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Role of Anganwadi Centres in Early Childhood Care: A Sociological Study on Rural Area of Uttar Dinajpur

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Abstract: ***Early childhood is one of the most significant stages of individual's life, shaping a child's physical, emotional, cognitive and social development. In India the Integrated Child Development Services (ICDS) has been a cornerstone initiative scheme aimed at supporting young children, whose age below six years, along with pregnant and lactating mothers. At the grassroots level, Anganwadi centres play a vital role in delivering these services, especially in rural area. This study explores the role, functioning and challenges of Anganwadi centres in delivering early childhood care and pre-primary education in rural area of Raiganj block of Uttar Dinajpur district, West Bengal. Using a descriptive research design, the study is based on primary field data through interview with Anganwadi workers and parents, as well as direct observation from 20 Anganwadi centres. The findings of the study indicate that although these centres perform reasonably effective in providing basic nutrition and some health-related services, they face several challenges in ensuring quality early childhood care and education. Factors such as inadequate infrastructure, insufficient teaching-learning materials, irregular learning activities and limited monitoring systems affect their overall performance. The study also points out a clear gap between how Anganwadi workers view their work and how beneficiaries experience these services, indicating deeper concerns related to communication gaps and weak accountability mechanisms. Overall, the paper argues that despite the strong intentions underlying the ICDS programme, its effectiveness at the local level remains restricted due to persistent structural and operational constrains. It concludes by suggesting that strengthening infrastructural facilities, enhancing the capacity and training workers better, ensuring supervision and increasing community involvement to achieve holistic child development.***

Keywords: ICDS, Early Childhood Care and Education (ECCE)**,** Rural Infrastructure, Structural Constrains, Community Participation

1. Introduction

Due to poverty, a vast majority of children in India lack the optimal conditions and conducive environment necessary to receive a proper education. Consequently, most parents living below the poverty line are unable to adequately nurture their children or provide them with significant encouragement and motivation for education; lacking the necessary personal resources themselves, they leave the holistic development of their children at risk. The primary objective of the Integrated Child Development Services (ICDS) begins even before a child is born—specifically, with the care of the expectant mother—marking a starting point that can truly be described as "from the very beginning." It is for this reason that this program continues to be recognized as one of the most unique initiatives in the world. This development program has been operating successfully for over four decades. The core mission of the ICDS scheme is to provide care for children in accordance with established norms, assisting them in developing proper routines, habits, and mental faculties, thereby paving the way for their smooth and holistic upbringing—a process that shapes every child's attitude, values, and behavioral patterns. By providing pre-primary education, the project offers a comprehensive package of services designed to facilitate the transition to formal schooling and foster the intellectual development of every child. ICDS services are delivered through a vast network of centers known as 'Anganwadis.' The term 'Anganwadi' is derived from the Hindi word "Angan," which refers to a courtyard. In rural settings, an 'Angan' serves as a communal space where people gather for discussions, meetings, and social interaction. These Anganwadi centres provide an integrated package of services comprising supplementary nutrition, immunization, health check-ups, referral services, pre-school education, and health and nutrition education. Essentially, it functions as a child-care center situated within a rural community. The Anganwadi centre serves as the central hub for delivering services to children under the age of six, pregnant women, lactating mothers, and adolescent girls.

Integrated Child Development Services (ICDS):
ICDS is a welfare program of the Government of India that provides food, pre-school education, and primary healthcare services to children under the age of six and their mothers. These services are delivered through frontline workers, primarily from Anganwadi centers located in rural areas. In addition to providing pre-primary education and combating malnutrition and poor health, the project aims to fight against gender inequality by providing identical services to both boys and girls.

The Integrated Child Development Services (ICDS) project was first launched on October 2, 1975, as a pilot project comprising just 100 Anganwadi centers in Narsipura, in the Mysore district of Karnataka. Since then, the program has expanded to cover every village across every state. The ICDS project is one of the flagship programs of the Government of India and stands as one of the largest and most significant initiatives globally for early childhood care and development. On one hand, the project provides formal pre-school education; on the other, it serves as a key instrument for reducing malnutrition and illness, enhancing learning capabilities and child literacy rates, and providing care for lactating mothers. The beneficiaries of this project include

children aged 0–6 years, pregnant women, and lactating mothers.

Anganwadi centers serve as the focal points for delivering ICDS services; they typically operate for four hours daily, excluding Sundays and public holidays. The primary objective of this project is the holistic development of children—aiming to provide them with joy, enrichment, and encouragement toward education. Generally, one Anganwadi center is established for every 1,000 people in rural or urban areas, and one for every 700 people in tribal areas, subject to appropriate adjustments based on local conditions and requirements. Provisions have also been made to authorize "Mini Anganwadi Centers" for populations ranging from 150 to 400 in rural and urban areas, and from 300 to 800 in tribal, desert, hilly, and other diverse regions covered by the project. This project is monitored through monitoring committees at five levels: national, state, district, block, and Anganwadi.

2. Review of Literature

Kulkarni and Pattabhi (1988) evaluated the effectiveness of ICDS in seven Anganwadi centres. On the health status of pre-primary children, they found that high vitamin deficiency, amenia was noted as a result of irregular nutritional supplement supply in Anganwadi Centres in Debangiri block.

Tandon (1989) studied the impact of nutritional status on non-ICDS children with beneficiary children belonging to the ICDS, where nutritional status was measured based on weight for age. As a result, he found, between 1976 and 1985, there was a substantial and statistically significant drop in malnutrition among children belonging to the ICDS center.

Kumar and Paul (2010), through a study conducted on the cleanliness of toilets in Anganwadi centers located in the rural areas of Uttarakhand, found that only 23.3 percent of these centers possessed toilet facilities. Conversely, 76.06 percent of the Anganwadi centres lacked toilets- facilities which, due to a dearth of operational resources, were cleaned sporadically, either by the staff or by a sweeper.

Thakre et al. (2011), while evaluating the functioning of Anganwadi centres under the municipal ICDS blocks of Aurangabad city, ultimately concluded that Anganwadi workers are providing non-formal education (40%), nutrition and health education (100%), and vaccination camps (60.71%); however, health check-ups are not being conducted. More than 50% of the Anganwadi centres suffer from a lack of infrastructure, while 55% of the Anganwadi workers properly maintain records. For the past 7 to 8 months, iron tablets and Vitamin A syrup have not been available in any of the Anganwadi centres.

Manzoor and Khurshid (2014), in their study in Ganderbal (Kashmir), found that about 70% of Anganwadi workers had excellent knowledge of supplementary nutrition but limited understanding of pre-primary education, immunization, and health education. Around 50% were aged 31–35, 70% were matriculates, and most had over 10 years of experience. Major challenges included low remuneration, lack of community support, delays in nutrition supply, and heavy workload with extensive record-keeping.

Rathore et al. (2015) conducted a study to evaluate the Integrated Child Development Services (ICDS) scheme in Rajasthan, specifically examining the infrastructure of Anganwadi centres, the characteristics of Anganwadi workers, the scope of supplementary nutrition, and the pre-school education provided to beneficiaries. Their study concluded that there were deficiencies regarding the infrastructure of Anganwadi centres, the training of Anganwadi workers, and the scope of supplementary nutrition, as well as disruptions in the delivery of supplementary nutrition and structural flaws within the scheme.

Mukherjee and Rome (2015) argue that a nation's future depends on investments in its children, especially the vulnerable. However, their study in West Bengal reveals a gap between policy and practice, highlighting the absence of morning meals, weak pre-primary education, and poor hygiene and infrastructure. Despite these shortcomings, the scheme still benefits destitute children by providing essential supplementary nutrition.

Objective of the Study

1) To understand the infrastructure of Anganwadi Centres in the villages under study.
2) To know the facilities provided by the centres to local children.
3) To reveal the problems faced by the Anganwadi Centres.

Study Area and Its Description:

North Dinajpur is one of the most socio-economically backward districts in West Bengal. The Raiganj Block of North Dinajpur District is bounded to the north by the Haripur Upazila of Thakurgaon District in Bangladesh; to the east by the Hemtabad and Kaliaganj Blocks; to the south by the Itahar Block; and to the west by the Barsoi Block of Katihar District in Bihar. Approximately 206 kilometers of the India-Bangladesh border lie within North Dinajpur District, extending along its entire eastern boundary. To the west, North Dinajpur District shares a 227-kilometer border with the state of Bihar. The total geographical area of this block is 472.13 square kilometers. According to the 2011 Census, the total population of Raiganj Block was 430,221, of whom 414,143 resided in rural areas and only 16,078 in urban areas. Scheduled Castes constitute 38.04% of the total population, while Scheduled Tribes account for 6.46%. As per the 2011 Census, the Hindu population in Raiganj Block stood at 280,214, representing 65.13% of the total population; Muslims numbered 146,871 (34.14% of the population), while other religious groups accounted for 0.73%. According to the 2011 Census, the literacy rate in Raiganj Block was 63.52% of the total population.

For the purpose of this study, the researcher selected the Birghoi and Barua Gram Panchayats from within the Raiganj Block. The total geographical area of the Birghoi Gram Panchayat is 41.32 square kilometers, while that of the Barua Gram Panchayat is 38.03 square kilometers. According to the 2011 Census, Scheduled Castes and Tribes constitute 62.50% of the population in the Birghoi Gram Panchayat and 46.90% in the Barua Gram Panchayat. Furthermore, the 2011 Census data indicates that the literacy rates in both the Barua and

Birghoi Gram Panchayats are below 50 percent; additionally, a significant gender disparity is observed between the literacy rates of males and females. The literacy rates and levels of educational attainment vary across the block, thereby reflecting the prevailing socio-economic disparities within this region. The majority of the residents in these two Gram Panchayats are engaged in agriculture; many work as daily wage laborers, while some are involved in small-to-large-scale businesses. These two Panchayats are still awaiting industrial development. Education, drinking water, and roads constitute the primary concerns for these two Panchayats.

3. Methodology of the Study

The present study employed a purposive sampling method to select the research sample, ensuring that the data collected were relevant, focused, and aligned with the objectives of the study while excluding unnecessary information. This approach also helped in saving time, effort, and financial resources, thereby enhancing the overall reliability and validity of the findings. For the purpose of the study, a total of 20 Anganwadi Centres were selected from two Gram Panchayats of Raiganj Block in Uttar Dinajpur district, 8 centres from 11 No. Birghoi Gram Panchayat and 12 centres from 12 No. Barua Gram Panchayat. To incorporate stakeholder perspectives, the sample further included 20 Anganwadi workers and 20 parents, with one worker and one parent selected from each centre. Data collection was carried out using observation and semi-structured interview methods, where the researcher personally visited all selected centres, conducted face-to-face interviews with Anganwadi workers, and undertook home visits to interview parents, ensuring the collection of authentic and comprehensive information.

Table 1: Sample Collection and Distribution

S No.	Name of the Gram Panchayat	Name of the Village	No. of Anganwadi Centre taken under Study	No. of Anganwadi worker taken under Study	No. of Guardian taken under Study
1	No. 11 Birghai G.P	Bajitpur	04	04	04
2	No. 11 Birghai G.P	Budhor	01	01	04
3	No. 11 Birghai G.P	Birghai	03	03	03
4	No. 12 Barua G.P	Bugdumur	01	01	01
5	No. 12 Barua G.P	Raria	03	03	03
6	No. 12 Barua G.P	Sijgram	03	03	03
7	No. 12 Barua G.P	Noapara	02	02	02
8	No. 12 Barua G.P	Taherpur	03	03	03



Map of Uttar Dinajpur District Showing Raiganj Block
Source: https://share.google/images/GOnYVBu30RBSrIeYE

4. Findings of the Study:

The researcher has presented the findings based on the three objectives of the study and subsequently discusses the results.

a) Physical infrastructure of Anganwadi centres:

The findings of the present study reveal that the physical infrastructure of Anganwadi Centres is largely inadequate and poorly maintained, which significantly affects their effective functioning. With regard to the availability of classrooms and toilets, only three out of the twenty selected centres were found to have both facilities, and even among these, one was in a severely dilapidated condition and unfit for use. Although most centres reported having a designated space for cooking, the condition of these kitchens was observed to be highly unsatisfactory and substandard. The situation is further aggravated by the lack of basic amenities such as electricity, as all but one centre were found to have no electricity provision, causing discomfort for children, especially during hot weather. Despite these infrastructural limitations, it is noteworthy that most centres have managed to maintain a relatively good standard of cleanliness and hygiene, as confirmed through both observation and feedback from parents.

However, several critical gaps persist in other areas of infrastructure. The study found that most centres lack proper storage facilities for food grains and fuel, which poses challenges for the safe and organized management of resources. Access to safe drinking water is also severely limited, with only two centres having their own arrangements, forcing the majority to depend on nearby households. In addition, there is a significant shortage of basic furniture and equipment such as tables and chairs for staff, and whatever is available is often in poor condition. The situation is even more concerning for children, as none of the centres were found to have adequate seating arrangements; in many cases, staff members arrange mats from their own homes or rely on neighbouring households. Furthermore, no centre has a designated dining space for children. Overall, these findings highlight substantial infrastructural deficiencies that hinder the quality of early childhood care and education provided through Anganwadi Centres.

b) Facilities available in Anganwadi Centres:

The study reveals that Anganwadi Centres in Raiganj Block provide certain essential facilities aimed at promoting early childhood care and pre-primary education, although their

availability and quality vary across centres. One of the notable provisions is the organization of regular health check-up camps, which are conducted at least once a year in a majority of the centres; specifically, 14 out of the 20 Anganwadi Centres reported organizing such camps annually. These camps play a crucial role in monitoring the physical health and nutritional status of children, thereby contributing to their overall well-being. In addition, some centres have taken initiatives to organize outdoor sports activities, which help in fostering the physical growth, motor skills, and overall development of children. These activities not only enhance children's physical fitness but also encourage social interaction and teamwork among them.

Furthermore, in a few selected centres, efforts are made to support the intellectual and cognitive development of children aged three to six years through the use of rhymes and songs as teaching tools. This method of informal learning creates an engaging and child-friendly environment, making the learning process more effective and enjoyable. Another significant facility observed across all Anganwadi Centres is the provision of freshly prepared, hot meals, which are served to children six days a week in adequate quantities. This nutritional support is a vital component of the ICDS programme, addressing issues of malnutrition and ensuring the healthy growth of children. Overall, while these facilities indicate a positive effort towards holistic child development, their uneven implementation highlights the need for further strengthening and standardization across all centres.

c) Problems faced by the Anganwadi Centres:

The study further highlights several serious functional and service-related deficiencies in the Anganwadi Centres of Raiganj Block, which adversely affect the quality of early childhood care and education. One of the most critical issues observed is the irregular functioning of the centres, as all Anganwadi workers were found to disregard the government-prescribed schedule, opening and closing the centres at their own convenience. This lack of adherence to official timings is accompanied by negligence in duties, with staff members often providing instruction to children on an irregular basis, thereby disrupting the continuity and effectiveness of early learning. In addition, since the onset of the COVID-19 pandemic, there has been a complete absence of first-aid facilities in all surveyed centres, which raises serious concerns regarding the safety and immediate healthcare support available for children.

Another major area of concern relates to the lack of adequate teaching-learning materials and basic equipment. Most centres suffer from a shortage of essential items such as books, educational materials, and sports equipment necessary for the holistic development of children. Although height measuring tapes are available in most centres, there is a significant lack of weight measuring machines, forcing workers to depend on neighbouring households or nearby Primary Health Centres for this purpose. Furthermore, infrastructural deficiencies extend to cooking arrangements, where many centres face problems due to inadequate or damaged utensils; in some cases, the utensils are either in a dilapidated condition or insufficient in size relative to the number of children. Compounding these issues, a majority of parents expressed dissatisfaction with the quality of food provided, indicating that it is often substandard. Taken together, these findings reveal substantial gaps in both the operational management and service delivery of Anganwadi Centres, underscoring the urgent need for improved monitoring, resource allocation, and accountability mechanisms.

5. Discussion

Under the ICDS project, Anganwadi centres provide early childhood care and pre-primary education to all children aged 0 to 6 years; additionally, they offer free health services and supplementary nutrition. The primary objective of Anganwadi centres is to prepare children for formal schooling by providing them with enriching experiences that foster their holistic development. An informal system of education is employed, wherein children are encouraged to develop naturally and are granted the necessary freedom to learn from their own experiences and interactions with others. In this context, it can be presumed that most parents wish to send their children to Anganwadi centres primarily because they offer free, wholesome education.

The findings of the current study reveal that the Anganwadi centres located in the surveyed area of Raiganj Block are, for the most part, of substandard quality. The majority of these centres completely lack basic physical infrastructure, possessing neither a proper building, toilets, or drinking water facilities, nor a designated space for children to eat, nor even any educational materials. Observations of the centres operations led the researcher to note that while a few staff members actively encouraged children's development through various activities, the majority of the staff members failed to adhere to a proper schedule; instead, they would open the centres at their own convenience. Upon arrival with their parents, the children would immediately begin playing and running around with one another. (Only on a handful of days throughout the year and entirely at their own discretion, would the staff members impart lessons through songs and rhymes.) After some time, the staff would gather the children, have them form a line, and then distribute food to them one by one. Once they had received their food, the children would leave with their parents. Furthermore, in many instances, the researcher observed that instead of the children themselves, their family members would arrive to collect the children's meals.

The researcher identified a few staff members who demonstrated a genuine passion for their work a commitment evident in the manner in which they managed their respective centres, though their efforts were often undermined by the centres poor infrastructure. Conversely, the researcher observed a distinct lack of interest in their jobs among the majority of the staff members. Consequently, this resulted in negligence and irregularities on their part regarding the proper care and management of the centres. Due to a lack of initiative among the staff to conduct educational activities at the center, children were provided with very few learning opportunities; consequently, they failed to achieve proper physical and cognitive development. To mask their dereliction of duty, these staff members attributed the shortcomings to the centres poor infrastructure and to their own irregular and meager monthly incomes.

The parents of the children harbored numerous complaints regarding the centres operations, specifically, they raised concerns about the quality of the food provided to the children. Many conscientious parents refrained from sending their children to the center altogether, citing the lack of regular instruction and the poor quality of the meals. Furthermore, they alleged that the staff members failed to conduct home visits and that the centre organized no regular meetings with the parents.

6. Conclusion

In the study area within Raiganj Block, Anganwadi centres play a pivotal role in early childhood care and pre-primary education. Given the precarious socio-economic conditions of the majority of the local population, most families in this region rely heavily on these Anganwadi centres for the early care and pre-primary schooling of their children. However, this study reveals a mixed picture: while most Anganwadi centres possess a designated space for food preparation, the majority suffer from a severe lack of essential facilities, including classrooms, educational aids, toilets, drinking water, sports equipment, utensils, and seating arrangements for children. Furthermore, the study highlights a distinct lack of dedication and sincerity among the Anganwadi workers themselves. Additionally, parents of most children in the study area expressed dissatisfaction regarding the quality of the food provided.

In conclusion, despite 51 years having elapsed since the inception of the ICDS scheme, Anganwadi centres in Raiganj Block remain plagued by various challenges stemming from inadequate infrastructure. Consequently, the very children intended to benefit from this scheme are being deprived of its opportunities, thereby hindering their proper cognitive and physical development. Moreover, in the absence of regular inspections by higher-ranking officials, Anganwadi workers frequently neglect their assigned duties. To ensure the effective implementation of this vital scheme, which aims to provide early childhood care and pre-primary education across every corner of the country, regular government oversight is absolutely essential.

7. Suggestions

Based on the key findings of the study, the researcher offers the following recommendations to enhance the effectiveness of the Anganwadi centres in Raiganj Block:

a) Appropriate play materials should be made available in all centres.
b) It should be made mandatory to maintain first-aid kits in every centres.
c) Infrastructural facilities should be improved to ensure better implementation of the ICDS scheme.
d) Anganwadi workers require high-quality training to enhance their knowledge regarding early childhood care and the delivery of pre-primary education.
e) Senior officials should conduct surprise inspections of the Anganwadi centres to ensure their proper functioning.
f) It is essential for every centre to have outdoor space to provide opportunities for the physical development of children.
g) Funds allocated to the Anganwadi centres should be properly distributed by the concerned authorities.

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