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PMMVY IMPLEMENTATION PRACTICES IN AURANGABAD

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ABSTRACT

Starting January 1, 2017, the Indian government has rolled out the Pradhan Mantri Matru Vandana Yojana (PMMVY). The PMMVY Scheme forms parts of the provisions made in Section 4 of National Food Security Act (NFSA), 2013, which also aims at extending this financial support to anticipating and nursing mothers to enhance their health and nutritional status as well as compensate them for lost income. There is collection of both primary and secondary data from the department and its environment. The secondary data are available from some specific reports that are known to belong to a reputable organization, either governmental or non-governmental. This research examines the political, social, cultural, economic, and personal factors that, individually, or collectively, influence accessibility, affordability, acceptability, and quality of maternal health care services at individual, community and district level. Special focus is given to antenatal, postnatal and midwifery care. The aim of the research is, therefore, assessing the success of implementation of the pmmvy scheme in Aurangabad, Bihar. more in depth and acquiring maternal healthcare in the region that has been more as a concern politically, socially, culturally and economically. The study seeks to investigate household and community factors as well as district level factors that may influence the use of PMMVY plan maternal health services in particular birth assisted by skilled practitioners and postnatal care. Then, adopting a human rights framework, the paper will explore some of the social and service delivery components that contribute to maternal deaths in Aurangabad, Bihar. Finally, the efficiency of the public provision of maternal and child care, as Implementing agency (PMMVY), will be analyzed employing data envelopment analyses.

KEYWORDS : PMMVY, Aurangabad, Bihar, Maternal Health, Child Care, National Food Security Act, Financial Assistance, ICDS, Integrity, Accountability

INTRODUCTION

A child whose mother has a poor diet and lacks the necessary nutrients is more likely to have a low birth weight baby. Lack of nutrition has both short term and long term effects on prenatal or postnatal development. Many women work close to the date of confinement owing to social and economic challenges in order to help fend for their families. They often return to work too soon after delivery, despite their physical limitations, and this makes it even more challenging for them to nurse their newborn solely for the first six months. The Indian government introduced the Pradhan Mantri Matru Vandana Yojana (PMMVY) with effect from January 1, 2017. The PMMVY Scheme is operating in accordance with Section 4 of the NFSA, 2013 law which intends to compensate lost income and offer monetary aid to expectant and nursing mothers for better nutrition and health. This information is gathered from both the department and the main and secondary adjacent regions. Secondary data is such data that has been obtained from reliable reports of various government as well as non government agencies. This study explores the individual, neighbourhood, and district level inequities and challenges in accessing necessary maternal

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health care services, characterized by elements of social, political, cultural, economic, and individual. Particular emphasis is placed on antenatal, postnatal, and midwifery care. The aim of the study is to evaluate the implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme in Aurangabad block of Bihar. The main aims of the study are to understand the factors that have led to the growing political, social, cultural, and economic salience of maternal health in the region. This study aims to examine the influence of district, community and individual-level characteristics on the utilisation of maternal health services under PMMVY plan, specifically skilled attendance duringchildbirth andpostnatalcare.

The paper will also examine the social and service delivery facets of maternal mortality in Aurangabad, Bihar, from the standpoint of human rights. Finally, data envelopment analyses will be employed by the Implementing agency (PMMVY) to evaluate the technical efficacy of this scheme..

OBJECTIVE

The objectives of the PMMVY scheme are listed below: Since the woman must take adequate maternity leave before as well as soon after the childbirth of her first live youngster, income loss is compensated via cash give within the first informing the report of childbirth. To foster healthy eating habits and nutrition and thus combat infant mortality and under-nourishment. The purpose of this work is to investigate the integrity and accountability of this scheme implementation by aww, icds along with pmmvy team. Implementation of the secondary data and beneficiaries responses measured aims of the scheme.

LITERATURE REVIEW

Gariepy & Lundsberg (2016) This study examined mental illness and psychological distress prevalence during pregnancy and associations between prenatal planning and pregnancy timing with preterm delivery risk. This study performed secondary analyses among a prospective cohort of 2654 pregnant women receiving MRT to evaluate the effects of depression on the likelihood of PTB. MRT results were used to evaluate the association with planning or timing of pregnancy, with 37% and 13% of participants, respectively, having an unplanned or poorly timed pregnancy. The Composite International Diagnosis Interview (CIDI) utilized for mental diagnoses, along with measures of psychological distress and support throughout pregnancy, helped to further filter the findings.

Tikotzky, Ella Volkovich & Gal Meiri (2021) This longitudinal observe tested, underneath both subjective and objective settings, the hyperlink between adjustments inside the best and length of new child sleep through the years and adjustments in the maternal tiers of emotional distress (depression, anxiety, and parenting-pressure signs and symptoms). to be able to perform the observe, 226 anticipating moms in Israel who belonged to the center socioeconomic magnificence had been enlisted; maximum of the members were from this magnificence and/or above. within the 1/3 trimester, all moms underwent checks.

Sahoo & Dey (2023) This study aimed to identify the risk factors associated with respiratory distress in infants admitted to a tertiary care medical college hospital in Malda, India. The research involved one hundred newborns who were admitted to the neonatal intensive care unit (NICU) and showed clinical signs of respiratory distress,

such as a respiratory rate exceeding sixty breaths per minute, chest retractions, nasal grunting, and cyanosis. The results indicated that 68% of the newborns presented within 24 hours of birth, with male infants being more prone to respiratory distress compared to female infants (64% of males versus 36% of females).

Ritchie-Ewing,G., Mitchell, A., & Christian,L. (2018) The primary objective of this study was to determine whether the initiation and early cessation of breastfeeding among pregnant women (N = 70) were associated with their prenatal attitudes towards breastfeeding and levels of postpartum distress. To conduct this research, a non-experimental, one-group design was employed. The well-being of the participants, as well as the health of their mothers and infants, was evaluated during four perinatal visits, which included Early, Mid, and Late Prenatal assessments, as well as a follow-up at 7–10 weeks postpartum.

Tuncel & Hatice Kahyaoglu Sut (2019) This research aims to assess the impact of anxiety, depression, and prenatal distress related to pregnancy on fetal bonding. Data was collected from the Maternity Policlinik and Maternity Service located in the Kilerlareli region between July 2015 and December 2016. A total of 319 pregnant women participated in the study. Information was obtained through research conducted during the first, third, and fourth trimesters, as well as during the fourth and fifth trimesters. The data collection involved the use of the HADS, PDQ, PAI, and various information forms developed by the researchers.

Roos, Lochner, Vythilingum & Faure (2013) Anxiety and various distressing psychological symptoms are quite common during pregnancy. Regrettably, there is insufficient information available regarding the factors that contribute to anxiety and discomfort associated with this period. This study examines potential predictors of pregnancy-related distress and anxiety, such as social support, temperament, character traits, and resilience to anxiety.

Rudd et al. (2022) Despite an increasing body of research indicating the contrary, there is no evidence to substantiate the theory that exposure to objective stressors and subjective discomfort during fetal development affects the mental health of offspring. In a multi-site longitudinal study involving a cohort of 454 participants, multivariate linear regression models were employed to assess the predictive significance of prenatal stress exposure and reported distress on the internalizing, externalizing, and adaptive skills of children at the age of four.

METHODOLOGY

Three distinct tools are employed as the primary methods for data collection: observation reviews, focus group discussions, and interviews. Data for this research is sourced from beneficiaries, non-beneficiaries, Anganwadi workers (AWWs), Child Development Project Officers (CDPOs), and female supervisors. These participants are either recipients of the PMMVY program benefits or actively involved in its implementation, thereby representing a significant portion of the population. The main data sources include: a) PMMVY program staff (CDPOs, female supervisors, AWWs); and b) program beneficiaries (breastfeeding mothers and pregnant women). Quantitative data is collected from the broader population and relevant government agencies (AWCs and CDPO offices), ensuring that all members of the community are given equal consideration. Participants from the Aurangabad area in Bihar were approached, resulting in a total of 850 respondents: 400 beneficiaries, 400 non-beneficiaries, and 50 representatives from the implementing agency. A carefully balanced representation from both the beneficiary community and the implementing agencies was ensured. Additionally, family members of the beneficiaries were present during the focus group discussions (FGDs).

ANALYSIS

During the examination of the program, the researcher discovered significant economic and social hardships faced by pregnant and breastfeeding mothers. While women in the organized sector effectively managed their stress throughout pregnancy due to government policies and regulations, many other working and non-working women found it challenging to navigate the difficulties associated with pregnancy. Women from marginalized backgrounds often struggle to access institutional deliveries. The program provides essential support by facilitating routine health check-ups, vaccinations, institutional deliveries, and a nutritious diet during pregnancy. It is viewed as a partial compensation for income loss experienced by seasonal workers during this period. Additionally, various health indicators were assessed, including maternal and child mortality rates, vaccination coverage for mothers and children, early prenatal check-ups, postpartum assistance, outreach to the community, and efforts to enhance visibility on the ground.

FINDINGS

The researcher, utilizing various research methodologies, identified three distinct types of findings. The first set of findings comes from the implementing agencies, which includes data on financial inflows, the number of beneficiary applications, and the processes involved. Secondary data was also analyzed during this phase. The second set of findings is sourced from the beneficiaries who have utilized the scheme. They shared their experiences, detailing the challenges faced during the process, the time required, the documentation needed, the allocation of funds, and the support received during and after pregnancy. The third set of findings involves the experiences of non-beneficiaries, who provided insights into why they were excluded from the scheme and their expectations for future opportunities. Given our focus on ensuring integrity and accountability within the implementing agencies, the following findings are relevant:

Scheme Implementation (Till 2022-23)

PMMVY Status	Bihar	Aurangabad
Number of Applications received	5,52,003	89931
Number of Applications Paid	7,65,315	76563
Number of Enrolled women (Number of women whose data has been digitized on PMMVY MIS)	5,52,003	89931
Number of Beneficiaries (received at least one instalment)	4,02,339	76563
Number of Backlogs	3,09,457	13368
Number of Applications Rejected	54,932	2765
Number of applications pending for payment	8,774	10603
Number of Cases in Correction Queue	96,556	2315
Average Time Taken to Receive Instalment	51 days	57 days

*Source – iipb (https://www.iipsindia.ac.in/sites/default/files/IIPS_PMMVY.) and ICDS office, Aurangabad.

Budgetary Allocation PMMVY (India- Bihar 2017 – 2023)

Financial Year	Budget Allocation	Released	Bihar
2017-18	2700	2048.25	-
2018-19	2400	1061.94	0
2019-20	2500	2244.94	237.324
2020-21	2500	1112.12	206.649
2021-22	2150	1099.45	218.321
2022-23	2150	1120.45	235.213

*Source – Wcd Annual Reports (https://wcd.nic.in/annual-report)

Maternal and Child Health-Aurangabad			
Indicator	NFHS – 4	NFHS -5	Percent change
Maternal and Child Health	Total	Total	
Mothers who had an antenatal checkup in the first trimester	42.2	53.6	27.01
Mothers who had atleast 4 antenatal care visit	16.2	29.3	80.86
Mothers who consumed iron folic acid for 100 days or more when they were pregnant	7.6	20.3	167.11
Mothers who consumed iron folic acid for 180 days or more when they were pregnant	1.3	9.4	623.08
. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card	75	92.3	23.07
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery	58.3	71.5	22.64
Average out-of-pocket expenditure per delivery in a public health facility	1923	1804	-6.19
Children born at home who were taken to a health facility for a check-up within 24 hours of birth	0.9	1.4	55.56
Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery	Na	72	Na
Institutional births	71.5	77.5	8.39
Institutional births in public facility	52	61.9	19.04
Home births that were conducted by skilled health personnel	3.4	9.1	167.65
Births attended by skilled health personnel1	74	84.6	14.32
Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall1	77.6	89.7	15.59
Children age 12-23 months fully vaccinated based on information from vaccination card only	80.7	90.6	12.27
. Children age 12-23 months who have received BCG	96.7	99.4	2.79
Children age 12-23 months who have received 3 doses of polio vaccine	87.7	91.3	4.10
Children age 12-23 months who have received 3 doses of penta or DPT vaccine	95.4	95.9	0.52

CONCLUSION

The integrity and accountability of implementing agencies can be assessed and quantified at multiple levels. At the anganwadi center level, we observed that the anganwadi sevika and her assistant were responsible for executing the scheme in their designated areas. The sevika provided unconditional support to beneficiaries to help them access the scheme, including assisting in gathering the necessary documentation. Together with ASHA and ANM workers, the sevika facilitated various aspects of the program, including health check-ups, vaccinations, and maintaining health records, which are overseen by AWWs, ANMs, and the relevant departments. Once the forms are completed, they are sent to the block-level office, where a data entry operator records all details online with assistance from the sector supervisor. All documentation is maintained in an online format, and the subsequent verification and fund transfer process is managed by the nodal officers, which include the Child Development Project Officer (CDPO) at the block level and the District Project Officer (DPO) at the district level.

An analysis of the beneficiary data available at the district level reveals a notable and steady increase in the number of beneficiaries, even though the disbursed amounts have remained consistently the same. The duration for processes in Aurangabad exceeds both national and state averages. Additionally, backlogs and pending payments must be addressed more rapidly, and various indicators from NFHS-4 and NFHS-5 are improving at a sluggish pace, indicating a need for greater focus on these metrics. Increased advertising and public awareness campaigns are essential for further beneficiary inclusion, along with a specific and targeted workforce dedicated to the scheme.

LIMITATIONS AND RECOMMENDATIONS

Several measures were implemented to enhance the credibility of the research through both quantitative and qualitative analysis; however, certain factors may have undermined the validity of the results. I recognize that definitive evidence of direct causation can only be acquired through quantitative cross-sectional studies, so please consider this limitation when interpreting my findings. For the household survey, conducted by the implementing government organization, we depended on the department's data, having no influence over the data collection process.

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