



Peering into complicated yet unrecognized roles of the Anganwadi Workers

A Case Study of Jammu and Kashmir

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With a workforce of around 1.4 million women, the Anganwadi system is the primary institution of the Integrated Child Development Service (ICDS) – the world’s largest community-based programme for child development. The scheme was started in 1975 and was financed by UNICEF and the World Bank. The 100% women workforce is made up of Anganwadi workers (AWWs), the Anganwadi Helpers (AWHs), supervisors, and district Child Development Protection Officers (CDPOs). Through Anganwadis, pregnant and lactating mothers receive rations and counseling, adolescent girls receive information about family planning and nutrition, and children below the age of six receive pre-primary education, regular weight monitoring and nutritious food.

Currently, this cadre of community-embedded workers are leading the efforts against the COVID-19 at grassroot levels, serving in multiple capacities from community surveillance, monitoring those under quarantine to door-to-door delivery campaigns distributing ration, pensions, etc. However, in places like Jammu & Kashmir, they are not provided with PPE kits, essential for frontline workers to prevent coronavirus transmission. Such negligence could be linked with complicated yet unrecognized roles of the Anganwadi Workers.

As argued by Guruswamy and Kuruganti, there isn’t enough information or interest in understanding what drives them, what their lives and work look like, and what can be done to motivate and galvanize our largest cadre of barefoot workers. Furthermore, their singular role in improving the health of children (between 0-6 years) and women has been emphasized overlooking their diverse roles including community development and women empowerment. The existing literature lacks quality and large-scale assessment¹ and adequate documentation of Community Health Workers (CHW) programmes². Also, most of the studies have focused on the northern region of India creating a vast knowledge gap. Therefore, it is important to look at other states to understand the motivations and challenges of AAWs.

As per data, Jammu & Kashmir holds a workforce of [31,938anganwadi workers with a total of 29,599 Anganwadi centers spread over 22 districts](#). Recently, the Union Ministry of Women and Child Development expressed concern over the poor implementation of ICDS scheme in J&K, telling the states to initiate steps to streamline the functioning of Anganwadi Centres³.

¹Timsit, A. (2019, April 14). *Inside India’s ambitious effort to provide early care and education to 400 million kids*. Quartz India. <https://qz.com/india/1584703/indias-icds-anganwadi-system-is-a-challenged-but-impressive-effort/>

²Lehmann, U., & Sanders, D. (2013, July 31). *Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers*. CHW Central.

<https://chwcentral.org/resources/community-health-workers-what-do-we-know-about-them-the-state-of-the-evidence-on-programmes-activities-costs-and-impact-on-health-outcomes-of-using-community-health-workers/#:~:text=know%20about%20them%3F->

³Sharma, V. (2019, April 12). *State told to upgrade anganwadicentres*. Tribune India News Service. <https://www.tribuneindia.com/news/archive/j-k/state-told-to-upgrade-anganwadi-centres-757008>



The crippling state of Anganwadi system is evident from the statistics given below:

Out of the total number of posts 3,231 still remain vacant. According to a study conducted by Oxford Policy Management and the Institute of Development Studies in Sussex (2019), it was found that delayed and low salaries are a major contributor to job dissatisfaction among anganwadi workers⁴. This could be linked to the conditions that currently prevail in the erstwhile state. The AAWs receive ₹6,500 a month which is much less than even the minimum wage of a day set to about ₹300 by the government (as per the Minimum Wage Act)⁵. They are also deprived of any additional benefits. The Labour committee led by BJD MP Bhartruhari Mahtab also recommended expanding the definition of 'social security' for workers to cover nine components suggested by ILO, including unemployment, maternity, old-age benefits and medical care and to expand the definition of employees to include Anganwadi and ASHA workers.⁶ With the appointment of new Lieutenant Governor in Jammu and Kashmir, Anganwadi Workers Welfare Association Jammu also expressed hopes for the implementation of Order No 215 dated 21/08/2018, and demanded extra allowance be paid for doing extra work for a different number of schemes, retirement benefits, and social security scheme for Anganwadi Workers and helpers.⁷

In June 2019, widespread protests erupted across the state against the decision of the govt. to disburse honorarium through gram panchayats and councilors. Despite opposition, the decision was later

adopted. The frustration with the decision could be observed with the statement provided by Tasleema Subhaan, State President, Anganwadi Workers' and Helpers' Association JK (AWHA). "We are a 100% women workforce and we don't want to be led by unknown men. We are not here to please anyone but to do our work and get paid for that," she stated.⁸

The protests also witnessed many CHWs asserting that their services have been utilized for other activities including election duties, helping people with Aadhar card, polio vaccination, verification of ration cards and others. (News Click Report, 2019) Their concern has been recognized and supported by the parliamentary standing committee on labour that emphasized on the need to formalize the works of ASHA and Anganwadi workers. In response to protests by Anganwadi worker unions over the years, some states offered incentives to increase the overall honorarium. Maharashtra, for instance, now pays Anganwadi workers a total of Rs 7,000 a month. Kerala pays Rs 10,000, Telangana Rs 10,500 and Haryana recently raised the total honorarium to Rs 11,400 – the highest in the country. (Dang & Sarangi, 2020) Some states also offer additional benefits to their employees such as Tamil Nadu which provides six-months paid maternity leave, medical allowance, pension and benefits of voluntary retirement. But no such incentives have been offered to the CHWs of the erstwhile state.

In terms of infrastructure, over 97 percent Anganwadi centers are running from rented accommodations⁹. According to the CAG Report, out of the 29,599 centres functioning in J&K, only

⁴John, A., Newton-Lewis, T., & Srinivasan, S. (2019). Means, Motives and Opportunity: determinants of community health worker performance. *BMJ Global Health*, 4(5), e001790. <https://doi.org/10.1136/bmjgh-2019-001790>

⁵Jigeesh, A. M. (2020, April 9). *ASHA, Anganwadi staff bear the brunt*. Business Line. <https://www.thehindubusinessline.com/news/asha-anganwadi-staff-bear-the-brunt/article31302210.ece>

⁶Venugopal, V. (2020, July 8). Formalise conditions, wages of ASHA and Anganwadi workers: House panel on labour. *The Economic Times*. <https://economictimes.indiatimes.com/news/politics-and-nation/formalise-conditions-wages-of-asha-and-anganwadi-workers-house-panel-on-labour/articleshow/77422539.cms?from=mdr>

⁷Early Times Report. (2019, November 3). *Anganwadi Workers welcome UT status for JK, Lt Guv's appointment - Early Times Newspaper Jammu Kashmir*. Early Times. <http://www.earlytimes.in/newsdet.aspx?q=277316>

⁸News Click Report. (2019, July 30). *Anganwadi Workers, Helpers Stage Protest Across Jammu and Kashmir*. NewsClick. <https://www.newsclick.in/Anganwadi-Workers-Helpers-Stage-Protest-Across-Jammu-Kashmir>

⁹Early Times Report. (2020, April 7). *Over 97% Anganwadi centers run from rented buildings in JK - Early Times Newspaper Jammu Kashmir*. Early Times. <http://www.earlytimes.in/newsdet.aspx?q=289217>



14,262 (48.18%) have drinking water facilities while just 13,057 (44.11%) have toilets¹⁰.

Another concern is the sheer prevalence of corruption among the bureaucrats especially in appointments and promotions. The 2009 report of the Planning Commission, found that the selection of AWH was influenced by political interference¹¹. Even in a recent news report, many senior members of Anganwadi Workers and Helpers of Jammu and Kashmir Union Territory stated that many of them have crossed the age of 50 to 55 years and are still waiting for their promotion while as there were many blue-eyed workers having least experience, have been promoted. Most of the promoters have close relations with the concerned officials and enjoy political influence, they further added. (Tandon, 2020) Decentralization and convergence are the fulcrum for the effective functioning of Anganwadis, observes Aastha Dang as she states the example of PRI in Kerala, during a telephonic interview conducted by the author. Good coordination among various departments is necessary for planning as well as for the execution of policies.

Unrecognized and Untapped Potential: Women empowerment and Community Development

A cycle of empowerment (empowering themselves, others and the community at large) could be observed in the way AAWs have been operating. The all women cadre runs the Anganwadis, are a source of information for the rural population to disseminate information of central government's schemes, help women in receiving medical services and upbringing of kids, they provide pre-school education and skills to children, bridges the gap between the community

and the state, travels kilometers to reach their place of work, and receive salary for their work.

Based on interviews conducted by Dr. Vibha Sharma with a large number of Anganwadi Workers and Anganwadi Helpers belonging to different districts of Haryana, she emphasized on their potential of empowering local women, adolescent girls and mothers of the children, visiting the Anganwadi Centres. As a result of her research, she observed that respondents felt a sense of responsibility and confidence. In addition, few widows and deserted women felt that the Centres were very good opportunities for them to earn money¹². Their role as advocates for social change has been replaced by a predominantly technical and community management function. Over the years, and this pragmatic approach to CHWs has gained currency, and undoubtedly today constitutes the dominant approach. (Lehmann & Sanders, 2013)

The negative impact of gender identity couldn't be put under the carpet and especially, in a conservative society like of J&K. The predominant understanding of women being caretakers and nurturers is often utilized to downgrade the significance of their work, and justify their less payments. Ranjana Nirula, convener of the All India Coordination Committee of ASHA Workers, during the June 2019 protests stated that, "The refusal to recognize anganwadi workers, ASHAs and auxiliary nurse midwives as government employees is also a gendered problem. All the work these women do is related to care, nutrition and health. So, women are told it is an extension of their housework."¹³

In a study conducted with Anganwadi workers in Odisha, the researchers stated that the upper rank where the decision-making power sits- the AWWs are seen as people who need to be controlled,

¹⁰Sharma, V. (2019, April 12). *State told to upgrade anganwadicentres*. Tribuneindia News Service. <https://www.tribuneindia.com/news/archive/j-k/state-told-to-upgrade-anganwadi-centres-757008>

¹¹University of Kashmir, & Programme Evaluation Organization, Planning Commission. (2009). Evaluation Report on Integrated Child Development Scheme Jammu and Kashmir. In *NITI Aayog*. Planning Commission; J&K ICDS.

https://niti.gov.in/planningcommission.gov.in/docs/reports/peoreport/peo/peo_icds.pdf

¹²Sharma, Vibha. (2015). Women Empowerment through the ICDS Centres in Haryana. *New Horizons*. XII. 8-17.

¹³Johari, A. (2018, November 14). *Why women serving as frontline health workers in India do not even get the minimum wage*. Scroll.In. <https://scroll.in/article/900012/why-women-serving-as-frontline-health-workers-in-india-do-not-even-get-the-minimum-wage>



managed, monitored, disciplined, trained, and demanded from; they are not seen as a workforce that can be motivated to deliver its best. (Guruswamy & Kuruganti, 2018) This not only affects the coordination between different levels but also, demotivates the individuals.

The empowerment of women and especially, mothers is directly linked with the development of the whole family and of the whole community at large. The constant contact and support from the womenfolk of the community could serve various purposes such as mobilizing communities to take initiatives. Due to recruitment from the community and for them, AAWs are bestowed with informational advantages and greater communication capacity. (Khemani et al., 2020) B. S. Suranlii, in his paper, “Lessons in Financial Inclusion: The ‘Ubiquitous Anganwadi worker’ – A potential mentor in villages” emphasized on the leadership role that the AAWs could play as SHPIs (Self Help Promoting Individuals) for promoting and nurturing SHGs in their respective fields provided their basic awareness of the government programmes, reasonable communication skills and motivation level¹⁴. This example highlights the various roles that could be undertaken by these undeterred workers.

Policy Recommendations

There is a need to improve the existing structures and recognize the work of AAWs in order to utilize their work potential. The pandemic has already exposed the fault line of the healthcare system as well as the importance of community health workers to curb the spread of virus especially at grassroot levels. Perhaps, this period could be employed to develop a future plan that could be adopted post-Covid-19.

Cross-learning based on the experience of AAWs from other states could provide a way ahead. The author of this paper states this approach as “**3Rs**”, **defined as Recognize, Revamp and Reform**, that could be adopted by policy-makers as well as could be used for conducting further research. The

recommendations are based on both primary as well as secondary data and are tailored best in the author's capacity to suit the context of Jammu and Kashmir. They are explained below-

Recognize: This approach foregrounds the need to recognize the work of AAWs through various programs that could be undertaken at community level, are cost-effective, and are based on effective planning and management. It not only helps in building confidence of the workers but also in engaging and mobilizing communities. As also identified by Lehmann and Sanders, “by their very nature CHW programmes are vulnerable unless they are driven, owned by and firmly embedded in communities themselves. The adoption of this approach would also help in changing the ‘face of Anganwadis’. According to a Report, it was found that beneficiaries generally perceived AWCs as ‘*Dal Centres*’ and did not have a good image about these Centres. It further suggested, “It is felt that the image of the AWCs can be improved by improving the knowledge, skills, support and the status of the AAWs. (University of Kashmir & Programme Evaluation Organization, Planning Commission, 2009).

This approach is based on the research conducted by Aastha Jang and Anjona Sarangi to understand best practices adopted by anganwadis of Tamil Nadu and Kerala. (Dang & Sarangi, 2020) Some recommendations are also included, based on the telephonic interview conducted by the author of Aastha Jang who is currently working with Alexander Associates, New Delhi and documenting 50 exemplary programs in health and nutrition.

3G(Third-Generation)Anganwadi-

The Anganwadi Centres could serve as a place where people from various age groups could come and interact. For instance, elders from the local community, children, as well as adolescents could spend time in Anganwadi fostering exchange of ideas and co-learning amongst the three generations. Elders could hold various classes for others, for instance, sewing classes.

¹⁴Iii, B. (2010). Lessons in Financial Inclusion: The 'Ubiquitous Anganwadi Worker' - A Potential Mentor in Villages



Mother Support Groups - These groups could be created at various levels such as village, district, etc. to avail support of mothers in the functioning of Centres and especially, when a member is on leave.

Home/Kitchen Gardens - The rich terrain of J&K has gifted it with diverse crops with many people having their home/kitchen gardens. They could be encouraged to bring some homegrown products to the Centre where they all can cook together. This will help in building community relations, ensure a constant supply of food materials, will increase the salience of work taken by CHWs and improve the nutritional value of children's diet.

Teacher Bank - A bank of interested candidates could be created in advance to fill vacancies. Based on a process of selection such as interviews, interested candidates with necessary qualifications could be selected. This could help in filling the vacant positions, providing immediate employment, and ensures uninterrupted functioning of anganwadis.

It should be kept in consideration that these practices are long-term and require persistent efforts. They require trust-building with the community and creating a sense of empowerment where people are ready to take ownership and are willingly contributing.

Revamp: It requires effective implementation of existing structures. Such as monthly payment of honorarium, ensuring adequate space for the establishment of anganwadis equipped with required infrastructure as per the guidelines of ICDS, measures to curb corrupt practices within the administration by making the appointment and promotion procedure more transparent, comprehensive training to employed workers with the help of various departments such as Mahila Shakti Kendras, not overburdening the workers with the state administration works such as working at polling stations, regular monitoring and evaluation, and encouragement from the upper brass that could

be fostered by maintaining a constant and more friendly approach towards the CHWs.

One of the important elements for the functioning of the Anganwadi system, is comprehensive training of AAWs which is also a part of the induction process. It is essential for the capacity building of individuals; preparing them for various circumstances, and providing skills to develop and run initiatives. This also helps in ensuring sustainability of projects as people running the project take ownership.

Resources can also be identified from within the community. For instance, training to workers could be provided with the help of local school teachers. For instance, Karnataka Lalithakala Academy, recently proposed the induction of local artists as art teachers in anganwadis¹⁵. It will not only ensure bringing in new elements in teaching but also providing employment to artists affected by Covid-19. NGOs could play a crucial role in terms of providing training to Anganwadi workers, states Aastha Dang. She also mentions that NGOs and policy groups should take evaluation initiatives to conduct external and in-depth research, crucial for policy-making.

Reform: This approach recommends changes at the structural level. It challenges the commonly identified incentivized approach and provides a model for a multi-stakeholder approach.

Most of the discussions, in regards to, providing permanent status to CHWs and to provide them with a fixed salary, based on the Minimum Wages Act has focused on an incentivized approach. Nonetheless, it has also proven as the biggest obstacle in adopting any concrete measure since policymakers worry about the increased fiscal burden and the requirement of enhanced state capacity to ensure steady wages to such a large consortium of workers. Alongside this, most of the policy debates have focused on the technical health policy.

In a policy research working paper published by Development Research Group of World Bank,

¹⁵DHNS. (2020, March 6). *Soon, local artists may teach art for anganwadi kids*. Deccan Herald.



Sarang Chaudhary, Thiago Scot and StutiKhemani provide a modified approach based on Economic Theory.¹⁶ It is based on a new type of contract with the CHWs based on job security, steady wages, and trust in professional norms instead of providing incentives. Strategic communication based on the locally available mediums, tailored to local political institutions, is a necessary complement to make such contracts work, going beyond technical health policies to the political institutions to shift beliefs or norms about how people behave with public health workers in the public sector. She argues that when it comes to norms in the public sector, local political institutions provide focal points to change those norms, as politics is the space in which leaders and citizens communicate with each other about the public policies they would like to pursue as a society.

The context-specific details on the types of media different agents use, and the structure of management meetings with health workers, can be used to design the communication campaigns. For instance, local TV channels could be used to spread messages to bring a change in the public attitude. One of the important elements of her approach, is to make local political actors responsible to work for the improvement of the Anganwadi system. The political class has shown a reluctance towards taking any major steps for the community health problems. However, by making people concerned about the community health institutions and making it a matter of public importance, an invisible force could be created on political leadership to take positive steps towards it.

This, in addition, helps us to understand the significance of a multi-actor and a multi-sector approach. The support of ‘influential people’ from the community such as Sarpanch, could prove

crucial, mentioned by Aastha Dang in the interview. In the WHO Report (2009), Kaithathara also points out that “in addition to health workers, there must be other ‘agents of change’ in villages, so that a comprehensive approach can accelerate the people’s awakening, enabling them, by cooperative effort, to build their own future together”.¹⁷

Conclusion

Despite the Anganwadi workers demonstrating skills in improving public health, women empowerment and community development, their potential remains untapped. Also, it is distressing that they have not been given full recognition either by the administration or by academia leading to a huge knowledge gap. There is an immediate need to undertake regular monitoring and conduct in-depth research based on field-research to fill the knowledge gap and provide evidence-based data for the planning and implementation of policies. The paper sheds light on the Anganwadi system of Jammu and Kashmir and identifies the prevalent challenges to present policy recommendations that could be adopted by policy-makers as well as could be used for conducting further research. These recommendations are based on both primary as well as secondary data and give a three pronged, cross-learning approach; “3Rs”, defined as- Recognize, Revamp and Reform, attempting to address the shortfalls in the Anganwadi system. The recommendations have been tailored to suit the context of Jammu and Kashmir keeping various dimensions in mind. Anganwadi workers undoubtedly are an asset, not well identified and overlooked for long. With the Covid-19 crises, they have again displayed their resilience as they continue to serve in diverse roles. With debates high in the air to re-evaluate and redesign the healthcare system of

¹⁶Khemani, S., Chaudhary, S., & Scot, T. (2020). Strengthening Public Health Systems Policy Ideas from a Governance Perspective. In *World Bank Group*. World Bank Development Economics Development Research Group. <http://documents1.worldbank.org/curated/en/265361587665344677/pdf/Strengthening-Public-Health-Systems-Policy-Ideas-from-a-Governance-Perspective.pdf>

¹⁷Lehmann, U., & Sanders, D. (2013, July 31). *Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using*

community health workers. CHW Central. <https://chwcentral.org/resources/community-health-workers-what-do-we-know-about-them-the-state-of-the-evidence-on-programmes-activities-costs-and-impact-on-health-outcomes-of-using-community-health-workers/#:~:text=know%20about%20them%3F->



the country, Anganwadi system deserves a valued space.

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