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Empowering Kerala: The Vital Role of Anganwadies in Shaping Society

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Anganwadi is a government sponsored child care and mother-care development programme at the village level in India. It caters to children in the 0-6 age group. It was started by the Indian government in 1975 as part of the Integrated Child Development Service (ICDS) programme to combat child hunger and malnutrition. An *Anganwadi* Centre provides basic health care facilities in Villages. It is a part of the public health care system. Basic healthcare activities include contraceptive counseling and supply nutrition, education and supplementation, as well as pre-school activities. The centres may also be used as depots for oral rehydration salts, basic medicines, contraceptives and childcare.[1]

The meaning of the word *Anganwadi* in the English language is "Courtyard Shelter". The word *Anganwadi* it derived from the Hindi word "*Angan*" it refers to the courtyard of a house. *Angan* is a rural Indian term for a place where people get together to discuss, great and socialize their matters. There are a total of 33,115 *Anganwadis* across the states of Kerala.[2] The Indian constitution made primary efforts for the welfare of the children well before the declaration of child rights by the United Nations. The Indian Government launched several programmes for the welfare of the children. Though many of the programmes could not achieve expected results, the efforts show the concern of the Indian Government and policy makers. ICDS[3] is one such ongoing programme which could sustain in spite some short comings, ICDS programme, caters to the needs of rural, tribal, semi urban and slum children. ICDS is the one of the largest child welfare programme providing the rightful needs of children in India. Today, the ICDS is one of the world's largest and most unique programmes for early childhood care and development.[4]

The *Anganwadi* programme is important because of its multiple child development activities. A Rapid period of human development, first six years of life are most

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important for learning as per scientific findings, and nutrition, health and education are fundamental rights. It is also the most vulnerable period of human life when the survival of the child is a challenge. From an infant, a child is unable to even hold up its head, to a chattering child, running around, asking a hundred questions, getting ready for school this is the journey a child covers in just six years. First six years of life are most important for learning as per scientific findings. For instance, 80% of brain growth takes place in these six years. Every child has a fundamental right to nutrition, health and education – the essential that are needed to grow and develop fully. Providing ICDS services of good Quality to all children is a sleep towards making these rights a reality.[5]

Services at *Anganwadi* centers are delivered by an *Anganwadi* worker who is a part-time honorary worker. She is a woman of same locality, chosen by the people, having education qualification of middle school or matric or higher. She is assisted by a helper who is also a local woman and is paid honorary. Being the functional unit of ICDS programme which involves different group of beneficiaries, the *Anganwadi* worker has to conduct various types of job responsibilities. Not only she has to reach to variety of beneficiary groups, she has to provide them with different services which include nutrition and health education, non-formal pre-school education, supplementary nutrition, growth monitoring and promotion and family welfare services.[6]

A typical *Anganwadi* runs from 10 am to 3.30 pm. The time for their pre-school activities is scheduled from 10 am to 12 noon. During this time, the *Anganwadi* worker conducts some creative activities like painting, colouring, cutting and pasting paper folding etc. The purpose of pre-school education is to impart concepts of shapes, sizes, numbers, space and relationships. This helps child to grow holistically that is physically, cognitively and emotionally. All this happens while the child gains language and communication skills. *Anganwadi* provides children with opportunities to learn and lay foundation for formal learning. It helps children to make up for deprived stimulation, especially for children coming from homes where stimulation is deficient. In Kerala, ICDS was launched on October 2nd 1975, the 106th birthday of the father of our nation Mahatma Gandhi, as a pilot project at Vengara in Malappuram

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district. Now the scheme expanded to 258 ICDS project of which 234 project are in rural area 23 in urban and in tribal area. Integrated Child development Services (ICDS) is a major national programme that addresses the needs for children under the age of six years. It seeks to provide children with an integrated package of services including supplementary nutrition, health care and pre-school education. Since the health and nutrition needs of the child cannot be addressed in isolation from those of the mother, the programme also extends to adolescent girls, pregnant women and lactating mothers. Early childhood is important in the overall human capacity development and ICDS aims at ensuring child survival and development during this crucial period offering a wide range of services. Many services and schemes are reaching out to the people through *Anganwadis* under ICDS.

The package of services of ICDS programme is supplementary nutrition, immunization, health checkups, referral services, nutrition and health education and non-formal education. The ICDS programme is sponsored with 100 percent financial assistance from the Department of Social Welfare, Government of India.[7] At the ground level, the lead role is played by the *Anganwadi* worker who shoulders many responsibilities as the sole manager of the *Anganwadis*. Active *Anganwadi* workers are true heroines and the role of *Anganwadi* workers are very important for the smooth running of an *Anganwadi.* The responsibility of the *Anganwadi* workers is to give different experiences to children for nurturing their emotions and ideas and creativity. *Anganwadi* workers effectiveness depends on the support and coordination of many other people such as the *Anganwadi* helper, the Auxiliary Nurse & Midwife (ANM), the ICDS Supervisor, the Child Development Project Officer (CDPO), among others and of course the village community. An *Anganwadi* worker is a health worker chosen from the community and given 4 months training in health nutrition and child care. They provide services to poor families in need of immunization healthy food, and provide pre-school education for kids. Children should be able to interact with the *Anganwadi* worker without fear.[8]

The future of our nation lies definitely on the health and wealth of its children. Undoubtedly they are the creators and shapers of our tomorrow's nation. Physical growth and mental well–being of a child are very important for us and we work

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focusing on the growth in different stages of our children. Child development programmes of social justice seek to meet the health, nutritional and educational needs of infants, pre-school children and women from the poor and the vulnerable sections of the society. Healthy children are the future of our state and wealth of our nation. *Anganwadi* centers also provide basic health care.[9] The *Anganwadi* faces many problems and challenges. Lack of infrastructure facilities, inadequate honorarium of *Anganwadi* workers dropout of children from *Anganwadis,* problems during the corona period etc. are some of them. In many problems which affect the *Anganwadi* workers in performing their role effectively. Inadequate honorarium, excessive record maintenance, work over load, lack of help from community etc. are their problems.[10]

The children in nursery schools do not get stricken by diseases in childhood as fast as normal children. Diseases like chicken pox, pertussis and lupus increase because children are unable to resist these diseases. A healthy routine should be natural to students. The teachers and other authorities in school should be interested in finding the diseases that affect children and the prevention methods are used periodically. A child learns from a nursery school to use materials with care, run, play, and jump carefully and engaging with other children with ease. In addition to become good citizens in future, we can see energy, vitality and glory in them since there are the situation to cultivate habit and receive disciplined behaviour. It was surprising to note that even the kids that are weak-headed or unhealthy have become clever with activity, spiritedness and intelligence with regular experiences in nursery classes. It is proven in humans with experience that today's environment is tomorrow's tradition. In the light of this childcare and childhood education is in the focus of everyone at present. But even the most civilized persons stumble to provide the situation for kids in an age where they try their maximum for attention seeking. Such inconsistency and fumbling of those who are accepted in society distracts the development in childcare and nursery education.

Pre-school education can be considered as the cornerstone of education to a person receives in his life. Children develop the ability to understand things in accordance with the development of sense organs. Children will start inquiring about things they

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see in their surroundings and those that they experience. Childhood education should be able to provide the correct reply in order to avoid falsity from entering the child. A child's experience does not grow just by providing answers to his questions. Teachers should know what their children know and what kind of environment should be constructed for them. Teachers, who know what a child knows in his childhood and what should be known to be successful in life, provide the right knowledge to children. In order to develop the talents of kids from small to large by distinguishing their mental ability, teachers plan and organise subjects to be taught in one year from age of three to age of four or five.

Usually, parents meeting are held in schools but, in childhood, mothers' meeting is very important. It is necessary to provide enough knowledge to handle the children, since the children imitate their mother and gain knowledge by being with their mother in this period. When mothers meet the teachers every month, they can communicate about the positives and negatives of their children both on their personality and learning. Thus, there is a chance to develop closeness with parents and teachers and it will be a benefit for the children. The topics that are discussed by government for awareness in mothers' meeting are prevention methods and vaccination, breast-feeding and its importance, diarrhea related diseases in children, observation of growth and malnutrition, children's food and method to feed, new-born baby care, importance of game for children, defects in children, pregnancy care, common diseases in children.

It is a government programme in India that provides nutritious food for children under the age of 6 and their mothers. Pre-school education, primary health care, immunization, health check- ups and referral services. The ICDS have a well-planned administrative and organizational structure. The main responsibility of the Anganwadi workers in to extend the services provided by ICDS to the women and children of the community. One Additional Child Development Project Office (ACDPO) is also involved in ICDS projects with more than 150 Anganwadis. Anganwadis are areas where yard gardening is required in rural and slum areas to provide services to women and children through the ICDS scheme. The active participation of Panchayathiraj members, women's groups, youth organizations, religious leaders,

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local leaders, voluntary organizations and primary school teachers is essential for the effective implementation of the scheme. This project is a child centered approach. The project is based on the inextricable link between scientific and emotional social development and health and nutrition sustainability.

ICDS is a symbol of India's commitment to children. The administrative unit of the ICDS project is head quartered in a community development block in rural areas, a tribal development block in tribal areas and a group slum in the city. The main beneficiaries of ICDS are children under 6 years of age, pregnant women, lactating mothers, adolescent girls and women between the ages of 15 and 45 years. The main services of ICDS are supplementary nutrition pre–school non-formal education, nutrition & Health education, immunization, and health check-up and referral services. Non formal pre-school education which is a crucial component of the package of services envisaged under ICDS scheme, aims at universalization and qualitative improvement of primary education in remote and socio-economically backward areas with primary attention being given to girls. Early Childhood Care and Education (ECCE) is the component of the ICDS may will be considered the backbone of the ICDS programme, since all its service essentially converge on the Anganwadis . To monitor and review the progress in implementation of ICDS, committees at different level have being constituted by the government. The committees are State Level Monitoring and Review Committee (SLMRC), District Level Monitoring and Review Committee (DLMRC), Block Level Monitoring Committee (BLMC), Anganwadi Level Monitoring and Support Committee (ALMSC).

The ICDS team comprised the Anganwadi workers, Anganwadi helpers, supervisor's child development project officers (CDPOS) and district programme officers (DPOS). Anganwadi worker is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides, the medical officers, Auxiliary nurse midwife (ANM) and Accredited Social Health Activist (ASHA) from a team with the ICDS functionaries to achieve convergence of different services. The important services provide by the Anganwadi worker are, Primary health checkup, supplementary nutrition, Immunization, Educating people about family planning, their health and well-being.

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Anganwadi helper is a woman assigned to the Anganwadi centre to assist the Anganwadi worker in her duties. Duties of Anganwadi helper are, to cook and serve the food to children and mothers, to clean the Anganwadi premises daily and fetching water etc. ICDS Supervisor is a team of four or five supervisors should give the necessary instruction to the Anganwadi workers. An ICDS supervisor also helps and assists the CDPO. An ICDS supervisor demonstrates to the Anganwadi Workers (AWW) the effective method of providing health and nutrition education to mothers and maintains the statistics of the Anganwadis. They are given support from Child Development Project Officers (CDPO), District Programme Officers (DPOs), Supervisors, AWWs, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activists (ASHA) etc.

The non-formal pre-school education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme. Since all its services essentially converge at the Anganwadi. Pre-school education is the most joyful play-way daily activity visibly sustained for four hours a day. It brings and keeps young children at the Anganwadi centre-an activity that motivates parents and communities. Pre-school education in ICDS focuses on total development of the child, in the age to 6 years, mainly from the under privileged groups. Nutrition, health and education (NHED) is a key element of the work of the Anganwadi worker. This has the long term goal of capacity building of woman especially in the age group of 1-45 years, so that they can look after their own health nutrition and development needs as well as that of their children and families.

Immunization for the young children starts at the pre-natal stage when the mother is given toxic before delivery. At the early post-natal stage the children are to given immunization against Diphtheria, Tetanus, Whooping Cough, Typhoid and TB. Immunization against measles is given in case the local epidemiological situation warrants it. Children of 5-6 years of age are also given booster doses for Diphtheria and Tetanus and two doses Typhoid vaccination. 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 health services provided for children by Anganwadi workers and primary health center (PHC) staff include regular health check-ups,

 IP Address: 216.73.216.174 Downloaded: 26-Nov-2026 04:35 IST

recording of weight, immunization, management of malnutrition, treatment of diarrhea, de-worming and distribution of simple medicine etc.

Kishori Shakdi Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescence girls. It seeks to provide them with an opportunity to realize their full potential. The scheme is a redesign of the already existing Adolescent girls (AG) scheme being implemented as a component under the centrally sponsored integrated child development services (ICDS) scheme. The new scheme dramatically extends the coverage of the earlier scheme with significant content enrichment, strengthens the training component, particularly in skill development, aspects aimed at empowerment and enhanced self-perception.

The broad objectives of the scheme are to improve the nutritional, health and development status of adolescent girls and to promote awareness of health, hygiene, nutrition and family care. The Kishori Yojana, financed by government of India is being conduct in 70 child development projects of the state. The main objective of this scheme is to capacitate the adolescent girls in 11 to 18 years of age by training and encouraging them so that they may be able to activity contribute in health and development of their family and community. All adolescent girls in the age group of 11-18 years will receive the following common services are educational activities through non- formal functional literacy pattern, immunization. A general health check up every six months, treatment for minor ailments, de warming, and prophylaxis measures against anemia, goiter, vitamin deficiencies, etc.

Ashwasa Kiranam scheme envisages assisting the care givers of physically and mentally disabled bed-ridden patients, who are their family members or relatives. This scheme intends to provide a monthly assistance of Rs.600/- to those care givers who are unable to take up employment for self-sustenance. Kerala is a state well known for the efficient and effective health care system despite these advancements; much headway could not be made in home care. Most of the lowest income group always opts for the homely treatment as they cannot afford the charges levied by the well-known hospitals. They are bedridden causing a heavy social burden on their

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family members who are forced to stay back at home to look after these bedridden patients. While the upper income group can possibly afford to engage paid caregivers or home nurses for looking after such bedridden family members, the lower income group usually takes it upon themselves to care for their bedridden brethren. These family members in fact function as informal care givers without due recognition or economic gain. These results in loss of gainful employment or productive income for those informal caregivers who are forced to stay back home and look after their bedridden family members. This entire family as one or more members cannot seek gainful employment outside their homes. Hence this scheme provides a source of income or a monthly assistance of Rs. 600/- for informal caregivers to those care givers who are unable to take up employment for self-sustenance.

The government of Kerala launched the Cancer Suraksha scheme on 1st November 2008 for children below the age of 18 who suffer from cancer and belong to such families. Those patients found eligible would be registered under the scheme and patient card would be issued. Registered patients would be provided treatment free of cost at the designated hospitals Cancer the killer disease was once considered incurable. However, advances in medical science have helped conquer the disease to a very large extent. It is scientifically proven that pediatric cases of cancer are largely curable, it treated early. Recognizing the urgent need to extend financial support to cancer victims from families, who are too poor to afford treatment, the government of Kerala launched this scheme.

The entire cost of treatment, including the cost of investigations, would be borne by the hospitals through the funds provided by the mission. The ceiling of expenditure per child would be initially Rs. 50,000/-. However, the hospital can incur addition expenditure, based on the report of the committee comprising of the oncologist/treating doctor, Head of the Radiology department and the superintendent, subject to ratification by the mission. *Thalolam,* a state government venture implemental to provide free treatment to children affected with chronic diseases such as hemophilia, cerebral palsy, among others is turning out to be a costly affair for the scheme is supposed beneficiaries *Thalolam* scheme aims to provide free treatment to the children below age of 18 who are suffering from Kidney diseases,

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Cardiovascular diseases, Cerebral palsy, Brittle bone disease, Hemophilia, Sickle cell anemia, Orthopedic deformities and other Neuro-developmental disabilities, congenital anomalies (Endosulfan Victims) and accident cases which needs surgery. A patient will be eligible for an initial assistance of Rs. 5,00,000/- only under this scheme. Additional financial assistance can be med based on the decision of the superintendent Head of the concerned department of specialty and Head of radiotherapy department. This scheme has come into effected from January 1st 2010 onwards.

The objective of this project is to provide cochlear implant to children selected by regional and state level technical committees for cochlear implantation and to provide financial support surgery for the children in the age group of 0-5 years, who are hearing impaired. The early identification and intervention procedures initiated within six months of age should be the golden standard for the holistic development of a child with hearing loss. Cochlear implant is a proven option for the treatment of profound hearing loss. The children from poor families whose annual family income is below Rs.2 lakh is eligible to get the benefit of this scheme. This scheme is implemented through government as well as selected empanelled private hospitals in this field.

Snehapoorvam scholarship is for the students whose father or mother or both have passed away. *Snehapoorvam* scholarship is sponsored by the Social Security Mission of the State Govt as financial assistance for education to the students whose father or mother or both has expired.

Objectives of the scheme:

- To identify the orphaned children in the community.
- To access and prioritize children in the greatest need.
- To provide social protection to highly vulnerable groups of orphans by strengthening traditional family and community systems for protecting and absorbing orphans.

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- To improve the basic education, social integration and nitrification of the most vulnerable groups orphans towards the level of other children in the community.

- To encourage families to live their children within the family set up rather than sending them to orphanages.

- To extend a helping hand to these orphan's families by way of providing financial assistance to the education of children.

Kerala social security mission is implementing the vayomithram project which provides health care and support to elderly above the age of 65 years residing at corporation/municipal areas in the state. The *vayomithram* project mainly provides free medicines through mobile clinics, palliative care, and counseling service help desk to the old age. The project was implemented as a joined initiative to Local Self Government Department (LSGD) in the area. The main objective of the scheme is to provide free health care to the old age people.

Sneha Santhwanam is a monthly financial assistance scheme for endosulfan victims. The main goal of the Prathyasha scheme is to help marry off the daughters of financially impoverished parents. The scheme hunger free city aims to provide highly subsidized meals once a day to public at designate centers in a city and it is aimed at ensuring that no person in the city goes without at least one square meal a day. Karunya Deposit scheme is intended to raise resources for the medical and educational support of physically or special schools or who inmates of orphanages/institutions etc. Anganwadis, which provide a lot of services, faces many problems. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, year of experience, their knowledge about the services rendered by them and problems faced by them. They talked about a lot of problems. Majority of AWWs were beyond 40 years of age, matriculate, experienced, having more than 50% of knowledge related to their job. Complaints mentioned by them were chiefly honorarium related and excessive workload.

In addition to the problems faced by the Anganwadi workers, there are many other problems facing the Anganwadis in Kerala. Anganwadis faced many problems during the covid period. Such problems affected Anganwadi workers and children. It is

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important to note that the importance of Anganwadis is declining today. People are giving importance to other pre-school institution by reducing the importance of Anganwadis as part of improving the standard of living.

Today the Anganwadis go through the problems are shown below:

1) HIGHER WORKLOAD AND LOWER WAGES OF ANGANWADI WORKERS

Honorarium of Anganwadi workers[11]								
Qualification	Years							
	1975	**1978**	**1986**	**1992**	**1997**	**2002**	**2008**	**2011**
Non matriculate	100/-	125/-	225/-	350/-	438/-	938/-	1438/-	2938/-
Matriculate	150/-	175/-	275/-	400/-	500/-	100/-	1500/-	3000/-
Non matriculate with 5 year experience	_	_	250/-	375/-	469/-	969/-	1469/-	2969/-
Matriculate with 5 year experience	_	_	300/-	425/-	531/-	1031/-	1531/-	3031/-
Non matriculate with 10 year experience	_	_	275/-	400/-	500/-	1000/-	1500/-	3000/-
Matriculate with 10 year experience	_	_	325/-	450/-	563/-	1063/-	1563/-	3063/-

Honorarium of Helper[12]

Helper	35/-	50/-	110/-	200/-	260/-	500/-	750/-	1500/-

By 2022 the honorarium of AWW raised to Rs. 12000/- and the helpers to Rs. 8000/-. It was announced that performance incentive Rs. 250/- will be given to each Anganwadi based on proper functioning. The announcement was made under the Sampushta Keralam scheme. Based on this, incentive Rs. 500/- was announced for teachers and Rs. 250/- for the helpers. From January 2024, there is an increase of Rs. 1000 and another increase of Rs. 1000 implemented from 1st November 2025 by the Government of Kerala for Anganawadi workers and helpers. But Anganwadi

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employees says that, despite a lifetime of hard work, but the salary is meager. They say that they don't get salary according to the work they do[13].

2) Dropout of children in Anganwadi

3) Lack of infrastructure facilities in Anganwadis

Anganwadi centers-Infrastructure facilities[14]	
Total number of Anganwadi centres in Kerala	33115
Number of Anganwadi centres having own buildings	18253
Number of Anganwadi centres having toilet facilities	20837
Cooking gas connection	19975
Electricity	24404

4) Need of smart Anganwadis

5) Government agenda to privatize all Anganwadis

Conclusion

The Anganwadi system under the Integrated Child Development Services (ICDS) serves as a vital corner-stone for early childhood development, maternal care, and community healthcare across India, particularly within rural and vulnerable populations. By providing an integrated package of non-formal pre-school education, supplementary nutrition, immunization and referral services, Anganwadi workers act as essential agents for social change and ground-level healthcare support. As child care is come under concurrent list of Indian constitution, both the Union and State governments give much importance to each Anganwadis especially in the state of Kerala. The Anganwadi scheme underscores the foundational importance of holistic child well-being in shaping the nation's future. Addressing its ongoing operational challenges, including inadequate infrastructure, worker overload, and shifting social preferences toward private pre-schools, remains crucial to ensuring the continued strength, effectiveness, and sustainability of this essential public welfare network.

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Endnotes:

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