

## HAVE ANGANWADIS IN INDIA LIVED UP TO THEIR INITIAL VISION?

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### ABSTRACT

As a fragment of the Integrated Child Development Services (hereinafter, ICDS) program, the government of India in 1975, started Anganwadis. These are Anganwadi centres (hereinafter, AWC) for the care of children in rural areas with an aim to combat malnutrition and hunger. As a part of the public health care system in India, health care activities here include nutrition, education, supplementation, contraceptives' counselling along with supply and basic medication. The guidelines for the working and responsibilities of the workers at Anganwadis have been laid down by the Ministry of Women Development and Child Welfare to include educating rural families concerning nutrition requirements, child growth, family planning, the importance of girl education etc. This paper is an attempt at laying down the need and vision behind such centres along with the practical application of its rules and guidelines which will be discussed taking into account the government policies, reports and recommendations. The authors have also attempted to throw some light upon the public policy discussions that have taken place over whether to make Anganwadis universally available to all eligible children on the desire of their mothers. The same would require significant increases in budgetary allocation and a rise in the number of Anganwadis to over 16 lakhs (from the existing 13.7 lakhs). Furthermore, the officers and their helpers who staff Anganwadis are typically women from poor families, who do not have permanent jobs with comprehensive retirement benefits like other government staff. Although the worker protests (by the All India Anganwadi Workers Federation) have initiated public debates on this topic, the paper shall discuss in detail whether or not they have succeeded in their endeavour. With periodic reports of corruption and

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crimes against women in some Anganwadi centres along with legal and societal issues where Anganwadi-serviced children fall sick and even die, in certain scenarios, have these centres been able to gain the trust of the rural masses as was initially aimed, shall also be debated. Finally, the authors shall conclude with an answer to the most vital question '*Have Anganwadis lived up to their initial vision?*'.

**Keywords:** India, Anganwadi, ICDS, Children, Nutrition, Education



## **THEORETICAL BACKGROUND**

### ***About Anganwadis***

As a fragment of the ICDS program, the government of India in 1975, started Anganwadis. This is the place for the conveyance of services to kids and their mothers directly in their villages or the urban area where there is a conglomeration of people in wards. An Anganwadi ordinarily covers a populace of 1000 in rural territories and 700 in tribal areas. Be that as it may, if villages are smaller, there ought to be an Anganwadi centre<sup>i</sup> for the population of at least 300. More modest towns can be assembled under one AWC at a place feasible to all the small villages it is meant to serve. The genuine number of Anganwadi in any venture will depend on the population, the number of villages in the project area and the geology. The vision that led to the creation of AWCs was the belief that in the field of human rights, kids play a crucial significance and so it is of utmost essentiality that their growth is guided in the right direction. The same is possible only through education, proper nutrition and guidance in their initial experience during development and advancement to adulthood.

These are centres for the care of children in rural areas with an aim to combat malnutrition and hunger. As a part of the public health care system in India, activities here include nutrition, pre-school education, supplementation, nutrition and health education, immunization, health check-ups, referral services, contraceptives' counselling along with supply and basic medication. The guidelines for the working and responsibilities of the workers at AWCs have been laid down by the Ministry of Women Development and Child Welfare to include educating rural families with respect to nutrition requirements, child growth, family planning, the importance of girl education (Kishri Shakti Yojana), identifying the disabilities that exist in children etc.

These AWCs are supervised by a *mukhya sevika* who has control of 40 to 65 Anganwadi centres. Other duties that this supervisor is employed to do incorporate monitoring individuals of lower monetary status profiting by the program, specifically the malnourished; controlling the Anganwadi labourers in evaluating youngsters' age and weight and plotting their weight; exhibiting successful strategies for giving wellbeing and nourishment training to moms; and

keeping up insights on the AWCs and their labourers to figure out what can be improved. The Mukhya Sevikas are obligated to report to the Child Development Projects.

Despite decades of growth, India still faces a shortage of doctors with a doctor to patient ratio which as stated by The Minister of State for Health and Family Welfare in the Lok Sabha in 2019 of 1:1456 to the recommendation of 1:1000 by the WHO. Through the Anganwadi framework, the nation is attempting to meet its objective of giving reasonable and available medical care to the local population. Anganwadi labourers have a favourable position over the doctors living in a similar provincial territory, which gives them knowledge into the condition of wellbeing in the area and helps with distinguishing the reason for issues and in countering them. They likewise have better social abilities and can thusly more effectively cooperate with the neighbourhood individuals.

## **SERVICES PROVIDED BY THE AWCs**

There are some primary services that an AWC aims to provide, which are:

### ***Supplements and nutrition***

Nutrition is the key feature of work handled by the Anganwadi workers. The long term goal is to make women between the ages of 15 to 45 capable of taking care of their own nutrition and health as well as that of their families through the capacity-building programme. Another essential element is providing necessary supplements which entail growth monitoring. Supplements such as Vitamins, calcium etc. that are of great importance for healthy growth are supplied to children during their years of development.

### ***A non-formal preschool education (PSE)***

Functioning as the backbone of the ICDS Scheme, the AWCs are the main place where young children can be introduced to the concept of education and learning. Here, it is important to provide children between the ages of three to six, a nurturing environment to promote joyful learning with special emphasis on optimal growth.

### ***Health education and check-ups***

This includes special care of children below the age of six, in their growth and development, care of mothers, during and after pregnancy during the nursing period. The Anganwadi workers along with the Primary Health Centre (PHC) staff work to ensure the wellbeing of mothers and children through ensuring regular health check-ups, vaccination, recording of weight, treatment of diarrhoea, de-worming and distribution of basic medications.

### ***Immunization***

Vaccination of pregnant ladies and babies shields kids from six immunization preventable infections which are poliomyelitis, diphtheria, pertussis, lockjaw, tuberculosis and measles. These are major preventable reasons for youngster mortality, handicap, dismalness and related unhealthiness. Vaccination of pregnant ladies against further tetanus decreases maternal and neonatal mortality.

### ***Referral services***

At the time of health check-ups and growth monitoring, sick or malnourished youngsters, needing immediate medical attention, are made in touch with the main Primary Health Center or its sub-centres. The Anganwadi workers are also trained to identify inabilities in little children. They are expected to enrol all such cases in a special register and are referred to the clinical officials of the Primary Health Center/Sub-centers.

## **NEW INTRODUCTIONS AND AMENDMENTS TO THE ANGANWADI SCHEME**

The Mistry of Women & Child Development has on various occasions taking into cognizance various aspects of the scheme, has initiated amendments for more effective working.

### ***Benefits for Anganwadi workers and helpers***

In 2006, the government, with the increase of AWCs throughout India, recognized the work of the workers and helpers who by working at the grass-root level, make the implementation of their schemes possible. They also realized that the helpers had not been provided with enough incentives to work more efficiently and to address this very issue, the Ministry decided to reserve 25% of the seats for Anganwadi workers to be filled by the helpers who had 10 years of experience in the field along with requisite educational qualifications. (Ministry of Women and Child Development , Reservation of 25% posts of AWWs for AWHs , 2006) Owing to its success, this incentive witnessed an expansion in 2015 wherein 50% of the vacancies for the position of supervisors was to be filled by workers with more than 10 years of experience, qualifications and merits. (Ministry of Women and Child Development , Regarding recruitment of supervisors under the ICDS scheme, 2015)

The Ministry while acknowledging the aim and vision of Anganwadis and women's health issues at the times of pregnancy, as a part of the ICDS scheme, provided the helpers and workers in the AWCs were granted paid leaves for not only maternity but also abortion/ miscarriage. These paid leaves according to the order dated 9<sup>th</sup> July 2010 were to last 135 and 45 days respectively. (Ministry of Women and Child Development, ICDS Scheme- Paid absence on maternity and abortion/miscarriage to Anganwadi workers and helpers- Revised guidelines, 2010)

In September 2018, it introduced an increase in the payment of the various workers that make the daily work of the AWCs possible, the ones working in the main centres were to have their salaries increased by Rs. 1,500 making it Rs. 4,500, the workers at mini-centres had an increment of Rs. 1,250 making their salary of Rs. 2,250 to Rs. 3,500. The salary of Anganwadi helpers was increased from 1,500 to 2,250, and they shall be offered an incentive of Rs.250 for any additional work that they might take. (Ministry of Women and Child Development, Enhancement of honorarium to Anganwadi Workers (AWWs)/ Anganwadi Helpers (AWHs) and provision of performance linked incentive to AWHs under Anganwadi Services [Umbrella Integrated Child Development Services (ICDS) Scheme] Approval thereof, 2018)

### ***Early Childhood Education***

The National Early Childhood Care and Education (ECCE) Policy was introduced by the government in 2013 for the overall development of children up to the age of 6 since these are the years in which children go experience rapid growth and development (Ministry of Women and Child Development , National Early Childhood Care and Education Policy, 2013). The aforementioned policy is a key establishment for deep-rooted learning and advancement that shall critically affect accomplishment at the primary stage of education. Owing to this, it is very important to pay attention to ECCE and make sufficient investment by providing adequate resources. The 11th Five Year Plan had also acknowledged the vitality of ECCE being the stage that lays the foundation for a lifelong development as it helps realize a child's full potential and directs that '*all children be provided at least one year of preschool education in the age group of 3-6 years*'. In the 11th Plan period, the ICDS programme was universalized to cover all the habitations. The schemes that are covered under the Umbrella ICDS includes Anganwadi Services Scheme, Scheme for Adolescent Girls, POSHAN Abhiyaan, National Crèche Scheme, Pradhan Mantri Matru Vandana Yojana and Child Protection Scheme. (Ministry of Women and Child Development, Umbrella ICDS)

Additionally, India is a signatory to both the Convention on the Rights of the Child (CRC) 1989 and Education for All (EFA) 1990. Since the latter has proposed ECCE as the absolute first objective to be accomplished for Education for All, since 'learning starts at birth'. The Dakar Framework for Action (2000) and Moscow Framework for Action (2010) have reaffirmed the duty to ECCE.

In furtherance of this scheme, the government came up with additional orders which focused on the essentiality and mandatory requirement of certain activity books for children from the age of 3 to 6. The final curriculum framework is a detailed instruction manual that entails educational books, activities, developmentally appropriate practices, tests, assessments and other supportive essentials to constantly help as well as monitor the growth of these children. Not only this, there is a recommended list of play and learning material specially prepared to address the requirements of these rural children and to get them to learn while also having fun.



### ***Sanctions for food, nutrition etc.***

The first and foremost requirement of these centres is to ensure an adequate supply of food grains so that the nutrition requirements of mothers and children can be fulfilled. Under the umbrella of the ICDS scheme, various orders such as the one dated 29<sup>th</sup> March 2019 under which deals with the allocation of an additional quantity of food grains to States that fall under the Wheat Based Nutrition Programme (WBNP) and the National Food Security Act (NFSA), to meet the supplementary nutrition requirement as a part of the Anganwadi Services under the umbrella of ICDS Scheme during the first two quarters of 2019-2020. (Ministry of Women and Child Development , WBNP Maharashtra, 2019)

### ***National Education Policy Guidelines***

Amidst the coronavirus, on 29<sup>th</sup> July 2020, the National Education Policy was released by the Ministry of Human Resource Development that laid down guidelines for how educational and welfare institutions are to function. The policy recognises the need for early child care and the role that Anganwadis play in it. It lists Anganwadis as the first institution that needs to be in place to ensure effective ECCE. Further, the policy explains-

*1.4. The overarching goal will be to ensure universal access to high-quality ECCE across the country in a phased manner. Special attention and priority will be given to districts and locations that are particularly socio-economically disadvantaged...*

*1.5. For universal access to ECCE, Anganwadi Centres will be strengthened with high-quality infrastructure, play equipment, and well-trained Anganwadi workers/teachers. Every Anganwadi will have a well-ventilated, well-designed, child-friendly and well-constructed building with an enriched learning environment. Children in Anganwadi Centres shall take activity-filled tours and meet the teachers and students of their local primary schools, in order to make the transition from Anganwadi Centres to primary schools a smooth one. Anganwadis shall be fully integrated into school complexes/clusters, and Anganwadi children, parents, and teachers will be invited to attend and participate in school/school complex programmes and vice versa.*



The policy also regards the pertaining issue concerning the qualifications of Anganwadi workers and teachers and lays down-

*1.7. To prepare an initial cadre of high-quality ECCE teachers in Anganwadis, current Anganwadi workers/teachers will be trained through a systematic effort in accordance with the curricular/pedagogical framework developed by NCERT. Anganwadi workers/teachers with qualifications of 10+2 and above shall be given a 6-month certificate programme in ECCE; and those with lower educational qualifications shall be given a one-year diploma programme covering early literacy, numeracy, and other relevant aspects of ECCE. These programmes may be run through digital/distance mode using DTH channels as well as smartphones, allowing teachers to acquire ECCE qualifications with minimal disruption to their current work. The ECCE training of Anganwadi workers/teachers will be mentored by the Cluster Resource Centres of the School Education Department which shall hold at least one monthly contact class for continuous assessment. In the longer term, State Governments shall prepare cadres of professionally qualified educators for early childhood care and education, through stage-specific professional training, mentoring mechanisms, and career mapping. Necessary facilities will also be created for the initial professional preparation of these educators and their Continuous Professional Development (CPD)*

## **DISCUSSION**

### ***Practicality/ Reality of Anganwadis***

#### *Infrastructure facilities*

Infrastructure problems that are faced by many Anganwadi centres include problems ranging from poor construction of centres to non-availability of toilet facilities as well as proper water supply which is the reason why they use tap water or water from hand pumps, and most of them do not have regular electricity supply. (Joshi, 2018)

The condition of these centres just goes from poor to worse after the unremitting downpours. Many centres suffer extreme deterioration after rains which are normal in the areas in which

they are built, displaying the slackness of the government towards these centres. Parents thus, many a time prefer not to send their children to these centres as they are viewed as a place where they will face more inconvenience than at their homes, which is the opposite of what they were aimed to do.

#### *Awareness*

People are not aware of the schemes that are being provided by the Anganwadi centres and thus do not avail them. They aren't aware of the nutrition quotient in different food and do not enquire about the same. It was also observed that children are malnourished not only in poor households but also in families that are well off. Even after being told about the importance of cleanliness and uniforms, parents refuse to care about these requisites. (Yadav, 2012)

#### *Qualification and Training of the AWWs*

It was observed that many of these workers though had all the educational requirements on paper, but in practicality, they did not even know how to write basic Hindi. Most of the names of children were misspelt, their ages wrongly calculated, and there were instances where the women AWWs did not themselves know what was written as it was all by someone else's help. In addition to inadequate qualifications, these workers are not able to efficiently carry out various responsibilities due to insufficient training. Owing to the short training with only one-way communication, the workers are not able to understand their functions adequately.

#### *Supervision*

The supervisors are very less in number, and the centres that fall under their supervision are vast in number. Thus, frequent supervision is not possible. It was observed, in this report that they do not take this job seriously and so do not visit centres for supervision for as long as 2 years. This leaves the AWWs to work; however they wish to, and so even though their work is visible on paper, no real work is actually done.

#### *Quantity and quality of food served*

One of the essential functions of an Anganwadi is to ensure adequate quantity and nutrition in the food for children so that their growth and development take place in the required manner.

However, many Anganwadis do not have food in a good quantity even though quality can be found. (Parande, 2013) There have been instances where lizards have been found in the food provided to the children of the Anganwadis as well. (Rashid, 2018)

#### *Take home ration (THR)*

This is another ambitious scheme under the Anganwadi scheme wherein the children and pregnant as well as lactating mothers are given ration for home. In most instances, the whole family consumes this in 1-2 days and for the rest of the month, they are back to their usual diet (leading to malnourishment).

#### *Safety of the workers*

There has been an instance wherein the safety and security of Anganwadi workers have been questioned. One such incident which caught the media's attention was the Odisha gang rape (Anganwadi worker kidnapped, gang raped in Odisha; 3 detained, 2018) wherein a young 28-year-old was kidnapped and raped by 3 young men.

Under the budget 2020, there was a major hike of about 14% in the allocation of money to the WCD Ministry in which Rs. 20,532.38 crores were allocated for Anganwadi services. However, in the wake of the coronavirus pandemic, scheme workers (including Anganwadi workers) along with various trade unions have had to observe a strike for two days in August 2020 alleging that the government has not been providing their salaries, let alone any other requirements. As India is facing a financial crisis, with the GDP going to the lowest points it's ever been, along with every other sector, the government employees are also bearing this crunch.

#### *Covid-19*

The crisis has placed considerable strain on public health, nutrition, and social welfare institutions, especially in developing countries. In India, public resources for antenatal and postnatal care, immunisation, treatment of acute malnutrition, among others have been diverted/shared to contain the pandemic until the time the government exponentially increases its public health capacity. In pursuance of the nationwide lockdown and further ordered state

lockdowns, the Anganwadis all over the country have been entirely inactive. Although there had been orders by the government of distributing rations to the Anganwadi beneficiaries by the Anganwadi workers, (Ministry of Women and Child Development, Impact of Covid-19 Pandemic on Anganwadis across the Country, 2020) several issues were reported in the same- The Anganwadi workers who distributed the ration complained of scarcity of PPE kits, masks, etc.; (Awasthi, 2020) a large number of the those who would've otherwise availed of the services, are devoid of them in the door to door distributions (only 75% of pregnant women and 13.75% of adolescent girls in a survey in Karnataka have reported of receiving ration (PUCL Karnataka, 2020)); children who had been struggling to emerge out of malnutrition by the efforts of the Anganwadi workers are now neglected due to lack of resources available with the families; due to an abrupt blockage in the income, necessities and food supplies of the families, the ration distributed by the Anganwadi workers often ended up being the sole ration available to the family. Further, the ease that was offered to the families by providing mid-day meals to the children had now been destructed. Health and sanitation programmes, health check-ups, etc. provided by Anganwadis, that are necessary especially in times of the spread of the virus have also been disrupted. Lastly, the employment of Anganwadi workers, SHG members, and other involved individuals have been at stake, leading to loss of wages and livelihood.

## CONCLUSION

As a concept with a great vision, Anganwadi is one of the most ambitious projects taken up by the government of India. The scheme as a whole has the potential of bringing about a change with its various schemes to ensure the overall development and growth of a child. All the changes brought in by the government in terms of nutrition, salaries, incentives for the Anganwadi works etc. shows an active role of the government in giving shape to the schemes. However, as its practicality suggests, its implementation requires a lot of work. This ranges from the qualification of the workers to food allotment and the building allotted to these centres.

With all the realities behind the working of these centres, in a study conducted in 1991 (Pandey, 1991), the researcher found that 'Anganwadi attendance had a positive influence on the

cognitive development of children'. Another study conducted by Asha Jyothi (T, 2014) under which she compared children who had attended Anganwadis with the kids of the same village, who had not gone to Anganwadis, assessing them on their cognitive skills, language, development etc. and found that the former set of kids was better in almost all the spheres.

Thus, it is clear that the vast vision displayed by the scheme has boundless possibilities of success if the implementation is properly monitored. The necessity and importance of Angwadis have been duly recognized by the government, as seen in the NEP. The NEP further increased the role of Angwadis to ensure development, welfare and care of children in the early stages and to ensure a smooth adaptation in the primary education institutions. However, with unforeseen circumstances like that of Covid-19, there have been obstructions on the services provided by the Anganwadis. Although efforts have been made to combat these issues, the efficiency of the same remains in question. Enforcing additional policies to ensure the implementation of the vision of Anganwadis despite such tough times can be called for.



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## ENDNOTES

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<sup>i</sup> Hereinafter referred to as AWCs.



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