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## Pradhan Mantri Matru Vandana Yojana (PMMVY): A Review

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### Abstract

The main aim of this research is to investigate the advantages and obstacles faced by both the government and citizens in the implementation of the Pradhan Mantri Matru Vandana Yojana (PMMVY). To achieve this, the authors have conducted a review of existing literature to explore the benefits and challenges associated with PMMVY. Despite significant progress in India's socioeconomic sphere, maternal healthcare remains a critical concern. The well-being of mothers before and after delivery, as well as the health of their children, plays a vital role in the overall development of the nation. To improve the program's effectiveness on a nationwide scale, the central government needs to make changes, including defining the disbursement of funds, addressing corruption issues, and simplifying procedures for women to access the scheme's benefits.

**Keywords:** Pregnant and lactating women, Pradhan Mantri Matru Vandana Yojana, child health, sustainable development

### Introduction

According to 2011 census, nearly 67.7% of population are women and child in India. So, the need for empowerment of women is widely acknowledged by various economy. Without the socioeconomic development of women an economy cannot survive for a longer period of time. Various studies have found the health and nourishment of their children are interconnected with economical soundness of women (*A Research Paper on Pradhan Mantri Matru Vandana Yojana' (PMMVY)*, N.D.). When inadequate nourishment begins during pregnancy it create risk in the life child, which is irreversible. Approximately one out of every three women suffers from malnourishment, and half of the women experience 'Anemia'. When a mother is malnourished, increased the likelihood of giving birth to a baby with low birth weight. Due to socioeconomic difficulties several women continue to work till the final stages of their pregnancy (Singh, N.D.). Following child birth, women rejoin their work immediately, even their body is in recovery mode. It hampers their ability to exclusively breastfeed their newborns for the first six months after pregnancy. The outcome of pregnancy is a crucial health measure reflecting the quality of maternal health. India has a significantly high maternal mortality rate of approximately 17%, which is among the highest globally.

By considering these problems on 1<sup>st</sup> September 2017 the Union Minister of Women and Child Development has announced the Pradhan Mantri Matru Vandana Yojana (PMMVY). Under this scheme financial assistance of Rs. 5000/- is given to the account of pregnant women and lactating mother (PW&LM). For first living child of the family relating to maternal and child health. The eligible recipients will receive the remaining cash incentives, of Rs. 6000, as per approved guidelines for maternity benefits under the Janani Suraksha Yojana (JSY). The motive behind PMMVY is to provide partial compensation for the income loss experienced by women during their maternity period. This aims to encourage pregnant or lactating women to improve their healthcare-seeking behaviour. The program focuses on enhancing the health of pregnant or lactating women and ensuring the birth of healthy babies. However, exceptions are also made in the scheme for cases such as miscarriage, stillbirths, infant mortality, and women working at Anganwadi Workers (AWWs).

The acknowledgment of women's empowerment as a prerequisite for accomplishing various Sustainable Development Goals is widespread.

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It motivates to recognise; women's economic empowerment and their overall health have a direct impact not only on their own lives but also on next generation. Secondly, by conducting a study on PMMVY, we can assess the effectiveness of the scheme in improving the health outcomes of pregnant and lactating women, reducing maternal and infant mortality rates, and promoting overall well-being.

This research aims to explore the advantages and obstacles faced by the government and citizens concerning the PMMVY. The PMMVY has the potential to significantly impact the lives of women and children in India. Through this review, we aim to contribute to the existing body of knowledge on the scheme, providing valuable insights for policymakers, researchers, and stakeholders alike. The study's motivation lies in understanding the successes and challenges of PMMVY and fostering an environment where evidence-based decision-making can lead to continuous improvement in the welfare of pregnant and lactating women across the nation.

This study has divided into six salient sections. The followed section detailed with review of the literature. Next part deals with research methodology undertaken for the study. Followed by data analysis and interpretation. The fifth section explains the research findings and conclusions, limitations and future research scope.

### Review of Literature

Pradhan Mantri Matru Vandana Yojana is a comprehensive economic scheme targeting daily sweat women. The scheme places significant emphasis on raising awareness about the importance of nutrition to achieve desired outcomes. While most pregnant mothers register their pregnancies with the Anganwadi on time, many of the beneficiary mothers faced challenges during the process. Approximately 35% of surveyed women encountered difficulties with document collection, and 19% faced Aadhaar-related issues, including adding their husbands' names to the card, gathering bank account documents, and withdrawing money. Though the majority of women did not report problems with going to the hospital for check-ups, around 20% experienced issues with hospital visits.

A significant process gap was identified, wherein frontline workers lacked knowledge about form rejections despite receiving training for the scheme, as highlighted by (*Change Advancing Society Annual Report 2019-2020*, N.D.). Indian women, especially during pregnancy and lactation, are vulnerable to poor nutrition, with its impact on birth weight being more pervasive than other factors. Studies reveal that the dietary intake of rural pregnant women often falls below recommended levels. The nutritional status of mothers has been linked to low-birth-weight infants, which is affected by widespread poverty, discrimination against women in household food distribution and healthcare, and insufficient or subpar antenatal care. A study by (Haaren, N.D.) evaluated the impact of PMMVY on maternal health and nutrition in rural areas of India. The research found that the scheme significantly improved the dietary intake of pregnant and

lactating women, leading to better nutrition outcomes. Moreover, there was an increase in the utilization of antenatal and postnatal care services, indicating the positive influence of the scheme on maternal health.

Narayan *et al.*, (2019) <sup>[6]</sup> observed a high malnutrition rate in specific groups in India, including adolescent girls, pregnant and lactating mothers, and children. A study by Narayan *et al.*, (2019) <sup>[6]</sup> explored the awareness and uptake of the scheme among eligible beneficiaries. The research identified gaps in information dissemination and suggested targeted awareness campaigns to increase the scheme's coverage, particularly in remote and marginalized communities. The nutritional status of mothers, their lactation behaviour, education, and sanitation are the contributing factors to malnutrition within these groups, resulting in stunting, childhood illnesses, and impaired growth among children.

One of the most common challenges reported in the implementation of PMMVY is the delayed disbursement of benefits to beneficiaries. Researchers like (Rao *et al.*, 2020) <sup>[8]</sup> have pointed out that delayed payments can discourage women from availing themselves of the scheme's benefits and reduce its effectiveness. Another issue raised in the literature is the identification and targeting of eligible beneficiaries. Studies by (Rao *et al.*, 2020) <sup>[8]</sup> have indicated that some eligible women are left out of the scheme due to difficulties in proving their pregnancy and availing necessary documentation. Social and Cultural Barriers: Certain cultural norms and perceptions regarding pregnancy and childbirth in different regions of India can act as barriers to the uptake of the scheme. Research by (Mantri Matru Vandana Yojana, 2017, Narayan *et al.*, 2019) <sup>[5, 6]</sup> highlights the need for sensitization and community engagement to overcome these barriers.

### Methodology

The methodology section of this review research article outlines the systematic approach used to collect, analyse, and synthesize existing literature on PMMVY. The purpose of this review is to provide a comprehensive analysis of the scheme's benefits, challenges, and impact on maternal and child health in India. The study primarily relies on secondary data sources, such as academic journals, government reports, online repositories, and relevant websites, to gather pertinent information on PMMVY.

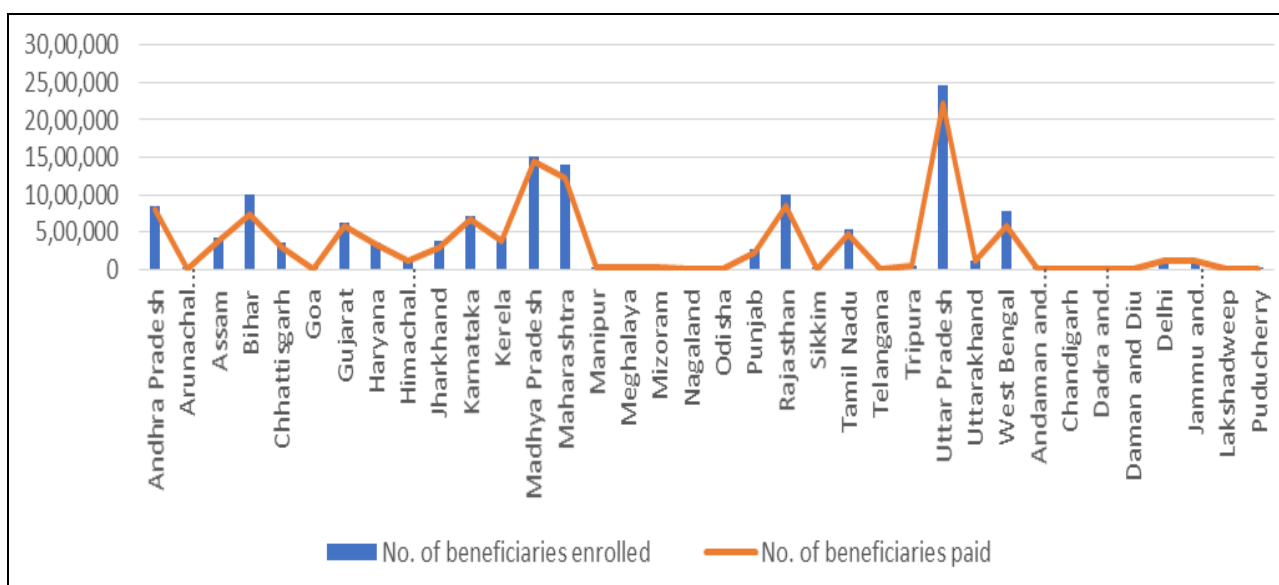
### Analysis

Ensuring favourable pregnancy outcomes is a crucial indicator of maternal health quality. Taking proper care of pregnant and lactating women has become imperative in modern times to promote the well-being of both the mother and the child, ultimately contributing to the nation's prosperity. In response to this concern, the Indian government has introduced various maternity programs aimed at enhancing maternal and child care during and after pregnancy. One such initiative is the PMMVY, which was officially launched by Prime Minister Shri Narendra Modi on January 1, 2017.

**Table 1:** State/UT wise number of beneficiaries under the PMMVY Scheme

SL. No	State/UT Name	No. of beneficiaries enrolled	No. of beneficiaries paid	% of beneficiaries paid
1	Andhra Pradesh	8,46,997	7,96,796	94.07
2	Arunachal Pradesh	12,899	10,785	83.61
3	Assam	4,16,749	3,84,861	92.35
4	Bihar	10,05,222	7,26,860	72.31
5	Chhattisgarh	3,47,749	2,94,830	84.78
6	Goa	12,087	11,314	93.60
7	Gujarat	6,32,969	5,81,344	91.84
8	Haryana	3,60,630	3,43,946	95.37
9	Himachal Pradesh	1,26,354	1,18,625	93.88
10	Jharkhand	3,70,532	2,89,289	78.07
11	Karnataka	7,15,427	6,67,053	93.24
12	Kerala	4,21,750	3,88,309	92.07
13	Madhya Pradesh	15,20,667	14,44,998	95.02
14	Maharashtra	13,96,262	12,24,658	87.71
15	Manipur	29,106	23,248	79.87
16	Meghalaya	16,342	15,401	94.24
17	Mizoram	16,496	15,717	95.28
18	Nagaland	15,700	13,961	88.92
19	Odisha	7	5	71.43
20	Punjab	2,62,321	2,30,921	88.03
21	Rajasthan	10,01,289	8,35,600	83.45
22	Sikkim	6,549	6,017	91.88
23	Tamil Nadu	5,34,569	4,63,577	86.72
24	Telangana	3	0	0.00
25	Tripura	50,515	44,812	88.71
26	Uttar Pradesh	24,56,745	22,16,890	90.24
27	Uttarakhand	1,11,852	1,04,842	93.73
28	West Bengal	7,72,452	5,90,132	76.40
29	Andaman and Nicobar Islands	4,257	3,883	91.21
30	Chandigarh	15,515	14,226	91.69
31	Dadra and Nagar Haveli	5,963	5,141	86.21
32	Daman and Diu	3,432	2,556	74.48
33	Delhi	1,34,443	1,23,958	92.20
34	Jammu and Kashmir	1,20,087	1,04,880	87.34
35	Lakshadweep	655	552	84.27
36	Puducherry	14,813	13,057	88.15
	TOTAL	1,37,59,405	1,21,13,044	88.03

Source: Annual report of PMMVY 2019



Source: Annual report of PMMVY 2019

**Fig 1:** State/UT wise number of beneficiaries under the PMMVY Scheme

Table 1 and Figure 1 present state/UT wise data on the number of beneficiaries under the Pradhan Mantri Matru Vandana Yojana (PMMVY). It indicates that a significant number of applications, totalling 1,47,59,405, have been

received from beneficiaries across all states/UTs on PMMVY-CAS. Moreover, maternity benefits amounting to Rs. 4938.29 crore have been released to 1,21,13,044 beneficiaries. Uttar Pradesh stands out as the state with the

highest number of beneficiaries at 22,16,890, while Telangana and Odisha have remarkably lower numbers, with 0 and 5 beneficiaries, respectively.

The budget allocation for the program during 2019-20 was Rs. 2500.00 Crore, of which Rs. 2244.94 Crore were sanctioned/released. As of 31st December 2020, the budget allocation for 2020-21 is also Rs. 2500.00 Crore, with an expenditure of Rs. 695.52 Crore.

The Pradhan Mantri Matru Vandana Yojana holds significant potential to improve the conditions of expectant and lactating mothers, aiding their health restoration and enhancing breastfeeding capabilities during the initial six months post-birth. However, the evaluation process has revealed challenges in accurately tracking the number of mothers benefiting from the program even a year after its launch. To achieve its objectives, the program must address these challenges and undergo thorough analysis. This study aims to investigate various aspects of the program and the hurdles it encounters. PMMVY has the following benefits in India.

### **Improvement in Birth Spacing**

The implementation of PMMVY has positively impacted the reproductive choices of individuals, leading to better birth spacing and favourable outcomes for both mothers and children. Ensuring adequate care for mothers before and after childbirth, as well as focusing on the health of new-borns, plays a crucial role in the overall development and progress of our nation. Recognizing that a malnourished mother affects the well-being of her unborn child emphasizes the significance of early life interventions as a powerful policy approach to enhance the health and human resources of the Indian populace.

**Widespread Awareness:** Various states have conducted extensive Information, Education, and Communication (IEC) campaigns to raise awareness about the program and expand its reach nationwide. These campaigns play a crucial role in helping women comprehend the significance of prenatal care for the optimal development of their children. Additionally, the government has assigned dedicated personnel to oversee the implementation and progress of the initiative.

**Contraction of the Inequality gap:** The program has significantly benefited economically disadvantaged communities by offering accessible and affordable parental care for their children. By providing incentives to expectant mothers to ensure their well-being during pregnancy, it contributes to the birth of healthy, nourished, and well-developed children, who will have improved opportunities to break the cycle of poverty later in life. These healthy and productive individuals will become valuable assets for the country. Thus, nutrition emerges as the crucial element for long-term economic development, as it plays a pivotal role in eradicating poverty, addressing health challenges, and advancing educational standards.

**Improvement in Health Consciousness among expecting and lactating mothers:** The PMMVY Scheme offers financial incentives to expectant and lactating mothers, aiming to encourage better nutrition intake and feeding practices, thereby reducing infant mortality and malnutrition. The program also emphasizes the use of healthcare services and institutional care to mitigate health risks for both mother and child. It promotes essential practices like exclusive breastfeeding for the first six months, introducing

complementary foods afterward, ensuring DPT and polio vaccinations, and attending two counselling sessions when the child is between 3-6 months old.

With over 31 lakh pregnant women and lactating mothers benefiting from this scheme during delivery, our nation demonstrates its commitment to safeguarding the health of expectant mothers and ensuring the well-being of their children, recognizing them as vital assets for long-term economic development. However, the scheme unlike others has a few drawbacks which adversely affect both the Government and the Citizens as follows.

**Delay in the verification process:** The implementation of any new scheme involves a complex and time-consuming process. This particular scheme faces challenges related to creating recipient lists, verifying details through the Unique Identification Authority of India (UIDAI), and sharing information with the central government's public finance management system, which then refers the data to the state nodal agency. Among the states, Tamil Nadu, Meghalaya, West Bengal, Odisha, and Telangana were reported as the worst performers in terms of enrolling beneficiaries, whereas Maharashtra and Uttar Pradesh showed relatively better performance.

The reason behind the lower enrolment in Tamil Nadu, Telangana, Odisha, and West Bengal can be attributed to the fact that these states were already operating their own maternity benefit programs. As a result, they were hesitant to adopt the new scheme, considering it a by-product of the National Food Security Act (Majumder *et al.*, 2022 <sup>[4]</sup>; Primary, N.D.; *Rural\_Women\_Neelam\_Tanu\_article\_03032022*, N.D.; Sekher & Alagarajan, 2019; Thongkong *et al.*, 2017) <sup>[10, 12]</sup>.

**Lack of interest and motivation in beneficiaries:** The PMMVY scheme excludes the most vulnerable mothers by restricting the benefits to only the first live birth. As per the Sample Registration System report on fertility indicators, approximately 43% of the country's current live births fall under the category of first-order births, effectively excluding over half of all new-borns from availing the PMMVY benefits. Moreover, the actual expenditure on the scheme amounted to only Rs 2,000 crore, and surprisingly, the allocation was reduced to Rs 1,200 crore in the revised Budget 2018-19.

The grievance redress mechanism is an essential component of any administrative system. An administration cannot be considered accountable, responsive, and user-friendly without establishing a well-functioning and effective grievance redress mechanism. This mechanism serves as a critical tool to assess the efficiency and effectiveness of an organization, as it offers valuable feedback on the administration's performance. Unfortunately, in this context, grievance redressed facilities are severely lacking. When applications are rejected or returned with queries, there is little or no provision to inform the applicants about the status of their grievances.

**Aadhar card-related problems:** The PMMVY scheme faced challenges with rejected payments due to discrepancies between a person's Aadhaar card and bank account details. During the Jaccha-Baccha Survey (JABS), over 20% of respondents reported difficulties because their Aadhaar card's address was associated with their parents' home (maika) rather than their in-laws' house (sasural). Document-related issues persisted since the program's inception. During initial visits to selected districts, women were advised by frontline

staff to update their Aadhaar card, leading to a lengthy and cumbersome process involving various documents such as marriage certificates, ration cards, and residence proofs. This delayed their enrolment in the program, with women spending several months updating their Aadhaar and PAN cards.

In Assam and Bihar, women also faced problems with their Aadhaar and PAN card mappings. Additionally, issues with the Mother and Child Protection (MCP) card were highlighted, as immunization details were often missing, causing challenges in submitting the PMMVY form for the third instalment. Despite the scheme's benefits, one of its drawbacks was noted in terms of cash incentives not necessarily translating into improved quality care and products, and organizations not taking full responsibility for enhancing nutrition and living standards.

Overall, the scheme had both advantages and disadvantages, reaching some but leaving many others unreached. To improve its effectiveness, the government should allocate funds efficiently and timely according to each state's specific requirements. Adequate training for administrative staff responsible for registration and monitoring is also crucial for the successful implementation of the program.

### Findings and Conclusion

Despite notable progress in India's socioeconomic sphere, the country's maternal health care remains a significant concern. Ensuring the well-being of mothers before and after delivery, as well as the health of their children, is crucial for the overall development of the nation. Addressing malnourishment in expectant mothers is essential, as it directly impacts the health of the unborn child. Early interventions hold immense potential as a policy tool to enhance the health and human capital of the Indian population.

India ranks twelfth among fifty-two "declining income countries" posing risks to new-borns, underscoring the need for significant investment by the government. The PMMVY is a commendable program supporting mothers throughout pregnancy and breastfeeding to improve their health, particularly beneficial for women from low socioeconomic backgrounds who need to return to work after childbirth. However, the scheme's implementation faced numerous challenges and shortcomings.

To enhance the program's effectiveness nationwide, changes in the role of the central government are required. This includes defining the disbursement of funds, addressing corruption issues, and simplifying procedures for women to access benefits. Improving technological infrastructure, encouraging state government participation, and strengthening systems like the Aadhar verification process are essential steps.

Companies should offer flexibility in working hours and responsibilities to female employees after childbirth to prioritize their health and their new-born's well-being. Additional recommendations include introducing packages to support girls lacking expertise, motivation, and family support, and allocating funds to improve IT infrastructure for efficient data management and payment tracking.

Regular reviews of expenditures should be conducted to ensure program success. By implementing these suggestions, the government can strengthen the PMMVY's operations and make a significant positive impact on maternal and child health across the country.

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