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Evaluating the Accessibility of Maternal Health Policies for Women in the Riverine Areas (Char) in the Barpeta District, Assam

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Abstract

Health policies for women are critical frameworks designed to address the unique health needs of women throughout their life stages, from reproductive health to aging-related issues.

Women from low economic background areas are guaranteed schemes under ICDS like Poshan Abhiyan, Pradhan Mantri Matru Vandana Yojana (PMMVY), Majoni scheme etc. In the present study it will be argued that despite various governmental efforts, and implementation of such Schemes, women in rural areas often face significant barriers to accessing essential health services. This study will evaluate the accessibility of health policies for women especially focusing on pregnant and lactating mothers in the riverine (Char) areas of Barpeta district which falls under rural areas of Assam. This research will utilize qualitative approach with in-depth interview in the analysis of policy reach and effectiveness within the community. The study aims to examine the current state of health services for women in rural areas of Assam and identify disparities in the accessibility and quality of these services. The research aims to offer valuable insights into the challenges of policy accessibility in rural settings, contributing to the broader field of public health and gender studies. It also aims to evaluate the effectiveness of existing health and education policies in addressing the specific needs of women and recommend policy modifications to improve accessibility and service quality for them. .

Keywords: Health policies, rural Assam, women's health, policy accessibility, socio- economic barriers, public health, gender equity, rural development

1. INTRODUCTION

Background

Women's health policies are critical for ensuring equitable access to health services that cater to the unique physiological and social needs of women across various life stages. The Government of India has introduced several policies and programs, especially under the ICDS scheme, to address women's health needs with targeted focus on reproductive, maternal, and child health (RMCH). Key programs, including Poshan Abhiyan, Pradhan Mantri Matru Vandana Yojana (PMMVY), and the Majoni Scheme, are designed to enhance nutrition, healthcare, and financial support for women during pregnancy and lactation. Despite these initiatives, women in rural, particularly riverine (char), areas in Assam experience substantial barriers to accessing these services.[1]

[1] Ministry of Women and Child Development. (2023). *Poshan Abhiyan: Guidelines and implementation framework*. Government of India.

India is one of the poor performer in terms of Human Development Index with 135th rank, high infant mortality and morbidity rates[2] and higher percentage of stunned ,malnutrition and under-weight children born in India, the government of India has implemented ICDS schemewith a view to improve the health condition of the child and expected mothers for proper delivery of child. Integrated Child Development Service (ICDS) scheme was launched on 2nd October 1975 under Ministry of Women and Child Development, Government of India for providing special healthcare and nutrition to children under the age-group of 0-6 years and for pregnant and lactating women.[3] The services provided by ICDS are –

1.1 Nutrition including Supplementary Nutrition: This includes supplementary feedingand growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children andwomen in low income and disadvantaged communities.[4]

Growth Monitoring and nutrition surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintainedfor all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

1.2. Immunization: Immunization of pregnant women and infants protects children from sixvaccine preventable diseases-poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternaland neonatal mortality.[5]

1.3. Health Check-ups: This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various healthservices provided for children by anganwadi workers and Primary Health Centre (PHC) staff,include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

1.4. Referral Services: During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers themto the medical officer of the Primary Health Centre/ Sub-centre. [6]

1.5. The Non-formal Pre-school Education (PSE) : It is a component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village in the country. In pursuance

[2] United Nations Development Programme. (2023). *Human Development Report 2023*. Retrieved from https://hdr.undp.org
[3] Ministry of Women and Child Development. (1975). *Integrated Child Development Services (ICDS) Scheme: Overview*. Government of India.
[4] Ministry of Women and Child Development. (2023). *ICDS annual report*. Government of India
[5] Ministry of Health and Family Welfare. (2023). *National immunization guidelines for pregnant women and infants*. Government of India
[6] Ministry of Women and Child Development. (2023). *ICDS service framework for health check-ups*. Government of India.

of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation/
settlement. Its programme for the three-to six years old children in the anganwadi is directedtowards providing and ensuring a natural, joyful and stimulating environment. The early
learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schoolingand offering substitute care to younger siblings, thus freeing the older ones – especially girls
– to attend school. [7]

1.6. Nutrition and Health Education: Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour ChangeCommunication) strategy. This has the long-term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families. [8]

ICDS is a Centrally-sponsored Scheme implemented through the State Governments/UTAdministrations. Prior to 2005-06, 100% financial assistance for inputs other than
sociological analysis to supplementary nutrition, which the States were to provided out of their own resources, wasbeing provided by the Government of India.

The scheme is flagship programme which is worldwide popular as the largest and unique programme for the early childhood care and development. ICDS has many sub schemes likePoshan Abhiyan, Pradhan Mantri Matru Vandana Yojana (PMMVY), Improving Infant and Young Child feeding (IYCF), Majoni Scheme which focuses on providing nutrition and healthcare facilities to women especially pregnant and lactating mothers.

1.7 Riverine areas

The Rashtriya Barh Ayog (RBA) had assessed that 39.58% of the total land area of Assam are flood-prone areas [9] (Government of Assam). Every year the people living in the Brahmaputra valley of Assam receive hazardous annual floods which bring distress in the lives of people residing in the region[10]. In this valley, the riverine areas locally known as chars and chapories are affected by severe floods annually. These areas are segregated from each other leading to limited accessibility and preventing them from low access to health infrastructure and services as well[11]. Ratul Mahanta and Daisy Das's (2017) study shows that in the Brahmaputra Valley, households are vulnerable to poverty due to floods [12]. According to the Planning Commission Poverty Estimate (2011-12), the percentage of the population living below the poverty line in India is 21.92% whereas compared to the national average the percentage of the population below the

[7] Ministry of Education. (2023). *Role of non-formal pre-school education in ICDS*. Government of India.
[8] Ministry of Women and Child Development. (2023). *Nutrition and health education in ICDS*. Government of India.
[9] Government of Assam.. Flood and Erosion Problems 2023. Available From: https://niti.gov.in/planningcommission.gov.in/docs/news/pre_pov2307.pdf
[10] Singh RB. Living with Flood and Sustainable Livelihood Development in Lower Brahmaputra River Basin, Assam. Indian Streams Res J 2014; 4(4)
[11] Islam S, Mahanta T, Sarma R, Hiranya S. Nutritional status of under 5 children belonging to tribal population living in riverine (Char) areas of Dibrugarh district, Assam. Indian J Community Med 2014; 39(3): 169-74.
[12] Mahanta R, Das D. Flood induced vulnerability to poverty: Evidence from Brahmaputra Valley, Assam, India. Int J Disaster Risk Reduct 2017; 24: 451-61.

poverty line is way higher in Assam i.e., 31.8% [13]. It reveals that compared to other states Assam is still lagging behind. Moreover, annual flood stands as one of the major factors hindering the socio-economic progress of the state. Thus notably the char areas of Assam have a huge concentration of poor population as it had been revealed that 80% of the char populations are living below the poverty line [14]

In Assam, like many regions, healthcare policies are crafted with the intention of improvisingwomen's health, reduce maternal mortality rate and ensuring access to healthcare facilities forall. However, the effective implementation of these policies remains a challenge particularly concerning women.

This research aims to conduct a comprehensive understanding of the factors influencing the adequate implementation of health policies for women in Assam. By examining socio cultural, economic and institutional factors, this study seeks to provide insights that can inform policy interventions aimed at enhancing healthcare outcomes forthese marginalised group

2. REVIEW OF LITERATURE

1. **Chudasama K Rajesh , Kadri AM et al. (2013) "Evaluation of supplementary Nutrition Activities under integrated Child Development Services (ICDS) at Anganwadi Centers of different districts of Gujarat"** - In this study attempt was made to evaluate the status of supplementary nutrition activ9ities and issues relate toit. The authors found out that supplementary nutrition not only improves the nutritional level of children and reduces malnutrition but it also works as an incentive for promoting attendance of children and mothers to participate in the activities AWCsand plays a vital role in ICDS program. The study has also reported interruption in supply of supplementary Nutrition and also in adequate provision of Supplementary Nutrition foods to the beneficiaries from the authority.
2. **Bashir Aadil, Bashir Unjum, et al.(2014) "Evaluation study of Integrated Child Development (ICDS)In district of Jammu and Kashmir, India"-**This study focuseson the implementation of ICDS scheme in Bandipora district in Jammu and Kashmir. The findings of the study were that the factor of distance affected the attendance in winter season. The Anganwadi workers needed more training as they were not able to demonstrate any stimulating pre school activities , food storage facilities was also very poor and the children were also not fully immunized. It was also observed that there is need for better coordination between the welfare, health and other relateddepartments to fulfill the objectives of this scheme.
3. **Rathore Singh Madan, Vohra Rajaat . et al. (2015) "Evaluation of Integrated ChildDevelopment Program in Rajasthan"** -The study aimed to evaluate ICDS program interms of infrastructure of Anganwadi centres (AWCs), characteristics of anganwadi workers (AWWs), coverage of supplementary nutrition (SN), and preschool education(PSE) to the beneficiaries. The result shows that in the selected AWCs, 88.9% were running in Pucca buildings, 38.9% had electricity, 35.1% had a separate kitchen, 1.8%had cooking gas, and toilets were available in 59.3% AWCs. All the AWW have received job training, skill training in mother and child health. Pregnant women, lactating women, adolescent girls were availing SN. Children 6 months to 3 years and children 3-6 years of age were availing SN. Interruption in SN in last 6 months was seen in 22.2% AWCs. Appropriate and adequate PSE material was available in 59.2%

[13] Press Note on Poverty Estimates. Government of India Planning Commission 2012. Available From: https://niti.gov.in/planningcommission.gov.in/docs/news/pre_pov2307.pdf
[14] Government of Assam. Welfare of minorities & development. 2006. Available From: https://dircad.assam.gov.in/about-us/history-

AWCs. They have observed that there are program gaps in the infrastructure of AWCs,training of AWW, coverage of SN, interruption in the supply of SN.

4. **Kashyap Ananya and Ganesan.L(2016)- "Problems and prospects of implementing ICDS in the states of Tamil Nadu and Assam"**. In this study, the authors made a comparatives study of two states of India Assam and Tamil Nadu onthe performance and development Scheme in these state. It helps to know about thesteps taken by the government of Tamil Nadu and Assam to implement the programme effectively ands to understand the drawbacks in implementation of ICDS. They have observed that political parties play a important role in running the scheme.Proper governance would result to reduction in leakages of fund to reach the Anganwadi Centres and also prevents misuse of food supplies and medicine providedto AWCs for providing cooked food and medical facilities to children and woman.
5. **Jayasheela. E and Peram Varsha (2019) "Assessment of nutritional status of pregnant and lactating women attending ICDS Anganwadi centres(AWC) in ruralareas of Medak district**" The aim of the study was to assess the nutritional status of Pregnant and Lactating women in Medak district. It was observed that in spite of supplementation with Iron & Folic acid, Haemoglobin levels of a majority of Pregnantwomen (93%) were found to be moderately anaemic whereas 7% are mildly anaemic. It was also observed their nutrient intake of ICDS was inadequate so supplementary nutrition programs needs to be enhance to improve their nutritional status.
6. **Jose Jessy Maria , Johnson Rose Avita et al. (2019) "Barriers to utilization of Anganwadi services by pregnant women and lactating mothers: a hospital based cross sectional study in rural south Karnataka"** The study aims to assess the utilization of Anganwadi services by pregnant women and lactating mothers in rural area. It was seen that awareness regarding Anganwadi services like IFA, calcium and deworming tablets and health checkups were poor. Topics like birth preparedness and essential antenatal care was not discussed. It was observed that the common barriers were lack of awareness of services perception of poor quality and hygiene of supplementary nutrition.
7. **Saikia Pranab, Roy Roopa (2020) "A Study on the educational activities provided in the Anganwadi Centres of Lakhimpur district, Assam"** – The purpose of this study was to find out the educational activities provided in the Anganwadi centers of Lakhimpur district. The results of the research was that 36% Anganwadi runs for twohours and 14% for more than two hours. Play methods were used in all centers and activities were found to be appropriate by more than 80% respondents.
8. **Nath Jibedhar and Hazarika Mahendra (2021) "The Determinants of Utilizing ICDS in Lakhimpur District of Assam, India"**, This study attempts to study variousdeterminants that effect on utilization they have found various problems " infrastructure of AWC and also with quality of AWW. They have observed that standard of living, mother's education and quality of ICDS are the major determinants of utilization of ICDS.
9. **Wilson Mary Priyanka , Sanjeev Sunila (2021) "Assessment of Integrated ChildDevelopment Services (ICDS) at grass root level in an urban area, Raigad district Maharashtra" – This study was conducted to asses the infrastructure, manpower and utilization of services provided by urban Anganwadi Centres. The results of the study shows that though the assessment and equipments revealed satisfactory improvement over the years, attention need to be given towards**

functioning toilets and drinking water and also there is a service gap in health checkupand referrals.

10. **Touthang Jangkholun, Singh Kulabidhu.H, Singh Nirendrakumar.H, SinghNarendra.L (2022)"**

Evaluation of the integrated child development Service Scheme in a Hilly Tribal District of Manipur": A cross sectional study- In thisstudy the authors evaluated the ICDS scheme in Kangpoki district of Manipur. Acommunity based cross sectional method was used and data was collected using interview schedule and checklist. According to authors the success of ICDS programin tacking maternal and childhood problems still remain a matter of concern. They aim to evaluated the ICDS scheme net only in terms of program output also in termsof the input and process of the program in the hilly tribal district of Manipur so that desired goals of the program can be achieved. It further aimed to determine association important background characteristic and utilization.

11. **Mir Younis Mohd, Sharma Anshu, Khatoon Nargis et.al(2023)- "Evaluation ofintegrated child development scheme of India: An analytical study"-** This studystate that whether the objective of ICDS were being properly implemented as it was discovered that majority of the AWW were overworked, underpaid and untrained. The level of nourishment for kids has not changed significantly despite India's remarkableeconomic growth over the 20 years. Integrated Child development Scheme Service, aprogram has not been successful in lowering child malnutrition, servers less than one third of the children. Significant operational difficulties like lack of monitoring also confront ICDS.
12. **Das J, Bhuyan H, Saikia K(2023) "Assessment of Knowledge and practices of Anganwadi workers about Integrated Child Development Scheme Service in rural assam"**- This study aim to assess the knowledge and practice of AWWs regarding the ICDS services and to find out the relationship, between their knowledgeand practices of them. it also aims to determine the association between knowledge and practices with the socio - demographic variable i.e., age, education, working experience, number of training, types of training and place of training. From their findings they have observed that majoring of Aww had moderately adequate knowledge and averages practice and therefore attentions should, he given to strengthening the training quality provided to the AWWs.

3. STATEMENT OF THE PROBLEM

Maternal health policies, particularly those under the Integrated Child Development Services (ICDS) scheme, aim to address the nutritional, healthcare, and educational needs of women and children in India. Despite the launch of various sub-schemes like Poshan Abhiyan, Pradhan Mantri Matru Vandana Yojana (PMMVY), and the Majoni Scheme, the effective implementation and accessibility of these programs remain inconsistent across the country, especially in marginalized areas such as the riverine (char) regions of Assam.

In the Barpeta district, the unique geographical and socio-economic challenges of char areas create significant barriers for women to access these policies. Poor infrastructure, inadequate awareness, supply chain disruptions, and limited training for Anganwadi workers exacerbate the issue. Furthermore, cultural and institutional factors, such as poverty, low literacy rates, and insufficient interdepartmental coordination, contribute to the underutilization of maternal health services.

This disparity raises critical questions about the adequacy of policy implementation in addressing the health and nutritional needs of women in char areas. Given the high maternal and child mortality rates and the prevalence of malnutrition in these regions, there is an urgent need to examine the sociological, institutional, and economic factors that influence the accessibility and effectiveness of maternal health policies. Understanding these challenges can inform targeted interventions to ensure equitable access to health services for women in the Barpeta district's char areas.

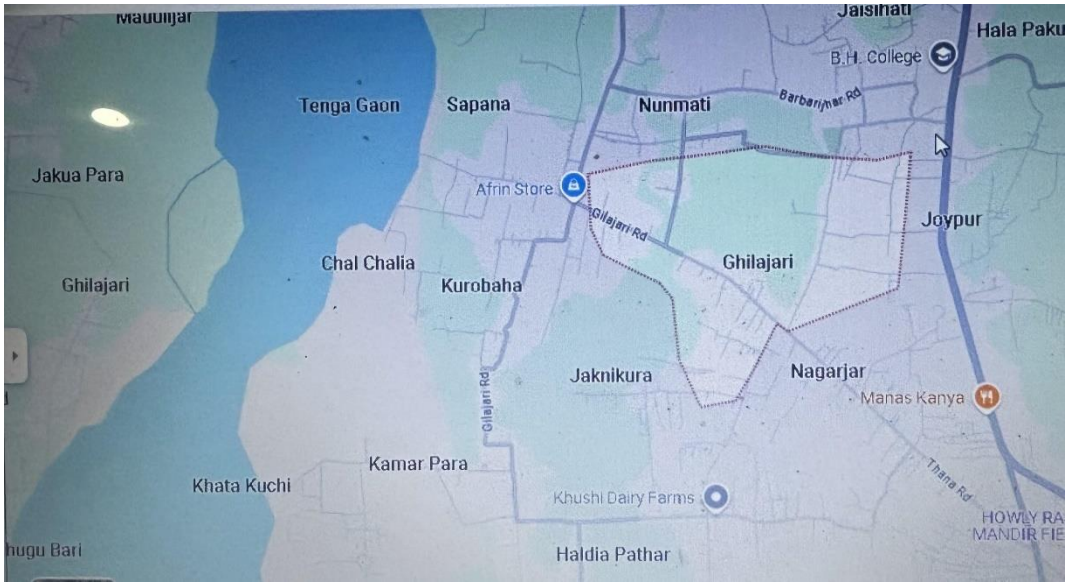
4. OBJECTIVES OF THE STUDY

1. To understand the socio-economic, geographical challenges faced by women in accessing maternal health schemes in the mentioned areas.
2. To evaluate the awareness level of the beneficiaries about the schemes.
3. To assess the impact of the sub schemes on healthcare outcomes for targeted women.
4. To identify gaps in policy implementation and suggest strategies for improving the delivery and impact of maternal health policies in the riverine areas of Assam.

5. RESEARCH QUESTIONS

1. What is the socio-economic background of the people in the study area?
2. What is the structure of ICDS and awareness level of people regarding the same in the study area?
3. What are the various schemes under ICDS for pregnant women and lactating mothers and their impact on them?
4. What are the constraints in delivering the services provided by the ICDS service providers and how to overcome them?

6. AREA OF STUDY



The present study was conducted in a riverine area called **Jaknikura char** which is located on the periphery of **Ghilazari village, Barpeta district Assam**.

The village Ghilajari is located in Barpeta Circle of Barpeta District in the State of Assam in India. It is governed by Hazipara Gram Panchayat. It comes under Bhabanipur Community Development Block. The nearest town is Howli Tc, which is about 5 kilometers away from Ghilajari.

The total geographical area of village is 375.16 hectares. Ghilajari has a total population of 3,375 peoples, out of which male population is 1,749 while female population is 1,626. Literacy rate of ghilajari village is 44.89% out of which 49.17% males and 40.28% females are literate. There are about 625 houses in ghilajari village.

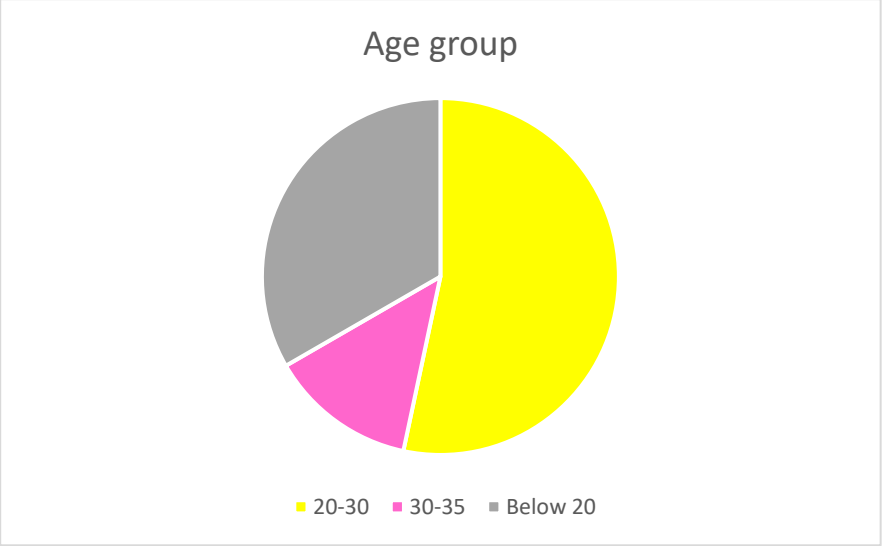
7. METHODOLOGY

Area of study- Jaknikura Char, Ghilazari Village, Barpeta district Assam

Universe – Pregnant and lactating mothers who has children below the age of 5 years
Type of research- In the present study qualitative method was used which is descriptive in nature.
Sampling-For the present study purposive sampling was used. Purposive sampling is a form of non-probability sampling in which researchers rely on their own judgment when choosing members of the population to participate in their surveys. Primary data was collected from 15 respondents .
Method of data collection- The primary data was collected through face-to-face interview using interview schedule.
Secondary data was collected from newspapers, articles, websites, journals, research papersetc.
Tools of data collection- Interview schedule, field note using mobile phone, camera etc

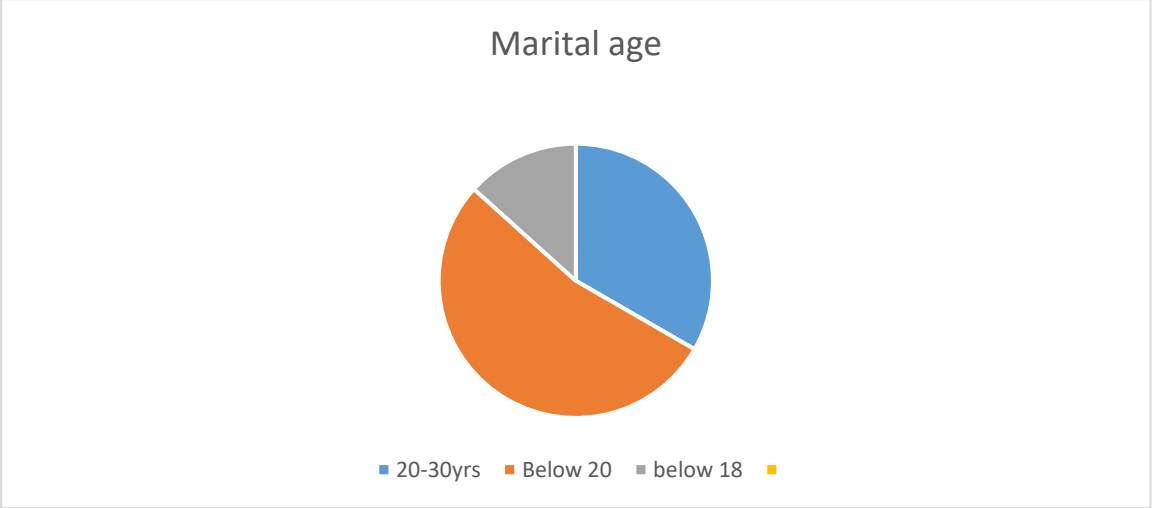
8. DATA ANALYSIS AND INTERPRETATION

Table no.1 – Age group



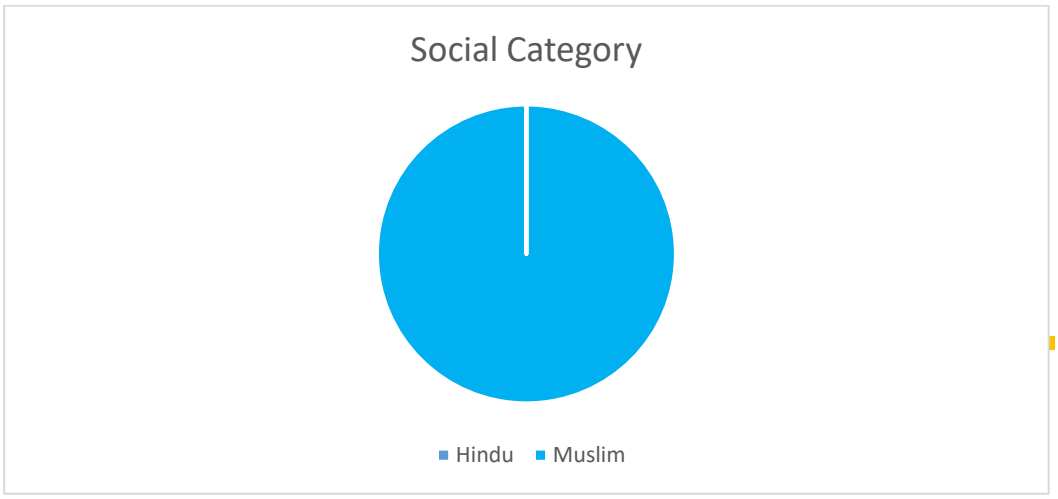
The above chart indicates that majority of the women i.e 53% belongs to the age group of 20-30 years of age, 13% belongs to the age group of 30-35 whereas 33% belongs to age group of below 20 years.

Table 2- Marital Age

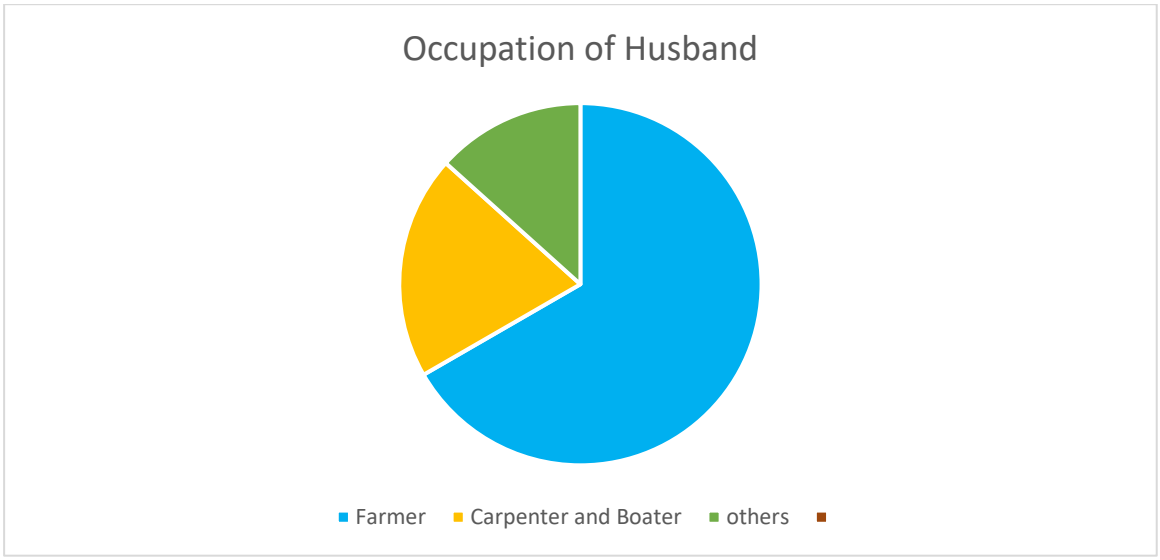


The above chart shows that majority 53% married at the age 20-30 and 33% below the age of 20 and 13% married below the age of 18 years.

Table 3- Social Category



This chart indicates that majority 100% respondents belong to Muslim community categorized as 'Miyas' in Assam.



This chart shows that majority 67% of respondents occupation of husband are working as a farmer, 20% in other category like carpenter, boater etc, 13% working as a labourers .

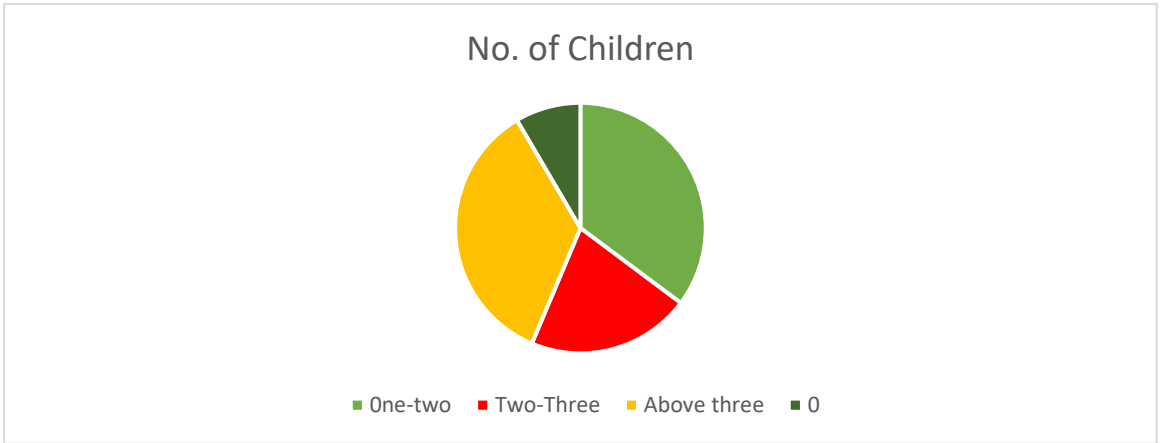
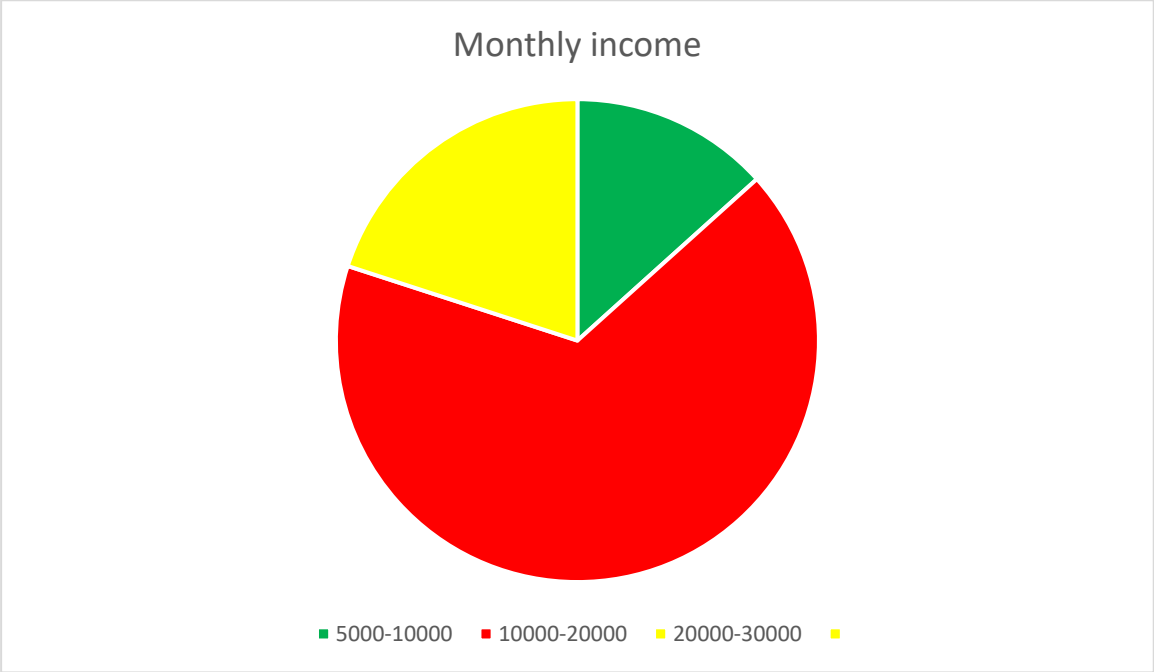


Table no. 5– Number of children

This charts indicates that 35% of respondents have 1-2 child, 21% respondents have 2-3 children, 35% have more than 3 child and 8 %doesnot have a child .



This chart shows that monthly income of 67% respondent is 10000-20000. 20% of the respondents income is within 20000-30000 and 13% respondent's income is within 5000-10000

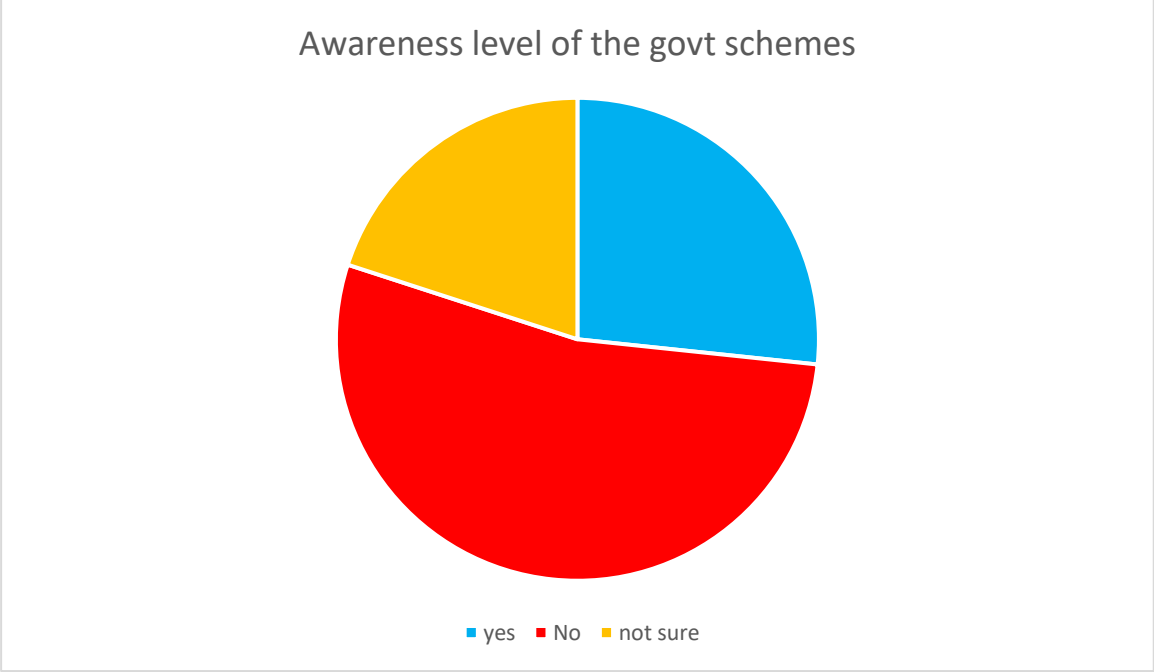
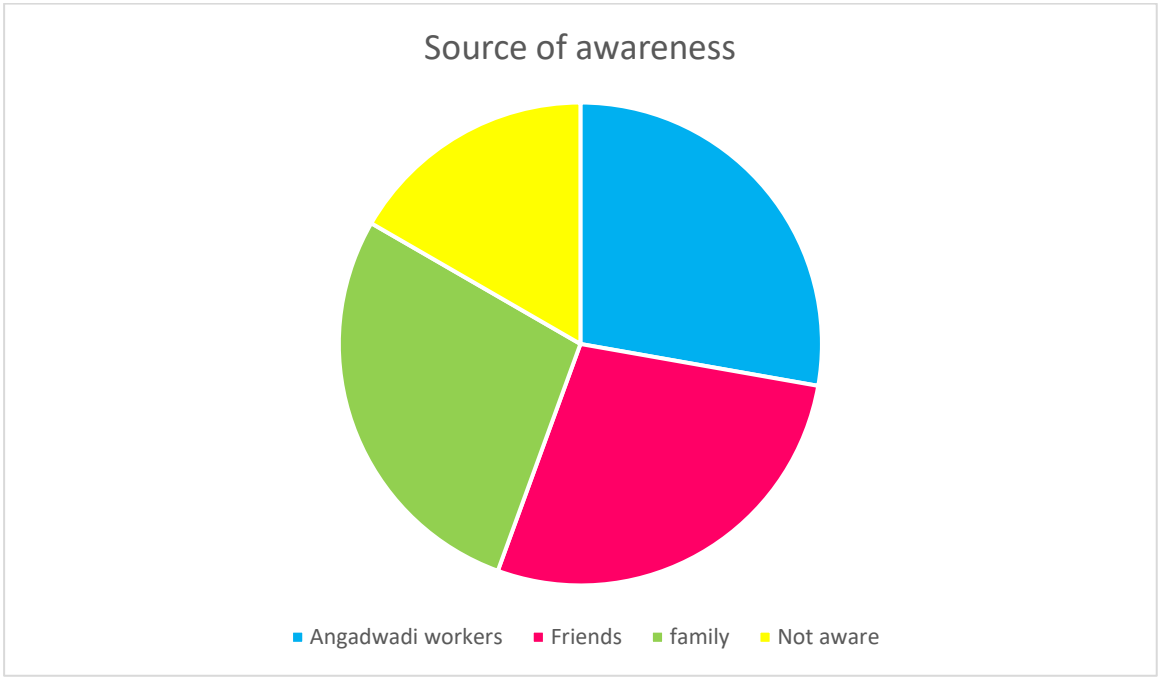


Table no7- Awareness of the scheme

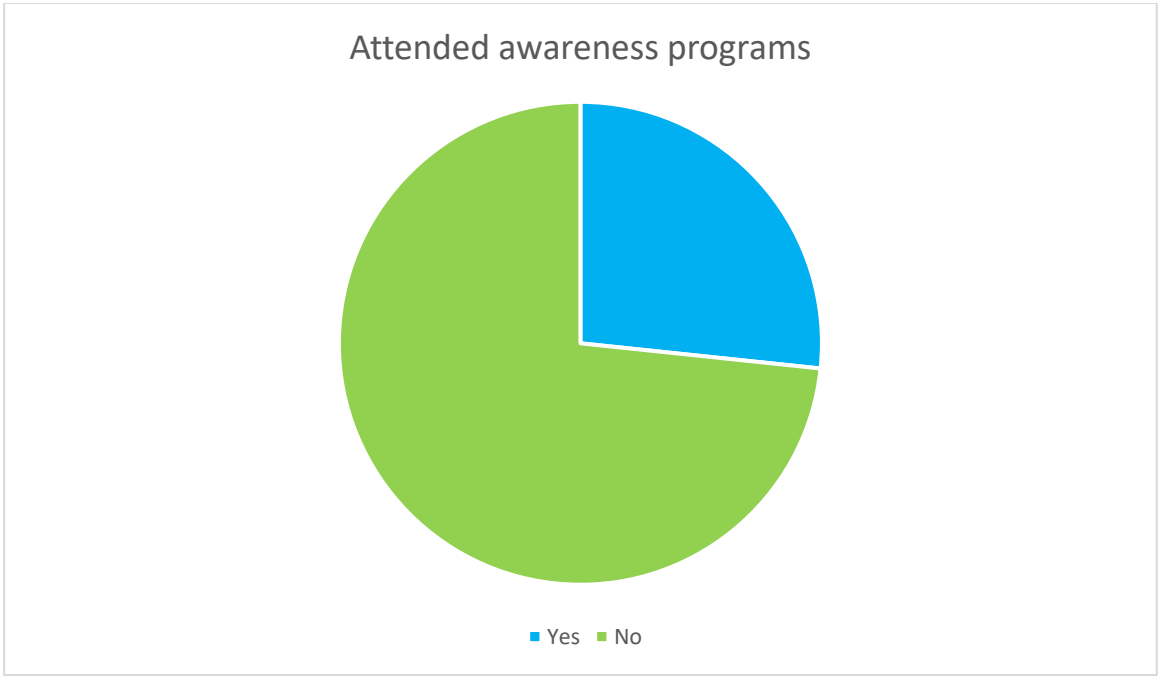
This chart indicates that 53% of respondents does not know about the various schemes provided by government, 27% said yes , 20% said not sure about the existence of the schemes.

Table no -8 – Source of awareness



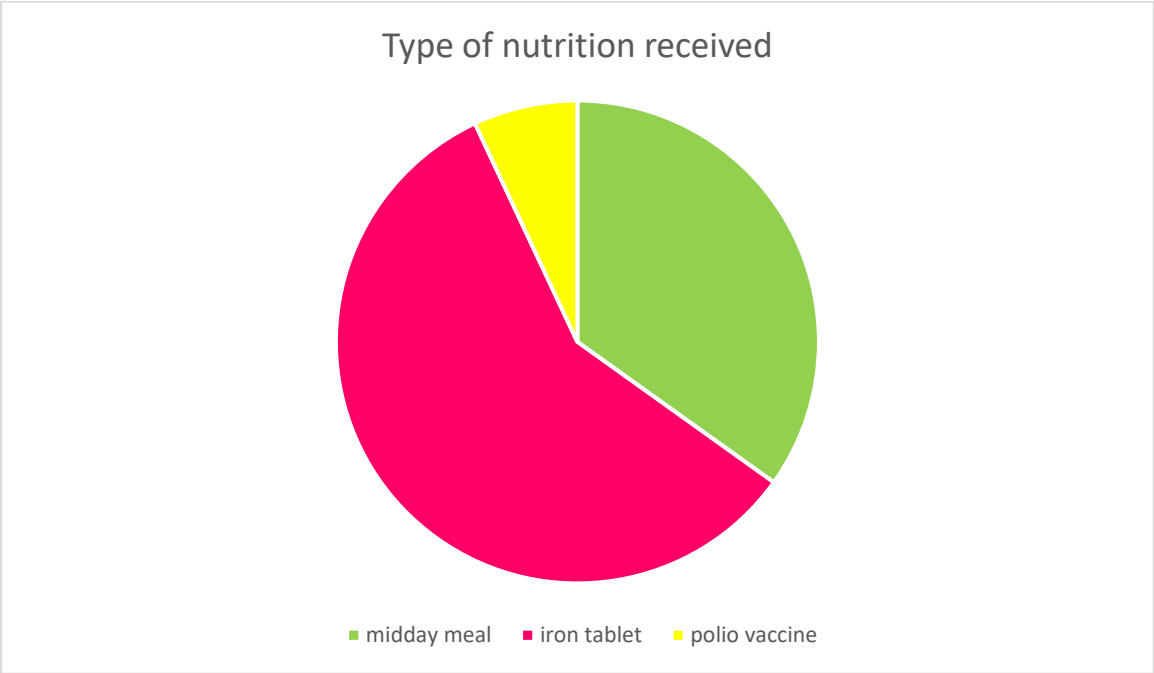
This data indicates that 28% of respondents came to know about the programs through Anganwadi workers, 28% through friends, 28% through family members and 17% not aware at all.

Table no 9- No. of times attended the awareness programs.



This data indicates that majority 73% said they have not attended awareness programs and 27%have attended certain programs related to polio vaccine and iron tablets.

Table no 11- Type of Nutrition Received



The above chart shows that majority i.e 58% respondents received only iron tablets , 35% children received midday meals and 7% received polio vaccines for children.

Other Findings

13. When asked about the challenges face by respondents in accessing or utilizing thegovernment schemes they responded that they face many challenges like transportation, infrastructure and there are no proper medical at the village. They have to board a boat, then any vehicle/ambulance to get to the hospital which is located at almost 12-15kms away.
14. The respondents (mothers) said they don't get any supplementary nutrition apart from the iron tablets during and post pregnancy.
15. The nutrition's that are being provided to beneficiaries (children) are mostly rhe food that is being provided during midday meal scheme. But no ration for home.
16. When asked about if they are satisfied with the healthcare facilities majority 100% percent respondents said they are not satisfied and 33.3 percent respondent said they are not satisfied because of that they have totravel to town hospitals for checkup, crossing the river and due to shifting sands.
17. Majority of 80 percent respondents said that the quality of the food is average and 20percent said it is of poor quality and they didn't like the (taste.(Chikdre
18. When asked about at what duration they get the facilities they couldn't respond as most ofthe women are illiterate and does not remember.
19. 77% per cent respondents said they have problems in accessing the financial assistance provided by government however 23% percent respondents said they have received some amount of money during their their pregnancy.

3.1 MAJOR FINDINGS

The study identified significant gaps in awareness and accessibility to maternal health policies. Over half (53%) of the respondents were unaware of government schemes, while only 27% were aware, and 20%

were unsure of their existence. Awareness was primarily through informal channels such as friends, family (28% each), and Anganwadi workers (28%), with 17% remaining entirely uninformed. Alarmingly, 73% of respondents had not attended any awareness programs, while 27% attended programs related to polio vaccines or iron tablets. Access to health benefits was limited, as only 53% of respondents received iron tablets, 27% accessed midday meals, and just 20% received polio vaccines. These findings underscore the pressing need for improved outreach, community-based awareness campaigns, and enhanced delivery of maternal health services in the region.

Majority of the population of beneficiaries belong to agriculture sector but there are also people working in other sectors like carpenter, labourers and boaters etc. The awareness level of the beneficiaries about the government schemes are very low as they are illiterate and also the Anganwadi workers are maybe not trained enough that it is not reaching the beneficiaries . There are no schemes that has been functioning smoothly in that area for pregnant womenand lactating mother like poshan abhiyaan and PMMVY. The beneficiaries face problems regarding the lack of healthcare facilities in the area and to travel to towns for checkups. They also have to pay the money from their own pockets for checkups.

SUGGESTIONS

1. **Enhance Awareness**
- Organize regular awareness campaigns on maternal health schemes and services through community meetings, posters, and local media.
- Provide targeted information on benefits of Poshan Abhiyan, PMMVY, and the Majoni Scheme.

2. **Strengthen Community Participation**
- Encourage women's participation in Self-Help Groups (SHGs) to discuss maternal health issues and share experiences.
- Promote community-based monitoring of Anganwadi Centres (AWCs) to ensure transparency and service quality.

3. **Improve Access to Services**
- Advocate for accessible Anganwadi Centres (AWCs) in remote char areas.
- Facilitate regular mobile health clinics and outreach programs to overcome geographical barriers.

4. **Encourage Utilization of Maternal Health Services**
- Educate beneficiaries on the importance of antenatal care, immunization, and nutritional support.
- Address cultural barriers and misconceptions regarding maternal healthcare.

5. **Promote Skill Building for Mothers**
- Provide training in health and nutrition practices, including breastfeeding and child care.
- Equip women with knowledge about safe pregnancy practices and birth preparedness.

6. **Engage Men and Family Members**
- Conduct family counseling sessions to involve spouses and relatives in maternal healthcare decisions.
- Address gender dynamics to foster supportive family environments.

7. **Grievance Redressal Mechanisms**
- Create accessible platforms for beneficiaries to voice complaints or provide feedback about health services.
- Facilitate better communication channels with health workers and local authorities.

CONCLUSION

The Integrated Child Development Services Scheme was started with the objective of improving child health, nutrition and development. It seeks to empower women by providingthem with knowledge and skills related to childcare, nutrition and health. Although there are awareness programs on schemes there needs to be more awareness programs organised as thebeneficiaries were not having sufficient knowledge about schemes in their village. Most importantly male awareness is also necessary to understand the need of mothers and also encourage them to participate actively in programs to improve their health through government provided schemes. Infrastructure and basic amenities also need be strengthened in AWC. Existing infrastructure is a key concern in effective delivery of targeted services by Anganwadi. The food quality should also be seriously addressed. Food should be given in accordance to the local taste and food safety laws must be followed. The Non- GovernmentalOrganizations also play a vital role in solving problems in social front concerning with children, women, senior citizens etc. They are experts with several years of work working forsocial welfare activities. They make a detailed analysis of the situation and provide solutions.

While implementing those solutions they work with civic agencies and other government agencies at all level. In ICDS their major roles include data collection, creating awarenessand capacity building.

1. Bashir Aadil, U. B. (2014). Evaluation Study of Integrated Child Development Scheme(ICDS) In District Bandipora of Jammu and Kashmir, India . International Research Journal of Social Sciences Vol. 3(2), 34-36.
2. Das J, B. H. (2023). Assessment of knowledge and practices of Anganwadi workers about integrated child development scheme services in rural Assam. International Journal of Health Researchand Medico-Legal Practice.
3. Hazarika, J. N. (2021). The determinants of utilizing ICDS in Lakhimpur District Of Assam, India. International Journal of Mechanical Engineering Vol. 6 , 1016-1022.
4. Jayasheela E and Peram Varsha (2019). Assessment of nutritional status of pregnant and lactating women attending ICDS Anganwadi centres in rural areas of Medak District. International Applied Research 2019, 106-110.
5. Jose Jessy Maria, Johnson Rose Avita, et al. (2019). Barriers to utilization of anganwadiservices by pregnant women and lactating mothers: A hospital based cross sectional study in rural south Karnataka. International Journal of community Medicine and Public Health, 2634- 2639
6. Jangkholun Touthang, H. K. (2022). Evaluation of the Integrated Child Development Services Scheme in a Hilly Tribal District of Manipur: A Cross-Sectional Study. Healthline Journal Volume 13 , 201-207.
7. Kashyap, D. L. (2016). Problems and prospects of implenenting ICDS in the states of sTamil Nadu and Assam. Shanlax International journel of economics vol 4, 52-63.
8. Mir Younis Mohd, A. S. (2023). Evaluation of Integrated Child Development SchemeIn India: an analytical study. European Chemical Bulletin vol 12 , 1569-1572.
9. Rajesh K Chudasama, A. K. (2013). Evaluation of Supplementary Nutrition Activitiesunder Integrated Child Development Services (ICDS) at Anganwadi Centres of Different Districts of Gujarat. Online Journal of Health and Allied Sciences, 3-1.
10. Roy, D. P. (2020). A Study on the Educational Activities Provided in the Anganwadi Centers of Lakhimpur District, Assam. NSOU-OPEN JOURNAL Vol.3.

11. Rathore Singh Madan, Vohra Rajaat et al.(2015).Evaluation of integrated child development services program in Rajasthan, India. International journal of advancedmedical and health research, 95-101
12. Sanjeev, P. M. (2021). Assessment of Integrated Child Development Services (ICDS) at Grass Root Level in an Urban Area, Raigad District, Maharashtra. International Journal of Research and Review vol 8, 337-343 .

ANNEXURE 1-

Interview Schedule

Beneficiaries -

1.Age

2.Age of marriage3.Religion

4. Social Category:

5. Number of family member-4.Occupation of husband-

5.How many children do you have? 6.What is your family's annual income?a) 10000 -20000

b)30000-40000c)40000-50000

d)50000 & above

1. Are you aware of the schemes that are being provided by the government?

- Yes
- No
- Not sure
- Maybe

2. From whom did you know about the awareness program?

a) Anganwadi Workers

b) Friendsc)Family d)Others

3. Have you ever attended any awareness program?

a) Yes

b) No

4. How many times have you attended the program?a) 0-5

b) 5-10

c) More than 10

5. Have you faced any challenges in accessing or utilizing the govt schemes? 6.Do you get the Supplementary Nutrition facilities?

6. What type of nutrition's are provided to you?8.How is the quality of the food?

7. At what duration do you get the facilities?

8. Are you satisfied with healthcare facilities that is being provided?

9. Do you face any difficulties in accessing the financial assistance provided by government?

10. What are the type of nutrition provided by the AWW or the government?