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Between the Name and the Money: Awareness, Enrolment and Payment under the Pradhan Mantri Matru Vandana Yojana, 2021–2025

Anshhika Jain
B. Des (Interior Design), Sanjeev Agrawal Global Educational [SAGE] University, Bhopal

Abstract

India has a large maternity benefit scheme, the Pradhan Mantri Matru Vandana Yojana (PMMVY), which pays a first-time mother ₹5,000 in cash. The usual explanation for why such schemes under-deliver is that women do not know about them. This paper asks how far that explanation holds for PMMVY between 2021 and 2025. It does two things. First, it reads the small body of recent awareness studies. Second, it works through the statewise enrolment and payment tables that the Ministry of Women and Child Development gave to Parliament in 2024 and 2025. No new survey was done; everything comes from published sources. The awareness studies, mostly small and local, agree that knowledge of the scheme is thin, especially in rural areas, and that women hear about it mainly from anganwadi workers. The official tables show something the awareness literature cannot: the system is unstable even for women who do enrol. Payments to enrolled women fell to 46 per cent of enrolments in 2023–24 and then jumped to 165 per cent in 2024–25, while enrolment itself fell by about a fifth between 2022–23 and 2024–25. Lack of awareness is real, but it is only one leak among several. The paper closes with what this means for anyone trying to design a better way for women to find and follow their entitlements. Keywords: PMMVY, maternity benefit, scheme awareness, Direct Benefit Transfer, anganwadi, India

1. INTRODUCTION

Take a woman expecting her first child. She has a bank account, a ration card in the BPL category, and an anganwadi centre a short walk from her house. On paper, she is entitled to ₹5,000 from the Government of India under PMMVY, paid directly into her account in two instalments. Whether she actually receives it depends on a chain of small things going right. Someone has to tell her the scheme exists. She has to register, usually through the anganwadi worker. She has to go for her antenatal check-up and have it recorded. Her details have to match across the ration card, the bank and the portal. Then the money has to arrive. If any one link breaks, nothing in the system tells her what went wrong. Most writing on welfare schemes in India puts the blame on the first link. Women, it is said, are simply unaware. This is a comfortable explanation because the fix sounds easy: run more campaigns. But a campaign can only help if awareness is where the loss happens. This paper tests that assumption on one scheme. I chose PMMVY for three reasons. It pays real money, so the cost of not knowing is easy to state. It is delivered through the anganwadi network, which means the route from government to woman is at least known. And it changed during the period I am looking at: in 2022 it was folded into the Mission Shakti umbrella, and the number of instalments came down from three to two. Beti Bachao Beti Padhao (BBBP)

appears briefly as a contrast, since it is the better-known name but offers nothing to claim. Three questions guide the paper.

1. What do studies from 2021 onwards say about how well women know PMMVY and similar maternity schemes?
2. What do the official enrolment and payment figures for 2021–22 to 2024–25 show?
3. Taken together, how much of the shortfall can awareness explain?

My argument is that awareness matters but does not carry the whole load. The official tables suggest that the scheme loses women at the front, when they fail to enrol, and again in the middle, when enrolled women are paid late or in bunches. A better campaign would address the first and barely touch the second.

2. THE SCHEME IN BRIEF

PMMVY has been running since 1 January 2017 in all states except Odisha and Telangana, which have their own maternity programmes, and Odisha was reported to be in the process of joining by 2025 (Lok Sabha, 2025). It is a centrally sponsored scheme under the Ministry of Women and Child Development. A woman gets ₹5,000 for her first living child, transferred to her bank or post office account. The Ministry's information material describes two instalments: ₹3,000 after the first antenatal check-up and ₹2,000 after the birth is registered and the child has completed the first cycle of immunisation (Ministry of Women and Child Development [MWCD], 2023). Women who have an institutional delivery also receive the Janani Suraksha Yojana payment, which the Ministry says brings the average to ₹6,000 (Lok Sabha, 2025). A second child brings another ₹6,000, but only if the child is a girl. Eligibility is by category. The Ministry's leaflet lists women from Scheduled Castes and Scheduled Tribes, women with at least 40 per cent disability, BPL ration card holders, beneficiaries of Ayushman Bharat (PM-JAY), and women from families with a net income below ₹8 lakh a year; women in regular government or public sector jobs are excluded (MWCD, 2023). From 1 April 2022 the scheme sits inside Mission Shakti, under its Samarthya component, alongside BBBP and the creche scheme (Vikaspedia, n.d.). Parliament was told in March 2025 that the instalments had been cut from three to two and that money is released only after payment details are verified with NPCI, the national payments body (Rajya Sabha, 2025). There are a lot of rules in that description. That is part of the point. A woman has to know not just that the scheme exists but which category she falls into, which documents to bring, when to register, and what to do after the birth.

3. WHAT EARLIER WORK SAYS

3.1 Awareness

The recent awareness literature is mostly small studies done by nursing and community medicine departments and by colleges. They are not nationally representative, and I treat them as pieces of a picture, not as measurements of it. The clearest figures come from a study of 60 registered antenatal women in urban Rohtak, Haryana. Only 21.6 per cent knew about PMMVY, about a quarter knew the Janani Suraksha Yojana, and 23.3 per cent knew Janani Shishu Suraksha Karyakram ("Knowledge about Various Government Health Schemes," 2024). The same study asked where women had heard about the schemes.

Anganwadi workers were the main source (65 per cent), then ASHA workers (36.6 per cent) and mass media (30 per cent). This was a convenience sample and a city, so it probably flatters the picture. A cross-sectional study of postnatal mothers in and around Pune, carried out between May and September 2025, found that awareness and use of maternal health schemes were significantly lower in rural areas than in urban ones ("Postnatal Mothers and Government Health Programs," 2025). A survey of 120 women in a slum in Goa, published in 2026, found low awareness of selected schemes, including PMMVY, and noted that even the educated women among them knew little ("Awareness of Government Schemes among Women in a Slum Area," 2026).

The pattern for BBBP is different and worth keeping in mind. The NCAER evaluation, which surveyed 816 households across 14 states, found that nearly 88 per cent of respondents had heard of the scheme, while still concluding that awareness was below a desirable level (Jaiswal et al., 2020). That report is dated August 2020 and so falls just outside my window; I use it as a baseline. Later local studies show the same split between knowing the name and knowing the scheme. In Prakasham district of Andhra Pradesh, a 2021–22 study of 80 beneficiaries found medium-level awareness for most and reported that 88.75 per cent did not know how the scheme is controlled and administered (Tulasi & Singh, 2023). A survey of 114 people in Madhya Pradesh found that 89.47 per cent were very or somewhat aware, yet only 40.35 per cent thought the scheme had improved literacy ("The Effectiveness of the Beti Bachao Beti Padhao Scheme," n.d.).

3.2 Delivery and exclusion

The older evidence on PMMVY is blunt, and although it predates 2021 it frames everything after. A 2019 survey by Jean Drèze and colleagues, reported in The Wire, estimated that effective coverage in 2018–19 was around 22 per cent of pregnant women, and only 14 per cent counting women who received all instalments. It pointed to the firstchild restriction, which excluded a large share of pregnancies, and to a long application form that had to be filled for each instalment ("Maternity Benefits Restricted to Handful of Urban Women," 2019). The scheme has changed since then, with fewer instalments and an online portal, so these numbers should not be read as describing 2025. What they do show is that the problem was already understood to be as much about paperwork as about knowledge.

3.3 The people in the middle

Because anganwadi workers are the main source of information, it matters what is being asked of them. Studies of the Poshan Tracker app point to limited digital literacy, language barriers, poor connectivity, and complicated data entry (Neha, 2024). An interview-based study in two districts of Chhattisgarh in 2023–24 describes anganwadi workers as becoming data collectors for the state, struggling with complex interfaces and an overloaded workday ("Digitising Care," n.d.). If the most trusted channel for scheme information is also the most overburdened, a campaign that depends on it may reach less far than it appears to on paper.

4. DATA AND METHOD

This is a desk study. I did not survey anyone.

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For the awareness part, I looked for studies published from 2021 onwards that measured knowledge of PMMVY or closely related maternity and girl-child schemes, using web searches on journal sites and repositories. This is not a formal systematic review, and I probably missed work, especially in regional-language journals. For the enrolment and payment part, I used four official sources. The main one is Annexure B of Lok Sabha Unstarred Question 5654, answered on 4 April 2025, which gives beneficiaries enrolled, beneficiaries paid and amount disbursed for each state and union territory for 2021–22 to 2024–25 (Lok Sabha, 2025). I typed the 34 state and union territory rows into a spreadsheet and summed them by year. I cross-checked the national totals against a Rajya Sabha dataset on data.gov.in, which reports 72.88 lakh unique beneficiaries paid in 2022–23, and my own sum for that year matches it. For 2023–24 the two do not match: my sum is 24.68 lakh, and the Rajya Sabha figure for unique beneficiaries is 22.47 lakh. The likely cause is that one counts payments and the other counts unique women, but the documents do not say. I also used Lok Sabha Question 721 (26 July 2024) for the cumulative enrolment figure, and Rajya Sabha Question 2234 (19 March 2025) for the note on instalments. A few warnings about these tables. They come from the PMMVY portal, and the Ministry notes that payments to some women registered in one year are made in the next. So "paid" can legitimately exceed "enrolled" in a single year. Payments before 2023–24 were made through an older software system and the data were then moved to a new one (PMMVYsoft), which may affect how years compare. Odisha and Telangana are absent. And all of this measures what the portal recorded, not what women experienced.

5. FINDINGS

5.1 What recent awareness studies show

Table 1 puts the studies side by side. I have kept their figures exactly as reported.

Study	Setting and sample	Scheme(s)	What it found
Rohtak antenatal study (2024)	60 registered antenatal women, urban Haryana	PMMVY and others	21.6% were aware of PMMVY; 65% had heard about schemes from Anganwadi workers.
Pune postnatal study (2025)	Postnatal mothers from rural and urban Pune	JSY, PMMVY and others	Awareness and use of schemes were significantly lower in rural areas.
Goa slum survey (2026)	120 women	Selected schemes, including PMMVY	Low awareness was observed, even among educated women.
Prakas ham, Andhra	80 beneficiaries	BBBP	Most respondents had medium awareness;

Pradesh (2021–22)			88.75% were unaware of the scheme's administration.
Madhya Pradesh survey	114 respondents	BBBP	89.47% were aware of the scheme; 40.35% reported a gain in literacy.
NCAER evaluation (2020, baseline)	816 households across 14 states	BBBP	Approximately 88% were aware of the scheme, but awareness remained below the desirable level.

Table 1. Recent awareness studies. The Prakasham percentages as published for low, medium and high awareness add up to more than 100, and I could not resolve this from the paper, so I quote only the figures I could read clearly. Three things stand out. First, none of these studies is large or national, so no single figure should be trusted on its own. Second, where studies compare rural and urban women, the rural women do worse. Third, the BBBP studies show that a high headline figure for awareness can sit alongside very little knowledge of what the scheme does. PMMVY has not been measured in that way at scale, as far as I could find, so I do not know whether the same split applies.

5.2 The national picture

Table 2 gives the national totals from the state tables.

Year	Enrolled (lakh)	Paid (lakh)	Disbursed (₹ crore)	Paid ÷ Enrolled
2021–22	52.31	44.55	2,040.86	0.85
2022–23	61.58	72.88	3,427.67	1.18
2023–24	53.79	24.68	1,004.97	0.46
2024–25	48.48	79.84	2,912.82	1.65
Four years	216.17	221.95	9,386.32	1.03

Table 2. PMMVY enrolment and payment, all reporting states and UTs. Source: Lok Sabha Unstarred Question 5654 (2025), Annexure B; totals calculated by the author. Over the four years, payments roughly match enrolments (about 103 per cent), which is reassuring in one sense: the system pays out about as many women as it signs up. But the yearly figures are anything but steady. In 2022–23 more women were paid than enrolled. In 2023–24 payments collapsed to under half of enrolments, and the amount disbursed fell to about ₹1,005 crore from ₹3,428 crore the year before. Then in 2024–25 payments surged to 79.84 lakh, which is 1.65 times that year's enrolments. This looks like a backlog being cleared, but I cannot confirm it from these tables. The Ministry's own cumulative figures to 31 March 2025 are 437.49 lakh enrolled and 390.23 lakh paid (Lok Sabha, 2025), a gap of about 47 lakh. Some of those women will simply be waiting, and some will have dropped out for reasons the data do not show. Enrolment is the other half of the story. It rose from 52.31 lakh to 61.58 lakh

between 202122 and 2022–23, then fell to 48.48 lakh by 2024–25, a drop of roughly 21 per cent from the peak. India's crude birth rate was 19.3 per thousand in 2021 and has been falling by only about 1.1 per cent a year (Registrar General of India [RGI], 2025). A fall in births cannot explain a fall in enrolment of that size.

5.3 The states

The national pattern hides very different local stories. Table 3 shows five states where the 2023–24 dip was sharpest or most unusual.

State	Paid 2022–23 (lakh)	Paid 2023–24 (lakh)	Paid 2024–25 (lakh)
Uttar Pradesh	14.25	2.77	3.03
Bihar	7.32	1.02	8.03
Maharashtra	6.91	0.94	5.39
West Bengal	8.68	0.00	0.00
Haryana	1.54	0.13	1.50

Table 3. Beneficiaries paid in selected states. Source: Lok Sabha Unstarred Question 5654 (2025), Annexure B. In Bihar, Maharashtra and Haryana, payments fell hard in 2023–24 and then came back. In Uttar Pradesh they did not come back: 14.25 lakh paid in 2022–23, then 2.77 lakh and 3.03 lakh. Enrolment in the state fell too, from 10.28 lakh in 2022–23 to 1.93 lakh in 2024–25. West Bengal is the most striking case. It paid 8.68 lakh women in 2022–23 and then, according to the tables, nobody in the next two years, even though 4.00 lakh and 1.53 lakh women were enrolled in those years. The tables give no explanation, and I would not guess at one. It could be a change of platform, a dispute over funds, or a reporting gap. In 202324, the states with payments lowest relative to enrolment were West Bengal (zero), Puducherry (3 per cent), Sikkim (9 per cent), Haryana (12 per cent), Jammu and Kashmir (18 per cent), Himachal Pradesh (20 per cent) and Bihar (22 per cent). A few states did the reverse in 2024–25. Madhya Pradesh paid 12.98 lakh women against 6.30 lakh enrolled, Rajasthan 9.15 lakh against 3.94 lakh, and Gujarat 4.77 lakh against 2.20 lakh. Bihar, Madhya Pradesh, Maharashtra, Karnataka and Rajasthan together accounted for about 56 per cent of national enrolment in 2024–25, so what happens in those few states largely sets the national picture.

5.4 A rough sense of scale

It would be useful to say what share of eligible women this represents, but I cannot do that honestly. A coverage figure needs a count of eligible women, which depends on the first-child rule, the second-girl rule, the category tests and the income limit, and I have no reliable count. What I can offer is a rough order of magnitude. With a crude birth rate of 19.3 per thousand in a population of around 1.4 billion, India has something like 2.5 crore births a year. Even if only a minority are first births and not all of those meet the category conditions, the eligible group is plausibly in the region of a crore or more each year. Against that, 48 to 62 lakh enrolments a year looks like perhaps half. I would not defend any more precise figure. It is a prompt for better data, not a finding.

6. DISCUSSION

Put the two sets of evidence side by side and the picture is less tidy than the awareness story suggests. The awareness studies do support the standard view. Knowledge of PMMVY is low in the samples that measured it, lower in rural areas, and dependent on a small number of frontline workers. That alone justifies better communication. But the same studies also hint that name recognition is the easy part. The BBBP findings show that even when almost everyone has heard of a scheme, few know what it offers or how it is run. A woman who has heard "Matru Vandana" at the anganwadi but does not know she has 270 days after birth to register, or that she needs to complete the antenatal visit for the first instalment, is not meaningfully aware. The official tables show a second problem that campaigns cannot reach. A woman who enrolls in the wrong year may find her payment delayed for months, or may not be paid at all if her state is in a transition. The swing from 0.46 to 1.65 in the paid-to-enrolled ratio in consecutive years is hard to explain through anything a woman did or did not know. The software migration, the cut in instalments and the shifts in state funding are system events. From where the woman stands, they are invisible. She does not know whether she is waiting normally or has been dropped. This suggests that awareness has two parts. One is knowing the scheme exists and what it offers. The other is knowing where you stand once you are in it. Almost all of the awareness literature measures the first. Almost none measures the second, and the official figures suggest the second is where much of the system's instability shows up. The frontline-worker evidence adds a caution. The obvious remedy is to push more information through anganwadi workers, since women trust them. But the studies of digital tools describe workers who are already stretched by data entry and unreliable connectivity (Neha, 2024; "Digitising Care," n.d.). More tasks on the same people may be self-defeating. A solution that relies on them needs to save them time and not add to their load.

7. LIMITATIONS

The awareness evidence is thin. Most studies are small, local and use convenience samples, so I can describe a direction but not a national level. The enrolment and payment tables are self-reported by the portal, they are missing Odisha and Telangana, and a software change in 2023–24 means year-to-year comparisons need care. Differences between my 2023–24 total and the Rajya Sabha unique-beneficiary figure are unresolved. One data.gov.in dataset reports 3.66 crore women "recognised" in 2024–25; because that is far larger than the annual figures in the other tables and looks cumulative, I left it out. The most recent state-wise tables I could find stop at 31 March 2025, so I cannot speak for 2025–26. I could not estimate coverage because I lack a reliable eligible-population count. Finally, I have shown correlation in time and place, not cause: nothing here proves that awareness failures, or any other single factor, produced the gaps. I also did not read every cited document in full, and anyone building on this should verify the numbers against the originals.

8. CONCLUSION

The popular claim is that women miss out on schemes like PMMVY because they do not know about them. The recent evidence supports a weaker claim. Knowledge is patchy, shallow and unevenly spread, and rural women are worse off. But the official figures show that the scheme also leaks after awareness. Enrolment fell by around a fifth in two years, payments to enrolled women swung from 46 to 165 per cent of enrolments, and at least one large state recorded no payments for two years. A woman who knows the scheme can still

wait without knowing why. Three things follow. First, communication should go beyond naming the scheme to explaining each step and deadline in plain language. Second, women need a way to see where their claim stands, because the status of a claim is part of awareness. Third, researchers need better data. A published, state-wise count of eligible women and a national survey of PMMVY awareness would turn this kind of paper from an informed estimate into a measurement. For design, the lesson is that a good tool for this problem has to work for women with little reading ability, patchy connectivity and limited trust in unknown callers, and it has to reduce workload for the anganwadi worker and not add to it. A voice-based, multilingual helpline that explains the steps and reports claim status after safe verification is one response worth exploring. I treat that as a design question for follow-up work, since this paper offers no evidence yet that it would work.

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