ALL ACTUAL BENEFICIARIES i.e., THOSE MARKED AS 'Y' IN COLUMN 12 OF PART I)

Name (First, Middle, Last):

Beneficiary details at the time of Registration (transfer relevant info. from Part I):

Husband/Father's Name : _____

Category (tick one) : SC / ST / Others

Date of Registration with IGMSY :

Status (tick one) : Pregnant-P / Lactating-L

Month of Pregnancy/Lactation (tick 1) : 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9

Aadhaar No. (if available) :

Contact Address: _____

Contact Number: _____

Name and address of Bank/PO: _____

Account Number: _____

Date of Child Birth:

Place of Birth (tick 1): Home / Government Hospital / Private Hospital or clinic

| Conditions | Fulfilled Conditions Yes- Y No-N | Date(s) | Signature of AWW on fulfillment of all conditions | Signature of Beneficiary on receipt of payment with date* |
|--|--|-------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 |
| First Installment Conditions | | | | |
| 1. Pregnancy registered within 4 months of pregnancy at: (tick 1): AWC / Health Centre | | | | |
| 2. Received 1 ANC | | | | |
| 3. Received IFA tablets | | | | |
| 4. Received 1 TT vaccination | | | | |
| 5. Received 1 counseling session at: (tick 1): AWC / VHND / Home | | | | |
| Second Installment Conditions | | | | |
| 1. Child birth registered | | | | |
| 2. Child received BCG | | | | |
| 3. Child received DPT-1 / OPV-1 | | | | |
| 4. Child received DPT-2 / OPV-2 | | | | |
| 5. Child weighed 2 times in last 3 months | | (i) _____ (ii) _____ | | |
| 6. Received IYCF counseling at least two times in last 3 months at: (i) (tick 1): AWC / VHND / Home (ii) (tick 1): AWC / VHND / Home | | (i) _____ (ii) _____ | | |
| Third Installment Conditions | | | | |
| 1. Child exclusively breastfed up to age 6 months | | | | |
| 2. Child has been introduced complementary foods | | | | |
| 3. Child received DPT-3 / OPV-3 | | | | |
| 4. Child weighed 2 times in last 3 months | | (i) _____ (ii) _____ | | |
| 5. Received IYCF counseling at least 2 times in last 3 months at: (i) (tick 1): AWC / VHND / Home (ii) (tick 1): AWC / VHND / Home | | (i) _____ (ii) _____ | | |

*Write 'Pending' in Column 5, if beneficiary has not received payment after 1 month of fulfilling conditions

Date of Exit from Scheme:

Reasons for Exit (tick 1):

- Received all due installments
- Out-migrated
- Death of Mother
- Death of Child

30

Note: To be filled by 3rd of every month

PART III: MONTHLY RECORD OF ACTUAL BENEFICIARIES UNDER IGMSY SCHEME

(TO BE FILLED-IN EVERY MONTH FOR ALL ACTUAL BENEFICIARIES i.e., THOSE P/L WOMEN GIVEN 'Y' IN COLUMN 12 OF PART I)

REPORTING MONTH: _____

| S. No. in Part II (B) of register (Individual record of beneficiary) | Name (First, Middle & Last Name) | Category (SC / ST / Other) | Status in reporting month | | Type of Beneficiary (tick one) | | | Installment(s) (Write 1 st / 2 nd / 3 rd installment, as applicable. OR '0' if not applicable) (Fill from Part II (B) of Register) | | | Reasons for exit from Scheme (write relevant code) (Fill from Part III of Register) |
|---|-------------------------------------|-------------------------------|--|--------------------------------|--|----------------|--|---|---|---|---|
| | | | Pregnant - P Lactating - L | Month of Pregnancy / Lactation | Old (Carry Forward from previous month) | New Entry | | Pending from previous month(s) (can be more than one) (Fill from Col. 5, Part II (B)) | Due this month (Fill from Col. 4, Part II (B)) | Received this month (can be more than one) (Fill from Col. 5, Part II (B)) | |
| | | | | | | Newly Pregnant | In-migrant | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 001 | | | | | | | | | | | |
| 002 | | | | | | | | | | | |
| . | | | | | | | | | | | |
| . | | | | | | | | | | | |
| . | | | | | | | | | | | |
| . | | | | | | | | | | | |
| . | | | | | | | | | | | |
| . | | | | | | | | | | | |
| TOTAL | | | P = ____ L = ____ Total = ____ | | P = ____ L = ____ Total = ____ | Total = ____ | P = ____ L = ____ Total = ____ | 1 st =____ 2 nd =____ 3 rd =____ Total=____ | 1 st =____ 2 nd =____ 3 rd =____ Total=____ | 1 st =____ 2 nd =____ 3 rd =____ Total=____ | Total=____ |

How to fill the IGMSY register Instructions for the Anganwadi worker

a) Purpose of the IGMSY register:

The IGMSY register is meant to identify and keep a record of all beneficiaries under the Scheme in the AWC area. **Every financial year a new register is to be opened.** The register needs to be filled in blue ink/ball point pen.

b) Organization of the register:

There is a cover page and Parts I, II and III of the IGMSY register:

- i. **Part I** is the record of all Pregnant and Lactating (P & L) women in the AWC area. Part I helps in identifying the eligible and actual beneficiaries out of all P & L women and keeps record of month when the actual beneficiaries exit out of the Scheme.
- ii. **Part II** is the record of actual beneficiaries. It has two parts. Part II (A) is the undertaking to be filled by the beneficiary at the time of registration into the Scheme. Part II (B) is the individual record of actual IGMSY beneficiaries. It is to be filled-in for all actual beneficiaries upon registration under the Scheme and updated as and when the actual beneficiary fulfills conditions and receives payment until the beneficiary exits from the Scheme.
- iii. **Part III** is the monthly record of all actual beneficiaries in terms of their present Status and installments which are due, received or pending.

c) How to fill the register?

- i. **Cover Page:** There are 14 items to be filled on the cover page.
 - Write the name of State/UT.
 - Write the financial year and date of opening of the register in that financial year in dd/mm/yy format. For the financial year 2010-11 the date of opening of register will be the date of start of IGMSY baseline survey. E.g., 01.12.10.
 - Write the complete name and address of the AWC and the AWC Code number.
 - Write your name, name of the AWH, ASHA and ANM.
 - Write the name of Village / Mohalla / Locality.
 - Write the name of the ICDS Sector / Ward and Project as well as the District /City under which the AWC falls.
 - Write the attached Sub-Centre or Urban Health Centre/Post.

- ii. **Part I of IGMSY register-Record of all Pregnant and Lactating Women in the AWC area)**: Write the month of the baseline survey and fill the table on this sheet column-wise. After the baseline survey, the name of each month is to be written and entries to be filled below it. E.g., Write January and then entries for January. Thereafter write February and then entries for February and so on.
- Col 1: **S.No.**: Serial Number of the entry.
 - Col 2: **Name**: First, Middle and Last Name of the P/L woman should be written as it is generally written by her. E.g., Rajni Ben Vaidya.
 - Col 3: **Category**: Write 'SC' or 'ST' and if the family belongs to neither of these categories then write 'Other'. All General categories, OBCs, Minorities etc. will be written as 'Other'.
 - Col 4: **Date of Registration with IGMSY**: Write the date in dd/mm/yy format when the woman comes to register herself with IGMSY at the AWC.
 - Col 5: **Date of Birth**: The date of birth of the P/L woman is to be entered (if available) in dd/mm/yy format. E.g., 06.10.96.
 - Col 6: **Age of woman**: Age of the P/L woman in completed years on the date of registration with IGMSY should be entered. E.g., if the woman is 19 years and 2 months, write '19'.
 - Col 7: **Number of live births**: The number of live births the P/L woman has had on the date of registration with IGMSY needs to be entered here. Live births includes the children who were born alive but does not include still births. E.g., if the woman has had 4 deliveries, but 1 child was born as still birth and then one child died after age of 8 months, the entry will be '3'.
 - Col 8: **Self/Husband working in Govt./PSU**: If the woman or her Husband is an employee of Central/State Government/Public Sector Undertaking, write 'Y' (meaning Yes) otherwise write 'N' (meaning No).
 - Col 09: **Status**: Write 'P' if the woman is Pregnant and 'L' if the woman is a Lactating woman at the time of registration with IGMSY.
 - Col 10: **Month of Pregnancy/Lactation**: Write the month of Pregnancy/Lactation as reported by the woman at the time of registration with IGMSY. E.g., if the woman is 3 months pregnant write '3'. If the child is 1 month old means the woman is lactating write '1'. Col 9 & 10 together will give the status.
 - Col 11: **P/L woman eligible under IGMSY**: 'Y' is to be filled in Column 11 if the woman is eligible i.e., Column 7 is greater \geq 19 (meaning woman is 19 years or above) and Column 8 is 0 or 1 (meaning woman has up to 2 live births) and if Column 9 is N (No) (meaning the woman or her husband are not Government/PSU employees). If P/L woman is not eligible write "N".
 - **Fill Column 12 onwards ONLY if Column 11 is Y.**
 - Col 12: **P/L woman actual beneficiary under IGMSY**: If P/L woman is eligible under IGMSY (i.e., Col 11 is 'Y') and is actually availing the benefit of the Scheme

and signed the undertaking given in Part II (A), then write 'Y' in Col. 12. If not availing write 'N'.

- Col. 13: **Month of exit of actual beneficiary from the Scheme:** Fill from Part II (B) of Register (individual record of actual beneficiary) month when the beneficiary exits from the Scheme is to be written here.
- **TOTAL:** Calculate totals from Col. 9, 11 and 12 P/L wise. Only the 'Y' is to be counted in Col 11-12. Since these totals will be changed every month, the entry should be done in pencil.

iii. **Part II (A) of IGMSY Register-Undertaking by the Beneficiary:** Part II (A) is an undertaking to be filled in for the beneficiary at the time of registration under the Scheme. The undertaking is a self-certification of the eligibility of the beneficiary into the Scheme and is availing the benefit of the Scheme from one AWC only. The personal details of the woman are to be filled in first. At the bottom, the beneficiary will sign or put her thumb print. The undertaking should necessarily be filled.

iv. **Part II (B) of IGMSY Register- Individual record of the beneficiaries:**

- On the top right corner first write the S.No.in 3-digit. E.g., 001, 012. This S.No. will be written in Part III of the register. This number will continue till her exit from the Scheme.
- Write the first, middle and last name of the beneficiary.

Box:

- **Box 1:** Fill the following beneficiary details given by the beneficiary at the time of registration from Part I of the register: Status at the time of registration - Pregnant / Lactating - L (tick one), tick on the month of Pregnancy / Lactation at the time of registration) and tick on the category (SC / ST / Other). Write the Husband's/Father's name and Adhaar number, if available (in the 12 box spaces).
- **Box 2:** Write the date of child birth in dd/mm/yy format. Tick whether the child birth took place at home, a government hospital or a private hospital or clinic.
- **Box 3:** Write the contact address of the beneficiary. Write the Contact number: contain mobile number or landline number, whichever is available.
- **Box 4:** Write the details of bank/post office account of beneficiary - the address of Bank/Post Office and account number.

Table:

- Col. 1: **Conditions:** is the conditionality for the three installments which is already printed. In case of counseling received (which is a conditionality for all three installments) a tick has to be marked at the place where the counseling was received (AWC or VHND or home).

- Col. 2: **Fulfilled Conditions Yes-Y/No-N:** Write 'Y' if the conditionality is fulfilled and 'N' if the conditionality is not fulfilled.
- Col. 3: **Dates(s):** Write the date of fulfillment of conditions. In case of weighing of child and counseling, write the dates when weighing and counseling was done.
- Col. 4: **Signature of AWW on fulfillment of conditionality:** This is to be signed only once after the beneficiary completes ALL the conditions for that installment.
- Col. 5: **Signature of the beneficiary on receipt of payment with date:** This is to be signed/thumb printed by beneficiary on receiving the due installment. Write Pending in Col. 5 if the beneficiary has not received payment even after 1 month of fulfilling the conditions.
- At the bottom of the table, write date when the beneficiary exits from the Scheme and tick one of the reasons for exit.

v. **Part III of IGMSY Register- Monthly record of actual beneficiaries under IGMSY Scheme:** One page has to be filled each month to give updated information for that month. This should be filled-in by 3rd of every month.

- Col 1: **S. No. in Part II (B) of register:** Write the 3-digit S.No. of the beneficiary as given in Part II (B) of the Register (Individual record of actual beneficiary i.e., 001. This will not change for the beneficiary till she exits from the Scheme. This will be her identification number for IGMSY.
- Col 2 & 3: **Name & Category:** This should be the same as information from Part I.
- Col 4 & 5: **Status in reporting month:** The current status of the woman - whether the woman is Pregnant or Lactating and what is her month of Pregnancy or Lactation will be written here. P 8 means the woman is 8 months pregnant. L 4 means the woman is 4 months lactating. E.g., if a woman is P6 in February, she will be P7 in March and so on.
- Col 6-8: **Type of Beneficiary:** Whether the beneficiary is continuing from previous month or is a new entrant needs to be ticked in the respective Columns. E.g., tick in Col. 6 she was a beneficiary in previous month also. Tick in Col. 7 if the beneficiary is a new entry because she is newly pregnant. Tick in Col. 8 if the beneficiary is a new entry because she has migrated in the area.
- Col 9-11: **Installment(s):** In that particular month, write currently which installment is pending (Col. 9) and due (Col. 10) to the beneficiary and which installment has the beneficiary received (Col. 11). Write '0', '1st', '2nd', '3rd', in the respective columns.
 - Pending (Col. 9) is to be filled from Col. 5, Part II (B) of register. Pending means that the beneficiary had fulfilled conditionality for receiving a particular installment last month but has not received installment even after 1 month of fulfilling the conditionality.

- Due (Col. 10) is to be filled from Col. 4 of Part II (B) of register. Installment due means installment for which the beneficiary has fulfilled the conditionality this month.
- Received (Col. 11) is to be filled from Col. 5 of Part II (B) of register. Received means that beneficiary has received the installment in this month.
- Please note that installment pending and received in that particular month can be more than one.
- Col 12: **Reason for exit from Scheme:** When the beneficiary exits from the Scheme, write the code for the reason of exit. Write '1' - if she has received all due installments-'1', Write '2' if she has migrated out. However this information would need verification since the beneficiary would not be there. Write '3' if the beneficiary dies during the Scheme period. Write '4' if the infant dies between birth and 6 months of age.
- **TOTAL:** Calculate totals from Col. 4 and 6-12, as indicated. For Col 9-11, against 1st, the total number of beneficiaries for whom 1st is written is to be counted. In case, 1st and 2nd both are written, each will be counted and so on.

vi. **ABSTRACT OF THE MONTH:**

- After filling-up the details in Part III of the register i.e., the monthly record of actual beneficiaries under IGMSY Scheme, write an abstract of number of Pregnant and Lactating women status-wise in the format given below on the left-side margin of Part III of register.

| MONTH: _____ | | | |
|------------------------------|-------|-------------------------------|-------|
| Number of Pregnant Women (P) | | Number of Lactating Women (L) | |
| P1 | _____ | L1 | _____ |
| P2 | _____ | L2 | _____ |
| P3 | _____ | L3 | _____ |
| P4 | _____ | L4 | _____ |
| P5 | _____ | L5 | _____ |
| P6 | _____ | L6 | _____ |
| P7 | _____ | | |
| P8 | _____ | | |
| P9 | _____ | | |
| Total P: | _____ | Total L: | _____ |
| Grand Total (P+L): _____ | | | |

- This abstract should be made by the 3rd of every month, when the Part III of the register is filled. Details of number of women of each status are available in Col 4 & 5 of Part III of Register. E.g., if there are 4 women whose status is P6 in Col 4 & 5, then 4 will be written against P6. The total of monthly abstract should be same as total of Col 4 of Part III of register.
- This abstract will give an overview of the status-wise (E.g., P8, L4, etc) number of beneficiaries in every month. This will also reflect clearly as to how many women are due for installments in the month. E.g., women with status P7 will be due for 1st installment and women with status L4 will be due for 2nd installment if conditions are fulfilled. Women with status L6 will be due for 3rd installment in next month. These numbers should tally with Col 10 of Part III of register.

MONTHLY PROGRESS REPORT OF IGMSY BY AWW

PART – A

- 1) Reporting Month and Year: _____/_____/____
- 2) Name of District, Project and Sector: _____/_____/_____
- 3) Name of AWC and Code: _____/____

4) Coverage:

| | SC | ST | Other | Total |
|---|----|----|-------|-------|
| 4a. Pregnant Women | | | | |
| (a) Total number in AWC area (total of P of Col. 9 of Part I of register) | | | | |
| (b) Number eligible for IGMSY, out of (a) (total of P of Col. 11 of Part I of register) | | | | |
| (c) Number of actual beneficiaries, out of (b) (total of P of Col. 12 of Part I of register) | | | | |
| 4b. Lactating Women (0-6 months) | | | | |
| (a) Total number in AWC area (total of L of Col. 9 of Part I of register) | | | | |
| (b) Number eligible for IGMSY out of (a) (total of L of Col. 11 of Part I of register) | | | | |
| (c) Number of actual beneficiaries out of (b) (total of L of Col. 12 of Part I of register) | | | | |

5) Details of cash transfer to actual beneficiaries:

5a) Details of actual beneficiaries whose previous months' payments are pending i.e., for whom a tick was marked in Col. 9 of Part III of register for this month

| S. No. | Name | Category (tick one) | | | Installment (s) pending (tick, as appropriate) | | | Reasons for pendency |
|-----------------------------------|------|---------------------|----|--------|--|-----------------|-----------------|----------------------|
| | | SC | ST | Others | 1 st | 2 nd | 3 rd | |
| 1st Installment | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| Total | | | | | | | | |
| 2nd Installment | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| Total | | | | | | | | |
| 3rd Installment | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| Total | | | | | | | | |

Reasons for pendency may include: (1) Pending at Bank, (2) Pending at PO, (3) Bank account not opened, (4) List not shared by AWW to supervisor.

5b) Details of beneficiaries whose have fulfilled conditionality for receiving installment in reporting month:
(Fill details of actual beneficiaries for whom a tick was marked in Col. 10 of Part III of register using information from Part II (B) of Register)

| S. No. | Name | Category (tick one) | | | Name and Address of Bank/PO | Account Number | Contact No. |
|-----------------------------------|------|---------------------|----|--------|-----------------------------|----------------|-------------|
| | | SC | ST | Others | | | |
| 1st Installment | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Total | | | | | | | |
| 2nd Installment | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Total | | | | | | | |
| 3rd Installment | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Total | | | | | | | |

5c.) Details of payments received by beneficiaries upto the reporting month: i.e., for whom a tick was marked in Col. 11 of Part III of register for this month

| S. No. | Name | Category (tick one) | | | Installment Received (tick, as appropriate)* | | |
|-----------------------------------|------|---------------------|----|--------|--|-----------------|-----------------|
| | | SC | ST | Others | 1 st | 2 nd | 3 rd |
| 1st Installment | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Total | | | | | | | |
| 2nd Installment | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Total | | | | | | | |
| 3rd Installment | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| Total | | | | | | | |

Note: Installment received means payment has been credited in the beneficiary account

6) AWW/AWH incentive amount, due, received and pending in reporting month:

| Incentive Amount in ₹ | AWW | AWH |
|-----------------------|-----|-----|
| i. Due | | |
| ii. Received | | |
| iii. Pending | | |

7) Number of actual beneficiaries this month (from Part III of Register, for this month):

- (i) Carry forward from previous month: _____ (total of Col. 7, Part III)
- (ii) New Entry : _____ (total of Col. 8&9, Part III)
- (iii) Exit : _____ (total of Col. 13, Part III)
- (iv) Total beneficiaries : Pregnant: _____ Lactating: _____ (total of Col. 5, Part III)

8) ICDS supervisor visited the AWC this month (tick one): Yes / No

9) VHND / Immunization day held this month (tick one)? Yes / No

10) Special counseling day organized for Pregnant and Lactating women (tick one)? Yes / No / Held as part of VHND

If Special counseling day was organized:

(i) For Pregnant Women: Date: _____ No. of Pregnant women who attended the session: _____

(ii) For Lactating Women: Date: _____ No. of Lactating women who attended the session: _____

11) Problems being faced with regard to the IGMSY Scheme: (tick in box, as appropriate)

- i. Inadequate supply of vaccines
- ii. Inadequate supply of IFA tablets
- iii. Shortage of MCP cards
- iv. Delays on part of Bank/Post Office in opening accounts
- v. Antenatal Check-ups not conducted by ANM
- vi. Infant weighing scales not available/broken
- vii. Any Other: _____

AWW

Name : _____

Signature : _____

Date : _____

**MONTHLY PROGRESS REPORT OF IGMSY BY AWW
PART - B**

IGMSY CLAIM FORM FOR THE AWW AND AWH FOR RECEIVING CASH INCENTIVE

To,
The CDPO,
Project: _____
District: _____

Date: _____

Respected Sir/Madam,

SUB: CLAIM FOR CASH INCENTIVE UNDER IGMSY

Certified that the following beneficiaries have received all due cash transfers after fulfilling the conditionalities under IGMSY. Kindly credit an amount of ₹_____ (in words _____) in my account and ₹_____ (in words _____) in the AWH's account (Name of AWH: _____).

| S.No. | Name of beneficiary | Date of receipt of all due cash transfers (Fill from Part II (B) of Register) | Contact number |
|---|---------------------|--|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |
| 1. Total number of beneficiaries who have received all due cash transfers = | | | |
| 2. Total cash incentive due to AWW in ₹ (Total X ₹200) = | | | |
| 3. Total cash incentive due to AWH in ₹. (Total X ₹100)= | | | |

AWW

AWH

Name: _____

Name: _____

Signature: _____

Signature: _____

AWC Name and AWC Code Number: _____ / _____

MONTHLY PROGRESS REPORT OF IGMSY BY SUPERVISOR
[CONSOLIDATE MPRS OF AWWs AND PREPARE THIS REPORT]

- 1) Reporting Month and Year: _____/_____/____
- 2) Name of District, Project and Sector: _____/_____/_____
- 3) A. Number of AWCs in your Sector: _____
- B. Number of AWCs for which MPR is being submitted: _____

4) Coverage:

| | SC | ST | Other | Total |
|--|----|----|-------|-------|
| 4a. Pregnant Women | | | | |
| (a) Total number in your Sector | | | | |
| (b) Number eligible for IGMSY out of (a) | | | | |
| (c) Number of beneficiaries out of (b) | | | | |
| 4b. Lactating Women (0-6 months) | | | | |
| (a) Total number in your Sector | | | | |
| (b) Number eligible for IGMSY out of (a) | | | | |
| (c) Number of beneficiaries out of (b) | | | | |

5) Details of cash transfer of beneficiaries in reporting month:

| | Number of Beneficiaries | | | |
|---|-------------------------|----|-------|-------|
| | SC | ST | Other | Total |
| 5a. Previous months' payments pending | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |
| 5b. Fulfilled conditionality for payment | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |
| 5c. Received payment | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |

Note: received payment means payment has been credited in the beneficiary account

6) Details of incentive to AWW/AWHs:

| | Number | | Total Amount (₹) | |
|--|--------|------|------------------|------|
| | AWW | AWHs | AWW | AWHs |
| 6a. Due for incentive in reporting month | | | | |
| 6b. Received incentive in reporting month | | | | |
| 6c. Incentives still pending (excluding 6a.) | | | | |

7) Number of actual beneficiaries this month :

- (i) Carry forward from previous month: _____
- (ii) New Entry : _____
- (iii) Exit : _____
- (iv) Total beneficiaries : Pregnant: _____ Lactating: _____

8) Number of AWCs visited by you this month for IGMSY monitoring : _____

9) Number of AWCs where a VHND/Immunization day was held this month : _____

10) Counseling sessions for pregnant/lactating women:

- i. Number of AWCs where counseling session was part of VHND : _____
- ii. Number of AWCs where special counseling sessions were held
 - a) For pregnant women: _____ No. of pregnant women who attended the session : _____
 - b) For lactating women: _____ No. of lactating women who attended the session : _____
- iii. Number of AWCs where no counseling session was held at all : _____

11) Number of AWWs who reported:

- i. Inadequate supply of vaccines : _____
- ii. Inadequate supply of IFA tablets : _____
- iii. Shortage of MCP cards : _____
- iv. Bank/Post Office delays in opening bank accounts : _____
- v. Antenatal Check-ups not conducted by ANM : _____
- vi. Infant weighing scales not available/broken : _____
- vii. Any Other: _____ : _____

Name of Supervisor: _____ Signature _____ Date: _____

MONTHLY PROGRESS REPORT OF IGMSY BY CDPO
[CONSOLIDATE MPRS OF SUPERVISORS AND PREPARE THIS REPORT]

1. Reporting Month and Year: _____/_____-____
2. A. Name of District and Project: _____/_____
- B. No. of Sectors in your Project: _____
3. A. No. of AWCs in your Project: _____
- B. No of AWCs for which the MPR is being submitted: _____

4. Coverage:

| | SC | ST | Other | Total |
|--|----|----|-------|-------|
| 4a. Pregnant Women | | | | |
| (a) Total number in your Project | | | | |
| (b) Number eligible for IGMSY out of (a) | | | | |
| (c) Number of beneficiaries out of (b) | | | | |
| 4b. Lactating Women (0-6 months) | | | | |
| (a) Total number in your Project | | | | |
| (b) Number eligible for IGMSY out of (a) | | | | |
| (c) Number of beneficiaries out of (b) | | | | |

5) Details of cash transfer to beneficiaries in reporting month:

| | Number of Beneficiaries | | | |
|---|-------------------------|----|-------|-------|
| | SC | ST | Other | Total |
| 5a. Previous months' payments pending | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |
| 5b. Fulfilled conditionality for payment | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |
| 5c. Received payment | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |

Note: received payment means payment has been credited in the beneficiary account

6) Details of incentive to AWW/AWHs:

| | Number | | Total Amount (₹) | |
|--|--------|------|------------------|------|
| | AWW | AWHs | AWW | AWHs |
| 6a. Due for incentive in reporting month | | | | |
| 6b. Received incentive in reporting month | | | | |
| 6c. Incentives still pending (excluding 6a.) | | | | |

7) Number of actual beneficiaries this month :

- (i) Carry forward from previous month: _____
- (ii) New Entry : _____
- (iii) Exit : _____
- (iv) Total : Pregnant: _____ Lactating: _____

8) A. Number of AWCs visited by ICDS Supervisors this month for IGMSY monitoring : _____

B. Number of AWCs visited by you this month for IGMSY monitoring : _____

9) A. Number of AWCs where a VHND/Immunization day was held this month : _____

B. Was a project-level IGMSY steering and monitoring committee meeting held this month? Yes / No

10) Number of AWCs where counseling sessions were organized for pregnant/lactating women

i. Number of AWCs where counseling session was part of VHND : _____

ii. Number of AWCs where special counseling sessions were held

a) For pregnant women: _____ No. of Pregnant women who attended the session: _____

b) For lactating women: _____ No. of Lactating women who attended the session: _____

iii. Number of AWCs where no counseling session was held at all : _____

11) Number of AWWs who reported:

i. Inadequate supply of vaccines : _____

ii. Inadequate supply of IFA tablets : _____

iii. Shortage of MCP cards : _____

iii. Bank/Post Office delays in opening bank accounts : _____

iv. Antenatal Check-ups not conducted by ANM : _____

v. Infant weighing scales not available/broken : _____

vi. Any Other: _____ : _____

Name of CDPO: _____ Signature _____ Date: _____

**MONTHLY PROGRESS REPORT OF IGMSY
BY DISTRICT PROGRAMME OFFICER**
[CONSOLIDATE MPRS OF CDPOs AND PREPARE THIS REPORT]

- 1) Reporting Month and Year: _____/_____-____
- 2) A. Name of District: _____/_____
B. No. of Sectors/Projects in IGMSY District: _____/_____
- 3) A. No. of AWCs in IGMSY District: _____
B. No of AWCs for which the MPR is being submitted: _____

4) Coverage:

| | SC | ST | Other | Total |
|--|----|----|-------|-------|
| 4a.Pregnant Women | | | | |
| (a) Total number in IGMSY District | | | | |
| (b) Number eligible for IGMSY out of (a) | | | | |
| (c) Number of Beneficiaries out of (b) | | | | |
| 4b.Lactating Women (0-6 months) | | | | |
| (a) Total number in IGMSY District | | | | |
| (b) Number eligible for IGMSY out of (a) | | | | |
| (c) Number of Beneficiaries out of (b) | | | | |

5) Details of cash transfer to beneficiaries in reporting month:

| | Number | | | |
|---|--------|----|-------|-------|
| | SC | ST | Other | Total |
| 5a. Previous months' payments pending | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |
| 5b. Fulfilled conditionality for payment | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |
| 5c. Received payment | | | | |
| 1 st Installment | | | | |
| 2 nd Installment | | | | |
| 3 rd Installment | | | | |
| Total | | | | |

Note: received payment means payment has been credited in the beneficiary account

6) A. Details of cash incentive to AWW/AWHs:

| | Number | | Total Amount (₹) | |
|--|--------|------|------------------|------|
| | AWW | AWHs | AWW | AWHs |
| 6a. Due for incentive in reporting month | | | | |
| 6b. Received incentive in reporting month | | | | |
| 6c. Incentives still pending (excluding 6a.) | | | | |

B. Details of financial expenditure of the District IGMSY cell:

| S. No. | Item | Amount (₹) |
|-------------------------------------|---|------------|
| A. Non-recurring Expenditure | | |
| 1. | Furniture and other office equipments (tables, chairs, cupboards, etc.) @ ₹50000 | |
| 2. | Two Computers with Web Cam and UPS @Rs.35000/- and One Printers cum Scanners @Rs.10000/- | |
| | Total (A) | |
| B. Recurring Expenditure | | |
| 3. | Staff Salary | |
| | 1 District Coordinator @₹20,000/- per month | |
| | 1 Programme Assistant @₹10,000/- per month | |
| 4. | Rent for hiring the space (if not available within the premises of the District ICDS Cell) @ ₹3000/- per month x 12 months (as per actual) | |
| 5. | Travel allowance for State IGMSY Unit staff at applicable State Government rates (as per actual) @ ₹1,00,000 p.a. | |
| 6. | Administrative Expenses (water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @₹.5,000/- per month | |
| 7. | Miscellaneous Contingencies @ ₹1,00,000 p.a. | |
| | Total (B) | |
| | Total Expenditure (A+B) | |

7) Number of actual beneficiaries this month :

- (i) Carry forward from previous month: _____
(ii) New Entry : _____
(iii) Exit : _____
(iv) Total beneficiaries : Pregnant: _____ Lactating: _____

8) A. Number of AWCs visited by ICDS Supervisors this month for IGMSY monitoring : _____
B. Number of AWCs visited by ICDS CDPOs this month for IGMSY monitoring : _____
C. Number of AWCs visited by you this month for IGMSY monitoring : _____

9) A. Number of AWCs where a VHND/Immunization day was held this month : _____
B. Number of project-level IGMSY steering and monitoring committee meeting held this month: _____

10) Number of AWCs where counseling sessions were organized for pregnant/lactating women

- i. Number of AWCs where counseling session was part of VHND: _____
ii. Number of AWCs where special counseling sessions were held
a) For pregnant women: _____ No. of pregnant women who attended the session: _____
b) For lactating women: _____ No. of lactating women who attended the session: _____
iii. Number of AWCs where no counseling session was held at all: _____

11) Number of AWWs who reported:

- i. Inadequate supply of vaccines : _____
ii. Inadequate supply of IFA tablets : _____
iii. Shortage of MCP cards : _____
iv. Bank/Post Office delays in opening bank accounts : _____
v. Antenatal Check-ups not conducted by ANM : _____
vi. Infant weighing scales not available/broken : _____
vii. Any Other: _____ : _____

Name of DPO: _____ Signature _____ Date: _____

QUARTERLY STATEMENT OF EXPENDITURE
INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY)

Name of the State/UT _____ Financial Year _____

Quarter: I (Apr-Jun)/ II (Jul-Sept)/ III (Oct-Dec)/ IV (Jan-Mar)

PART A: QUARTERLY IGMSY BUDGET

Central

1. IGMSY ₹ _____ (In lakhs)

UTILIZATION CERTIFICATE

Certified that out of the total amount of ₹ _____ released under **Indira Gandhi Matritva Sahyog Yojana** (IGMSY) during 200_ - 200_ to the State/UT of _____ by Government of India upto Quarter I / II / III / IV, a sum of ₹ _____ has been utilized for the purpose for which the amount was released as per Scheme norms. Out of this, ₹ _____ was utilized in the current Quarter (I / II / III / IV).

Signature and seal of the Authorized Officer

PART B: PHYSICAL

1. Number of IGMSY Projects: _____

2. Number of IGMSY AWCs: _____

3. Details of Contractual Staff:

| S.No. | Name of Post | No. sanctioned | No. in Position | Monthly Pay | Expenditure In Quarter | | | | Cumulative upto Quarter | | | | |
|-------|------------------------------|----------------|-----------------|-------------|------------------------|-----|------|----|-------------------------|-----|------|----|--|
| | | | | | I/ | II/ | III/ | IV | I/ | II/ | III/ | IV | |
| | State Coordinator | | | | | | | | | | | | |
| | State Programme Assistant | | | | | | | | | | | | |
| | District Coordinator | | | | | | | | | | | | |
| | District Programme Assistant | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | |

(In lakhs)

Cumulative upto
In Quarter the Quarter
I/ II/ III/ IV I/ II/ III/ IV

4. Number of beneficiaries who received: 1st Installment: _____

2nd Installment: _____

3rd Installment: _____

5. No. of beneficiaries who received all due installments: _____

6. Number of VHND/Immunization day was held this Quarter: _____

| | In Quarter | Cumulative upto |
|---|----------------|-----------------|
| | I/ II/ III/ IV | the Quarter |
| | I/ II/ III/ IV | I/ II/ III/ IV |
| 7. A. Number of Project-level IGMSY steering and monitoring committee meeting held: | _____ | _____ |
| B. Number of District-level IGMSY steering and monitoring committee meeting held : | _____ | _____ |
| C. Number of State-level IGMSY steering and monitoring committee meeting held: | _____ | _____ |
| 8. A. Number of AWCs where a monthly counseling session was organized for pregnant/lactating women | _____ | _____ |
| B. Number of AWCs where counseling session(s) were organized for pregnant/lactating women as a part of VHND | _____ | _____ |
| C. Number of AWCs where no counseling session was organized for pregnant/lactating women | _____ | _____ |
| 9) Number of AWWs who reported: | | |
| i. Inadequate supply of vaccines | _____ | _____ |
| ii. Inadequate supply of IFA tablets | _____ | _____ |
| iii. Shortage of MCP cards | _____ | _____ |
| iv. Bank/Post Office delays in opening bank accounts | _____ | _____ |
| v. Infant weighing scales not available/broken | _____ | _____ |

PART C: FINANCIAL

(₹ In lakhs)

1. Funds released during previous financial year by Gol _____
2. Expenditure incurred in previous financial year _____
3. (a) Unutilized balance of previous financial year (1-2) _____
- OR
- (b) Excess expenditure incurred in previous financial year (2-1) _____
4. Funds released upto previous Quarter in current year by Gol _____
5. Funds released during the current Quarter by Gol _____
(Sanction Order No. _____ Date: _____)
6. Cumulative release during the year (4+ 5) _____
7. Net Central funds available (6 + 3(a) OR
6 – (b) as the case may be) _____
8. **(a) Recurring expenditure incurred during the Quarter (₹ in lakhs)**

| | In Quarter | | | | Cumulative up to the Quarter | | | |
|---|-------------------|-----|------|----|-------------------------------------|-----|------|----|
| | I/ | II/ | III/ | IV | I/ | II/ | III/ | IV |
| (i) Cost of Conditional Cash Transfer to Beneficiaries | | | | | | | | |
| (a) First Installment | _____ | | | | _____ | | | |
| (b) Second Installment | _____ | | | | _____ | | | |
| (c) Third Installment | _____ | | | | _____ | | | |
| Total | _____ | | | | _____ | | | |
| (ii) Cash Incentive to AWW/AWHs | | | | | | | | |
| (a) AWWs (part B 5 X₹200) | _____ | | | | _____ | | | |

(₹ in lakhs)

| | In Quarter | | | | Cumulative upto the Quarter | | | |
|--|------------|----|-----|----|-----------------------------|----|-----|----|
| | I | II | III | IV | I | II | III | IV |
| (b) AWHs (part B 5 X ₹100) | | | | | | | | |
| Total | | | | | | | | |
| (iii) Flexi Funds (2.5% of Total) (Attach details) | | | | | | | | |
| (iv) Training & IEC (3% of total) (Attach details) | | | | | | | | |
| (v) Contingency (2% of Total) (Attach details) | | | | | | | | |
| (vi) Salary to Contractual Staff | | | | | | | | |
| (a) State-level | | | | | | | | |
| (b) District-level | | | | | | | | |
| Total | | | | | | | | |
| (vii) Rent (IGMSY Cell) | | | | | | | | |
| (a) State-level | | | | | | | | |
| (b) District-level | | | | | | | | |
| Total | | | | | | | | |
| (viii) Travel | | | | | | | | |
| (a) State-level | | | | | | | | |
| (b) District-level | | | | | | | | |
| Total | | | | | | | | |

(₹ in lakhs)

| | In Quarter | | | | Cumulative upto the Quarter | | | |
|---|------------|----|-----|----|-----------------------------|----|-----|----|
| | I | II | III | IV | I | II | III | IV |
| (ix) Administrative Expenses | | | | | | | | |
| (a) State-level | | | | | | | | |
| (b) District-level | | | | | | | | |
| Total | | | | | | | | |
| (x) Miscellaneous Contingencies | | | | | | | | |
| (Attach details) | | | | | | | | |
| (a) State-level | | | | | | | | |
| (b) District-level | | | | | | | | |
| Total | | | | | | | | |
| Total 8 (a) ((i) to (x)) | | | | | | | | |
| (b) Non-Recurring expenditure incurred: | | | | | | | | |
| i. State-level (give details) | | | | | | | | |
| ii. District-level (give details) | | | | | | | | |
| Total 8 (b) | | | | | | | | |
| 9. Grand total 8 (a) + 8(b) | | | | | | | | |
| 10. Unutilized Funds (7 – 9) (along with reasons) | | | | | | | | |
| Reasons:_____ | | | | | | | | |
| 11. Excess expenditure (9.- 7.) (along with reasons) | | | | | | | | |
| Reasons:_____ | | | | | | | | |

ANNUAL STATEMENT OF EXPENDITURE
INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY)

Name of the State/UT _____

Financial Year _____

PART A: ANNUAL IGMSY BUDGET

Central

1. IGMSY

₹ _____ (in lakhs)

UTILIZATION CERTIFICATE

Certified that out of the total amount of ₹ _____ released under **Indira Gandhi Matritva Sahyog Yojana** (IGMSY) during 200_ - 200_ to the State/UT of _____ by Government of India, a sum of ₹ _____ has been utilized for the purpose for which the amount was released as per Scheme norms. The unspent balance available with the State as on 31.03.____ is ₹ _____ OR the excess expenditure incurred by the State as on 31.03.____ is ₹ _____.

Signature and Seal of the Authorized Officer

PART B: PHYSICAL

1. Number of IGMSY Projects: _____

2. Number of IGMSY AWCs: _____

3. Details of Contractual Staff:

| S. No. | Name of Post | No. sanctioned | No. in Position | Monthly Pay | Total actual yearly expenditure (in lakhs) |
|--------|------------------------------|----------------|-----------------|-------------|---|
| | State Coordinator | | | | |
| | State Programme Assistant | | | | |
| | District Coordinator | | | | |
| | District Programme Assistant | | | | |
| | Total | | | | |

9. Number of beneficiaries who received: 1st Installment: _____

2nd Installment: _____

3rd Installment: _____

10. No. of beneficiaries who received all due installments: _____

11. Number of VHND/Immunization day was held: _____

12. A. Number of Project-level IGMSY steering and monitoring committee meeting held this year: _____

B. Number of District-level IGMSY steering and monitoring committee meeting held this year: _____

C. Number of State-level IGMSY steering and monitoring committee meeting held this year: _____

13. A. Number of AWCs where a monthly counseling session was organized for pregnant/lactating women _____

B. Number of AWCs where counseling session(s) were organized for pregnant/lactating women as a part of VHND _____

C. Number of AWCs where no counseling session was organized for pregnant/lactating women _____

14. Number of AWWs who reported:

i. Inadequate supply of vaccines _____

ii. Inadequate supply of IFA tablets _____

iii. Shortage of MCP cards _____

iv. Bank/Post Office delays in opening bank accounts _____

v. Infant weighing scales not available/broken _____

PART C: FINANCIAL

(₹ in lakhs)

1. Funds released during previous financial year _____
2. Expenditure incurred in previous financial year _____
3. (a) Unutilized balance of previous financial year (1-2) OR _____
 (b) Excess expenditure incurred in previous financial year (2-1) _____
4. Funds released during the current year by Gol

| Quarter | Sanction Order No. | Date (dd/mm/yy) | Amount (₹) | Received By the State on date (dd/mm/yy) | Transfer to the District on date (dd/mm/yy) |
|-----------------------------|--------------------|-----------------|------------|--|---|
| Quarter 1 (Apr-Jun) | | | | | |
| Quarter 2 (Jul-Sept) | | | | | |
| Quarter 3 (Oct-Dec) | | | | | |
| Quarter 4 (Jan-Mar) | | | | | |
| Total funds released | | | | | |

5. Net Central funds available (4 + 3 (a) OR
 4 – 3 (b) as the case may be) _____
6. Expenditure during the year
 - Quarter 1 (Apr-Jun) _____
 - Quarter 2 (Jul-Sept) _____
 - Quarter 3 (Oct-Dec) _____
 - Quarter 4 (Jan-Mar) _____
 - Total _____
7. Unutilized Balance (5- 6) _____
8. Excess Expenditure (6- 5) _____

9 (a) Recurring expenditure incurred during the Year (*₹ in lakhs*)

(i) Cost of Conditional Cash Transfer to Beneficiaries

| | | |
|-----|--------------------|-------|
| (a) | First Installment | _____ |
| (b) | Second Installment | _____ |
| (c) | Third Installment | _____ |
| | Total | _____ |

(ii) Cash Incentive to AWW/AWHs

| | | |
|-----|-----------------------------|-------|
| (a) | AWWs (part B, 5 X ₹200) | _____ |
| (b) | AWHs (part B, .5 X ₹100) | _____ |
| | Total | _____ |

(iii) Flexi Funds (2.5% of Total)
(Attach details)

(iv) Training & IEC (3% of total)

(Attach details)

(v) Contingency (2% of Total)

(Attach details)

(vi) Salary to Contractual Staff

| | | |
|-----|----------------|-------|
| (a) | State-level | _____ |
| (b) | District-level | _____ |
| | Total | _____ |

(vii) Rent (IGMSY Cell)

| | | |
|-----|-------------|-------|
| (a) | State-level | _____ |
|-----|-------------|-------|

(₹ in lakhs)

(b) District-level _____

Total _____

(viii) Travel

(a) State-level _____

(b) District-level _____

Total _____

(ix) Administrative Expenses

(a) State-level _____

(b) District-level _____

Total _____

(x) Miscellaneous Contingencies

(Attach details)

(a) State-level _____

(b) District-level _____

Total _____

Total 9 (a) ((i) to (x)) _____

9 (b) Non-Recurring expenditure incurred:

(a) State-level (Attach details) _____

(b) District-level (Attach details) _____

Total _____

Total 9 (b) _____

11. **Grand total 9 (a) + 9(b)** _____

Budgetary Norms under IGMSY

- | | |
|--------------------------------------|--|
| 1. State IGMSY Cell*: | |
| a. Non-Recurring | ₹ 1,80,000 per State IGMSY Cell |
| b. Recurring | ₹ 11,20,000 per State IGMSY Cell |
| 2. District IGMSY Cell* | |
| a. Non-Recurring | ₹ 1,30,000 per District IGMSY Cell |
| b. Recurring | ₹ 6,56,000 per District IGMSY Cell |
| 3. Cost of CCT** | @ ₹4000 per beneficiary |
| 4. Incentive for AWW** | @ ₹200 per beneficiary after all due cash transfers to beneficiary are completed |
| 5. Incentive for AWH** | @ ₹100 per beneficiary after all due cash transfers to beneficiary are completed |
| 6. Training, Capacity Building & IEC | @3% of total expenditure in SG/UT |
| 7. Contingency | @2 % of total expenditure in SG/UT |
| 8. Flexi Funds | @ 2.5% of total expenditure in SG/UT |

* *Details in table on next page*

** *Expenditure will depend on number of actual beneficiaries*

Annex-I (Contd/..)

Budgetary Norms for State and District IGMSY cells

(a) State IGMSY Cell:

| S. No. | Item | Amount (₹) |
|-------------------------------------|---|--------------------|
| A. Non-recurring Expenditure | | |
| 1. | Furniture and other office equipments (tables, chairs, cupboards, etc.) | 1,00,000 |
| 2. | Two Computers with Web Cam and UPS @Rs.35000/- and One Printers cum Scanners @Rs.10000/- | 80,000 |
| | Total (A) | 1,80,000 |
| B. Recurring Expenditure | | |
| 3. | Staff Salary | |
| | 1 State Coordinator @Rs.30,000/- | 3,60,000 |
| | 1 Programme Assistant @Rs.15,000/- per month | 1,80,000 |
| | Total Salary | 5,40,000 |
| 4. | Rent for hiring the space (if not available within the premises of the State ICDS Cell) @5000/- per month x 12 months (as per actuals) | 60,000 |
| 5. | Travel allowance for IGMSY staff at applicable State Government rates (as per actual) | 2,00,000 |
| 6. | Administrative Expenses (water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @Rs.10,000/- per month | 1,20,000 |
| 7. | Miscellaneous Contingencies | 2,00,000/- |
| | Total (B) | 11,20,000/- |
| | Total Expenditure (A+B) | 13,00,000/- |

(b) District ICDS Cell:

| S. No. | Item | Amount (₹.) |
|-------------------------------------|--|-----------------|
| A. Non-recurring Expenditure | | |
| 1. | Furniture and other office equipments (tables, chairs, cupboards, etc.) | 50,000 |
| 2. | Two Computers with Web Cam and UPS @₹35000/- and One Printers cum Scanners @₹10000/- | 80,000 |
| | Total (A) | 1,30,000 |
| B. Recurring Expenditure | | |
| 3. | Staff Salary | |
| | 1 District Coordinator @₹20,000 | 2,40,000 |
| | 1 Programme Assistant @₹10,000 per month | 1,20,000 |
| | Total Salary | 3,60,000 |
| 4. | Rent for hiring the space (if not available within the premises of the District ICDS Cell) @₹3,000 per month x 12 months (as per actuals) | 36,000 |
| 5. | Travel allowance for State IGMSY Unit staff at applicable State Government rates (as per actual) | 1,00,000 |
| 6. | Administrative Expenses (water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @₹5,000 per month | 60,000 |
| 7. | Miscellaneous Contingencies | 1,00,000 |
| | Total (B) | 6,56,000 |
| | Total Expenditure (A+B) | 7,86,000 |

ACRONYMS USED

| | |
|----------|--|
| ANC | Antenatal Check Up |
| ANM | Auxillary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| AWC | Anganwadi Centre |
| AWH | Anganwadi Helper |
| AWW | Anganwadi Worker |
| BCG | Bacillus Calmette Guerin |
| CDPO | Child Development Project Officer |
| DPO | District Programme Officer |
| DPT | Diphtheria Pertusis Tetanus |
| Gol | Government of India |
| GPO | General Post Office |
| H & FW | Health and Family Welfare |
| ICDS | Integrated Child Development Services |
| IEC | Information Education Communication |
| IFA | Iron Folic Acid |
| IGMSY | Indira Gandhi Matritva Sahyog Yojana |
| IYCF | Infant and Young Child Feeding |
| JSY | Janani Suraksha Yojana |
| MCP card | Mother and Child Protection card |
| M-NREGA | Mahatma Gandhi National Rural Employment Guarantee Scheme |
| MOHFW | Ministry of Health and Family Welfare |
| MWCD | Ministry of Women and Child Development |
| NIPCCD | National Institute of Public Cooperation and Child Development |
| P & L | Pregnant and Lactating |
| SGs | State Governments |
| SoE | Statement of Expenditure |
| TT | Tetanus Toxoid |
| UTs | Union Territories |
| VHND | Village Health and Nutrition Day |