

Challenges Faced by Anganwadi Centres in Delivering Services: A Study of Nari Circle, Lower Siang District, Arunachal Pradesh

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Abstract: Anganwadi centres are an important part of the Integrated Child Development Services (ICDS) scheme in India. They support the health and development of children below six years of age and pregnant and lactating mothers by providing services such as supplementary nutrition, pre-school education, immunization, health check-ups, referral services, and health and nutrition education. This descriptive study examines the functioning of Anganwadi Centres in Nari Circle under Lower Siang District of Arunachal Pradesh, covering five villages: Adi Tako, Lumpo, Nari Village, Nari Town and Namey. Data were collected through questionnaires administered to Anganwadi workers and through observation. The study aims to assess the services and facilities available and to identify the challenges faced by Anganwadi centres in delivering services effectively.

Keywords: Anganwadi Centres, Anganwadi Workers, ICDS Schemes, Nari Circle, Challenges.

INTRODUCTION

The Anganwadi system in India operates under the Integrated Child Development Services (ICDS) scheme, which was launched by the Government of India on 2 October 1975. The scheme was introduced to address problems such as child malnutrition, poor health, and the lack of proper early childhood care. Over the years, ICDS has become one of the largest early childhood development programmes in the world. Its main aim is to promote the physical, psychological, and social development of children below six years of age and to improve the health and nutritional status of pregnant and lactating mothers. Anganwadi Centres play an important role in providing early childhood care and development services at the grassroots level. These centres provide services such as supplementary nutrition, immunization support, health check-ups, referral services, and pre-school education. Each Anganwadi Centre is managed by two key functionaries: the Anganwadi Worker (AWW) and the Anganwadi Helper (AWH). The Anganwadi Worker manages the centre, maintains records, organizes pre-school activities, and delivers essential services, while the Anganwadi Helper assists in cooking, cleaning, and supporting children at the centre. Most of these workers are women from the local community, which helps build trust and improve communication with the families they serve. Anganwadi Workers and Helpers receive a fixed monthly honorarium from the government for their services. At present, an Anganwadi Worker receives ₹7,500 per month, while an Anganwadi Helper receives ₹5000 per month as honorarium. Although they perform important responsibilities in implementing government welfare programmes at the village level, they are not considered regular government employees. The honorarium is provided as financial support for their contribution to health, nutrition, and early childhood education services. Nari is a town and an administrative circle located in Lower Siang District. The Anganwadi Centres under Nari Circle are spread across five villages: Nari Town, Nari Village, Lumpo, Adi Tako, and Namey. These centres mainly serve the local population, particularly the Galo community. Through these centres, essential services related to child development, maternal care, and nutrition are provided to the beneficiaries. In Lower Siang District, ICDS activities are organized into three main projects to ensure proper supervision, monitoring, and smooth implementation of services under Saksham Anganwadi and Poshan 2.0. The three ICDS projects are Likabali Project with 85 Anganwadi Centres, Ramle Bango Project with 73 centres, and Gensi Project with 53 centres. These projects supervise and manage the functioning of Anganwadi Centres across the district and ensure that government policies and schemes are effectively implemented at the village level. Overall, the Anganwadi system plays an important role in promoting early childhood development, improving nutritional outcomes, and supporting maternal health in both rural and semi-urban areas.

Anganwadi Centres provide a comprehensive package of six essential services, which are outlined below:

1. Supplementary Nutrition:

Supplementary nutrition is provided to children, pregnant women, and lactating mothers to improve their nutritional status and prevent malnutrition. Nutritious meals and food supplements help support healthy growth and development.

2. Pre-School Education:

Pre-school education is provided to children aged 3–6 years. It focuses on developing cognitive, emotional, social, and physical skills through play-based and activity-based learning, which helps prepare children for formal schooling.

3. Nutrition and Health Education:

Anganwadi Centres provide guidance and awareness programmes for mothers and families about proper nutrition, healthy eating habits, hygiene, and preventive healthcare. This helps improve the health and well-being of both mothers and children.

4. Immunization:

Immunization services are provided in coordination with the public health system. Essential vaccines are given to children and mothers to protect them from various preventable diseases.

5. Health Check-ups:

Regular health check-ups are conducted for children and mothers to monitor their growth, development, and overall health condition. These check-ups help in identifying health problems at an early stage.

6. Referral Services:

Referral services are provided when children or mothers need specialized medical care. They are referred to nearby health centres or hospitals for further treatment and medical attention.

These services are provided by trained Anganwadi workers who act as an important link between the community and government welfare programmes. Through these services, the Anganwadi system helps improve early childhood care and supports overall human development in India.

LITERATURE REVIEW

Studies conducted in India highlight several challenges affecting the effective functioning of Anganwadi centers and the implementation of Early Childhood Care and Education (ECCE). Research by **Nunhlimi Angie V. L. et al. (2019)** found that many centers suffer from inadequate infrastructure, lack of disability-friendly facilities, insufficient classroom space, and absence of outdoor play materials. Shortages of essential learning resources and irregular supply of supplementary nutrition further weaken service delivery. Similarly, **Kanwal et al. (2017)** reported poor infrastructure and irregular ration supply in both urban and rural centers. **Yadav (2012)** also identified issues such as lack of proper buildings, water shortages, and low awareness among beneficiaries regarding ICDS services, which limits their effective utilization.

Furthermore, studies reveal that Anganwadi workers face multiple challenges, including low honorarium, lack of community support, excessive workload, and difficulties in maintaining records (**Baliga et al., 2017; Thakare et al., 2011**). **Kular (2014)** and **Manzoor and Khurshid (2014)** observed that although workers had moderate knowledge about supplementary nutrition, their understanding of preschool education and health-related aspects remained limited. Earlier findings by **Saini and Sharma (2002)** also indicated that services in Anganwadi centres were largely inadequate, with insufficient play materials, irregular nutrition supply, and low child attendance, often linked to service availability. Overall, the literature suggests a need for improved infrastructure, better training, regular monitoring, and enhanced community awareness to strengthen the effective delivery of Anganwadi services in India.

NEED OF THE STUDY

The Integrated Child Development Services (ICDS) scheme is one of the largest and most important programmes for early childhood development in India. It was introduced in Arunachal Pradesh in 1978–79, and since then many ICDS projects and Anganwadi centres have been established across the state. Lower Siang district, created in September 22, 2017 with its headquarters at Likabali, consists of several circles such as Gensi, Kangku, Kora, Koyu, Likabali, Nari, New Seren, and Sibe. Anganwadi Centres in the Nari circle are located within village communities to provide essential services such as supplementary nutrition, pre-school education, health check-ups, immunization support, and guidance for pregnant and lactating mothers. These centres function under the supervision of the Child Development Project Officer (CDPO) as part of the ICDS scheme. They mainly serve the rural population and play a significant role in promoting the overall growth and development of children. However, despite their importance, many Anganwadi Centres face several challenges in their functioning. Problems such as inadequate infrastructure, shortage of teaching and learning materials, insufficient nutritional supplies, poor water and sanitation facilities, and limited resources affect the quality of services. In addition, workers often face difficulties in maintaining records and managing multiple responsibilities effectively. The present study was undertaken to examine the challenges faced by the Anganwadi Centres in the Nari Circle of Lower Siang District. Although Anganwadi Centres play a vital role in providing nutrition, health, and early childhood care services, no detailed study has previously been conducted in this specific area. This created the need to explore the ground reality and understand the actual challenges of the centres. Therefore, the study aims to identify the major challenges faced by Anganwadi Workers and to assess gaps in infrastructure, service delivery, and overall management. It also seeks to evaluate how effectively the objectives of the ICDS scheme are being implemented at the grassroots level. The findings of the study are expected to suggest practical measures for improvement and to strengthen the effective implementation of the ICDS scheme in the Nari Circle of Lower Siang District.

OBJECTIVES

To identify challenges faced by Anganwadi centres in delivering services effectively.

METHODS OF THE STUDY

The present study was conducted in Nari Circle of Lower Siang District in Arunachal Pradesh. The study adopted a descriptive research design to identify the challenges faced by Anganwadi Centres in delivering services effectively. For the purpose of data collection, the researcher visited five villages under Nari Circle. All the Anganwadi Centres functioning in these villages were included in the study. A total of 15 Anganwadi Centres were covered, and the Anganwadi workers of these centres served as the primary respondents. The data were collected through field visits and interaction with Anganwadi workers, which helped the researcher gather first-hand information regarding the functioning of the centres and the challenges encountered in delivering services such as supplementary nutrition, preschool education, health check-ups, and other services provided under the Integrated Child Development Services (ICDS) programme. The information collected from the Anganwadi Centres was analysed using simple descriptive statistical methods, which helped in identifying the major challenges affecting the effective functioning of the centres in the study area.

Table 1: Distribution of Anganwadi Centers in the study area.

SL.NO	Name of Villages	Number of Anganwadi Centres
1	Adi Tako Village	1
2	Lumpo Village	2
3	Nari Village	4
4	Nari Town	4
5	Namey Village	4
Total		15

Plate 1: Geographical Representation of the Study Area showing the location of Arunachal Pradesh, Lower Siang District, and the distribution of Anganwadi Centres in Nari Circle

Figure 1: Map of India showing Arunachal Pradesh

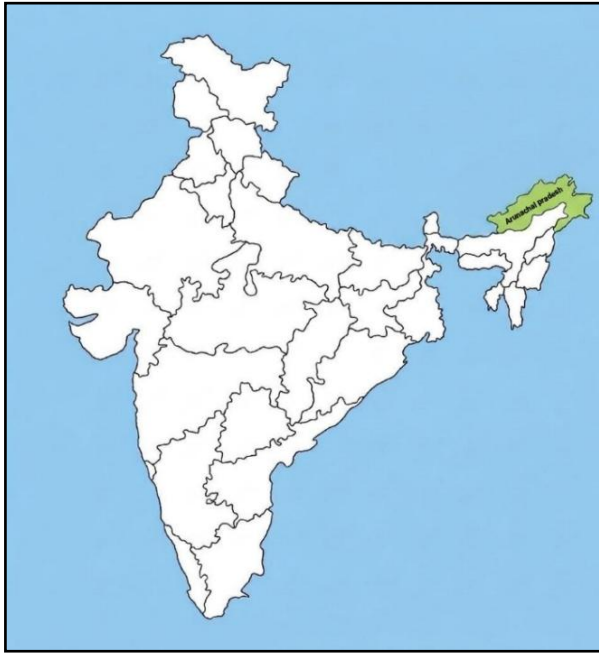


Figure 2: Map of Arunachal Pradesh showing Lower Siang District



Figure 3: Administrative Map of Lower Siang District

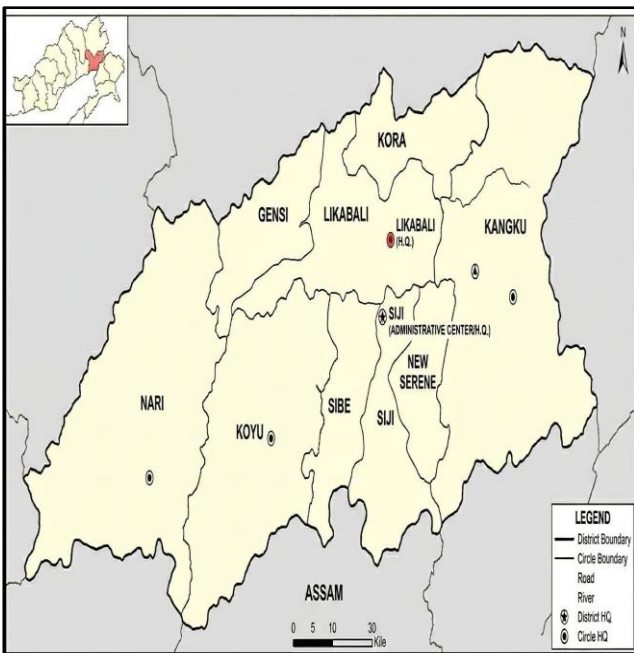
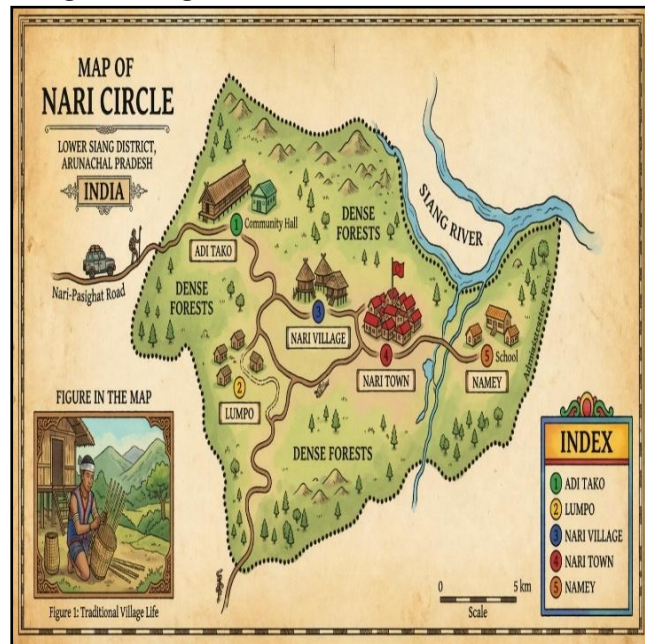


Figure 4: Map of Nari Circle showing selected villages & Anganwadi Centres



RESULTS AND INTERPRETATION OF DATA

The study examined the challenges faced by Anganwadi Centres in delivering services effectively under the Integrated Child Development Services (ICDS) programme in Lower Siang district of Arunachal Pradesh. Data were collected from 15 Anganwadi Centres through a self-structured questionnaire administered to Anganwadi workers. The findings of the study are presented and interpreted in the following tables and descriptions.

Table-1

Table 1 showing the responses of 15 Anganwadi worker of Nari circle. The data shows that most Anganwadi centres are facing infrastructure-related challenges. Out of the total 15 Anganwadi centres surveyed, 14 Anganwadi centres (93.33%) reported that they face problems related to building or physical infrastructure, while only 1 Anganwadi centre (6.67%) reported no such issues. Among the specific infrastructure-related challenges, poor building condition was the most common problem, reported by 7 Anganwadi centres (46.66%). Leakage or damage during the rainy season and lack of electricity or poor lighting were reported by 3 Anganwadi centres (20%). Insufficient classroom space was reported by 2 Anganwadi centres (13.34%). These findings clearly show that infrastructure-related problems are common and affect the majority of the 15 Anganwadi centres.

INFRASTRUCTURE- RELATED CHALLENGES		Responses	
1.	Do you face any problems related to building or physical infrastructure?	Yes	No
		14	1
		93.33%	6.67%
	1. Poor building condition	7	46.66%
	2. Insufficient classroom space	2	13.34%
	3. Leakage/damage during rainy season	3	20%
4. Lack of electricity or poor lighting	3	20%	

Table-2

SANITATION AND BASIC FACILITIES CHALLENGES		Responses	
2.	Problems related to toilet facilities	Yes	
	1. Toilets not available	11	74.%
	2. Poor cleanliness		
	3. Toilets not functioning	4	26%
	4. Toilet not child friendly		
3.	Problems related to drinking water	Yes	
	1. No drinking water facility	11	74%
	2. Unsafe water source		
	3. Irregular water supply	2	13%
	4. Water source located far from centre	2	13%

Table 2 showing the responses of 15 Anganwadi workers. Out of the 15 Anganwadi centres surveyed, many Anganwadi centres reported problems related to sanitation and basic facilities. Regarding toilet facilities, 11 Anganwadi centres (74%) reported that toilets are not available. In addition, 4 Anganwadi centres (26%) reported that the toilets are not functioning properly. This shows that most Anganwadi centres face serious issues related to toilet facilities. In terms of drinking water facilities, 11 Anganwadi centres (74%) reported that there is no drinking water facility available. Moreover, 2 Anganwadi centres (13%) reported irregular water supply, and another 2 Anganwadi centres (13%) stated that the water source is located far from the centre. These findings indicate that lack of proper sanitation and drinking water facilities is a major challenge in many Anganwadi centres.

Table-3

TEACHING LEARNING AND PLAY MATERIALS CHALLENGES		Responses	
4.	Problems related to teaching-learning materials	Yes	
	1. Shortage of materials	7	46%
	2. Old or damaged materials	3	21%
	3. No regular supply of materials	5	33%
5.	Problems related to play materials/toys	Yes	
	1. Insufficient quantity	12	80%
	2. Poor Quality	2	13%
	3. Not age-appropriate	1	7%

Table 3 showing survey also identified challenges related to teaching-learning and play materials in the 15 Anganwadi centres. Regarding teaching-learning materials, 7 Anganwadi centres (46%) reported a shortage of materials. In addition, 5 Anganwadi centres (33%) stated that there is no regular supply of materials, and 3 Anganwadi centres (20%) reported that the materials are old or damaged. Similarly, problems related to play materials and toys were also reported. A majority of the Anganwadi centres, 12 (80%), stated that the quantity of play materials is insufficient. Furthermore, 2 Anganwadi centres (13%) reported poor quality toys, and 1

Anganwadi centre (7%) mentioned that the materials are not age-appropriate. These findings show that lack of adequate and proper learning and play materials is a significant challenge for many Anganwadi centres.

Table-4

NUTRITION AND KITCHEN RELATED CHALLENGES		Responses	
6.	Problems related to nutrition services	Yes	
	1. Delay in supply of food items	10	66%
	2. Insufficient quantity of food	4	26.66%
	3. Poor quality of food	1	7.34%
7.	Problems related to cooking and food preparation	Yes	
	1. Lack of proper kitchen	15	100%
	2. Insufficient cooking utensils		
	3. Poor hygiene conditions		
	4. Excess workload related to cooking		

Table 4 showing the responses of 15 Anganwadi workers of Nari Circle the survey also identified several challenges related to nutrition and kitchen facilities in the 15 Anganwadi centres. Regarding nutrition services, 10 Anganwadi centres (66%) reported delays in the supply of food items. In addition, 4 Anganwadi centres (26.66%) stated that the quantity of food provided is insufficient, while 1 Anganwadi centre (7.34%) reported poor quality of food. These findings show that delays and inadequate food supply are major concerns in many Anganwadi centres. Furthermore, problems related to cooking and food preparation were also observed. All 15 Anganwadi centres (100%) reported a lack of a proper kitchen facility. This indicates that inadequate kitchen infrastructure is a serious issue affecting the effective delivery of nutrition services in the Anganwadi centres.

Table-5

Administrative and workload related challenges		Responses	
8.	Problems related to workload	Yes	
	1. Excessive workload	7	46%
	2. Multiple duties beyond Anganwadi work	4	26.66%
	3. Lack of helper/support staff	4	27.34%
9.	Problems related to honorarium and service conditions		
	1. Low honorarium		
	2. Delay in payment		
	3. Lack of incentives		
10.	Problems related to supervision and administration	Yes	No
		6	9
		40%	60%
	1. Irregular supervision	2	
	2. Lack of guidance	3	
	3. Delay in administrative support	1	

Table 5 shows the administrative and workload-related challenges faced by Anganwadi workers. Among workload-related problems, 7 respondents (46%) reported excessive workload, 4 respondents (26.66%) faced multiple duties beyond Anganwadi work, and 4 respondents (27.34%) reported lack of helper or support staff. Regarding honorarium and service conditions, all 15 respondents (100%) stated that low honorarium is a major problem. Delay in payment and lack of incentives were also identified as important concerns. In terms of supervision and administration, 6 respondents (40%) reported problems, while 9 respondents (60%) did not face such issues. Among those facing difficulties, 2 respondents reported irregular supervision, 3 respondents mentioned lack of guidance, and 1 respondent pointed out delay in administrative support. Overall, the findings indicate that excessive workload, low honorarium, and inadequate administrative support are major challenges faced by Anganwadi workers.

Table-6

COMMUNITY AND PARENTAL PARTICIPATION CHALLENGES		Responses	
11.	Problems related to parents and community	Yes	
	1. Low parental participation	13	86.66%
	2. Irregular attendance of children		
	3. Lack of awareness about Anganwadi services	2	13.34%
	4. Lack of community cooperation		
12.	Level of community support for Anganwadi centre		
	1. Very Good	6	40%
	2. Good	3	20%
	3. Average	5	33.33%
	4. Poor	1	6.67%

Table 6 shows the community and parental participation challenges. Most respondents said that low parental participation is a problem. About 86.66% agreed that parents do not participate actively. A small number (13.34%) mentioned irregular attendance of children as a problem. Some respondents also pointed out a lack of awareness about Anganwadi services and lack of community cooperation. Regarding the level of community support for the Anganwadi center, 40% of respondents said the support is very good. About 20% said it is good. Around 33.33% rated the support as average, while 6.67% said the support is poor. Overall, the responses show that although some challenges exist, many people feel that community support is good.

OVERALL CHALLENGES

According to the Anganwadi workers, Anganwadi centres face several challenges that affect their proper functioning. One of the major problems is the poor condition of the buildings and the lack of proper maintenance. Many workers reported that the buildings are not in good condition and require regular repair and maintenance to ensure a safe environment for children. Another challenge faced by the centres is poor network connectivity, which makes it difficult to complete daily face capture and online reporting. In addition, parental participation in the activities of the Anganwadi centre is often low. Some parents are not actively involved in the programmes conducted by the centres. In some areas, the construction of Anganwadi buildings is still in progress, which creates difficulties in providing services. Workers also mentioned that there is limited cooperation from the community in supporting the centre's activities. Furthermore, many Anganwadi centres lack basic facilities such as clean toilets, safe drinking water, and proper kitchen arrangements. There is also a shortage of cooking utensils in some centres, and the quality of food items is sometimes poor. Because of these problems, workers find it difficult to manage nutrition services and provide proper meals to children. These issues affect the smooth functioning of Anganwadi centres and the quality of services provided to children and mothers.

SUGGESTIONS BY ANGANWADI WORKERS

Anganwadi workers suggested several measures to improve the functioning of the centres.

First, child-friendly spaces should be developed in Anganwadi centres. Basic facilities such as clean toilets, safe drinking water, electricity, proper lighting, and good ventilation should be provided. A safe playground with a boundary wall is also important to ensure the safety and overall development of children.

Second, many centres do not have a separate kitchen for preparing meals. Therefore, workers suggested that a proper kitchen area should be provided along with sufficient cooking utensils and fuel. This would help maintain hygiene and ensure the preparation of nutritious meals for children.

Third, the overall infrastructure of Anganwadi centres needs improvement. The buildings should be safe, well-maintained, and spacious enough for children to sit and learn comfortably. Regular repair and maintenance work should be carried out to create a better learning environment.

Forth, Anganwadi centres should be provided with adequate teaching and learning materials to support early childhood education. Workers should also receive proper training to improve their skills. Strengthening nutrition and health services and introducing basic technological support would also help improve teaching activities and record-keeping.

CONCLUSION

Anganwadi Centers play an important role in improving child development and maternal health in rural areas. Under the Integrated Child Development Services (ICDS) programme, these centers provide essential services such as supplementary nutrition, early childhood care and education, health check-ups, immunization support, and health awareness for mothers. These services help improve the overall health and development of children and women in the community. The present study examined the challenges and current condition of Anganwadi Centers in Nari Circle of Lower Siang District. The study covered five villages: Nari Town, Nari Village, Lumpo, Adi Tako, and Namey. The findings show that Anganwadi Centers are providing important services to children and mothers in these villages, but several challenges were also identified. Many centres face problems such as lack of proper buildings, limited space, and shortage of teaching-learning materials and equipment. In some centres, basic facilities like electricity, toilets, and storage space are not adequately available. These issues affect the effective functioning of the centers. The study also found that Anganwadi

Workers work with dedication despite facing heavy workloads and receiving low honorarium. In some cases, monitoring the growth of children becomes difficult due to lack of proper equipment. Limited awareness among some mothers about the benefits of Anganwadi services also reduces the effectiveness of the programme. Anganwadi Centres continue to play a vital role in supporting child development and maternal health in the community. Improving infrastructure, providing adequate resources, increasing support for workers, and encouraging community participation can help strengthen the functioning of these centres and improve the quality of services

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