WHETHER ANTICIPATION OF CASH AMONG PREGNANT WOMEN LINKED TO BETTER DIETARY PRACTICES - A CASE STUDY FROM RAJPUSHT PROGRAM IN RAJASTHAN, INDIA

Dissertation Submitted to

The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Hospital and Health Management

By

Arushi Arya

Under the Supervision and Guidance of

Dr Goutam Sadhu

2024

Expanding Horizons. Enriching Lives.

June 17, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Arushi Arya** has completed her internship in **"Social and Economic Empowerment"** department for the project **"Transforming systems for delivering high impact nutrition results in Rajasthan – RajPusht"** with IPE Global Limited.

Arushi Arya has worked with us from **March 18, 2024, to June 17, 2024,** at **Delhi office**. She has worked well as part of the team and was sincere, hardworking and result oriented. Wishing her success for future endeavors.

Best wishes
For IPE Global Limited

Kavita Fadnis
Vice President - Human Resources

DECLARATION BY STUDENT

I hereby declare that the dissertation titled **"Whether Anticipation of Cash Among Pregnant Women Linked to Better Dietary Practices: A Case Study from the RajPusht Program in Rajasthan, India"** is a genuine record of my original research work. I confirm that this work has not been submitted to any other university or institution for the award of any degree or diploma. All information derived from the published or unpublished work of others has been appropriately acknowledged in the text.

Dr. Arushi Arya

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that the dissertation titled "**Whether Anticipation of Cash Among Pregnant Women Linked To Better Dietary Practices - A Case Study From RajPusht Program in Rajasthan, India.**" is a record of the research work completed by **Dr. Arushi Arya** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my direction and supervision. Her approach to the research study has been sincere, scientific, and analytical.

Dr. Goutam Sadhu
Professor, Proctor
and Dean (Students Welfare)
IIHMR University, Jaipur

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur

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LIST OF ABBREVIATIONS

AAA	ASHA, Anganwadi Worker, ANM
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BEP	Balanced Energy Protein
BW	Birth Weight
CCM	Concurrent Monitoring
CCT	Conditional Cash Transfer
CDPO	Child Development Project Officer
FDP	Food Distribution Program
FGD	Focus Group Discussion
FHW	Frontline Health Worker
IDI	In Depth Interview
IGMPY	Indira Gandhi Matritva Poshan Yojana
JSY	Janani Suraksha Yojana
KII	Key Informant Interview
LBW	Low Birth Weight
LIC	Low Income Country
LM	Lactating Mother
LS	Lady Supervisor
MUA	Mid-Upper Arm Circumference
NFHS	National Family Health Survey
PC	Poshan Champion
PCTS	Pregnancy Child Tracking Health System
PLA	Participatory Learning And Action
PMMVY	Pradhan Mantri Matru Vandana Yojana
PW	Pregnant Women
RDA	Recommended Dietary Allowances
SBCC	Social And Behaviour Change Communication
SCTS	Social Cash Transfer Scheme
SHG	Self Help Group
SLT	Social Learning Theory
SNAP	Supplemental Nutrition Assistance Program
UNICEF	United Nations Children Fund
VHSNC	Village Health, Sanitation, And Nutrition Committees
WHO	World Health Organization

Chapter 1: Introduction

Malnutrition is one of the threats to human and economic progress and is responsible for adverse health conditions (1). Malnutrition encompasses a spectrum of nutritional imbalances, with undernutrition and overnutrition representing contrasting ends of this spectrum. Undernutrition manifests in various forms, notably stunting (low height for age), wasting (low weight for height), underweight (low weight for age), and deficiencies in essential micronutrients. Conversely, overnutrition pertains to an excess of dietary intake relative to energy expenditure, resulting in conditions such as overweight and obesity(2).

A Joint study by WHO, UNICEF, and World Bank (2020) revealed a significant global burden of child malnutrition, with 47 million (6.9%) children under five experiencing wasting and nearly 144 million (21.3%) suffering from stunting(3,4). Similarly, global estimates suggest 85.4 million children are born underweight annually and mortality in children under five, accounts for over 45% of deaths (5). Asia alone faces a challenge with 79 million stunted and 32 million wasted children(6). Focusing on India, National Family Health Survey-5 (NFHS-5) data highlights a concerning prevalence of stunting (35.5%), wasting (19.3%), and underweight (32.1%) among children under five(7). Rajasthan, a state within India, presents an alarming picture with underweight prevalence reaching approximately 27.6% in children and stunting (31.8%) and wasting (16.8%). Further, it has also been found that nearly half (47%) of pregnant women in Rajasthan are anaemic. Maternal Anemia during pregnancy has consequences on both maternal and child health like low birthweight, preterm delivery, and increased risk of maternal morbidity and mortality(9). Anaemia can be reduced by increasing Iron absorption by taking a diet that contains fruits and vegetables which are rich sources of Vitamin C like lemon, amla, oranges and green vegetables like broccoli, spinach, etc.(10)

Malnutrition not only impacts the health of the women but also has an Intergenerational effect i.e. if the mother is malnourished during the pregnancy then there are high chances that the child is also born malnourished(11). The child can have impacts that not only affect the physical health but also the child's psychological growth (12). If the mother is of short stature and low weight then there are increased chances of intrauterine and infant growth failure a low birth weight, a stunted child and also complications in delivery and increased chances of disease mortality(13).

A diversified diet rich in various food groups is crucial during pregnancy to ensure adequate nutrient intake for both mother and new-born (14). This dietary diversity fosters a healthier pregnancy environment and potentially reduces the risk of adverse outcomes. However, a significant challenge arises in low-income countries (LICs) where pregnant women often face limited dietary options, primarily relying on a monotonous plant-based diet with insufficient consumption of micronutrient-rich animal products, fruits, and vegetables(15). This lack of dietary diversity results in inadequate intake of essential micronutrients like calcium, iron, zinc, folate, vitamin B12, and choline, all crucial during the peri-conceptual period for optimal embryo well-being(16). Deficiencies in these micronutrients can hinder foetal growth and development, potentially leading to lower birth weight and increasing the risk of long-term neurocognitive and motor development problems in the child(17).

In response to the significant burden of malnutrition, the RajPusht project under the ages of IPE Global is implemented in Rajasthan to reduce the prevalence of low birth weight and wasting among children. RajPusht supports the Government of Rajasthan to facilitate cash benefits for pregnant and lactating women. The project aims to improve the effectiveness of two existing cash transfer schemes. One is the centrally sponsored Pradhan Mantri Matru Vandana Yojana (PMMVY), a conditional cash transfer scheme that targets pregnant women and lactating mothers (PW&LM) with their first living child(18). This scheme provides financial assistance in two instalments: an initial ₹5,000 and an additional ₹6,000 contingent upon adherence to Janani Suraksha Yojana (JSY) guidelines for safe delivery practices. By incentivizing positive health behaviours like attending antenatal care visits, PMMVY aims to improve access to healthcare services by providing financial incentives tied to the utilization of these services (19). Additionally, the state-sponsored Indira Gandhi Matritva Poshan Yojana (IGMPY) offers direct benefit transfers to mothers delivering their second child. This program disburses up to ₹8,000 in conditional instalments, further promoting positive health behaviours(20). Both schemes share the common goal of improving health outcomes for both expectant mothers and their unborn children.

RajPusht program strategically integrates Social behavioural change Communication (SBCC) interventions alongside CCTs. SBCC utilizes a multifaceted approach to promote positive behaviour change related to maternal and child health (MCH) practices. SBCC interventions employ a variety of communication channels to reach beneficiaries and

influence positive behaviour change(21). Community volunteers, known as Poshan Champions, conduct home visits and provide individual counselling sessions to pregnant and lactating women. Village Health, Sanitation, and Nutrition Committees (VHSNCs) are strengthened through Participatory Learning and Action (PLA) approaches and digital media platforms like WhatsApp, Facebook, Instagram, Moj, MX Takatak, and YouTube are utilized to deliver targeted messages. These SBCC interventions empower women and households to act upon the advice they receive, take charge of informed nutrition decisions and further increase household spending on nutritious food.

Given the systemic nature of cash incentives, which may encounter disruptions and delays in enrolment and payments under the cash transfer schemes, this study aims to investigate the factors that enable pregnant women to anticipate cash incentives and how this anticipation contributes to improved nutritional practices during pregnancy.

Chapter 2: Review of Literature

2.1 Dietary Practices During Pregnancy

Maternal nutrition plays a crucial role in the outcomes of pregnancy and the overall development of the foetus. In developing countries annually approx. 20 million new-borns suffer from low birth weight because of inadequate nutrition intake and infections during pregnancy(22). The intricate interplay of factors such as low prepregnant weight, inadequate diet, low supplement intake, and minimal physical activity during pregnancy significantly heightens the risk of delivering low birth weight babies(23). Diversified healthy diet plays a very crucial role in improving the health status of pregnant women which ultimately helps to improve childbirth outcomes. To support the importance of a diverse healthy diet during pregnancy various studies were conducted such as a study conducted in Riyadh, Saudi Arabia, which found that pregnant women often fail to meet recommended dietary allowances (RDAs) for essential nutrients, such as vitamin B1, calcium, iron, and energy, despite exceeding RDAs for protein and retinol. It focuses attention on the need for targeted nutrition interventions among pregnant women, highlighting the influence of cultural beliefs on dietary choices during pregnancy (24). Improper diet and poor health status of women during pregnancy can affect the overall growth of the foetus. To advocate optimal foetal growth, research conducted in China highlighted the importance of maintaining a healthy diet during pregnancy. This study identified associations between maternal dietary patterns and adverse effects on foetal growth, particularly head circumference(25). In addition, women belonging to lower socio economic sections of the society face difficulty in getting access to nutritious food. women have to depend upon their husband's income for their basic dietary needs. women who belong to high socio-economic section can afford a diversified diet. A study in Bahir Dar, Ethiopia, found that socioeconomic factors, including men's incomes, significantly affect pregnant women's diets, recommending that economic disparities need to be addressed to promote healthy diets during pregnancy(26). Furthermore, in low- and middle-income countries, interventions such as Poshan Abhiyan, balanced energy protein (BEP) supplements and food distribution programs (FDPs) have shown positive effects on maternal and child health outcomes, suggesting that targeted nutrition interventions can be useful during pregnancy(27). Additionally, essential micronutrient intake is very crucial during pregnancy. a systematic review studying micronutrient intake status among women across different regions highlighted widespread deficiencies in micronutrient

intake, especially folate intake, highlighting the need for comprehensive strategies to address inadequate nutrient intake among pregnant women(28).

2.2 Social and Behaviour Change Communication (SBCC) and Maternal Nutrition

In Developing countries like India adverse maternal, neonatal and child health outcomes are very prevalent. Micronutrient deficiency during pregnancy leads to inadequate weight gain which results in various neonatal and infant outcomes like preterm delivery, birth defects and low birthweight (LBW)(29). Effective maternal healthcare is crucial for ensuring the well-being of both the mother and the child during and after pregnancy. Unfortunately, many pregnant women in developing countries like India still lack access to essential prenatal and postnatal services, which can lead to poor health outcomes for both the mother and the child. One approach that has shown promise in improving maternal healthcare utilization is the social and behaviour change communication (SBCC) approach, which aims to promote positive health behaviours and empower pregnant women to make informed decisions about their healthcare. Social behaviour communication change (SBCC) is an integrated approach in which interaction is done at individual, group and community levels via developing various communication channels to promote and encourage health-seeking behaviour. A strong SBCC intervention helps motivate women to adopt the necessary measures for their good health and of their children. Evidence from various studies such as one conducted in China on maternal nutrition status and infant birthweight in which a comparison is done among pregnant women who received nutritional counselling and pregnant women who did not participate in the counselling process has found that women who received counselling had a lower prevalence of low-birth-weight infants and less incidence of maternal anaemia (30). This is supported by a study conducted among low and lower-middle-income pregnant women in Punjab which found that women, who were given supplementation (iron, folic acid and calcium) during pregnancy resulted in increased weight during pregnancy and also a significant correlation to mid-upper arm circumference (MUA), birth weight (BW) and skinfold thickness of the new-born as compared to those who did not received the supplementation(31). This demonstrates how effective SBCC interventions impact maternal health during pregnancy. Although SBCC has a strong impact in most of the scenarios but some studies like a randomized control trial conducted in Latin America

found very little or no difference in low birth weight, preterm delivery outcome and psychosocial support intervention(32).

2.3 Cash Transfer Programs and Maternal Health

Cash transfer programs not only help women to fulfil their needs but also empower them in decision-making power in the household which overall improves the outcome of both women and their children(28). According to the World Bank , a cash transfer programme benefits about 800 million people in 150 countries(29). When women have access to cash they can spend that money according to their will and especially during pregnancy when nutritional needs of women are high and expenses have increased the cash benefits help women to spend cash benefits on their A study conducted in Nepal examined how community-based participatory learning and action (PLA) groups can influence birthweight and child growth outcomes, along with food and cash transfers. While this study demonstrated the positive effects of supplementing with balanced energy protein during pregnancy on birthweight, it also highlighted the challenges associated with resources not being distributed during monsoons and security concerns associated with cash transfers(35). Similarly, a study in Mexico examined the Oportunidades conditional cash transfer program's impact on birthweight outcomes, revealing significant improvements in birthweight and reductions in the incidence of low birthweight among participating pregnant women. These findings align with evidence from controlled trials of various interventions, emphasizing the potential of cash transfer programs in promoting investments in children's health(36).

Expanding the scope to include interventions within existing welfare programs, a study in the United States evaluated the health impact and cost-effectiveness of incorporating food incentives, disincentives, or restrictions within the Supplemental Nutrition Assistance Program (SNAP). The findings highlighted the potential of leveraging cash incentives to promote healthier food choices and mitigate diet-related health disparities among low-income populations. Particularly, the SNAP-plus intervention, incorporating both incentives for nutritious foods and disincentives for unhealthy items, emerged as a promising strategy to improve dietary behaviours and reduce healthcare expenditures.

However, challenges in achieving desired outcomes within cash transfer programs were also identified(37). A study conducted in Colombia examined potential barriers to the effectiveness of Conditional Cash Transfer (CCT) programs, such as Familias en Acción (FA). Factors such as administrative barriers, substitution effects with existing interventions, and allocation of resources away from children towards other household needs were highlighted as potential obstacles(33). Furthermore, findings from a study in Odisha, India, highlighted the positive effects of the Mamata scheme on nutrition interventions and household food security, underscoring the potential of cash transfer programs to improve maternal and child health outcomes(39).

2.4 Anticipation of Cash Transfers

Anticipation of cash is a phenomenon in which people expect cash flow in the near future. Anticipation of cash plays a crucial role in shaping the behaviour and spending patterns of consumers. As individuals navigate through their daily lives, both personal and professional, the ability to anticipate cash inflows and outflows becomes a vital factor in shaping their spending patterns and overall financial decisions. This anticipation of cash not only impacts individual consumers but also their household expenditures at a broader level.

Although there is a lack of literature specifically addressing the anticipation of cash transfers in the context of maternal health. However, people have studied anticipation of cash and it’s in economic and financial perspective. Relevant insights can be drawn from a study conducted by Neil Thakral and Linh T., which sheds light on how anticipation duration influences consumer perceptions of windfall payments, transcending the binary classification of income as "future" or "current." In their study Longer anticipation periods were found to diminish anticipatory spending tendencies, thereby impacting the amount available for consumption upon receipt of the windfall income. This intricate relationship between anticipation duration and consumer behaviour underscores the need for nuanced understanding in designing financial interventions and policies to optimize consumer welfare and economic outcomes(40).

Furthermore, studies conducted in Kenya and Malawi provide insights into the impact of cash transfer programs on food demand, food security, and child health outcomes,

shedding light on the role of anticipation in shaping program effectiveness. In Kenya, beneficiaries of a cash transfer program experienced a significant decrease in real food consumption amidst a price shock, highlighting the vulnerability of cash transfer recipients to market fluctuations. The anticipation of cash transfers, coupled with shifts in food demand, exacerbated consumption losses, emphasizing the importance of adjusting consumption expenditures in response to price inflation(41). Similarly, in another study conducted in Malawi found that the Social Cash Transfer Scheme (SCTS) positively influenced food security and child health outcomes among recipient households. However, the declining availability of certain foods over time indicated potential challenges in sustaining program effectiveness, underscoring the need to monitor and address such issues(42).

In a study conducted to explore the impacts of an unconditional cash transfer program for low-income pregnant women in Manitoba, Canada, a key informant stated that she does not believe she will receive any benefits from the scheme. She expressed concerns about privacy issues and anticipated that she would not derive any benefits(43). A study conducted in 2020 by the Tanzania Adolescent Cash Plus evaluation team found that there was a negative impact of anticipation of cash benefits which promoted school-going girls to drop out in anticipation of business grants(44,45).

Despite the extensive examination of the anticipation of cash from an economic and financial perspective, there exists a conspicuous gap in the literature regarding the anticipation of cash transfers in the context of maternal health. While studies have explored the impact of cash transfer programs on various outcomes such as food security and child health, there is a notable absence of research specifically addressing how pregnant women anticipate cash transfers and the implications thereof on their health-seeking behaviours and spending patterns during pregnancy.

To address the existing research gaps, our study aims to achieve the following objectives:

1. To study the anticipation of cash among women who are aware/ registered in cash transfer schemes.
2. To explore the key enablers of anticipation of cash among pregnant women (AAA, Community meetings, peer groups, PC).

3. To understand the processes through which anticipation of cash enables the consumption of nutritious food during pregnancy. (reallocation of existing household resources, improved consumption of particular food groups etc.)
4. To identify the major challenges and barriers faced by pregnant women in receiving cash transfers under the RajPusht program.

Chapter 3: Methods and Materials

This chapter aims to provide insights into the methods and materials used in the study. It will include the criteria for the selection of the study area and the procedure for study design. It also includes the details of sample size, inclusion and exclusion criteria, and methods of data collection. In addition, this chapter also aims to discuss the various analytical techniques used in data analysis, conceptual framework and ethical considerations and also the difficulties encountered while collecting data.

The study utilized a mixed-method approach of data collection to understand the varied perspectives of respondents regarding the anticipation of cash benefits. This approach enabled the researchers to delve deeply into the views of pregnant women and their household members, specifically focusing on their changes in dietary practices in anticipation of future cash benefits provided under government schemes aimed at improving maternal and child health.

3.1 The Study Area

The study was conducted across three tribal districts in Rajasthan: Banswara, Dungarpur, and Udaipur. These districts were selected from the five districts covered under the RajPusht project, namely Baran, Pratapgarh, Banswara, Dungarpur, and Udaipur. Our study aimed to cover a diverse range of anticipation status among beneficiaries by categorising the districts into three groups based on the percentage of beneficiaries who have reported anticipation without receiving the money and faced delays in cash transfers. Utilizing data from the sixth round of the CCM, we have selected one district from each category to ensure comprehensive representation. Dungarpur was chosen for its low anticipation status, with only 12% of beneficiaries having anticipation, making it representative of the low anticipation category. Banswara, with 15% of beneficiaries experiencing anticipation, was selected to represent the medium anticipation category, ensuring the inclusion of beneficiaries with moderate levels of anticipation and delays. For highest anticipation we had Udaipur with 32% of beneficiaries experiencing anticipation.

Table 3.1: Anticipation status

District	Total Anticipation	Not received + delay
Banswara	625	15%
Baran	416	16%
Dungarpur	500	12%
Pratapgarh	448	29%
Udaipur	785	32%
Total	2,774	21%

3.2 The Sample

The necessary qualitative data for the present study has been gathered from the following respondents namely,

1. Pregnant women
2. Family of the beneficiaries (Husband, Mother in law)
3. Frontline Community workers (AAA, Poshan champions, village lady supervisors, CDPO (Child Development Project Officer)).

The study involved interviewing beneficiaries registered under the RajPusht program through the Poshan Champion app. Additionally, frontline workers from the same blocks were interviewed to understand the operational and programmatic challenges. The data collection process spanned approximately one month.

3.3 Sample size

In our study, we focused on understanding the experiences and perspectives of women from the districts of Banswara, Dungarpur, and Udaipur. A total of 1,910 women across these districts were identified as having anticipation (from CCM 6 data), with the distribution as follows:

- **Banswara:** 625 women (15% not received + delay)
- **Dungarpur:** 500 women (12% not received + delay)
- **Udaipur:** 785 women (32% not received + delay)

From this population, we conducted in-depth interviews with 51 women, which represents approximately 2.5% of the total group. The remaining sample of 45

women was triangulated with data from household members, frontline workers, Child Development Project Officers (CDPOs), and Lady Supervisors (LS).

Additionally, we conducted 3 Focus Group Discussions (FGDs) with frontline workers in each district to further enhance and triangulate our findings.

Table 3.2: Sample size distribution

	Pregnant Women	Family Member	CDPO	PC	LS	AAA	Total
Udaipur	17	6	2	3	2	0	29
Banswara	17	6	0	3	2	5	33
Dungarpur	17	6	2	3	1	4	34
Total	51	18	4	9	5	9	**96**

Sample Saturation: During our interviews, we observed recurring patterns and themes early on. By the time we reached 51 interviews, the data had become saturated, indicating that further interviews would likely yield redundant information. This confirmed that our sample size was sufficient to capture the breadth and depth of relevant experiences.

In Banswara, our scheduled meeting with the Child Development Project Officer (CDPO) could not take place due to their involvement in election duties.

Pragmatic Considerations:

- **Resource Constraints:** Conducting in-depth qualitative interviews is resource-intensive, requiring significant time and effort from both the researchers and the participants. Given our logistical and financial constraints, a sample size of 51 was practical and manageable.
- **Access and Availability:** Ensuring the participation of women from remote and diverse areas within the three districts posed challenges. By focusing on a smaller, manageable sample, we were able to ensure comprehensive and high-quality data collection.
- **Diverse Representation:** Our sample of 51 women was carefully selected to represent the demographic and geographical diversity of the three districts. This allowed us to capture a wide range of perspectives within the constraints of our study.

Triangulation for Robustness:

- **Multiple Sources:** To enhance the validity of our findings, we triangulated data from the interviews with information from other key informants, including household members, frontline workers, CDPOs, and LS. This triangulation ensured that our insights were corroborated by multiple perspectives, adding depth and credibility to our analysis.
- **Comprehensive Understanding:** This approach allowed us to cross-verify the information obtained from the women and provided a more holistic understanding of their experiences and challenges.

In conclusion, our sample size of 51 women, representing 2.5% of the total population of women with anticipation in the three districts, was both a strategic and practical decision. By adhering to the principle of sample saturation and considering pragmatic constraints, we ensured that our qualitative study was thorough, credible, and reflective of the diverse experiences of women in Banswara, Dungarpur, and Udaipur.

3.4 Inclusion Criteria

1. Pregnant women at their first and second parity who were duly registered for the PMMVY and IGMPY cash transfer scheme were selected as the sample for the in-depth interviews and Focus Group Discussions.
2. Household members of the beneficiaries especially the Husband, mother-in-law and father-in-law were selected based on their availability
3. The frontline community workers (AAA, Poshan champions, village lady supervisors, CDPO) were selected from the same blocks of districts where beneficiaries were interviewed

3.5 Tools and Techniques of Data Collection

Both quantitative as well as qualitative techniques of data collection have been adopted for the collection and analysis of the data. Qualitative data is solely collected by the researchers and quantitative data is utilized from concurrent monitoring (CCM) data of the RajPusht program which is collected biannually by third-party enumerators. Data for the analysis was utilized from the latest survey round which was conducted in January to March 2024.

3.5.1 Quantitative Technique of Data Collection

To accomplish the quantitative method, The data from 6775 pregnant women was analysed which was collected through a structured questionnaire tool on a mobile-based application. Close-ended questionnaire tool was utilized for data collection which consisted of close-ended questions related to demographics, socioeconomic status and questions related to knowledge about prenatal care, awareness about various government cash transfer schemes, knowledge and behaviour towards anticipation of cash, and utilization of cash incentives received under the program

3.5.2 Qualitative Technique of Data Collection

To obtain the necessary qualitative data for the present study, a comprehensive array of instruments including Focus Group Discussion (FGD) , In-depth interview checklists, and Key Informant interview checklists were utilized. In-depth interviews were conducted with a stratified purposive sample of women who have participated in the RajPusht program, exploring their perceptions of cash transfers, understanding of SBCC messages, changes in behaviour regarding savings and investment in nutrition, and perceived impacts on maternal and child health. In-depth, interviews were also conducted with the family of the beneficiaries (Husband and Mother-in-law) to know about their perspectives.

Table 3.3: Codes And Subcodes For Beneficiaries and Family Members

Theme	Codes	Sub Codes
Background Of Respondent	Parity of Women	First Parity
		Second Parity
	Pregnancy Month	
	Education Status/ Literacy Level	
	Family Type	Joint Family
		Nuclear Family
	Anthropometric Characteristics of Women	Weight of The Pregnant Women
		Birth Weight of The Previous Child

	Anemia Status	Anemic and taking Iron Folic Acid Tablets
		Anemic and not taking any Treatment
	Tobacco Consumption	
	Migration Status	
	Diet Preference – Vegetarian/ Non-Vegetarian	
Awareness, Enrolment, And Receipt of Cash Under the Scheme	Awareness About the Eligibility Status of The Cash Incentive	
	Enrolled under IGMPY	
	Enrolled under PMMVY	
	Has Received Cash Benefits During Previous Pregnancy	
	Has Received Any Instalment During Current Pregnancy	
	Received Cash Benefits in Previous and Current Pregnancy	
	Source of Awareness (AAA/PC/Community Worker, Other)	
	Bank Account and Documentation	
Status Of Anticipation of Cash	Has Anticipation of Cash	Spend Extra Money in Anticipation of Cash
		Does Not Spend Extra Money in Anticipation of Cash
	Does Not Have Anticipation of Cash	
	ASHA	
	ANM	

Key Enablers/Barriers of AOC	Anganwadi Worker	
	Poshan Champion	
	Family Member/ Household Environment	
	Peer/Neighborhood Community Effect	
	Previous Experience of Receiving Cash Benefits	
	Internet/social media	
Dietary Pattern of Pregnant Women During Pregnancy	Food Items Currently Consuming	
	Food Items Consumed When Not Pregnant	
	Additional Food Items Being Consumed During Pregnancy	
	Food Items Not Able to Consume Because Of Shortage of Money	
Expenditure on Food	Extra Dietary Expenditure Is Incurred by The Family to Make the Dietary Changes	
	Extra Expenditure Is Done in Anticipation of Money Under the Cash Benefit Scheme	
	Extra Expenditure Is Done by The Pregnant Women for Her Good Health	
Drivers of Consumption of	Counselling By AAA	
	Counselling By Poshan Champion	
	Family Member/ Household	

Nutritious Food During Pregnancy in Anticipation of Cash	Peer/Neighborhood/Community	
	Previous Experience of Receiving Cash Benefits	
	Anyone in the surrounding received cash benefits	
Processes of Managing Resources for Consumption of Nutritious Diet	Reallocation of Household Resources	Prior Savings
		Currently Working
		Husband/ Family Member Earns
		In-House Farming/ Kitchen Garden
		Has Cattle in the House
	Managing from External Sources	Borrowed Money from Family Member
		Borrowed Money from Peer/Neighborhood/Community
		Part of any Women Funding Group
Utilization of Cash Benefits	Utilization of Cash Incentive for Buying/Consuming Nutritious Diet	Utilization of Cash for Buying Nutritious Diet for Exclusively Herself
		Utilization of Cash for Buying a Nutritious Diet for Entire Household
	Utilization of Cash Other Than Food	Saved the Cash Benefits for Future Use

		Used the Cash Benefits for Medicines and Other Delivery Expenses
		Used Cash in Buying Other Household Things
		Other
Intra-Household Power Dynamics	Decision Maker on Spending the Money	
	Decision Maker on Buying Vegetables	
	Who Goes to Buy Vegetables and Market	
	Decision on Health-Seeking Behaviour	
	Bank Account Access	
Others	Feels AAA/ PC are Helpful	
	Dissatisfaction with health information provided	
	Importance of communication	
	Pregnancy-related issues/Diseases	
	Importance of Cash benefit scheme	

Table 3.4: Codes And Subcodes For Frontline Workers

Theme	Codes	Sub Codes
Background	Duration served as a frontline worker	
	Currently serving area (number of blocks)	
	Role in IGMPY/PMMVY cash transfer schemes	

Community Characteristics	Health status of community (anemia status, tobacco consumption and other substance abuse, prevalence of low birth weight, wasting etc.)	
	Economic characteristics of the community	
	Dietary behaviour of community (veg/non-veg)	
	Cultural characteristics (Nata Pratha, Child Marriages, Migration status, Other)	
	Household Power Dynamics	Decision Maker on Spending the Money
		Decision Maker on Buying Vegetables
		Who Goes to Buy Vegetables and Market
		Decision on Health-Seeking Behaviour
		Decision on access to Bank account
Common Problems/ Barriers in their area	Technical Barrier (lack of digital literacy, poor internet connectivity, access to E-Mitra seva Kendra, pending for updating,)	
	Programmatic barrier/operational barrier (change in scheme conditionality etc., dealing with migrant beneficiaries)	
	Human Resource	

	Inadequate/Improper Documentation (Jan Aadhar, childbirth certificate etc.)	
	Physical barriers (Access to health facility, access to E-Mitra Kendra, Roads etc.)	
Status of Anticipation of Cash	Community attitude towards government schemes/system (trust in government system, trust in government stakeholders)	
	Awareness about IGMPY/PMMVY cash transfer schemes in community	
	Status of anticipation of cash in community	
Enablers of Anticipation of Cash	Counselling By AAA	
	Counselling By Poshan Champion	
	Family Member/ Household	
	Peer/Neighborhood/Community	
	Previous Experience of Receiving Cash Benefits	
	Other	
Key drivers of consuming nutritious food during pregnancy in anticipation of cash	Counselling By AAA	
	Counselling By Poshan Champion	
	Family Member/ Household	
	Peer/Neighborhood/Community	
	Previous Experience of Receiving Cash Benefits	

	Other	
Utilization of Cash Benefits	Utilization of Cash Incentive for Buying/Consuming Nutritious Diet	Utilization of Cash for Buying Nutritious Diet for Exclusively Herself
		Utilization of Cash for Buying a Nutritious Diet for Entire Household
	Utilization of Cash Other Than Food	Saved the Cash Benefits for Future Use
		Used the Cash Benefits for Medicines and Other Delivery Expenses
		Used Cash in Buying Other Household Things
		Other
Best Practices		
Processes of Managing Resources for Consumption of Nutritious Diet	Reallocation of Household Resources	Personal Savings
		Husband/ Family Member Earns
		In-House Farming/ Kitchen Garden/ Livestock
	Managing from External Sources	Microfinance companies
		Borrows Money from Peer/Neighborhood/Community/relatives
		Women/Family Member Part of any Women Funding Group

Chapter 4: Key Findings

4.1 Findings based on quantitative data

Data collected from CCM-6 reveals that 5081 (75%) of surveyed women are registered under conditional cash transfer schemes for their first and second pregnancies. Of these registered women, 2,774 (54.5%) anticipate receiving cash benefits in the near future. Notably, women who have received timely disbursements exhibit a higher anticipation of receiving future cash benefits. Conversely, women who have experienced delays in cash transfers tend to spend more on food in anticipation of the benefits than those who received funds promptly. Trust in government schemes and frontline workers (FLWs) influences the anticipation of cash transfers. Women with higher anticipation report greater trust in Anganwadi Workers (AWW), Auxiliary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA), and Poshan Champions.

Furthermore, 60% of women are investing more in a nutritious diet, driven by the anticipation of future cash benefits. Participation in Participatory Learning and Action (PLA) activities has motivated 23% of women to increase their expenditure on nutritious food during pregnancy. On average, women spend an additional INR 1200 on food during pregnancy compared to the pre-pregnancy period. To manage these extra expenses, women predominantly utilize personal savings and reallocate existing financial resources. The consumption of food from at least five different food groups is higher among women who anticipate receiving cash benefits, indicating a positive correlation between anticipation of cash transfers and dietary diversity.

4.2 Findings based on qualitative data

The quantitative data underscores the critical role of financial anticipation and trust in enhancing maternal nutrition and health behaviours. To complement these findings, our qualitative analysis delves deeper into the personal experiences and perceptions of women regarding cash transfer schemes and their impact on pregnancy-related expenditures.

Through in-depth interviews and focus group discussions, we uncover the specific challenges and benefits pregnant women and their family members encounter with these financial programs. We examine how the anticipation of receiving cash transfers affects their budgeting strategies, dietary choices, and health-seeking behaviours. Additionally,

we explore the role of frontline health workers and other support systems in fostering trust and facilitating access to these resources.

The following are our findings from the qualitative analysis, which delves into the personal experiences of pregnant women, their husbands, mothers-in-law, and frontline workers regarding cash transfer schemes, anticipation related to cash incentives and pregnancy-related expenditure.

4.2.1 Awareness about the eligibility status of the cash incentive

The findings drawn from in-depth interviews highlight that interviewed women beneficiaries are aware about the cash transfer schemes (Pradhan Mantri Matru Vandana Yojana and Indira Gandhi Matritva Poshan Yojana IGMPY). However, issues surrounding the timeliness and conditionalities of these benefits emerged as a concern. Moreover, there is notable confusion among beneficiaries between PMMVY, IGMPY, and other state-funded parallelly running schemes such as Janani Suraksha Yojana (JSY), and Rajshree.

A beneficiary in Udaipur said, "hum PMMVY yojana ke baare mein jante hain, usme 6000 rupee milte hain par who bache ke hone ke baad milte hain."(I am aware about PMMVY scheme in which 6000 rupees are credited,but after the delivery of the child)

4.2.2 Timeliness of the cash benefits

One of the findings from the study is that the women beneficiary reported non-receipt of first and second instalments from the PMMVY and IGMPY schemes on time. According to the scheme guidelines, the first instalment is to be credited within 120 days of pregnancy, and the second instalment at six months of pregnancy. However, beneficiaries reported delays, with some not receiving any instalments even by the ninth month of their pregnancy.

In an interview with women beneficiary in Udaipur, she stated, *maine 3 baar apna khata check karliya par abhi tak koi paisa nahi mila, maine anganwadi madam se bhi poocha par unhone bola abhi samay lagega par miljayega."* (I have checked my account thrice, but still not received any money, I have also asked anganwadi worker she told it will take time but you will receive it)

4.2.3 Status of Anticipation of Cash

Despite the delays in receiving the first and second instalments, women have anticipation that the funds will eventually be credited. A key finding is that women exhibited high anticipation of receiving cash benefits, particularly those who were in their second pregnancy and had received benefits during their first pregnancy. Anganwadi workers, ASHA and Poshan Champion have helped women to anticipate the cash benefits.

A beneficiary in Udaipur told *"mujhe meri pehli pregnancy ke time pe bhi paisa mila tha aur mujhe bharosa hain kin iss bari bhi paisa milega"* (During my first pregnancy also I have received the money and I have a believe that I will receive money during my current pregnancy also).

4.2.4 Key enablers of Anticipation of cash

4.2.4.1 Anganwadi Workers

Our study found that anganwadi workers are one of the key enablers of anticipation of cash. These workers play a pivotal role in raising awareness about the schemes through weekly meetings and regular interactions with beneficiaries. Beneficiaries have reported that when there is a delay in cash benefits they go to the anganwadi worker and ask and the anganwadi worker gives reassurance about cash benefits. This reassurance created more anticipation with respect to cash benefits. ASHA and ANM emerged as other key enablers concerning cash transfer benefits.

When asked about why you anticipate that you will receive the cash incentive beneficiary stated the following: *"anganwadi madam ne mujhe is scheme ke bare mei. Batayaaur unhone hi mere saare kagaj bhare*."(Anganwadi madam has told me about the scheme and she had only filled all the documents)

4.2.4.2 Poshan Champion

Our study found that Poshan Champions are another important enabler. These individuals are instrumental in motivating women to adopt healthier eating habits, thereby improving their overall nutritional status. By advocating for better nutrition and its long-term benefits, Poshan Champions helps pregnant women see the substantial advantages of participating in the scheme.

A beneficiary in Dungarpur told : *"Ramji (Poshan Champion) abhi tak 2 baar mere ghar aaye hain who mera wajan dekhte hain aur khaane peene ke baare mein batate hain."* (Poshan champion has visited twice at my house, he weighs my weight nad tells about dietary practices).

4.2.4.3 Community/ Surrounding/ Peer Influence

Additionally, the community and surrounding environment play a vital role. Women beneficiaries who observe others in their community receiving and benefiting from the scheme are more likely to anticipate and seek out these benefits for themselves.

In an interview with beneficiary in Banswara she said, *"meri bhabhi ko bhi paise mile the unke bache ke time pe toh mere bhi aa jayenge"* (my sister in law had also received the cash benefits during her pregnancy, so I believe that my money will also come)
On contrary neena a beneficiary in Dungarpur reported "aaj tak mere aas paas aur ghar mein kisi ko bhi paise nahi mile" (No one in my surroundings and house has received money)

4.2.5 Processes of Managing Expenses

4.2.5.1 Kitchen Gardens/ Livestock

The findings suggested that households managed their expenses independently, primarily due to their involvement in farming and livestock rearing. Many women maintained kitchen gardens where they grew various green vegetables such as spinach, okra, and cauliflower. Additionally, households often kept livestock like cows, buffaloes, and goats, which provided milk and other dairy products.

When asked about how you manage the expenses of food a beneficiary in Dungarpur told- *"hamari apni kheti hain aur hamare paas gaye bhains bhi hai toh hame sabjiyo mein aur doodh ke kharcho mein dikkat nahi aati".* (we have our own farming and livetock, so we don't have expense problem)

4.2.5.2 Husbands and Family Members

In some instances husbands of the beneficiaries worked as laborers in adjacent states such as Gujarat and Madhya Pradesh, sending money home for household expenses. Extended family support played a crucial role as well. In many cases, the mother-in-law and father-in-law managed the finances. For beneficiaries whose in-laws were unable to provide financial support due to low economic status, assistance often came from their maternal homes. Parents frequently stepped in to help their pregnant daughters manage their nutritional needs. Moving to the maternal house during the first pregnancy is a common custom in the regions. Hence, women get support from both their parents and in-laws during pregnancy.

When asked about how they manage the increased expenses, one beneficiary in Udaipur told *"mere pati Ahmedabad mein ek factory mein kaam karte hain aur who hi kahrcha bhejte hain*" (my husband works in a factory in Ahmedabad and he sends the money another beneficiary in Dungarpur told: *"mere sasural walo ki stithi jyada achi nahi hain isliye mere mummy papa hi mere liye fal aur baaki cheeze bhejte hain"* (The financial condition of my in laws is not good, so my parents send fruits and other things).

4.2.5.3 Savings

Savings also emerged as an important factor in managing the expenses. In few instances beneficiaries reported that they had saved money specifically for their pregnancies. Some women are engaged in daily wage labour work, stitching or other employment and use their earnings to cover additional expenses. However, many pregnant have reported that financial part is being managed by their husbands.

A beneficiary in Udaipur, said: *"mein apne pati ki tankha se har mahine 500 rupee bachati hoon aur who paise ab meri pregnancy ke time pe kaam aa rahe hain"* (I save 500 rupees from my husband's salary and those savings are useful in my pregnancy expenses).

4.2.5.4 Women Self-Help Group (Samooh)

A notable finding from the study is the role played by women's self-help groups, known as "samoohs". These groups consist of women who pool their money at regular intervals, creating a collective fund that members can access when needed. These self-help groups are led by women.

A beneficiary in Dungarpur told : *"mein kuch mahila samhoon se judi hui hoon mujhe jab bhi ghar mein paiso ki jaroorat hoti hain tab mein uss samooh se paise utha leti hoon"* (I am associated with some women self-help groups, so whenever money is needed in the house I borrow from there).

4.2.6 Utilization of Cash Benefits If received on time

When asked how they would utilize the cash benefits if received on time, the many women indicated that they would spend the money on nutritious food. Specifically, they mentioned that they would purchase ghee and dry fruits to make ladoos, as well as buy fruits and coconut water to enhance their diets during pregnancy. Additionally, many women stated that they would save a portion of the money for future delivery expenses and medicines. They also expressed a desire to set aside funds for the future needs of their child.

A beneficiary in Banswara when asked if she received cash benefits now, then how would she utilize it then she told : *"mein thode paise apni delivery ke time ke liye bacha ke rakhungi aur thode paise se ladoo banna ke khaungi"* (I will save some money for my delivery expenses and from remaining money I will make ladoos).

4.2.7 Major Challenges And Barriers Faced By Pregnant Women In Receiving Cash Transfers

5.2.7.1 Jan Aadhar

One of the major barriers faced by pregnant women in availing the benefits of maternal health schemes is incomplete documentation. Several women reported of not having Jan Aadhaar card, a critical document for accessing these benefits.

A Poshan Champion in Dungarpur reported a case involving a family struggling to obtain a Jan Aadhaar card. He told there are some beneficiaries, lacked the Jan Aadhar card as the process of obtaining a Jan Aadhaar card is lengthy and requires all household members to visit the enrolment centre for biometric verification. This requirement is an obstacle because many household members migrate to adjacent states, such as Gujarat and Madhya Pradesh, for labour work. Their frequent absence makes it difficult to complete the necessary procedures, preventing them from obtaining the Jan Aadhaar card and accessing related benefits**.**

4.2.7.2 Nata Pratha

An additional issue identified is the practice of Nata Pratha, a tradition where two individuals enter into a relationship akin to marriage without any legal or religious formalities. In this practice, a woman may leave her existing husband and children to live with another man, often without carrying her personal documents with her.

A Poshan Champion in Dungarpur reported a case involving a pregnant woman who entered into a Nata Pratha relationship. This woman had children from her previous marriage and was already registered under the scheme. When she tried to re-register for benefits under PMMVY for her first child with her new partner, her application was rejected. The system, following its strict conditionalities, recognized her previous registration in the PCTS portal and denied her new application. This confusion prevented her from accessing benefits under both PMMVY and IGMPY. As a result, the woman faced barriers in receiving essential maternal health benefits.

4.2.7.3 Bank Account

Another barrier identified is related to bank accounts. Many beneficiaries have older bank accounts linked to their Aadhaar cards, which are often closed or belong to their paternal side. As a result, women do not receive the cash benefits in their current active bank accounts.

Anganwadi worker in Banswara reported a case involving a pregnant woman who faced issues with receiving her cash benefits. *"Jab usne hamse apne paise ke baare mein poocha toh hamne bataya ke paisa toh uske khate mein dal chuka hain"* (When she asked us about the status of her benefits, we informed her that the funds had already been transferred to her account) However, there was a mismatch between the registered account and her active account, creating considerable confusion. This discrepancy prevented her from accessing the funds intended to support her nutritional and health needs during pregnancy.

4.2.8 Dietary Pattern of Pregnant Women During Pregnancy

The study found that the pregnant women consumed green vegetables, pulses, and other seasonal vegetables, largely due to the easy availability from their in-house farming. Initially, some women held the belief that consuming curd during pregnancy was harmful. However, after receiving proper counselling from Poshan Champions and Anganwadi workers, they started including curd into their diets.

A beneficiary in Dungarpur stated that: *" meri pehli pregnancy ke time ghar ke badon ne mujhe dahii khaane se manaa kiyaa tha woh bole yeh khane se bache ke janam mein dikat hogi. isliye maine us samay dahi nahi khaya, lekin ab meri dusri pregnancy ke time pe poshaṇ champion aur anganavadi maḍam ne mujhe dahi khane ke fayde bataye hain aur yeh bhi bataya hai ki dahi khane se bache ki delivery mein koi dikkat nahi aati."* (During my previous pregnancy the elders in my family have told me not to eat the curd as it will cause obstruction in delivery of child. So, I have not consumed the curd that time but now during my current pregnancy the Poshan champion and anganwadi madam has told me the benefits of eating curd and also that curd does not cause any problem to the baby and its delivery).

Women also included fruits such as apples, pomegranates, and bananas in their diets, along with drinking coconut water, which they believed contributed to their own health and the health of their child. Moreover, it was found that a number of women in these areas consumed non-vegetarian food due to its availability, which further increased their dietary diversity and improved their nutritional status.

4.2.9 Drivers Of Consumption Of Nutritious Food During Pregnancy

The study identified several key drivers that influenced the consumption of nutritious food among pregnant women.

4.2.9.1 Interpersonal Counselling by Poshan Champion

Improved Knowledge through IPC given by Poshan Champions emerged as the primary driver in promoting healthy eating habits during pregnancy. Poshan Champions visited the homes of beneficiaries at regular intervals, emphasizing the importance of consuming a diverse range of foods and the significance of weight gain during pregnancy. During these visits, Poshan Champions also measured the weight of pregnant women, providing a tangible indicator of their nutritional progress and reinforcing the importance of their dietary choices.

One beneficiary in Udaipur told : *"mujhe meri pichli pregnancy ke time pe ache khane ki jankari nahi thi ke kya kya khana chahiye uss samayjis wajah se mera pehla bacha bhi kamm wajan ka hua tha, lekin ab meri dusri pregnancy ke time pe Poshan champion ne mujhe tiranga thali aur baaki ache khane ke baare mein bataya."* (during my previous pregnancy I was not aware about the dietary practices during pregnancy because of which my first child was born of low weight but now during my current pregnancy Poshan champion has told me importance of dietary diversity).

4.2.9.2 Household environment and family support

Family members also played a crucial role in encouraging pregnant women to maintain a nutritious diet. The support and motivation from the family helped reinforce the messages delivered by Anganwadi workers and Poshan Champions, creating a supportive environment that prioritized the health of pregnant women and their babies.

A beneficiary in Udaipur told that : *"Pregnancy ke time meri saas mera bahot khyaal rakhatii hain aur mujhe batati hain ki mujhe kyaa khanaa hai. meri saas mujhe din men do baar doodh deti hain aurr fal khane ke liye bhi kehti hain*."(my mother in law take extra care of me during prergnancy and tells what to eat. She gives me milk twice a day and also tells me to eat fruits).

4.2.9.3 Education Status

The study revealed that the beneficiaries were educated, with most having obtained a graduation degree, while the remaining had completed primary education. This relatively high level of education among the women played a crucial role in their understanding of the importance of consuming healthy food during pregnancy. The educational background of these women acted as a key driver, enabling them to recognize and appreciate their nutritional needs during pregnancy. Their awareness and understanding of healthy dietary practices were higher, leading them to make informed choices about their diet.

In an interview with pregnant women in Banswara when asked about why you consume nutritious food and who told you to eat all these items she told**:** *"maine jaipur se B.A. ki padhai ki hain aur maine yeh padha hain ki acha khana khane se bache ko janam dene mein asani rehti hain.*" (I have completed B.A. from Jaipur and I have studied that this food helps to deliver a healthy baby).

4.2.10 Challenges Faced by Frontline Workers

4.2.10.1 Convincing Beneficiaries

Frontline workers identified several major challenges encountered Related to IGMPY and PMMVY schemes. One of the primary issues is convincing people about the benefits of the schemes. While the majority trust the system, there are some groups that does not, particularly those who have previously not benefited from other schemes. This lack of trust makes it difficult to register these individuals.

An Anganwadi worker in Udaipur shared her following experience with a beneficiary **,** *"mujhe laabhaarthii aur usake parivaar ko igmpy yojanaa ke tahat panjiikaraṇ ke lie manaane mein kaṭhinaai ka saamana karana padata hain. Kuch log kehte hain ki paisa nahin aata hai, hamein pichhalii garbhaavasthaa ke dowraan bhii paisaa nahiin milaa hai, aur hamne sabhii dastaavej taiyaar karane men apanii jeb se kuchh paise bhii kharch kiye, lekin phir bhii hamen paise nahiin mila hai, isalie hum is baar panjiikaraṇ nahin karanaa chahate."* (I faced difficulty convincing the beneficiary and her family for registering under the IGMPY scheme. They had told me, 'No, money comes, we have not received the money during previous pregnancy also, and also we have spent some extra money from our pocket in getting all the documents ready but still we have not received it so, we don't want to register this time).

4.2.10.2 Geographical Barriers

Another challenge is the geographical spread of beneficiaries. Anganwadi workers and Poshan Champions often face difficulties in reaching all beneficiaries due to the scattered nature of the villages, with houses located far apart from each other. This geographical barrier complicates their efforts to provide consistent support and information.

In an interview with CDPO he reported: *"hamare yaha ghar bahot dur dur hain, aur who bhi pahadiyo pe jiss wajah se asha aur anganwadi worker ko dikkat hoti hain mahilayo tak pahochne mein" (*In our area, the houses are spread out far from each other, making it hard for our ASHA and Anganwadi workers to visit pregnant women).

4.2.10.3 Systematic Delays

Systematic problems also pose a barrier, as many beneficiaries do not receive benefits on time. This delay undermines the credibility of the schemes and makes it difficult for frontline workers to assure beneficiaries that they will eventually receive the money. This systemic barrier contributes to the lack of trust among the population.

4.2.10.4 Incomplete Documentation

Incomplete documentation of the beneficiaries is a main challenge especially the Jan Aadhar card. Child marriage and *Nata Pratha* further complicate the documentation

process. In these situations, beneficiaries often do not have complete or accurate documentation, making it challenging to register them and process their benefits.

4.2.10.5 Technological Literacy

The transition from paper to digital form under PMMVY presents another hurdle. Many Anganwadi workers finds it technologically challenging to use mobile phones and computers to fill in the required details. Often, they rely on their other colleagues and family members for assistance. Additionally, poor internet connectivity exacerbates this problem, making it difficult to update and access the necessary information.

In an interview with CDPO, he mentioned -*"kuchh mahilaa kaaryakartaa ab 50 varsh kii aayu ke aasapaas hain, ve mobile application kaa upayog karane men sahaj nahiin hain. aam taur par, wo online jaanakaarii upload karane ke liye saathii aanganavaadii kaaryakartaaon aur unke parivaar ke sadasyon kii madad lene kii koshish kartii hain jo mobile ke saath achi tarah se kaam karate hain. lekin unme hamesha yeh ḍar bana rahata hai ki koi labhaarthi pichhe chhuṭ na jaaye."* (Some women karyakartas are around the age of 50 now, they are not comfortable with using the mobile application. Normally, they try to take the help of fellow Anganwadi karyakartas and their family members who work well with mobiles to upload information online. But there is always a fear that some beneficiary is left behind.")

4.2.10.6 Staff Shortage

Staff shortages, particularly in the CDPO offices, further delay the process. There are not enough lady supervisors to approve registrations, leading to backlogs and delays in the approval and disbursement of benefits.

In an interview with CDPO, he told *"mere paas sirf 3 hi LS hain 8 mein se, jiske wajah se kaam ka burden jyada rehta hain" (*I have only 3 working LS out of 8 vacancies because of which work load is increased).

4.2.11 Perspectives of other Household Members

To understand the household dynamics and perspectives on cash benefit schemes, interviews were conducted with husband and mother in laws of the beneficiaries.

4.2.11.1 Awareness about the Schemes

The study found that the husbands lacked awareness about the schemes. This is primarily because they do not accompany their wives to the Anganwadi centres and are usually at work when the Poshan Champions visit their homes. As a result, they are not well-informed about the details and benefits of the schemes.

In an interview, husband of a pregnant woman shared his perspective on maternal health schemes. He said*," imanadari se kahun to mujhe is yojanaa ke baare men zyada janakari nahin hai kyonki mein aamtaurr par aanganavadi se aane waale logon se baat nahin karata. main hameshaa unhen apanii patnii ke paas bhejataa huun kyonki voh padhi-likhi hai aur in chizon ke baare men zyada janati hai. agar use kisi chiz ki zarurat hoti hai, to wohh mujhe batatii hai aurr main use woh chiz dilva deta hoon."* (Honestly, I don't know much about the scheme because I don't usually talk to the people who come from Anganwadi. I always send them to my wife because she's educated and knows more about these things. If she needs something, she tells me, and I make sure to get it for her.)

It has been found that mothers-in-law were generally aware of the maternal health schemes and had strong anticipation regarding the receipt of cash benefits. However, they lacked awareness about the timeliness of these benefits, often believing that the cash would be credited only after delivery and that it was intended for the child. Despite this, many mother-in-law's demonstrated a proactive approach to ensuring the well-being of their pregnant daughters-in-law.

During an interview, the mother-in-law of a pregnant woman shared her perspective on the timing of cash benefits. She said *, "yeh paise bachche ke janm ke baad hi milenge, usse pahale nahiin aur meri badi bahu ko bhi bachche ke janm ke baad hi laabh mila tha."* (The money will be received only after the child is born, not before and my elder daughter-in-law also received benefits after the delivery of her child.)

4.2.11.2 Utilisation of Cash Benefits

When asked how the cash benefits would be utilised, most husbands indicated that their wives would make the decisions regarding the use of the funds. They expressed confidence that the money would be spent on purchasing nutritious food and necessary medicines to support their wife's health during pregnancy.

4.2.11.3 Managing Increased Expenses

To manage the increased expenses associated with pregnancy, husbands reported two primary strategies. Some stated they would work additional hours or take on extra jobs to generate more income. Others mentioned reallocating their prior savings to cover the extra costs.

In an interview with mother-in-law, she mentioned: "*humne apane kapadon aur yatra par hone wale kharchon men kaṭoti ki hai taki apni bahuu ke lie powshṭik bhojan par zyada kharch kiya jaa sake, taaki woh swasth bachche ko janm de sake. pehle hum mandiron mein bahot jaate the aur daan punya karte the, lekin ab hamane yeh kamm kar diyaa hai."* We have deliberately re-shifted our expenses from clothes and travel to allocate more resources for nutritious food for our daughter-in-law so, that she deliver a healthy baby. Earlier we used to visit the temples more often and give donation but now we have decreased it).

Chapter 5: Discussion

The primary aim of this study was to investigate the factors that enable pregnant women to anticipate cash incentives and how this anticipation contributes to improved nutritional practices during pregnancy. Our findings reveal several key insights into the awareness, anticipation, utilization and various barriers to cash benefits among pregnant women in Rajasthan under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and Indira Gandhi Matritva Poshan Yojana (IGMPY).

The study found that while there was general awareness about the existence of cash transfer schemes among women beneficiaries, there was confusion regarding the timeliness and conditionalities of these benefits. Many beneficiaries believed that the cash benefits would be credited post-delivery, rather than during the pregnancy period when nutritional support is most critical. This misconception undermines the objective of these schemes to improve prenatal nutrition and health outcomes. The findings of another study conducted in Gujarat shed further light on these challenges, revealing similar patterns of confusion and low awareness among beneficiaries regarding the Pradhan Mantri Matru Vandana Yojana. In that study it was discovered that awareness regarding the frequency of form submission required to avail each instalment was notably low among respondents and beneficiary mothers exhibited the highest level of awareness, with only 30.5% correctly identifying the requisite number of submissions.(46).

The findings of our study reveal that women beneficiary had anticipation with respect to the receival of cash benefits under The PMMVY and IGMPY schemes and this anticipation is influenced by the experiences and observations of other women in the community. Women who had seen other beneficiaries benefitted under the schemes exhibited higher levels of anticipation, aligning with theories of social learning and peer influence. Bandura's Social Learning Theory (SLT) provides a robust framework for understanding this phenomenon. According to SLT, observational learning and social interactions play a critical role in shaping behaviour. Individuals can acquire new behaviours and knowledge by observing others in their social environment and modelling their actions (47).

However, it's noteworthy that despite the anticipation regarding cash benefits observed in our study, there is a dearth of such kinds of studies in the available literature.
The role of frontline health workers, including Anganwadi Workers (AWWs), ASHAs, and Auxiliary Nurse Midwives (ANMs), emerges as a key enabler for the anticipation of

cash among beneficiaries. Our findings suggest that AWWs, through their consistent engagement and support, play a pivotal role in raising awareness about maternal health schemes and helping pregnant women understand and anticipate the benefits available to them. Similarly, ASHAs and ANMs are highlighted for their indispensable contributions to maternal healthcare, including education, facilitation of healthcare access, and provision of medical assistance during pregnancy and childbirth. Beneficiaries have mentioned that whenever there is a delay in their cash benefits they go and ask the frontline workers and they reassure them that they will receive the benefits in some time which creates anticipation among them regarding the receival of cash benefits.

Furthermore, our findings highlight the role of Poshan Champions in promoting the anticipation of cash benefits in maternal health schemes. Poshan Champions play a vital role in motivating pregnant women to adopt healthier behaviours, thereby enhancing the perceived value of participating in maternal health schemes. Poshan champions (PC) regularly visit the beneficiary's house and counsel them regarding the importance of consuming a nutritious and diverse diet. PC also measures the weight of the beneficiary and motivates the beneficiary to gain weight so, that a healthy baby of appropriate weight is delivered. Additionally, peer influence and community observation of scheme benefits contribute to a positive feedback loop, reinforcing the importance of seeking maternal health services among pregnant women.

The findings of our study indicate that most households managed their expenses independently, primarily through farming and livestock rearing. Many women beneficiaries maintained kitchen gardens, growing green vegetables such as spinach, okra, and cauliflower. Additionally, households often kept livestock like cows, buffaloes, and goats, providing milk and other dairy products. By utilizing home-grown vegetables and dairy products, these families reduced their food expenses, demonstrating self-sufficiency in producing essential food items. This self-sufficiency allowed them to save money that would otherwise be spent on purchasing these goods, thereby effectively managing their overall household expenses.

A study by Mitchell and Hanstad (2024) aligns with our findings, emphasizing the multifaceted benefits of home gardens. According to their research, home gardens not only improve nutrition and provide a source of additional household income but also enhance the status of women within the household(48). These findings highlight various

ways in which home gardens contribute to improving the livelihoods of poor families, corroborating our results on the economic and social benefits of kitchen gardens and livestock rearing for managing household expenses.

Our findings underscore the role of savings in managing pregnancy-related expenses, with many beneficiaries actively saving money specifically for their pregnancies. This proactive financial planning is critical, providing a safety net for delivery and potential obstetric emergencies. Consistent with other studies, such as the one conducted by Agarwal et al. on birth preparedness and complication readiness among slum women in Indore city, India, we observed similar patterns of financial behaviour. Agarwal et al. reported that a substantial (76.9%) of families saved funds for delivery and obstetric emergencies, indicating a widespread recognition of the need for financial preparedness in maternal healthcare(49).

In our study, we observed that some women beneficiaries engaged in various forms of employment, such as daily wage labour, stitching, and other jobs, to accumulate savings for their pregnancy-related expenses. However, our findings also revealed that the many women beneficiaries relied on their husbands to manage the financial aspects of pregnancy. This dependency highlights the gender dynamics in financial decision-making within households, where men often control the primary finances, limiting women's autonomy in managing their healthcare needs.

A notable finding from our study is the role played by women's self-help groups, known locally as "samoohs." These groups consist of women who pool their money at regular intervals, creating a collective fund that members can access when needed. This communal financial system serves both as a savings mechanism and a source of loans for managing unexpected expenses. During pregnancy, women can use these funds to cover additional costs such as nutritious food and medical care, thereby reducing their financial burden. The samoohs not only enhance financial stability but also empower women by fostering economic independence and strengthening community bonds through mutual support.

Our findings align with the study by Dasgupta, which highlights several benefits of microfinancing through informal group approaches. Dasgupta observed that self-help groups facilitate the mobilization of savings among the poor and provide access to appropriate credit. This system effectively matches the demand and supply of credit,

opens new markets for financial institutions, reduces transaction costs for both lenders and borrowers and improves loan recovery rates. Furthermore, it promotes a new realization of credit systems that are subsidyless and corruption-free, empowering poor women(50).

In our context, samoohs play a critical role in financial planning and support for pregnant women. By participating in these groups, women gain access to a collective financial resource that helps them manage the additional costs associated with pregnancy, such as improved nutrition and medical care. This not only alleviates financial stress but also promotes healthier pregnancy outcomes. The empowerment of women through samoohs is multifaceted: economically, by providing financial resources; socially, by fostering a sense of community and mutual support; and individually, by enhancing their decision-making power and financial independence.

The findings of our study suggest challenges and barriers encountered by pregnant women in accessing cash transfers under maternal health schemes, particularly focusing on issues related to Jan Aadhar, Nata Pratha, and bank account complications.

Incomplete documentation, notably the absence of a Jan Aadhaar card, emerged as a notable obstacle. The process of obtaining this essential document was reported to be lengthy and cumbersome, requiring biometric verification of all household members. This complexity becomes particularly problematic when household members migrate for labour work, hindering the completion of necessary procedures.

Bank account-related issues also present hurdles in receiving cash benefits. Many beneficiaries encounter challenges due to older bank accounts linked to Aadhaar cards, which may belong to their paternal side or be closed. The discrepancy between registered and active accounts results in confusion and prevents beneficiaries from accessing funds intended to support their nutritional and health needs during pregnancy.

These findings resonate with reports by NITI Aayog, which highlight similar challenges in Aadhaar-based payments, including discrepancies in bank account information. The report emphasizes the need for simplification in the documentation and operational rules to address delays in payments and ensure the effective implementation of welfare schemes(51).

Additionally, the practice of Nata Pratha complicates access to benefits under maternal health schemes. Women involved in Nata Pratha relationships face difficulties due to changes in marital status, address, documentation requirements, and registration details. This traditional practice poses challenges for women seeking to avail themselves of benefits, as their eligibility and documentation may be affected by their relationship status.

A study conducted in Gujarat further underscores the challenges faced by vulnerable groups in accessing scheme benefits. For instance, divorced, widowed, and abandoned women may struggle to access benefits due to mandatory submission of their husband's Aadhaar card, while unmarried or underage married women are ineligible for benefits(46).

The findings of our study revealed that frontline workers face many challenges in the implementation of maternal health schemes. These challenges include geographical barriers, systematic delays, issues with technological literacy, and a lack of human resources. The undulating topography of the study area, where houses are often located on hillocks, presents a geographical barrier, making it difficult for frontline workers to reach all beneficiaries effectively. Additionally, the shortage of staff and limited resources further hampers their ability to deliver services efficiently. The transition to a paperless system, which requires the use of mobile phones and computers, adds another layer of difficulty for Anganwadi workers and ASHAs, many of whom are not accustomed to these technologies.

These findings align with a similar study conducted by Thompson et al. (2020) on the factors of success, barriers, and the role of frontline workers in Indigenous maternal-child health programmes. Thompson et al. (2020) identified several barriers faced by frontline workers in Indigenous maternal-child health programs. These include insufficient staffing levels, which hinder effective service delivery, and operational deficits such as limited resources and inadequate infrastructure and also physical and geographical challenges(52).

Chapter 6: Conclusion and Recommendations

The following is the conclusion of our study, which synthesizes the key findings and insights:

1. Anticipation of Cash Benefits

The study concluded that pregnant women, particularly those with previous positive experiences, exhibited a significant level of anticipation regarding cash transfers. Factors such as trust in frontline workers (AWW, ASHA, ANM, and PC) and peer influence within the community played crucial roles in shaping this anticipation. However, misconceptions regarding the timing and conditionalities of benefits remained prevalent among beneficiaries.

Hence the study recommends the Comprehensive Information Dissemination that us to Implement extensive educational campaigns to clarify timelines, conditionalities, and benefits of cash transfer schemes. Utilize community meetings, local media like (moj,takatak) and digital channels to reach a broad audience.

2. Key Enablers of Anticipation

Community engagement facilitated through AAA, community meetings, and peer groups, emerged as key enablers of anticipation among pregnant women. Regular interactions with Anganwadi workers and Poshan Champions provided reassurance and support, fostering trust in the cash transfer schemes. Additionally, observing others in the community benefiting from the schemes motivated women to anticipate and seek out their expected benefits.

Hence the study recommends frontline workers (including Poshan champions) to conduct more meetings and interactions to create more anticipation among the beneficiaries and their households.

3. Processes Enabling Nutritious Food Consumption

While the anticipation of cash benefits positively influenced spending on nutritious food, the study found a mixed utilization pattern. Some beneficiaries reported allocating the cash towards purchasing nutritious food and supplements, while others prioritized saving for future child-related expenses. However, the study highlighted the need for complementary interventions such as nutritional counselling and behaviour change

communication to ensure that cash benefits are invested effectively in improving maternal nutrition.

Hence the study recommends to introduce financial programs focusing on budgeting, savings, and managing pregnancy-related expenses. Promote saving schemes tailored for maternal health needs.

4. Challenges and Barriers

Several barriers hindered women's access to the full benefits of cash transfer schemes. Incomplete documentation, particularly the lack of a Jan Aadhaar card, and issues with incorrect bank account linkages were major obstacles. The practice of Nata Pratha further complicated eligibility and documentation processes, exacerbating the challenges faced by pregnant women in accessing cash transfers.

Hence the study recommends to implement targeted interventions to support women involved in Nata Pratha and other vulnerable groups. Adjust documentation requirements to accommodate changes in marital status and socio-cultural practices and provide short-term training on scheme details, digital form filling, and grievance redressal, and ensure close monitoring of nutritious food deliveries by AWWs and special camps to be organized to enable the target women to get benefits.

Chapter 7: Limitations of the study

The following are the limitations of the study:

1. **Geographical Constraints:** The study was conducted in specific regions of Rajasthan, which may limit the generalizability of the findings to other states or regions with different socio-economic and cultural contexts.
2. **Sample Size:** The sample size was limited, which may not fully capture the diversity of experiences and perspectives of all pregnant women in the study area.
3. **Self-Reported Data:** The reliance on self-reported data from participants could introduce bias, as respondents might underreport or overreport their awareness and utilization of cash benefits.
4. **Limited Focus on Male Perspectives**: While the study acknowledges the role of husbands and family members, it primarily focuses on the experiences of pregnant women, potentially overlooking the influence of male family members on the utilization of benefit
5. **Technological Barriers:** The study did not extensively explore the impact of technological barriers faced by frontline workers in implementing the schemes, which could affect the accuracy and timeliness of service delivery**.**
6. **Context-Specific Barriers:** Some barriers, such as those related to the Nata Pratha practice, are highly context-specific and may not be applicable to other regions, limiting the broader applicability of certain findings.

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Annexures

In-Depth Interview Guide

Pregnant Women- Received with Delay

1. Do you know about your eligibility status for the cash transfer under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the state-funded Indira Gandhi Matritva Poshan Yojana (IGMPY) program? How do you know about it?
   (probe: RajPusht program, targeted messaging, communication by health workers, POSHAN champions)

2. What does it mean if you are eligible for the cash transfer? Does this eligibility status create a confidence in you regarding the receipt of cash? If yes, can you explain how *(probe: through the SBCC, POSHAN champions, neighbours who have already received the cash, AAA)?*

3. *If you don't hope to receive cash transfer money, can you tell us, why do you feel so?(only ask if beneficiary says she doesn't have anticipation of cash)*

4. Since you received the first instalment, do you feel more confident about receiving the next instalment? If yes, can you explain what does this mean to you?

5. How did you utilise the money received in first instalment?
   (probe for buying food items, health expenditure, other household spendings, buying food for her own self or family)

6. Do you think the anticipation of cash created any changes in the consumption pattern in your household/ or yours compared to before?
   (probe: additional spending- on education, clothing, diet, other expenses, withheld on spending on diet to seem eligible)

7. How do you perceive the anticipated cash transfer in the context of the overall financial situation of the household?
   (probe: influence on your current spending decisions)

8. Now that you have received an instalment and is anticipating the cash transfer, Can you explain any specific changes made to the household dietary practices/diversities in anticipation of cash transfer particularly for you?
   (probe: more spending on food items, buying fruits, green vegetables, milk and dairy products no of meals/type of meals, addition of nutritious items, how much portion pregnant/lactating women gets compared to other family member)

9. What are the processes through which the anticipation of cash transfer shape the household dietary practices/diversities? *(probe: reallocation of existing household resources to ensure consumption of nutritious food during pregnancy and lactation, borrowing money in anticipation, goal setting on how to spend money, planning, who makes the decision)*

10. When you say reallocation of existing resources to ensure consumption of nutrition food during pregnancy and lactation, can you explain how it is done?

11. Do you think the targeted messages by PC/ AAA/ Community meetings on the use of cash has been useful for increasing your knowledge and changing practices regarding maternal and child nutrition? Whether this has led to consumption of nutritious and diverse food during pregnancy and lactation?

IN-DEPTH INTERVIEW GUIDE

Pregnant Women- Not Received and Delay

1. Do you know about your eligibility status for the cash transfer under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the state-funded Indira Gandhi Matritva Poshan Yojana (IGMPY) program? How do you know about it?
   (probe: RajPusht program, targeted messaging, communication by health workers, POSHAN champions)

2. What does it mean if you are eligible for the cash transfer? Does this eligibility status create a confidence in you regarding the receipt of cash? If yes, can you explain how? *(probe: through the SBCC, POSHAN champions, neighbours who have already received the cash, AAA)?*

3. *If you don't hope to receive cash transfer money, can you tell us, why do you feel so? (only ask if beneficiary says she doesn't have anticipation of cash)*

4. Do you think the anticipation of cash created any changes in the consumption pattern in your household/ or yours compared to before? *(probe: additional spending- on education, clothing, diet, other expenses, withheld on spending on diet so as to seem eligible)*

5. How do you perceive the anticipated cash transfer in the context of the overall financial situation of the household?
   (probe: influence on your current spending decisions)

6. Can you explain any specific changes made to the household dietary practices/diversities in anticipation of cash transfer particularly for you?
   (probe: more spending on food items, buying fruits, green vegetables, milk, and dairy products no of meals/type of meals, addition of nutritious items, how much portion pregnant/lactating women gets compared to other family member)

7. What are the processes through which the anticipation of cash transfer shape your dietary practices /diversities? *(probe: reallocation of existing household resources to ensure consumption of nutritious food during pregnancy, borrowing money in*

anticipation, goal setting on how to spend money, planning, who makes the decision)

8. When you say reallocation of existing resources to ensure consumption of nutrition food during pregnancy, can you explain how it is done?

9. Do you think the targeted messages by PC/ AAA/ Community meetings on the use of cash has been useful for increasing your knowledge and changing practices regarding maternal and child nutrition? Whether this has led to consumption of nutritious and diverse food during pregnancy?

IN-DEPTH INTERVIEW GUIDE

Pregnant Women- Not Received and No delay

1. Do you know about your eligibility status for the cash transfer under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the state-funded Indira Gandhi Matritva Poshan Yojana (IGMPY)program? How do you know about it? *(probe: RajPusht program, targeted messaging, communication by health workers, POSHAN champions)*

2. What does it mean if you are eligible for the cash transfer? Does this eligibility status creates a confidence in you regarding the receipt of cash? If yes, can you explain how *(probe: through the SBCC, POSHAN champions, neighbours who have already received the cash, AAA)?*

3. If you don't hope to receive cash transfer money, can you tell us, why do you feel so?(only ask if beneficiary says she doesn't have anticipation of cash)

4. Do you think the anticipation of cash created any changes in your food consumption pattern compared to before? *(probe: additional spending- on education, clothing, diet, other expenses, withheld on spending on diet to seem eligible)*

5. How do you perceive the anticipated cash transfer in the context of the overall financial situation of the household? *(probe: influence on your current spending decisions)*

6. Can you explain any specific changes made to the your dietary practices/diversities in anticipation of cash transfer? *(probe: more spending on food items, buying fruits, green vegetables, milk, and dairy products, no of meals/type of meals, addition of nutritious items, how much portion pregnant women gets compared to other family member)*

7. What are the processes through which the anticipation of cash transfer shape your dietary practices? *(probe: reallocation of existing household resources to ensure*

consumption of nutritious food during pregnancy and lactation, borrowing money in anticipation, goal setting on how to spend money, planning, who makes the decision)

8. When you say reallocation of existing resources to ensure consumption of nutrition food during pregnancy and lactation, can you explain how is it done?

9. Do you think the targeted messages by PC/ AAA/ Community meetings on the use of cash has been useful for increasing your knowledge and changing practices regarding maternal and child nutrition? Whether this has led to consumption of nutritious and diverse food during pregnancy?

IN-DEPTH INTERVIEW GUIDE
Pregnant Women- No Anticipation of Cash

1. Do you know about your eligibility status for the cash transfer under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the state-funded Indira Gandhi Matritva Poshan Yojana (IGMPY) program? If yes, what do you know about these schemes? If no, how come you haven't heard about them? What sources of information do you typically rely on regarding government schemes and programs?

2. What do you think are the benefits of cash transfer schemes for pregnant women? Do you think these benefits are important for pregnant women? Why or why not? Have you ever considered how receiving cash incentives could help you during your pregnancy?

3. Have you ever thought or expected receiving cash incentives during your pregnancy? Why or why not? Tell us why you don't have any expectation of receiving cash? Are there any specific barriers which made you believe in this?

4. Have you received any information or support from health workers or community members regarding cash transfer schemes? If yes, please describe your experience.

5. What additional support or information do you feel you need to better understand and expect cash transfers? How do you think pregnant women like you can be better informed about the availability and benefits of cash transfer schemes?

6. Based on our discussion today, what suggestions do you have to improve awareness and expectation of cash transfers among pregnant women? How do you think the government or community organizations can better support pregnant women in accessing and benefiting from cash transfer schemes? Is there anything else you would like to add regarding your experiences and thoughts on cash transfer schemes for pregnant women?

7. What measures do you take during pregnancy to ensure you eat healthy foods? Have you made any changes in your nutritional practices before and after pregnancy? If yes, what are they?

8. Do you face any challenges in maintaining a healthy diet during pregnancy? If yes, please elaborate?

9. When there is no expectation of receiving cash transfers, how do you manage the expenses of meeting your nutritional needs during pregnancy? Can you explain the strategies or methods you employ to ensure adequate consumption of nutritious food despite the absence of expected cash transfers?

IN-DEPTH INTERVIEW GUIDE

Household Members (Husbands/Mother-In-Law/Head of The Household)

1. Do you know about the eligibility status for the cash transfer under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and the state-funded Indira Gandhi Matritva Poshan Yojana (IGMPY)program? How do you know about it? (probe: RajPusht program, targeted messaging, communication by health workers)

2. What does it mean if women (name) eligible / registered for the cash transfer? Does this eligibility status create a confidence in you regarding the receipt of cash? If yes, can you explain how (probe: through the SBCC, POSHAN champions, neighbours who have already received the cash, AAA)

3. How do you perceive the anticipated cash transfer in the context of the overall financial situation of the household? (probe: influence on your current spending decisions)

4. Can you describe any specific changes your household has made in your spending patterns in anticipation of the cash transfer? (probe: areas where you are allocating money differently compared to before- diet, buying more fruits, vegetables education, clothing, diet, others)

5. Can you explain any specific changes made to the household dietary practices/diversities in anticipation of cash transfer? (probe: more spending on food items, buying more fruits, vegetables, milk and dairy products, no of meals/type of meal how much portion pregnant/lactating women gets compared to other family member)

6. What are the processes through which the anticipation of cash transfer shape the household dietary practices/diversities? (probe: reallocation of existing household resources to ensure consumption of nutritious food during pregnancy and lactation, borrowing money in anticipation, goal setting on how to spend money, planning, who makes the decision, made any adjustments to the timing of your expenditures-like delaying certain purchases until cash is received)

7. When you say reallocation of existing resources to ensure consumption of nutrition food during pregnancy and lactation, can you explain how it is done?

8. Are there any constraints or limitations in current spending due to anticipation of cash transfer? If so, how are these constraints influencing your dietary choices?

9. Do you think the targeted messages (PC, AAA, Community meetings) on the use of cash has been useful for increasing your knowledge and changing practices regarding maternal and child nutrition? Whether this has led to lead to enhanced dietary diversity in your household?

Focus Group Discussion/ Key Informant Interview Guide for Frontline Health Workers

1. Are you aware of cash transfer schemes available for pregnant women? Can you describe eligibility criteria for receiving the cash transfer benefits under the nationally funded scheme PMMVY and state funded scheme IGMPY? In your opinion how these schemes are helpful for beneficiaries.

2. Explain your role related to PMMVY and IGMPY schemes in your serving area.

3. How do you inform pregnant women and their families about these cash transfer schemes? (AAA,PC,LS) explain how does this information help beneficiaries to seek/ expect to receive cash benefit under the scheme?

4. How do you convey the importance of consuming diverse and nutritious food during pregnancy to pregnant women?

5. According to you how the money provided under scheme is helpful for pregnant women? how do they spend this money? (probe: buying household items, health expenditure, other)

6. What all measures you take to make sure that the cash is being used for enhancing the dietary diversity of pregnant women?

7. Explain how cash transfer schemes are helpful in ensuring consumption of nutritious food during pregnancy in your area?

8. Tell us something about the timeliness of these cash transfer schemes. In case of delay in cash transfers what strategies do you employ to build trust among the pregnant women and their families regarding the cash transfer?

9. What are the challenges you encounter in assuring beneficiaries about the receiving cash benefits in case of delay?

10. Based on your interactions, tell us about pregnant women's expectations of receiving the cash incentives? can you share some examples?

11. Can you explain how anticipation of cash created changes in the food consumption patterns of pregnant women?

12. What are the processes through which the anticipation of cash transfer shape the pregnant women's dietary practices/diversities? (Reallocation of existing household resources to ensure consumption of nutritious food during pregnancy, borrowing money in anticipation)

13. Is there anything else you would like to add regarding the anticipation of cash among pregnant women and their families?