How SDG 3-Good Health and Well-Being Is Faring With Respect   To Women Nutritional Program- A Case Study of Pradhan Mantri MatruVandana Yojana

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Abstract:

The SDG 3 Good Health and Well Being promotes healthy lifestyles, preventive measures and modern, efficient healthcare for everyone. Government of India (GOI) is also committed to promote health and well-being by improving India's healthcare system over the past decade. Health strategies have undergone tremendous change, and new avenues have been established. Preventative care and holistic methods are now heavily emphasised. The National Health Mission (NHM), the Ayushman Bharat health insurance programme, the National Programme for Health Care for the Elderly (NPHCE), Pradhan Mantri Matru Vandana Yojana (PMMVY) Immunisation, Malaria eradication, and the National Tobacco Control Programme (NTCP), are a few of the government's ground-breaking initiatives in this area. India has made path breaking progress in recent years in reducing the Maternal Mortality Ratio (MMR). MMR has decreased by 78%, from 556 per 1,000 live births in 1990 to 122 in 2017. The government has promised to increase public health expenditure to 2.5% of GDP by 2025. However, most women in India continue to suffer from undernutrition which further result in giving birth to low birth weight babies. The Pradhan Mantri Matru Vandana Yojana (PMMVY) is an initiative of the Indian government that provides maternity benefits in compliance with the 2013 National Food Security Act. More than 3.11 crore beneficiaries have registered for the Pradhan Mantri Matru Vandana Yojana (PMMVY), and over 2.77 crore beneficiaries have received maternity

benefits totaling more than Rs. 12150 crores since the program's commencement and through November 21, 2022 (PIB, 2022). This paper analyses how the flagship scheme named Pradhan Mantri Matru Vandana Yojana (PMMVY) of government is doing justice with SDG 3 of Good health and wellbeing.

Keywords: *SDG, Good health, and well-being, DBT, Rural Women, Nutrition*

1. Introduction

The SDG 3: Good Health and Well-Being encourages everyone to lead healthy lifestyles, take preventative steps, and get contemporary, effective healthcare. The Goal takes into account all of the top health concerns, including access to safe, effective, high-quality, and reasonably priced medications and vaccinations for everyone, Good reproductive, maternal, and paediatric health , as communicable, non-communicable, and environmental diseases. Additionally, it calls for increased health spending, more research and development, and a strengthening of all nations' capacities for health risk management and reduction. One of the important measures to achieve the SDG goal of good health and wellbeing is to reduce maternal mortality. By 2030, the goal is to lower the world death rate to fewer than 70 per 100,000 live births. Since 1990, maternal mortality has decreased by about 505; since 2000, measles vaccinations have prevented nearly 15.6 million deaths. The mortality rate for children under the age of five has dramatically decreased, falling to 39 fatalities per 1,000 live births in 2017—a decrease of 6.7% from 2015 and a total of 49% since the year 2000. During the same time span, there has also been a significant 41% decrease in the global neonatal mortality rate. Government has addressed uneven performance across the nation and the significance of integrating interventions across the life stages, as well as inequitable health care delivery for vulnerable demographic groups. The government pledged to increase public health spending to 2.5% of GDP by 2025, and the National Health Policy, 2017 suggests that state governments increase their health spending to more than 8% of their entire budget by 2020.

In India, the majority of women continue to suffer from undernutrition. In India, every second woman is anaemic and every third woman is undernourished. Low birth weight babies almost always result from malnourished mothers. Since the alterations are typically irreversible, when inadequate nutrition begins in utero, it continues throughout the life cycle.

The Indian government has made improvements to the country's healthcare system during the past ten years as part of its commitment to promoting health and wellbeing. Health strategies have undergone tremendous change, and new avenues have been established. Preventative care and holistic methods are now heavily emphasised. The National Health Mission (NHM), the Ayushman Bharat health insurance programme, the National Programme for Health Care for the Elderly (NPHCE), immunisation, malaria eradication, and the National Tobacco Control Programme (NTCP) are some of the ground-breaking measures the government has undertaken in this respect. Through the expansion of the National Food Security Act's entitlement to food as well as the carefully targeted National Nutrition Mission and Pradhan Mantri Matru Vandana Yojana (PMMVY), the fight against malnutrition has become all-encompassing.

Maternal health action plan through PM Matri Vandan Yojana and E-Governance has improved the effectiveness of the health management system

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2. Literature Review

E-government is one instrument that can close the enormous opportunity gap that exists between rural and urban India because of a lack of ICT, infrastructure, education, and appropriate governance. It can only be improved by having widespread access information (Datta and Saxena,2013).

The National e-Governance Plan (NeGP) was introduced by the Indian government in 2006. The following categories for e-governance initiatives were established under this plan:

1. Government to citizen (G2C) initiatives
2. Government to business (G2B) initiatives
3. Government to government (G2G) initiatives.

In the past, hundreds of community accountants in the state of Karnataka physically maintained land records. The first attempt to put the concept of computerised land records administration into practise was the BHOOMI effort in Karnataka. Maharashtra released a dedicated e-Governance scheme, in both Marathi and English on September 23, 2011, and become first one to do so in the nation.(L. Kumarwad, 2016).

With the assistance of the National Informatics Centre (NIC), West Bengal, West Bengal is the first state, if not the only one, to fully digitise the whole Land Records, Land Registration, and Land Mutation process(Debarshi, 2020).The majority of tasks are now performed through the E-governance portal thanks to the Institutional Strengthening of Gramme Panchayats Scheme (ISGPS), which has connected nearly all of West Bengal's Gramme Panchayats to the internet.

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Information quality, perceived ease of use, personalization and trust are the quatern aspects

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that influence the e-government services from commerce outlook in developing countries as discussed by the researchers. (Kanaan, Anas & Bin, Shahizan & Shahzad, Arfan, n.d.).

Factors considered important by users after using the G2C services are: Level of corruption, time and effort in availing services, Cost of availing services, durability and legibility of documents that were issued, confidentiality and security of data.

(source: https://www.meity.gov.in/writereaddata/files/Impact_Assessment_Report.pdf)

Since the progress of digitalization programs is decided by the end users as compared to the implementers, hence, it is critical to comprehend the primary determinants (Bwalya 2009).

The degree to which consumer net benefits are positively affected may be used to assess e-government performance. In order to derive value from e-government systems, government agencies must regard their consumers' expectations of empowerment as a primary causal mechanism. (Alshibly & Chiong, 2015).

3. Research Methodology

A multistage sampling had been conducted for the survey. Haryana is divided into 6 strata or administrative divisions. One random selection of one district from each administrative division had been taken for the study.

Then proportionate stratified sampling had been used to take data from all the blocks of selected district. Panch /Sarpanch of the considered villages had been included in the survey. Convenience and judgmental sampling technique had been used for the villages. A closed ended and scale-based questionnaire had been developed as a survey instrument for the purpose of collecting the primary data for the study. This study had been conducted on urban and rural people residing in Haryana. The sample size is 623 respondents. 65% female and 35% male are the respondents of this survey.

Factor Analysis along with Descriptive statistics has been used to analyse the data.

4. Data Analysis and Discussion

4.1 Awareness of new schemes introduced

When a scheme has been introduced by the government, there was a lot of campaigning and advertisement, banners, pamphlets to create awareness about the scheme. It is worthwhile to understand the various medium through which rural population learn about new government schemes.

Table 1: Popularity of various media for creating awareness of new government schemes.

High Impact	Low Impact
KM thru Print advertisement	KM thru Govt appointed local support staff
KM Thru NGOs	KM thru word of mouth
KM thru social media	KM thru local social worker

Source: Primary data collected by authors

Table 1 shows popularity of various media for creating awareness of new government schemes. So, the effective medium to introduce the scheme so that it reaches the target audience had been Print media, NGO's and social media are effective in creating awareness about new government schemes as deduced from the table 1. On the other hand, government appointed local staff, word of mouth and local social workers are not much effective in popularizing new schemes.

4.2 Availability of E-service and preferred means of access by the community

After the government has introduced the scheme, then it is vital to understand it's reach to the grassroots, and it's spread block and district wise. If the scheme is not within easy access, then it is highly unlikely to be used by the masses. It is a list of various ways through which the rural population access various government schemes.

Table2: Preferred means of availing government schemes.

High Popularity of the means to access	Low Popularity of the means to access
Availing govt service through Govt. appointed Anganwadi workers	Availing govt service through NGO
Availing govt service through social worker	Availing govt service through Govt Office
Availing govt service through Bank	

Source: Primary data collected by authors

Respondents have primarily accessed government schemes though self-service, government appointed local support staff, banks and local social workers. On the other hand, NGO's and Government Offices are not popular choices awaiting these schemes. Normally people avail

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govt service through Govt. appointed Anganwadi workers, through social worker and through Post office/banks.

4.3 Citizen Experience with E-Governance services

It is significant to comprehend the factors of appreciation and barriers which are creating trouble for citizens. It will help in constantly upgrading and providing better services to build conviction in the system. Rating of experience of rural users of availing Government scheme on a 5-pointer Likert scale has been taken.

It has been inferred that 108 (17.3%) out of 623 respondents did not have a decent experience of availing e-governance schemes. 215 (34.5%) out of 632 respondents had an average experience of availing e-governance schemes. 188 (30.2%) out of 632 respondents had a good experience of availing e-governance schemes, while remaining 112 (18%) users had a great experience of availing e-governance schemes.

4.4 Reasons for not availing the services online

While one of the core reasons to provide e-governance services is to improve accessibility, but there can be challenges in their acceptance. Following are the reasons for not availing e-governance service.

Table3: Reasons for not availing the services online

Reasons opted by majority for not availing	Reasons not opted for e-service usage
Online system not available	Can't read/ write
Don't know how to use a computer	Language issue
Difficult system	Don't understand the scheme enough to fill it

Source: Primary data collected by authors

From the analysis it has been deduced that low system availability, computer literacy, and difficult system are the primary reasons for low usage of online services. On the other hand, can't read and write, language issue and lack of knowledge about the scheme are not opted by majority of the respondent as their reason for not availing amenities through e-governance.

4.5 Evaluate the effectiveness of scheme outreach and implementation.

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In order to simply and reduce the variables to evaluate the effectiveness of PMMVY scheme outreach and implementation, factor analysis is conducted.

Table4: Factor Analysis to evaluate the effectiveness of PMMVY scheme outreach and implementation.

Statements	Mean	Mode	Std. Deviation	Mean Rank	Frequency
1.Scheme Understanding	4.38	4	.524	1	623
2.Timely Payments	3.80	4	.864	5	623
3.Helpful Anganwadi/ Asha didi workers	3.89	4	.793	3	623
4.Optimum time taken to compete the formalities	3.21	4	1.099	6	623
5.Usage of technology to fill the forms	1.90	2	.297	7	623
6.You would recommend the scheme to someone else	4.34	4	.620	2	623
7.Data was not asked repeatedly	1.90	2	.646	7	623
8.Overall satisfied with the process	3.83	4	.830	4	623

Source: Primary data collection by authors.

After doing factor analysis, two factors emerged to evaluate the effectiveness of scheme outreach and implementation. All 8 of the statements' Cronbach's alpha values were found to be 0.746. The value of the KMO statistic (0.885), according to Bartlett's test of sphericity, is greater than (>0.5). Thus, factor analysis is an appropriate technique for analysing correlation matrix.

Table 5: Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.876	48.761	48.761	4.876	48.761	48.761	4.205	42.050	42.050
2	3.234	32.342	81.103	3.234	32.342	81.103	3.905	39.053	81.103

Source: Primary data collection by authors.

As observed in the table 5, the first two factors account for 81.103 percent of the variance from the cumulative percentage of variance. The first factor contributed 48.76 percent of the total variance, followed by the second factor (33.34 percent).

Table 6: Rotated Component Matrix[a]

	Component	
	1	**2**
S1	.902	
S2		.679
S3	.913	
S4		.685
S5		.961
S6	.865	
S7		.927
S8	.844	

Source: Primary data collection by authors.

The rotated component matrix table is helpful for understanding the factors. The most popular technique, the varimax approach, is employed to create the rotation. By reducing the number of variables with strong loadings on a factor, this orthogonal approach of rotation improves the factors' interpretability. Factor 1 accounts for 48.7 percent of the total variance and is a linear combination of the first four statements (statements S1, S3, S6, and S8). Factor 2 accounts for

32.34 of the total variances and includes statements S2, S4, S5, and S7. Factors are named as: Anganwadi Support System and Tech know-how.

Anganwadi Support System expounds that Anganwadi workers are helping in the implementation of the scheme by playing the role of trustworthy middle layer between govt and the citizens. Anganwadi workers explain the new schemes and help target beneficiary to register for the scheme. Second factor, technical know-how is related to the use of technology to register for the scheme, inclusion of DBT to give the funds directly to the beneficiary.

5. Implications for managers

Health care is one segment which needs to be streamlined and patient history is available on central database so that authorized persons can access it. Depending on the requirement health database can be used by government for monitoring different schemes. Govt can figure out the needs of the women residing in rural areas. Different states are also running their own schemes in women general wellbeing. Two factors which emerged in the research study are tech know-how and anganwadi support systems. Anganwadi systems provide a backbone for any health schemes to be run by the government. They are the pillars of trust and awareness for women folk. Digital literacy is another hurdle which needs to be tackled to help people more comfortable with the IT system. They should feel enabled to use the computers and register for different schemes as desired. Implementation team can benefit from these highlighted factors by taking into consideration people's needs so that the scheme launched can be accepted, used successfully by the person concerned and system can sustain itself for long run.

6. Conclusion:

SDG 3 is particularly crucial for India, considering the difficulties its sizable and diverse population faces. India has experienced issues with fairness and limited access to high-quality healthcare services despite tremendous economic advances, particularly in rural areas. The need to address maternal and child health was frequently felt. It was crucial that policymakers consider ways to lower maternal and new-born mortality as well as to enhance nutrition and address nutritional inadequacies in both women's and children's bodies. Print media, NGO's and social media are effective in creating awareness about new government schemes. People primarily access government schemes though self-service, government appointed local support staff, banks and local social workers. Most of them do not have a decent experience of availing

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schemes through online platforms. Low system availability, computer literacy, and difficult

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system came out to be the reasons for low usage of online services. It has become clear by F. L., Ohemeng, & Ofosu-Adarkwa, K. (2014) in his research that the use of information technology to provide government services in developing countries is seriously slow, a problem that has been compounded by the lack of both the requisite technological expertise and a stable network infrastructure.

Anganwadi Support System and technical know-how have positive impact on the effective outreach and implementation of PMMVY scheme. Government should place more importance on Anganwadi Support System and technical know-how for increasing the number of beneficiaries under the scheme which further would lead to increase nutrition for mother and child. This would ultimately help in achieving SDG3 Good health and well-being for all.

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