

Quality of Work life and Job Satisfaction of Anganwadi Employees in Integrated Child Development Services (ICDS) Project in Nagaon District of Assam

(Dissertation Submitted to Mahapurusha Srimanta Sankaradeva Viswavidyalaya in partial fulfilment of the requirements for the award of the degree of Masters of Arts in Economics)



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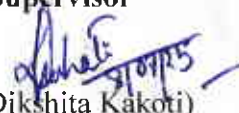
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CERTIFICATE


This is to certify that the dissertation titled 'Quality of Work life and Job Satisfaction of Anganwadi Employees in Integrated Child Development Services (ICDS) Project in Nagaon District of Assam' submitted by Ms. Piyanka Das (Roll No: ECO-22/23) in partial fulfillment of the requirements for the degree of Master of Arts (MA) in Economics, is a bonafide record of original research work carried out under my supervision. The contents of this dissertation have not been submitted for any other degree or diploma elsewhere.

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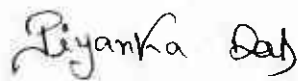

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I declare that I have acknowledged the author of the research publication whenever their works have been cited or quoted or noted up the research work of other reported in the journals, books, magazines, reports, dissertation, thesis, etc. or available at websites and incorporated them in this Dissertation and cited as my research work.



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Abstract

The Integrated Child Development Services (ICDS) scheme is a flagship initiative by the Government of India aimed at improving the nutritional and health status of children under six years of age, as well as pregnant and lactating women. In Assam, the ICDS program is implemented through a network of over 70,000 Anganwadi Centers (AWCs), which serve both rural and urban populations, particularly marginalized groups such as tribal communities and tea garden workers. The program provides essential services including hot cooked meals, take-home rations, early childhood care and education, health monitoring, immunization, and counseling on childcare and nutrition. Despite its significance, many Anganwadi workers (AWWs) face challenges such as inadequate infrastructure, lack of training, and insufficient performance appraisals, which can hinder their effectiveness. This study focuses on the quality of work life (QWL) and job satisfaction among AWWs in the Nagaon district of Assam, aiming to identify factors that contribute to their work experience and overall satisfaction. The research employs a descriptive and explanatory design, utilizing quantitative methods to analyze the relationship between demographic variables and job satisfaction.

The study is structured into five chapters. Chapter I introduce the ICDS scheme, its objectives, and the roles of AWWs, along with the research design and hypotheses. Chapter II reviews related literature, highlighting gaps in existing research on AWWs and their working conditions. Subsequent chapters detail the methodology, data collection, and analysis, employing statistical tools such as descriptive statistics, regression analysis, and co-relation assess the impact of various factors on QWL and job satisfaction of Anganwadi workers of Raha ICDS project. The findings indicate that factors such as adequate compensation, working conditions, opportunities for growth, and social integration significantly influence AWWs' job satisfaction and quality of work life. The study concludes with recommendations for improving the working conditions of AWWs, emphasizing the need for better infrastructure, training, and recognition of their contributions to community health and development. By addressing these issues, the ICDS program can enhance its effectiveness and better serve the vulnerable populations it aims to support.

This research contributes to the understanding of AWWs' experiences and highlights the quality of work life and job satisfaction of Anganwadi Workers under

ICDS project, ultimately advocating for policies that support their professional development and well-being.

CHAPTER-I

INTRODUCTION

1.1 Introductory statements:

The integrated child development services (ICDS) scheme is a flagship program of the government of India aimed at improving the nutritional and health status of children under 6 years of age, pregnant women, and lactating mothers. In Assam, the ICDS project is implemented by the department of social welfare and women & child development. ICDS operates through a network of Anganwadi centres (AWWs) across Assam. As of recent reports, there are over 70,000 AWCs in the state, covering both rural and urban areas. The program aims to reach marginalized and vulnerable populations, including tribal communities and tea garden workers. There is also provision of hot cooked meals and take-home rations for children (6 months to 6 years) and pregnant/lactating women. Early childhood care and education for children aged 3–6 years, regular health and growth monitoring, immunization, and referral services and counselling for mothers and caregivers on childcare, nutrition, and hygiene are the important task under ICDS program in Assam

But many AWWs, lack proper infrastructure, including buildings, sanitation facilities, and drinking water. There are reports of insufficient Anganwadi workers and helpers leading to overburdened staff. Despite efforts, malnutrition remains a concern in Assam, particularly in tea garden areas and remote regions. There is also delay in the distribution of supplementary nutrition and inadequate monitoring has been reported. The Assam government has been working to strengthen the ICDS program by: A. Upgrading AWWs infrastructure. B. Introducing technology-based monitoring systems. C. Collaborating with NGOs (Non-Governmental Organisations) and international organizations to improve service delivery. The state has also focused on addressing malnutrition through targeted interventions, such as the Poshan Abhiyan (national nutrition mission). Thus the ICDS program has contributed to

improvements in child health and nutrition indicators in Assam, but challenges remain, particularly in reducing stunting, wasting, and anaemia among children. The program is

funded by both the central and state governments. Additional support is provided through centrally sponsored schemes like the poshan Abhiyan.

Assam has a high prevalence of stunting (36.4%) and wasting (17%) among children under 5 (NFHS-5, 2019–2021). Over 68% of children aged 6–59 months and 66% of pregnant women are anaemic. Approximately 90% of AWWs are operational, but many require improvements in infrastructure and resources. Considering this, the Assam government aims to strengthen the ICDS program by: expanding coverage to underserved areas, enhancing the quality of supplementary nutrition, increasing community participation and awareness, leveraging technology for better monitoring and evaluation. Pre-school children are our future citizens and form an important segment of the Indian population. Children are the utmost decisive element for the development of society as well as the nation not because of the vulnerability of the children, but because the foundation for lifelong learning and human development is laid in the crucial early years. Considering the children as the supreme important assets of the nation, the government of India adopted the National policy for children (NPC) in the year 1974 with the aim to develop children physically fit, mentally alert, and morally healthy so that the children grow up to become robust citizens.

In tune with the national policy government of India launched integrated child development services (ICDS) scheme on 2nd October, 1975. The scheme is a kind of most comprehensive scheme of the government of India with the aim of early childhood care and development. The scheme targets children in the age group of 0 to 6 years belonging to the vulnerable sections of the society for their enhancement, survival and development and to create an amicable environment for them to ensure the development of their full potential. Young children are the most venerable because the foundation of lifelong learning and human development is laid in early years, thus the ICDS program has been designed to expedite

comprehensive holistic development of the children, through different components viz. Health, nutrition, pre school education etc. The scheme ensures the improvement of both pre-natal and post natal environments for the children.

1.2: Justification of the study area:

Nagaon district has a high prevalence of malnutrition among children under the age of 5 years, with a stunting rate of 34.6% and wasting rate of 17.1% (NFHS-5, 2019-21). Nagaon district has a significant proportion of disadvantage populations, including scheduled castes (12.3%), scheduled tribes (14.1%), and Muslim minorities (34.6%) (Census 2011). Meanwhile, Nagaon district has limited access to health care services, particularly in rural areas, with a healthcare infrastructure that is inadequate to meet the needs of the population. The ICDS program is a critical intervention aimed at improving the health, nutrition, and education outcomes of children in Nagaon district.

Investigating the quality of work life (QOL) and job satisfaction among Anganwadi workers (AWWs) under the integrated child development services (ICDS) program in Nagaon district of Assam is a crucial undertaking with significant implications for the success of ICDS, the well-being of the AWWs themselves, and the health and development of the communities they serve. AWWs are the backbone of the ICDS program, acting as frontline healthcare workers, educators, and community mobilizers. Their role is pivotal in delivering essential services like nutrition supplementation, immunization, health check-ups, and pre-school education to vulnerable populations, particularly children and pregnant/lactating mothers.

Meanwhile, the program's success directly depends on the motivation, dedication, and effectiveness of AWWs. Dissatisfaction and poor quality of Work life can lead to decreased performance, absenteeism, and ultimately, undermine the effectiveness of ICDS. In a district like Nagaon, Assam, with its diverse socio-economic landscape and potential vulnerabilities, ensuring AWWs are supported and motivated is critical for reaching those most in need. Factors like accessibility to remote areas, communication barriers (language, literacy), infrastructure limitations, and socio-economic disparities within the district can all affect the

AWWs ability to perform their duties effectively and maintain a reasonable quality of Work life by acknowledges the valuable contributions of AWWs and demonstrates a commitment to their well-being. The research can pinpoint specific areas where improvements are needed, such as workload management, compensation, training, access to resources, and social support. By identifying and addressing their needs, the research can contribute to empowering AWWs, enabling them to perform their duties more effectively and contribute meaningfully to their communities.

In conclusion, investigating the quality of life and job satisfaction among Anganwadi workers in Nagaon, Assam, is essential for ensuring the success of the ICDS program, improving the well-being of these frontline workers, and ultimately contributing to the health and development of the communities they serve. The work can provide valuable insights into the specific challenges faced by AWWs in the district, inform evidence-based decision-making, and contribute to the development of targeted interventions that promote their empowerment and effectiveness. This is a crucial step towards creating a more sustainable and impactful ICDS program in Nagaon.

1.3 The main objectives of the study:

Based on the elaborated background, reported research gaps in next chapter, this research proceeds to examine the following specific objectives:

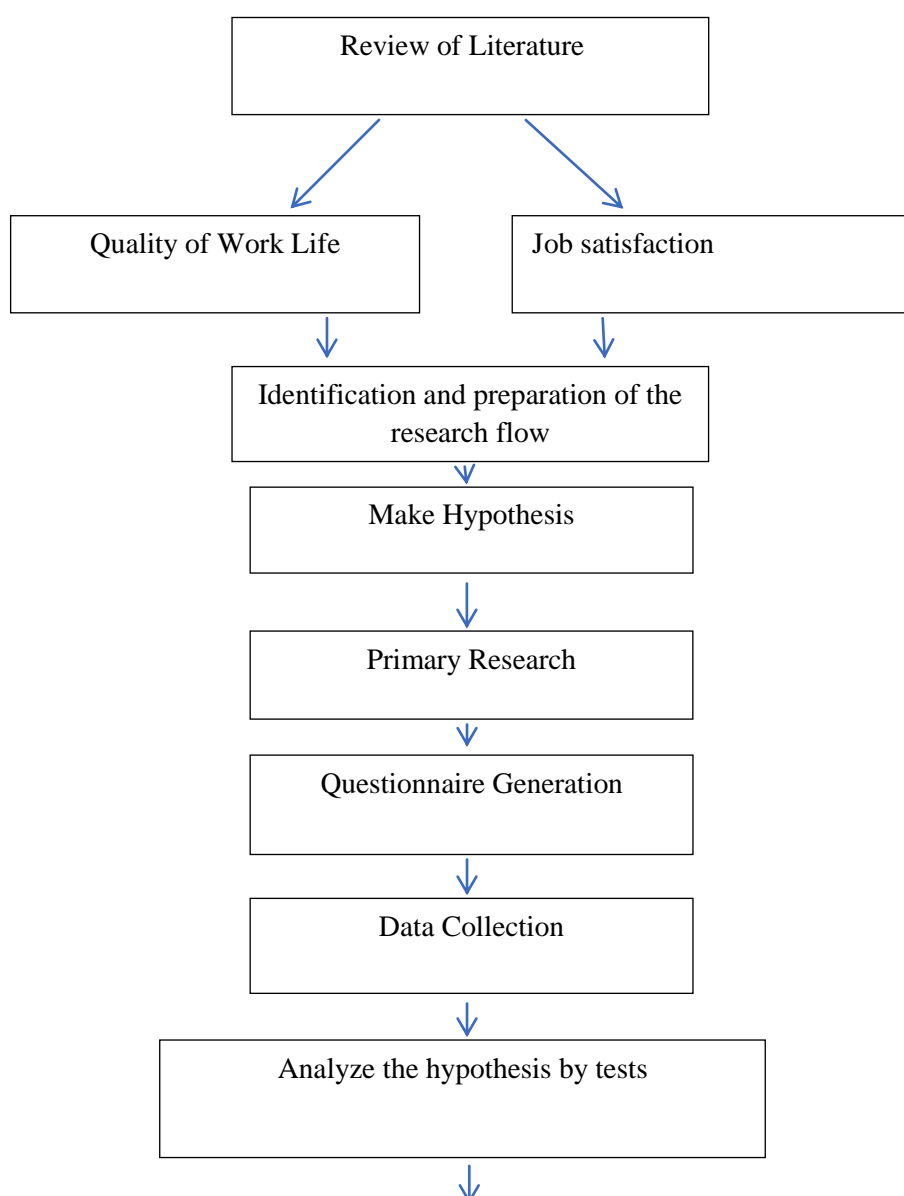
1. To investigate the Quality of work life of Anganwadi Workers and Helpers in the Study area.
2. To investigate the job satisfaction of the Anganwadi workers and Helpers in the study area.
3. To Explore the problems face by the Anganwadi workers and helpers in the study area.

1.4 Research design:

Research design refers to the framework used in a study. Research design includes the details of the procedures and methods by which the required information is obtained to address the

research problem. The present study adopts a quantitative approach for achieving its objectives. The involves a rigorous review of the secondary sources, such as journal articles, white papers, etc. for identifying the factors needed for fulfilling the objectives. For Primary data, it will be Purposive Sampling technique. It will also involve a review of the previous researches pertaining to the associations between Job satisfaction and Quality of Work Life of workers and helpers as well. The present study is descriptive and explanatory in nature. The study descriptive in nature as it investigated the demographic characteristics of the respondents and the present status of the ICDS. The study is explanatory in nature as it analyzed the relationship between demographic variables and job satisfaction of the respondents. Moreover, the researcher also diagnosed the infrastructural adequacy of the ICDS project.

Chart 1.1 Research Design



Analyze the results

Source: Researchers' own.

The flowchart represents the research design of the entire work in which it starts from the review of literature because it is necessary to have a deep knowledge of the related work and their approaches used for research. This process helps the researcher to enhance the related knowledge of the fields and their impacts on the study. The research study in this work is done on the quality of Work life, job satisfaction, and life satisfaction. This work is based on the different criteria and the views related to them. The identification and preparation of workflow is done on reviewing the related study, which helps to make the relevant hypotheses, related to the field. The questionnaire is prepared based on this research for data collection. The data was collected based on the designed questionnaire in which employees fill their answers related to the questions and their views. The different types of tests are performed to check the reliability between the variables. In this study regression analysis, factor analysis, and t-test will be performed. These tests helped to analyze the hypotheses and results.

1.5 Variables of the Study:

1.5.1 Independent Variable

Independent variables are characterized by stand-alone data and the variation of which does not depend on other variables. In the study demographic variables i.e., Age, Marital status, Educational Qualification and Job experience are the independent variables. AWCs are run from the Government building (dedicated structure to run the AWC), premises of the educational institution, residence of the AWW/AWH, community building (Panchayat house, club house, community stage etc.), and house and also from the open space. In the present study, the sampled 31 AWCs were found to run either from Government building or community building or school premises or from the residence of AWW/AWH. In the study

the community buildings and school premises have been considered in the same category as in both cases no additional cost needs to be paid for using the facilities of the building to run the AWC.

1.5.2 Dependent Variable

The variation of dependent variables depends on others variables. In the study Quality of work life (QWL) and Job Satisfaction have been considered as dependent variables.

1.6: Definition of Job Satisfaction:

There are a number of ways job satisfaction has been identified and measured. For instance, job satisfaction has been captured directly by simply asking workers how satisfied they are with their job overall or with key aspects of their work such as pay or supervision. There are several advantages to obtaining responses via direct inquiries. First, the job satisfaction scores a respondent gives are quite straightforward to interpret. Second, the subjective nature of job satisfaction means that respondents are able to convey information about things that only they can detect. While direct inquiries can yield valid information on job satisfaction, there are also several limitations to this approach. First, the scores that individuals give for their job satisfaction are, by themselves, difficult to compare meaningfully since the results are influenced by many other unforeseen factors. Second, different people with identical job satisfaction scores can denote different levels of underlying success. (Dorta-Afonso et al. 2021) Job satisfaction is an individual's emotional, cognitive, and motivational response to multiple facets of the work role. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. Job satisfaction itself is multidimensional. Sometimes, job satisfaction and motivation are seen as the same notion. However, the motivational difference between the two is that motivation refers to the driving force within individuals that encourages them to take further steps, to make an effort, and to show commitment. Job satisfaction is influenced mainly by two other factors: there should be no inconvenience emanating from the job; personnel should be motivated. However, motivation has a significant effect on job satisfaction. A person working with high motivation

turns out to be a more active, inclined job holder, and therefore that person is prone to be more satisfied with their job and to experience fewer negative emotions.

1.6.1: Theoretical Perspectives on Job Satisfaction:

In the field of human resource management, job satisfaction has been a topic of scholarly interest and is the area of the most widely distributed employee attitudes in management literature. Despite the fact that different researchers have provided different definitions of job satisfaction, from the various terms used to describe employee attitudes, it is evident that different people cannot reach agreement as to what job satisfaction is. In the broadest view, job satisfaction is described as one of the most investigated topics within organizational psychology, and can be both a determinant of outcomes such as firms' productivity and an outcome resulted from the nature of the job and the working environment.

The quality of human resources is the guarantee for the development of competitiveness. In the medical field, special attention is paid to the quality of health human resources because the beneficiaries of the service industry - consumers and patients - turn to people for solutions to their health problems. Consequently, the performance and quality of health services are dependent on the qualifications, skills, performance, and job satisfaction of the staff responsible for providing these services. Achieving quality health services through job satisfaction is a priority in the healthcare services at all levels of management. Since the process and the final result of the medical act are directly dependent on the people who work and experience satisfaction in their professional activity, in order to be able to invest in the career in healthcare, we need to take into account the job satisfaction. Using the innovative management methods in healthcare organizations respond to the need that not only to ensure the consistency that is the foundation of quality health services, but also to meet the requirements of people management in the performance and development of certain occupation, especially of health professionals. The satisfaction through work is the most satisfactory and sustainable source of meeting occupational needs. The need for satisfaction

acquired during work is the most stable in terms of influence and the most difficult to change, as it is achieved through professional qualification and an organized professional account. The principles of performance and human resource development are among the spheres of influence on increasing job satisfaction. The satisfaction and the stability of human resources contribute to a better functioning of the healthcare organizations. The quality of services provided is determined by the employees and the quality of these services differs from one medical unit to another. Each healthcare organization should act individually according to the types of healthcare provided, the specific needs of patients, the setting technical and human resources. Dissatisfaction increases the workload of staff and reduces the quality of services. Job satisfaction is directly related to proposed objectives of an organization, including quality and effectiveness of services provided. In complex health human organization such as medical institutes, which provide also services to different range of clients, it is very difficult to separate employees' attitudes which have reflection to quality of service from those only affect legal and another formal attitudes connected with their work. Depending on surveyed employee group, different strategic vision is chosen in every organization. It is important to know (for strategic goals proposition) some terminology differences, important employee's attitudes connected with quality and methods for their identification.

1.7: Quality of Work life and women:

In order to achieve organisational goals, it is important to focus on various aspects of employee performance, such as acquiring, training, developing, motivating, and appraising. This helps to enhance the quality of work life (QWL) practice. Without a doubt, the key components of QWL encompass various aspects such as working conditions, job satisfaction, employee behaviour, and both financial and non-financial perks. Additionally, growth, development, and supervision play crucial roles in this context. Job satisfaction can be grasped by delving into the desire of individuals to eagerly show up for work. Researchers have explored different aspects of job satisfaction and found that it is influenced by a combination of factors, including physical, mental, and environmental conditions. Ultimately, these factors contribute to an individual's overall satisfaction with their job. Job satisfaction plays a crucial role in determining the success of an organisation. Factors such as compensation, incentives, relationships with superiors and colleagues, company policies, promotions, and the nature of the job itself all contribute to an employee's overall

satisfaction. Women in India have experienced significant transformations in their societal standing throughout history. Women in India encounter significant obstacles when it comes to their involvement in the economy, which reflects the numerous injustices they experience in society as a whole. The number of women in the workforce compared to the total female population can give us a sense of the obstacles they face. The labour a woman puts into managing her own household often goes unrecognized and unaccounted for in the national income statistics. This situation is different from when someone hires a paid domestic helper, as that is seen as an economic activity and is included in the national income. It's common knowledge that women have a lot on their plate when it comes to taking care of their families. From giving birth to tending to the young and elderly, as well as handling cooking and various other tasks, their contributions are vital for maintaining a household. Women in the workforce have become a hallmark of economic success and social standing in today's world. Women in the workforce have become an essential component, as their demographic profile has evolved in terms of family dynamics, education, cultural values, and ethnicity. Similarly, organizations recognize the true value of women as employees. However, in our country, the acceptance of modernism coexists with traditional views on women. Women are often confined by societal expectations and limitations when it comes to their work, schedule, and daily activities. This can be influenced by the attitudes of family members and the environment they are in. But when the women employees stepped up their game, the rewards should trickle down to the individuals, the organisations they are a part of, the communities they contribute to, and the families they support. The importance of women employees in the service sector, particularly in middle and lower-level positions, cannot be overstated. In this regard, the banking industry has seen a significant increase in the recruitment of female employees in recent times.

1.8 Hypothesis of the study:

Hypothesis is a kind of tentative statement which offers a solution to the problem that is to be verified empirically and based on some rationale. (kabir, 2016). In the present study following hypothesis have been formulated for various variables of the study:

1.8.1 Quality of work life

H^o: There is no significant difference between the age of the respondents and the variables of the QWL.

H^o: There is no significant difference between the job experience of the respondents and the variables of the QWL.

H^o: There is no significant difference between the marital status of the respondents and the variables of QWL.

H^o: There is no significant difference between the educational qualification of the respondents and the variables of QWL.

H^o: There is no significant difference between in mean scores relating to working condition.

1.8.2 Job Satisfaction

H^o: There is no significant difference between the age of the respondents and the factors of job satisfaction.

H^o: There is no significant difference between the marital status of the respondents and the factors of job satisfaction.

H^o: There is no significant difference between the educational qualification of the respondents and the factors of job satisfaction.

H^o: There is no significant difference between the job experience of the respondents and the factors of job satisfaction.

H^o: There is no significant difference in the job satisfaction of the ICDS Projects.

1.9 Universe and population of the study:

The universe of the study is total 3,692 numbers of Anganwadi centres (AWS) distributed over 20 numbers of ICDS projects in the Nagaon district. In every AWS, there is one supervisor in-charge. The study was carried out by purposively selecting the Raha block of Nagaon district as it has highest number of Anganwadi centres and considered as the total population of the study.

1.10 Data sources and methodology:

1.10.1 Source of data:

1.10.1. A primary data collection

For the purpose of the study, primary data was collected by using survey method. Primary data was collected by preparing a well-designed schedule. By using the schedule, the data from AWWs were gathered. Moreover, interview was conducted among the AWWs to collect the relevant information.

1.10.1. B Secondary data collection:

The secondary data were collected by visiting various libraries and also from online sources. Along with that data from ICDS (child development project officer) office, program office of the district social welfare and office of the ministry of women and child development of government of India were also collected for the purpose of the study. Moreover, from various other relevant sources like journals, books, government publications, newspapers etc. were accessed physically and electronically to collect the pertinent information.

1.10.2 Methodology:

The study is based on primary and secondary data. The primary data is collected by personal interviews with questionnaire and from secondary data is collected from Anganwadi centres. In order to achieve objectives of the study one Anganwadi centres (AWWs) were conveniently selected to collection of data. A questionnaire consisting of some questions were asked to the beneficiaries. Anganwadi workers (AWWs) and Anganwadi helpers (AWH). Another questionnaire consisting of some questions were asked to study the awareness of key stakeholders as parents, mother Anganwadi workers about the services of ICDS. An interview was conducted with child development project officer (CDPO) for the said purpose and observation was also done in order to see their infrastructure and other facilities.

The data were collected and entered into the Statistical Package for the Social Sciences (SPSS). Data verification was performed for errors and in order to ensure data coherence. Also, relevant statistical tests of shape, homogeneity, and dependence of the data have been performed. Since the main operationalization method used was the questionnaire, several variables are nominal. Means and standard deviations were employed as measures of central tendency, respectively dispersion for nominal variables. For variables that were analyzed which were quantified ordinal, one case was finalized by using a quantitative measure applied to answers that participants gave; the variances of the groups were overall small. The employed quantitative data is skewed at both sat ends of the distributions. To examine the sample's overall distribution, descriptive statistics (N, mean, standard deviation, minimum, maximum) were calculated for each variable. To have a better understanding of response interval values, frequency distribution was created. Variations within the sample were analyzed with the help of standard deviation from the mean. Descriptive statistics is used to convert nominal, ordinal, or interval data into useful summary information. (Pandey, 2020) (Bensken et al., 2021) Data from this study were analyzed according to research objectives, with achieved results presented in sections. Data analysis tools used are as follows: statistical descriptive analysis, OLS Regression, Pearson's Correlation, and Student's t-test. Data analysis was performed using the SPSS v17.5 tool. Also, the statistically significant level used for this study is 5% / $\alpha = 0.05$. Should the significance level be smaller than 0.05, then the considered observations, hypotheses, and acceptances would satisfy the selected level of significance.

In the study there are eight factors to highlight the QWL and three factors to highlight the job satisfaction. Under QWL factors are Adequate and fair compensation, working condition, Human capacities of the work, Opportunities for growth and security at the work, social Integration at the work, Constitution at work, Work occupancy in life and Social Relevance of work life and under job satisfaction factors are Intrinsic factors, extrinsic factors and general factors. One sample t-test will be used for both (QWL & job satisfaction) to check whether the sample mean is significantly different from the population mean. In the study the population average mean has been considered as 3 and for the purpose of the study tested in respected of various factors of QWL and job

satisfaction at 5% significant level.

To assess the impact of various factors on the quality of work life , the mean of 5-point scale will be used and to developed the ranges of impact following formula will be used,

$$1-1/5=0.8$$

Thus, the items with mean value fall between the ranges of

- 4.21-5.00 are considered to have very high contribution on QWL & job satisfaction.
- 3.41-4.20 are considered to have high contribution on QWL & job satisfaction.
- 2.61-3.40 are considered to have Moderate contribution on QWL & job satisfaction.
- 1.81-2.60 are considered to have Poor contribution on QWL & job satisfaction.
- 1.00-1.80 are considered to have very Poor contribution on QWL & job satisfaction.

For this research the researcher also used these Statistical Tools like Pearson Correlation Analysis, Mean Analysis.

1.11 Conceptual framework:

The integrated child development services(ICDS) would centre around a holistic approach to promoting the physical , mental , and social development of young children (0-6 years old) by integrating nutrition , healthcare, early childhood education, and health education, delivered through a coordinated effort between various sectors, primarily focusing on pregnant and lactating mothers as well, with the ultimate goal of improving child health and wellbeing , especially among vulnerable populations, through community-based interventions delivered at Anganwadi centres.

Since the inception of the ICDS scheme in the country, the program has grown many folds to reach the each and every pocket of the country. The ICDS has become world's largest program for the community welfare and development. In the state of Assam presently **230** number of ICDS projects are operating with **61715** number of

Anganwadi centres (AWC). For the smooth functioning of the ICDS scheme it is to ensure that the key functionaries like supervisors, Anganwadi workers and Anganwadi helpers are in sanctioned positions. In Nagaon district there are some vacancies in those positions and it is necessary to fill those vacancies for the effective functioning of the ICDS scheme.

1.12 Roles and Responsibilities of the Anganwadi Workers:

Ministry of Women and Child Development has laid the following roles and responsibilities of Anganwadi Workers (AWWs) under Integrated Child Development Services:

1. To encourage community support and involvement to run the programme.
2. Weight the child in every month or at a stipulated periodical interval and record the same on the growth card to represent graphically. They also need to produce those cards before the Medical or Para-Medical officer on their visit. They also use the referral card to refer the children and mothers who require special medical attention to the nearest Public Health Centre (PHC) or sub-Centre.
3. To conduct community survey once in a year in the respective area of work of all the families, especially of the mothers and children.
4. To conduct non-formal Pre-School Education for the children belonging to the age group of 3 to 6 years by creating a joyful learning environment.
4. To make arrangement and plan the menu considering the foods available locally for providing supplementary nutrition feeding to the children and expectant and nursing mothers.
5. To create awareness on health and nutrition related issues and counsel with the mothers on breast feeding and young feeding practices. As AWWs maintain close contact with the community, they motivate the married women to adopt the family planning and create awareness regarding birth control measures among them.
6. The information on birth and death as gathered by the AWWs are shared with the Panchayat Secretary or Gram Sabah Sewak or Auxiliary Nurse Midwife (ANM) or with any authority that has been designated as the Registrar or Sub- Registrar of the birth and death in her area of operation.

7. AWWs visit the houses in the community to educate the parents for effective growth and development of the child. Special emphasises given on the new born babies.
8. AWWs needs to maintain various files and format as prescribed by the authority to maintain record and supply of information.
9. AWWs assist the staff of the PHC for the delivery of the health care component of the ICDS to the beneficiaries .They work jointly with the health workers for immunization, health check-ups of the children and mothers, antenatal and postnatal check-ups etc.
10. AWWs also maintain stock of their own Folic Acid Tablet (IFA) and Vitamin A tablets and assist the ANM workers for its administration.
11. AWWs share various information collected through the community survey with the ANM workers.
12. AWWs bring into then notice of the Super visor or Child Development Project Officer (CDPO) the cases which require their attention. Moreover, they maintain the co-ordination with the various departments to deliver the services under the ICDS.
13. AWW works as the liaison with the other institutions or groups (Mahila Mandal) in her village or area of operation to involve the female school teachers and girls of the primary and middle school who are pertinent to her functioning.
14. AWWs work with Accredited Social Health Activists (ASHA) who are engaged under the National Rural Health Mission for the delivery of the health care services. AWWs need to maintain the records of the activities performed with the ASHA workers.
15. AWWs assist in the implementation of the Kishori Shakti Yojana (KSY) and create awareness among the adolescent girls and their parent and also in the society in general by organizing awareness programmes, campaigns etc.
16. It is the duty of the AWWs to assist in the implementation of the Nutrition Programme for Adolescent Girls (NPAG) and maintain records in the prescribed formats provided under the NPAG scheme.
17. AWWs need to function as depot-holders of the Reproductive and Child Health (RCH) kit, contraceptives and disposable delivery kits. However, actual administrations of the drugs or the delivery kits are done by the ANM or the

ASHA workers.

18. AWWs identify the cases of disabilities or malnourishments on her home visit that require special medical attention are referred to the regional Public Health Centre (PHC) or District Disability Rehabilitation Centre.

19. AWWs assist in organizing the Pulse Polio Immunization (PPI) drives.

20. In emergency cases due to diarrhea, cholera etc. AWWs contact the ANM workers to take the preliminary action.

1.13: Roles and Responsibilities of the Anganwadi Helpers:

The responsibilities of the Anganwadi Helper (AWH) are:

1. AWHs cook foods for the children and also serve the Anganwadi Centre (AWC).
2. It is the responsibility of the AWH to clean the AWC and fetch water for drinking and other uses.
3. AWH ensures the cleanliness of the small children at the AWC.
4. AWH gathers the children from her area of activity and brings them to the AWC.

1.14: Guidelines to recruit the Anganwadi Workers:

Government of India has provided guidelines for the selection of Anganwadi Workers (AWWs) under the Integrated Child Development Services (ICDS) scheme. Only female can be selected as AWW and she should be from the local village who is acceptable in the local community. Special considerations should be given in her selection so that the children belonging to the scheduled casts and other feeble sections of the society are ensured free access to the Anganwadi Centres (AWC). The committee for selecting of the AWWs consisting of District Social Welfare Officer (DSWO), the Block Development Officer (BDO), the Child Development Project Officer (CDPO), the Medical Officer of the Primary Health Centre, the President of the Taluka Panchayat, Block Advisory Committee, the District representative of the state, Social Welfare Advisory Board and any other non-officials which the State Government may consider appropriate. The minimum qualification to be selected as AWW is matriculation and the age of the candidate should be in between 18 to 35 years.

1.15 Fringe benefits to the Anganwadi Workers and Helpers:

Following fringe benefits are provided to the Anganwadi workers and helpers

a. Leave: In case of accident, 20days annual leave is provided to the Anganwadi Workers (AWWs) as well as to the Anganwadi Helpers (AWHs). In addition, they are allowed paid absence on maternity for a period of 180days for a maximum of two occasions. 45 days paid absence on abortion/miscarriage and would be admissible only on one occasion.

b. Social security: As regards to social security benefits, The AWWs and AWHs in the age group of 18 to 50 years have been covered under the Pradhan Mantri Jeevan Jyoti BimaYojana (PMJJBY)for life cover of Rs.2.00Lakh. The AWWs and AWHs in the age group of 18 to59 years covered under Pradhan Mantri Suraksha Bima Yojana (PMSBY) for accidental cover of Rs. 2.00 Lakh / Rs. 1.00 Lakh and the AWWs and AWHs in the age group of 18 to 59 years covered under the Anganwadi Karyakarti Bima Yojana (AKBY) for life cover of Rs. 30000aslongasthey are engaged. They are also provided female critical illness benefits of Rs. 20000 on diagnosis of identified illness and scholarships to their children studying in 9th standard to 12th standard, including ITI courses.

c. Award: In order to motive the AWWs and giver ecognition to good voluntary work, A scheme of Award for AWWs was introduced both at the national and state level. An Award is comprised of Rs. 25000 and a citation from the Central level and Rs. 5000 and a citation from the State level.

d. Promotion: Recruitment of 50% of vacant posts of Supervisors form the AWWs with10 years of service experience and having the prescribed educational qualification. Moreover, recruitment of 25% of AWWs from AWHs with 10 years of satisfactory service experience and having the requisite qualification.

e. Uniform: Government has made a provision for a set of two Uniforms (saree/suit at Rs. 400 per saree per annum) for the AWW and AWH.

1.16: Limitation of the study:

The outcome of the study was helpful in understanding the attitude of the AWWs towards their job. As they are the grass root functionaries under the ICDS, understanding and improving their status in the job is immensely significant to attaining the goals of the ICDS. Further research can be carried out on the following areas

- The present study is limited to the one number of ICDS Projects of the Nagaon (Undivided) District. Remaining ICDS Projects can also be taken into consideration for further research.
- The study has been carried out in Nagaon (Undivided) District of Assam. Other districts can also be taken into consideration for further research.
- The present study considered only the Quality of Work Life, job satisfaction and physical working environment aspects considered. Other areas like training of the AWWs and their performance appraisals can also be taken into consideration for further research.

1.17: Tentative chapterization:

There are five chapters in the study with the study with the following contents-

Chapter-I Introduction:

The first chapter has covered introductory statement, services and beneficiaries under the ICDS, organizational structure of ICDS, financial allocation of the ICDS ,roles and responsibilities of the Anganwadi workers and helpers, statement of the problem, justification of the study area, research design, objectives and variables of the study, hypothesis, area ,universe and population of the study, sources of data, conceptual

framework and limitation of the study are also included in this chapter.

Chapter-II Review of related literature:

This chapter makes a detailed review of literature. It has covered the review of related to workers and helpers of the Anganwadi centres and the research gap are also included in this chapter.

Chapter-III Status of ICDS projects and Anganwadi centre Of Assam and selected districts:

This chapter has covered status of ICDS projects in India, status of Anganwadi centres of India, status of ICDS projects in Assam, status of Anganwadi centres of Nagaon district of Assam, and conclusion.

Chapter-IV Investigation on Quality of Work life and Job Satisfaction of Anganwadi Employees in Integrated Child Development Services (ICDS) Project in Nagaon District of Assam:

This chapter has covered analysis of demographic variables, analysis of quality of work life of the Anganwadi workers, testing of hypothesis of quality of work life with respect to different factors, comparing of quality of work life of the Anganwadi workers in the ICDS projects, analysis of job satisfaction of the Anganwadi workers, hypothesis testing of job satisfaction with respect to different factors, comparing job satisfaction of the Anganwadi workers in the ICDS projects, analysis of the problem of the Anganwadi workers.

Chapter-V summary, Conclusion and Policy implication

This chapter covered suggestion, finding of the study scope for future research and conclusion.

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CHAPTER-II

REVIEW OF LITERATURE ON INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS), ANGANWADI WORKERS AND HELPERS

2.1 Introductory statement:

The objective of this chapter is to review the relevant literature regarding the ICDS and the Anganwadi Workers (AWW). This chapter deals with the functioning of ICDS. Since the present study is an attempt to highlight the key human resource of ICDS i.e., AWWs, this chapter deals with literatures relating to the job satisfaction of the AWWs, Quality of work life (QWL) of the AWWs and the problems faced by them in their services delivery.

2.2: Review of literature on Integrated Child Development Services (ICDS):

In-depth research has published systematic reviews, compendia, meta-analyses, and reviews of pooled studies. The key assumption of job satisfaction and service quality in another study is to improve service and service management to ensure that health professionals are satisfied, motivated, and have the necessary skills and knowledge. There is a wealth of articles and information covering all areas of employment, especially for health professionals. Policy makers at all governance levels can use research to inform the development and implementation of full human and financial strategies in the field of health. Reasons for job satisfaction in health services include satisfaction with management relations, tasks, policy, and time. Accurate job satisfaction related factors include responsibility, supervision, work engagement, perceived equity, and policy. Many different management tools have been developed to monitor, assess, and improve staff satisfaction and performance. (Vuonget al.2021) This literature survey focuses on studies investigating job satisfaction as the primary determinant of behavior or performance,

using it primarily as a tool for service quality improvement. The effect of organizational and job satisfaction on the behavior of employees and the quality of service provided is maintained through a number of theoretical and empirical studies. The systematic literature review found that increased job satisfaction increased job performance and expected behaviour, while the number of complaints decreased. Occupational well-being benefits periods include increased productivity, financial performance, labor turnover, innovation, and customer and user satisfaction. Many studies have applied a variety of human resources, motivation, and organizational behaviour theories to the health system, and job satisfaction has been shown to be a particularly useful component of the job design approach.

The literature evaluation is an essential component of the research procedure and contributions significantly to practically every phase of the process. Review of literature aims to synthesize the existing research on the ICDS program, with a focus on its impact, challenges and challenges. Since the inception of the ICDS scheme, many studies have been undertaken on this flagship scheme of the Government. Following are some of the studies on the ICDS:

Jacob, j. (2015) .In his book expressed that ICDS-integrated child development services is India's only Government program for combating the rampant malnutrition prevalent in young children .In thus chapter , The authors aim to examine the need and scope of ICDS scheme, its services and country wide reach considering that every fifth child in the world lives in India, this Scheme is critical to ensuring that today's children who are our citizens of tomorrow are well nurtured and nourished, thus securing the country's future. Also its efficacy in achieving stated objectives is assessed through analysis of vital parameters such as nutritional status, mortality rates etc. Further the bottlenecks facing the scheme such as lack of adequate sanitation facilities and supervisory staff etc. The transformation into mission mode has ushered in programmatic, institutional and management reforms and renewed trust on creating awareness through an information, Education and communication (IEC) campaign.

Sethi, J. M. (2017) shows that the rich experience of ICDS has brought about a welcome transition from welfare orientation to a new challenging perspective of social

change. The evaluation of nutritional and immunisation services was undertaken in the rural and urban ICDS centres of Ganjam district. The socio-economic development of the country depends on the health status of its children. So the opportunities for early childhood development determine the present and future of the country. The present research is an attempt to study the nutritional status of ICDS and Non-ICDS children (3-6 yrs) in urban and rural areas of Ganjam district. A sample of 300 children was selected. The tool consisted of an anthropometric measurement (Weight, Height, Arm-circumferences and Head circumference). Data were analysed of 300 children with the help of WHO anthropometric Software. Z Scores of malnutrition were calculated by this software. The Z-score data of children obtained were systematically tabulated and coded according to exhaustive categories. Analysis of the data was done qualitatively and quantitatively using simple numbers and percentage and Chi-square with the help of statistical software SPSS. The study indicated towards the nutritional status of children.

Pradhan, M. R., & Shete, M. R. (2022) opined that under nutrition is a significant public health problem and the leading risk factor for India's disease burden. To understand the determinants of nutritional status among under-five children receiving Integrated Child Development Services (ICDS) in India, this study used the National Family Health Survey-4 (2015-16) data. The analysis was carried out for under-five children who have availed of any ICDS services in the 12 months preceding the survey ($n = 1, 27,813$). Stunting, wasting, and underweight were estimated following the World Health Organization guideline and used as the outcome variables. The binary logistic regression was conducted to examine the association of ICDS utilization and socioeconomic-demographic predictors with under-five children's nutritional status. The results show that a sizable proportion of under-five children receiving any ICDS services suffer from under nutrition. The under nutrition prevalence varied considerably by socio economic and demographic characteristics. Logistic regression found an insignificant association of ICDS utilization with the nutritional status of under-five children. The child's age and gender, maternal education and nutrition status, wealth index, social group, region, residence, and region were significant determinants of under nutrition among ICDS beneficiaries. Conclusion: The study suggests the need to ensure all available services to

children enrolled in the Anganwadi Centre (AWC). The program should also emphasize feeding practices and educate parents about improving child health and nutrition.

Goswami, C. (2019), in her study mentioned that the Children are the most valuable asset of a nation; their good nutrition is the cornerstone for survival, health and development for current and succeeding generations which guarantee the sound and sustained economic development. The present study has made an attempt to examine the factor influencing nutritional status of children attending ICDS programme. This study may be able to provide a base line data in effective implementation of the ICDS programme and improvement of nutritional status of children in future. The nutritional status of children impacts their health, cognition and educational achievements. But underweight and malnutrition are most prominent in India (According to NFHS-3 & NFHS-4). Therefore; government of India has initiated several schemes to develop the health status of people including the children on priority. Integrated Child Development Services (ICDS) programme, which was launched in 1975 with target to prevent the incidence of severe malnutrition of children under the age of 6 years in the country. This scheme also includes pregnant women, nursing mothers and adolescent girls in close combination with the health services for the improvement of health status and overall development of children and other beneficiaries. As a standard practice, it is expected that the proposed objectives of ICDS should be achieved; it is only the monitoring and evaluation which reflects the clear picture of the reality/ situation at the ground level. Goswami, C. (2019). Factors Influencing Nutritional Status of Children Attending Integrated Child Development Services (ICDS) Programme: A Study on Kamrup District of Assam. *Indian Journal of Public Health Research & Development*, 10(12), 100.

Manzoor and Khurshid (Oct-2014), International referred research journal, Vlo-II, In this study investigator assess the knowledge of Anganwadi workers and their problems. 50 Anganwadi workers were selected in Anganwadi centres of Ganderbal district and were interviewed. 70% of Anganwadi workers best knowledge about supplementary nutrition and least about pre-school education, immunization and nutrition and health education. 50% Anganwadi workers were from age group 31-35 years. 70% were matriculate and had an experience of more than 10 years. The findings further for the

revealed that workers complain of inadequate honorarium, lack of help from community and delay in supplementary nutrition, excessive work overload and record maintainance.

Dr. Horen goowalla (2015), vol-4 issues-3 ,A study conducted in Jorhat district regarding problems and function of Anganwadi workers, it is found that 20 % of the parents pay visit to the centre just to accompany the child and no bring them back to home, 10 % visit to the centre to get information regarding their child's performance. It is also observed in the present study that 60% parents who do not visit to Anganwadi centre are found mostly illiterate and are unaware of the services provided at the Anganwadi , 60% of the Anganwadi workers pay to home visit s,60% of the Anganwadi workers have educational qualification up to 10th standard.

Biswas R and Chattapadhyay D, (Jul-Sep 2001), Indian journal of public health ,Conducted a study on monitoring and continuing education system of ICDS programme in Hooghly District , west Bengal .15 out of 17 sectors , supervisors and health workers was present in 88.0% and 29.4% sector meetings respectively. The sector meeting was not usually held on fix dates. Visits of Anganwadi centres by health workers, supervisors and child development project officers were very infrequent. Only 11.8% Anganwadi workers were exposed to continuing education. So the conclusion of this study was there is a need of all round improvement of functioning of monitoring and continuing education system of ICDS programme is felt.

Sandip B. Patil and et al, (Jun 2013), Conducted a study regarding profile of Anganwadi workers, knowledge and problems faced by them while working study reveals that most of Anganwadi workers were from the age group of between 41-50 years ,more than half of them were matriculate and 34(69.38%) workers had an experience of more than 10 years .Majority of Anganwadi workers had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education .Of the workers 87,7%complained of inadequate honorarium, 28.5%complained of lack of help from community and other problems reported were infrastructure related supply. excessive work overload and record maintainance.

Dorothy and Reddy, (2010), their study on health status of children in North Eastern states of India explain about the health aspects about the children in North-East in contrast to all India comparison. The author showed the history of immunisation practices made by the Government of India on the form of time of independence till today. The study is based on the National Family health survey -2, and National family health survey -3. The author says that the health status of children in India is characterised by high infant and under six mortality rate., Under -nutrition and malnutrition. The infant mortality rate (IMR) and under five mortality rate has been used of measures of children's wellbeing for many years. The study explains that apart from Assam, The other North-eastern states are better in terms of health status of Neo-natal. The study also reveals that in terms of immunisation, where all is not able to perform well, other states on North-East, Except that of Assam, Arunachal Pradesh and Meghalaya, the remaining states are performing well. It author states that most of the death is caused by diseases which can be prevented by providing vaccination such as pneumonia, measles and neo-natal, tetanus etc. There has been reduction in these three factors in Assam from 50% in Stunted in the NFHS-2, to 35% in NFHS-3. There has been increase in malnutrition in Assam from 36% to 40% in NFHS-2 and NFHS-3 respectively. The author has put emphasis by saying that in terms of breast feeding, The North-Eastern are performing well that other states in India.

Kapil V and et al (Jan 1991), Indian Pediatrics, This study shows the nutritional beliefs oh Anganwadi workers. 92 Anganwadi were selected, all the workers were aware about extra calories during pregnancy, 79.3 % believed that simple multi mix of cereals, and oil prepared at home is more nutritive than commercial weaning foods. Nearly one fourth of workers believed that both non-vegetarian foods as well as pulses should avoid during later half of pregnancy. Only 14.2 % of Anganwadi workers were not in favour of giving any food during episodes of diarrhea while 27.2% believed that less food should be given to children suffering from pneumonia. In this there is a need for updating the knowledge of Anganwadi workers by continued in service health training.

Haque and Wani (2013), This study found that major motive of the majority of the parents to send their children to the Anganwadi centres was the supplementary nutrition.

However, parents also wanted to send children when nutrition not available but the Anganwadi Workers preferred to close the centres when the nutrition was not available.

Guptael al. (2023), this study reported that many ICDS blocks were not performing optimally. The emphasized strengthening the infrastructure facilities. It was recommended to maintain the continuity of supply of foods for the supplementary Nutrition Programme and also suggested to follow the food safety laws to maintain the quality of the food.

Thakur et al, (2015) this study shows that Anganwadi Workers more financial benefit should be given to them in the form of increment of the salary of honorarium. Along with that incentive should also be given time to enhance the motivation among the Anganwadi Workers and to enhance their dedication towards their work.

Nakajimaet.el.(2018), The study investigated the teaching problem contributes to high school and college student attrition rates. *Objective:* The overall goal of this research was to help fill avacuum in the literature on school dropouts by providing evidence of the positive, lasting benefits that basic reading abilities have on students' ability to advance through the educational system. *Method:* The study utilized a survey method to collect data from 951 children in the same age range as the original cohort. All of the child's schooling and family background is looked for in this study. Descriptive statistics were used for the investigation. *Finding:* The study indicated that students whose reading abilities were developed before the age of 12 performed better in later grades. Local career prospects are also observed to affect students' academic success. Engagement on domestic work encourage student' to drop elementary school.

Das and Bhattacharjee (2015), this study found a gap between the services of the ICDS and the awareness of the beneficiaries. They also stated that the reason behind no utilizing of the ICDS services ass parents prefer to send their children to the private nursery or they feel that the children are under aged not capable enough to avail the services under the ICDS. Awareness needs to be created through the BCC and IEC activities among the beneficiaries.

Debata and Ranganath (2016), this study conducted a 21 number of Anganwadi Centres in Sondekoppa , a rural area of Bangalore. It was found in the study that out of the

sample Anganwadi centres, 81% of the centres were operating from the Government building, 4.8% of the centres were operating from the rented premises and 14.2% of the centres were operating from the non-allotted Government buildings such as school or Panchayat houses. Regarding the toilet facility, it was found that 57.1% of the Anganwadi centres had the toilet facility while in case of remaining 42.9% centres there was no toilet facility and in those centres, children had to use the nearby school building or road side to relieve themselves.

Subhashini and Palaniappan (2016) this study stated that the Government should make conducive working environment for the Anganwadi Workers to ensure efficient service delivery by them. It was further stated that to increase the morale of the Anganwadi Workers, the Salary needs to be increased.

Chudasama et al. (2016), this study found lacking of infrastructural facilities in terms of shortage of storage facility and separate kitchen for cooking. Moreover, the services related to the PSE activities, record maintenance in regards to the immunization, regularity in the health check-ups of the beneficiaries and referring the sick children who also need to be improved. It was suggested for the good quality supervision and sensitizing the Anganwadi Workers on the significance of the timely referring of the sick children.

Meena et al. (2017), this study found that poor community participation in the services delivered by the Anganwadi centres expect of supplementary Nutrition. It was reported in the study that the assessment of the quality of supplementary nutrition is essential. He also found that the service related to the Maternal and child Health was unsatisfactory. The problem poor infrastructure, poor and necessary record maintenance, poor staff incentives and lack of community support were found in the study. it was suggests to develop tools for the quality assessment and performance appraisal of the services delivered under the ICDS.

Halder (2019) this study found that lacking in the infrastructure of the Anganwadi centres under the Study Area. It was reported in the study that many centres did not have

proper room, sitting facility, weight machine and curriculum of activities. It was also reported that that availability of the toilet, playroom and water facilities were very poor.

Rajpal et al, (2020) this study conducted with the objective to examine the socioeconomic pattern in the services utilization of ICDS in India. It has been reported that the utilization of ICDS services in the rural areas is, more than the urban areas. Service utilization among the middle and lower middle-class households in the urban area needs to be improved.

Panda (2021) this study stated that people from the remote area finds of difficult to avail the services of the ICDS. He also stated that the starting of nursery schools poses threats to the Anganwadi centres for which the infrastructure facilities need to be upgraded.

Joe et al. (2021) this study found that there is positive association between Anganwadi centres' assets and amenities and attendance of the PSE beneficiaries. Moreover, it was reported that the PSE attendance was height in case of Anganwadi centres with safe physical surroundings.

Bloom (1964) concluded from his studies that the most rapid period of development appears to be the first five years of life and that about 17 percent of growth in educational achievement takes place between the ages four and six. In relation to deprived young children, bloom points out that the effects of environment are likely to be greatest during the early and more rapid period of intellectual development. The early years of life, according to him are years for gaining experience and not for formal learning.

Montessori (1964), early in this century, worked with slum children of Rome in their preschool years. She replaced Froebel's materials with her own which were larger. The child in her preschool was left to pursue his own interest and free to solve problems without interference. In this way she was able to aid his personally development and foster a sense of competence Montessori was responsible for the design for sensory training and utilization of synthetic intellectual fuctions.

Mughal et al. (2019) This study found Reasons about 73 percent students between 5 to 16 years who are enrolled in classes 1 to drop school without completing their last year of secondary education Pakistan .

Kumari , P.S., & Thomas , V (2013) ,This study shows that the health of all children in ICDS slums and non ICDS slums was low, despite improvements in nutritional status(38.83 percent normal)and immunisation coverage (59.19 percent fully vaccinated) among ICDS recipients.

Samridhi Mahajan, And BhartiShaveta (2003), have shows that Evaluation of Non-Formal Pre-School Education Provided at Anganwadi Centers (Urban Slums of Jammu City) to assess the non-formal pre-school education services provided at Anganwadi centres and to know the awareness and utilization level of these services. 53% of the Anganwadi workers used two way interaction methods in which they used joint sitting and singing songs. Anganwadi workers take the help of teaching aids like posters and puppets for imparting education to the children. It was recommended that physical set-up of Anganwadi centres should be improved. Adequate measures should be taken to make the parents aware of the progress of their children, and regular activities should be conducted for this purpose. Equal emphasis should be given to all the services of ICDS rather than focusing only on nutrition.

Pandey, D.D. et al, (2008) have conducted a study to assess the qualitative inputs being provided under different public initiatives of preschool in India. A total of eight districts were selected from 4 states namely Haryana, Himachal Pradesh, Uttar Pradesh and Punjab, and two clusters (one each from rural and urban areas) were selected, bringing thenumberofclustersupto16. Total 96 PSE centres were studied. In Haryana and Punjab records were in very good condition, and in Uttar Pradesh they were in good condition. The attendance of all children enrolled was highest in RGNCS centres (90.62%), followed by ICDS (81.25%) and SSA (75%) centres. Average attendance was 100% in all three public PSE settings in Punjab; it was 87.5% in Uttar Pradesh and 75% in Himachal Pradesh. In Uttar Pradesh only 37.5% centres had full attendance in comparison to ICDS in Himachal Pradesh and Punjab (100%), and Haryana (87.5%). About 50% of

SSA centres in Himachal Pradesh and ICDS centres in Uttar Pradesh had half attendance. 12.5% ICDS centres each in Haryana and Uttar Pradesh had less than half attendance. The transition rate was above 80% in most of the PSE centres. Highest transition rate was among ICDS centres (75%), followed by SSA centres (56.25%), and RGNCS centres (50%). 6.25% RGNCS centres had 0% transition rate, followed by 3.12% in ICDS and SSA centres. 0% transition rate was found in Uttar Pradesh only, and in 25% SSA centres in Himachal Pradesh.

Kumar Ranjan (2014) had made study on the status of Integrated Child Development Service (ICDS) and reported that, Pre-School Education Non-formal pre-education may well be considered as the backbone of the ICDS scheme. Non-formal pre-school education is provided at the age of 3- 6 years children in a play way method for preparing them for formal/primary schooling. Keeping this in mind ICDS guidelines (July 2000) stipulated State/UT for the procurement of PSE kits and distribution thereof to AWCs on yearly basis. This kit is used as tool for the best suited pedagogy for the growing children. The ministry also provided funds Rs 500 for each kit and the it has been enhanced up Rs 1000 for each kit to distribute in states/UT. It has been seen that most of the states are still not used the funds for kits.

Booma Rajagopal (1985) found that in urban areas, awareness and administration of ORS were directly proportional to the literacy rate. In the rural ICDS awareness and administration of ORS was high, i.e., nearly three times the literacy rate. Late weaning and inadequate feeding of toddlers was also observed in the community. Mothers also lacked knowledge regarding causes, symptoms and prevention of major nutritional diseases prevalent in the community. The knowledge of the mother improved after training, especially in the areas like management of diarrhoea and use of OM.

Shanna (1986) noticed that to a large extent, successful delivery of NHE component depends upon the attitudes and skills of ICDS functionaries. He also observed that NHE was rarely conducted by AWWs. Only a small percentage of AWWs were rated satisfactory on skills, times and promotion of literacy. He also concluded that

health education regarding ORT should be imparted through mass media and through non-formal local community leaders and elder members of the family who should be motivated to give ORS to children during diarrhoea.

Khalkdina (1985), It was observed that there were no significant differences in the health and nutritional status and pre- school abilities of children in ICDS and non- ICDS areas. In both the areas there were 50 percent malnourished children. It was also observed that there was no significant difference in the level of knowledge of women in both ICDS and non-ICDS areas. However, literacy and numeracy knowledge of ICDS women was better than that of non-ICDS women.

Tandon (1988) has undertaken a study on ICDS to evaluate the health and nutrition services provided under the scheme. He observed that there has been significant improvement in the utilization of essential health services in ICDS project areas. It was further observed that the distribution of nutritional supplement to children and expectant and nursing mothers also improved significantly. There was marked improvement in the percentage of expectant mothers receiving antenatal check-up, tetanus toxoid injections and iron and folic acid tablets. The percentage of nursing mothers receiving postnatal services increased significantly.

Ameya et al., (2005) conducted study on the functioning of the AWCs and findings were enumerated as, comparing the weights of children at the time of enrolment and current weights, it was found that Grade D Anganwadi had shown remarkable improvement. The Grade of an Anganwadi centre could not completely explain the nutritional status of the children enrolled. It was also found that the nutritional status of enrolled and non-enrolled children were similar. AWCs with good grades were also the ones that were functioning well as an institution. AWCs in remote locations appeared to have achieved better outcomes. The new ward member helped to build the wall and toilet, while the community collected money from the floor. It was found that three agencies namely the panchayat, the AWW of the ICDS system, and the local community was working efficiently in close coordination towards the welfare of the AWC in

Perumkadavila. Kerala still faces challenges in the areas of child health and nutrition. It is, therefore, important to bring more members of local communities under the ambit of the ICDS program. It was also recommended that AWCs should be more responsive to the needs and demands of parents, particularly teaching of the English language.

2.3 Review of literature on Anganwadi Workers:

Anganwadi workers (AWW) are the frontline functionaries under the ICDS program. The Success of ICDS largely depends on the role performed by the AWWs. They need to be engaged with the multiple task which ensure the accomplishment of the objectives for which the ICDS program has been designed. Several studies have been undertaken on the AWWs. Following are some of the studies carried on the AWWs.

Desai et al. (2012) stated that Anganwadi Workers and Helpers are not treated at par with other Government employees as they are voluntary workers. They are over loaded with work for which they are not able to justify their routine work.

Parikh, (2011) reported in his findings that, correct knowledge and perception for promoting complementary food practices was found to be 40% among the ICDS AWWs. So it leads a critical gap between knowledge and practice of complementary feeding, so equipping the AWWs is the major homework has to be done for the betterment of figures. Thakare (2011) conducted the study and it shows that awareness about ICDS services increases with the increased level of education and the same study indicates that fewer honorariums with excessive work can be viral to efficiency to AWWs.

Prasanti Jena (2013)A Study of Urban Blocks in Sundargarh District of Odisha conducted on Integrated Child Development Services (ICDS). The main objective of this programme was to cater to the needs of the development of children in the age group of 0-6 years. Though government is spending lots of money on ICDS programme, the impact is very ineffective. Most of the evaluation study concentrated of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among AWW regarding recommended ICDS programmes, who are actually the main resource person. The results of the analysis suggest that most of the Anganwadi

workers are trained; but it was found that performance as well as awareness among Anganwadi workers regarding the importance of growth charts and growth monitoring was not satisfactory. The quality of knowledge was one of the neglected features, among job profile of Anganwadi workers. The mean knowledge score about various ICDS services is about 12.83, and the individual score ranging from minimum of 7 to maximum of 19. Therefore, the study strongly felt the need of improving the quality of knowledge and awareness among Anganwadi workers about various ICDS Services. Hence, there is a strong and intense need for improving the training quality provided to Anganwadi workers before letting them go into the field jobs. Frequent interactions among Anganwadi workers and supervisors should be introduced for imparting information and awareness.

Patil SB and Doibale MK, (2013) reported in their study “Knowledge and problems of Anganwadi workers”. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years of experience, their knowledge about the services rendered by them and problems faced by them. Most of AWWs were from the age group between 41-50 years; more than half of them were matriculate and 34(69.38%) workers had an experience of more than 10 yrs. Majority (81.63 %) of AWWs had a knowledge assessments core of above 50%. They had better knowledge about nutrition and health education (70%). 87.7% of the workers complained of inadequate honorarium, 28.5% complained of lack of help from the community and other problems reported were infrastructure related supply, excessive work overload and record maintenance. Conclusions: 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.

Prakash et. al. (2017) This study conducted to investigate the personal, parental, and institutional reasons that leads to lower-caste adolescent girls' dropping out and chronic absence from school. *Method:* Adolescent girls (aged 13–14) whose families belong to low-income backgrounds from two districts, north Karnataka participated in a cluster-randomized control trial, which included a cross-sectional baseline survey. Multiple logistic regression models, both bivariate and multivariate, were utilized. *Finding:* The study found that there was a correlation between economic variables

(domestic work, financial problem, migration), societal practises (early marriage, importance of girls' education), and school-related issues (poor learning atmosphere and abusive behaviour at school).

Nagaraja, Anil, Ravishankar, & Muninarayana (2014) conducted across sectional study in Karnataka at 40 AWCs. The sample of the study selected randomly through systematic sampling method, it was found that 30% of the respondents were not happy with the services provided at AWC. Irregular food distribution at AWC, food was not cooked properly, irregularity of AWCs, no fixed time of opening of AWC and far-off distance of AWC were found as the major problems.

Thakur, Chauhan, Gupta, & Malla, (2015) conducted a study in Himachal Pradesh and findings of the cross sectional study done at 60 AWC states that 53% AWCs reported the problem of inadequate honorarium and 73% reported the problem of excessive workload. AWCs need to be strengthened in structure and supplies and honorarium of AWCs should be increased so that they can be motivated to take interest in all activities of the programme.

Joshi et al. (2012), This study conducted with 80 number of the Anganwadi Workers selected from the Parbhani district of Maharashtra found that 98.75% of the respondents had the attitude in the favor of the ICDS services. It was further stated that the achievement of the goals of the ICDS depends on the effectiveness of the Anganwadi Workers.

Mohanan et al. (2012) This study found that dissatisfaction and stress among the Anganwadi Workers, better career path and administration to ensure Physical and psychological wellbeing of the Anganwadi Workers.

Sandhyarani and Rao (2013), This study stated that Anganwadi Workers play the role of a bridge in between the community and the ICDS services. Anganwadi Workers perform the active role in delivery the services to the beneficiaries. It was found that the major problems faced the Anganwadi Workers were inadequate honorarium, extreme

record maintenance and also recommended to organize / orientation or refresher programmes for the Anganwadi Workers to enhance their knowledge to deliver their services appropriately.

Barodia , S (2015),Thos study conducted ataking 50 number of Anganwadi Workers from 10 number of blocks of the Ahmedabad city. In the study it was found that among the various factors , a number of public holidays was primarily responsible for low job satisfaction . Whereas, working with children contributed highly towards the job satisfaction of the Anganwadi Workers.

Khan (2015) ,This study conducted with 50 number of ICDS Workers, selected from Anganwadi centres located in different areas of Srinagar , it was found that 74% of the workers faced problems due to work overload , 18% of the Workers faced problems due to non -availability of he adequate facility.

Yelvattimath and Nithyashree (2015),This study Conducted research with 110 number of Anganwadi Workers as respondents of the study. Regarding the on -the -job problems, 60% and 69.92% of the respondents respectively reported for not having own Anganwadi center building and toilet. 43. 2% Anganwadi Workers faced problems due to lack of time to conduct the pre-school education and he should not asked for any information and nobody should be allowed to intervene in that time so that they can engage in the pre-school activities without any disturbances.

Sahoo et al. (2016) This study conducted with 36 numbers of Anganwadi Centers from the Khordha District of Odisha reported that 85% of the Anganwadi centers were not operating from the designated building . Moreover, the facilities related with the water supply , availability of the toilet and electricity were almost found absent in the Anganwadi Centers under the study. 77.7% of the Anganwadi Workers reported that low salary was the major problem in their service. Along with that 44.4% of the Anganwadi Workers reported that work load and lack of training were the problems in the service delivery. The problems related with delay in the disbursement of the funds and

communication with the Supervisors were reported by 25% and 22% respectively of the sample Anganwadi Workers.

Vijayaavardhini and Kumari (2016), This study conducted with 50 number of Anganwadi Workers from Kuppum and Gudipalli Mandals in Chittoor District of Andhra Pradesh. It was found that age and work experience of the respondents had no significant influence on job satisfaction. In the study it was revealed that Anganwadi Workers were moderately satisfied in their job. It was suggested to appoint one more Anganwadi Worker to reduce their workload.

Siddalingappa, Hooger and Renuka (2016) conducted a study on “ Infrastructure and performance evaluation of Integrated Child Development Services (ICDS) Scheme in selected areas of Mysore, Karnataka, India” with 43 number of Anganwadi Centers belonging to the rural and urban areas of Mysore. In the it was found that out of the sample Anganwadi Centers, 90.7% Centers had the toilet facility and the facility is absent in 9.3% of the centers. It was also reported that in the 51.2% centers floor is used to seat. In the case of Separate kitchen , It was found that 88.4% of the centers had separate kitchens. 65.1%% of the Anganwadi Centers reported that they had the playing toys for the children.

Choudhary and Sharma (2017), This study discussed the problems faced by the Anganwadi Workers were excessive work load, inadequate honorarium and inadequate infrastructure. The authors further stated of the function of Anganwadi Centers depends on the availability of the infrastructure and government and community should ensure the availability of appropriate Infrastructure at the Anganwadi Centers.

Kumari and Barathi (2017) This study shows Selected 65 numbers and 50 numbers of Anganwadi center from Tirupati and Srikalahasti respectively. It was found that Anganwadi workers involved highly in their job of Anganwadi Centers. Anganwadi Workers of the urban areas were found to be involved more in the Anganwadi Workers of the rural areas due to the accessibility towards the diverse facilities. Borgohain and Saikia (2017), This study found the relationship between Anganwadi Workers' job satisfaction and intrinsic and extrinsic factors of the employees. Except of

honorarium paid to the Anganwadi Workers and work overload , the Worker were found satisfied with their job due to the nature of the job of working for the children , they earn respectively from the society.

Joshi (2018) in this study shows selected 38 number of Anganwadi Centers of the Kabirdham District and found that primarily Anganwadi Workers faced th problem pertaining to the infrastructure and inadequacy of water, electricity and maintenance of the drainage system. They further recommended to strengthen the infrastructure of the Anganwadi Centres. It was also found that majority of the Anganwadi Workers were not able to give effort on the activities related with the physical and mental development.

Joshi et al. (2018) , This study stated that the educational qualification of the Anganwadi Workers plays a vital role on the knowledge and performance of the Workers and they recommended to consider the level of education of the Anganwadi Workers at the time of the of their recruitment.

Agarwal (2018) this study stated that age had a significant impact on job satisfaction of the Anganwadi Workers and education impact on the job satisfaction had been found insignificant. Honorarium paid to the Anganwadi Worker was the Primary factor of dissatisfaction among them. The main problems faced by the Anganwadi Workers were lack of training , work overload and poor level of supervision.

Dash and Priyadarshini (2018), this study conducted with the objective to assess the job satisfaction of the Anganwadi Workers . It was found in the study that majority of the Anganwadi Workers joined the job to meet their financial requirements. In the study it was found that the senior Anganwadi Workers were found satisfied than the younger Anganwadi Workers. Anganwadi Workers were found satisfied with their job, interpersonal relation with the superior and subordinate , except of honorarium and work over load.

Akshatha and Sankangoudar (2018),This study stated that job performance of the Anganwadi Workers was positive and significantly correlated with their job satisfaction . Regarding the age no relation was noticed between the age of the Anganwadi Workers

and their job satisfaction. It was due to the reason that all the Anganwadi Workers and their job satisfaction. It was due to the reason that all the Anganwadi Workers need to perform same kind of duties irrespective of their age or seniority. It was also found that education of the Anganwadi workers had no impact on their job satisfaction. In the study it was observed that majority of the Anganwadi Workers were not satisfied with their job. It was recommended to provide a suitable working environment in terms of job security, promotion, compensation, improvement of the infrastructural facilities, recognition for their good work and freedom to be provided to execute their duties.

Freedy (2019), This study conducted with 100 number of Anganwadi Workers from Mangalore found no significant association between age of the Anganwadi Workers and their job satisfaction. It was stated that Anganwadi Workers were not fully job satisfied and prompt action needed to be taken to address the job –related difficulties.

Sankangoudar and Akshata (2019), This study conducted with the sample of 450 number of rural Anganwadi workers. Anganwadi Workers reported their extreme dissatisfaction towards the honorarium paid to them is not in proportion to their job role performed by them. In the study it was found that 62% of the Anganwadi Workers had medium job satisfaction, 25.11 % of the Anganwadi Workers had low level of job satisfaction and only 12.89% of the Anganwadi Workers had high job satisfaction. As work performance of the Worker depends on the job satisfaction, it was suggested to provide their basic deserving benefits.

Rajanna (2019) stated in the study on “ Problems and prospects of Anganwadi Workers : A study” that inadequate honorarium, maintenance of excessive records, over work burden, inadequate logistic supply, inadequate infrastructure, inadequate supervision and lack of support from the community were the major problem faced by the Anganwadi Workers in their service. It was suggested in the study to consider the problem of honorarium of the Anganwadi Workers empathetically and enhance the same. It was recommended to introduce the pension scheme for them.

Gobi and Kesavan (2020), This study conducted on the stress of the Anganwadi Workers and stated that the job of the Anganwadi Workers is stressful and exhausting kind of job and for which stress management techniques need to be applied to reduce their work stress. The authors further emphasized on the development of the pamphlets on the workplace stress management to distribute among the Anganwadi Workers.

Sujatha and Brunda (2020), This study reported that inadequate salary, Work overload and excessive record maintenance were the major problem faced by the Anganwadi workers and also to ensure regularity in the payment of the honorarium. It was also suggested to provide the assistance to the Anganwadi Workers to reduce their load of work and for the maintenance of the record.

Suresh and Bee (2020), This study conducted on 50 number of Anganwadi Workers selected from the Warangal Rural District of the Terengganu state. It was found that due to the inadequacy of the room at the Anganwadi Centres the Anganwadi Workers faced the problem in the service delivery. 80% of the Anganwadi Workers reported their job dissatisfaction on amount of job security and low amount of honorarium paid to them. Moreover, 70% of the Anganwadi Workers reported the overburden of the work.

Jain et al. (2020), this study conducted with 554 number of Anganwadi Workers selected from the six districts of Madhya Pradesh. It was found that Anganwadi Workers spent 26% of the total work time for the pre-school activities, 9% of the work time spent on daily home visits, while the nutrition feeding and register maintenance took 15% and 14% of the daily work time respectively. Least amount of time i.e., 3% of the total work time gave for attending the meeting and monitoring the growth of the children. In the study one significant association had been found the age of the Anganwadi Workers and the pattern of time spent by them for preschool activities, paper work, nutrition feeding and home visits. It was also stated in the study that the sample Anganwadi Workers spent 52% of their total work time with the core beneficiary of the ICDS i.e., children.

Saikia and Borgohain (2020), this study conducted with the purpose of the study 351 number of married Anganwadi Workers were selected purposively from the 10 number

of blocks of the Sivsagar District of Assam. It was reported that Anganwadi Workers faced conflict in role play to accomplish the official and household works. Lack of balance between the household and work responsibilities of the Anganwadi Workers was found in the study.

Seidel et al. (2021), this study stated that number of factors is responsible for the optimal service delivery under ICDS. Along with the output indicators such as beneficiaries' satisfaction, reduction in the rate of mortality, increase in the rate of immunization etc. and input indicators like availability of the infrastructure, job satisfaction of the Anganwadi Workers are equally significant as these are essential for good service delivery under the ICDS scheme. The reason behind poor job satisfaction of the Anganwadi Workers are inadequate infrastructure, Lack of teaching materials, irregularity of the Supplementary Nutrition Programme, low involvement from the part of Government and community, Work over load and modest honorarium.

Kotresh, Being and Bhooavan chandaram (2021), This study reported that infrastructure along with the training component of the Anganwadi Workers need to be improved to ensure optimum functioning of the Anganwadi Centres. It was found in the study that the service related to the child and maternal health care delivered through the Anganwadi Centres need to be improved.

Kular (2021, This study conducted with selected 40 number of Anganwadi Workers from Punjab and Rajasthan each and comprised a total sample size of 80 Anganwadi Workers. It was found that only 7.5% of the sample Anganwadi Workers of Punjab and 2% of the sample Anganwadi Workers of Rajasthan had the high level of job satisfaction. Medium job satisfaction reported by 52.50 % of the Anganwadi Workers of Punjsb and 57.50% of the Anganwadi Workers of Rajasthan respectively. Remaining 40% and 37.50% Anganwadi Workers of Punjab and Rajasthan respectively reported the low job satisfaction. It was suggested to create more prospects of promotion for the Anganwadi Workers.

Jyothi and Hani (2021), this study conducted a study with 40 number of Anganwadi Workers selected from Chama rajanagara District and found that 52% of the respondents

felt stress in their job. It was also found that 85% of the respondents reported cordial relation with their Co-Workers. In the study they further stated that Anganwadi Workers spend most of their duty time in the preparation of the supplementary nutrition, in pre-school activities and also for the maintaining of the records.

2.4: Research gap:

The review of literature reveals that a good number of researches have been undertaken on the ICDS and Anganwadi workers. Review of literature shows that most of the research has been carried out in the field of ICDS infrastructure and job satisfaction. Studies on Quality of work life (QWL) of the Anganwadi workers not found in the literature. Moreover it is also highlighted in the literature that the satisfaction of the Anganwadi workers is very much essential to improve their performance and thereby the productivity of the ICDS can also be improved. Moreover, the studies on ICDS infrastructure and job satisfaction carried out mostly in other state. In the literature no study on the ICDS services or the Anganwadi Workers has been found in the District Nagaon. A few study on the ICDS services or the Anganwadi Workers has been found in the district of Nagaon where socio economic status is so diverse. Therefore, the present study tries to fill the gap by focusing on the QWL of the Anganwadi workers along with their job satisfaction and availability of the infrastructure to deliver their services.

A good number of research have been undertaken on the ICDS and Anganwadi workers but Quality of work life (QWL) of the Anganwadi workers are not found in the literature . This research can identify the specific needs of AWWs in Nagaon, allowing for the development of tailored support systems, training programs, and resource allocation strategies that are relevant and effective. Understanding the factors influencing AWW job satisfaction and Quality of work life (QWL) can lead to optimizing ICDS implementation.

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CHAPTER III

THE STATUS OF ICDS PROGRAMME AND ANGANWADI WORKERS IN ASSAM AND SELECTED DISTRICTS

3.1: Introductory statement:

The Scheme of Integrated Child Development Services (ICDS) was launched in 1975 with the aim of addressing the problem of malnutrition and health of children from birth to the age of 6 years. The scheme also covers nutritional aids and health care services for pregnant and nursing mothers. At the inception of the ICDS the scheme was started in 33 number of project areas on an experimental basis. Subsequently, in 1978-79, 67 number of Projects, in 1979-80, 50 numbers of Projects and in 1980-81, 50 numbers of projects were sanctioned under the ICDS. The Projects mostly started in the selected disadvantaged or backward rural and tribal areas, as well as urban area, 67 numbers of Projects in tribal area and 28 number of Projects initiated in urban slums. In the periodic assessment, the all India Institute of Medical Sciences have found that in the Project areas the nutritional status and standard of the children improved remarkably. Due to the Government's commitment towards the healthy foundation of the national human resources, since the inception of the ICDS scheme. Government of has been taking initiatives for promoting and expanding this most comprehensive scheme to increase the survival rater and to set up a genial environmental for better health and nutrition of the Children and mothers and also to provide learning opportunities to the pre-School children.

The integrated child development services (ICDS) scheme is a flagship program of the government of India aimed at improving the nutritional and health status of children under 6 years of age, pregnant women, and lactating mothers. In Assam, the ICDS project is implemented by the department of social welfare and women & child development. ICDS operates through a network of Anganwadi centres (AWWs) across Assam. As of recent reports, there are over 70,000 AWCs in the state, covering both rural and urban areas. The program aims to reach marginalized and vulnerable populations, including tribal communities and tea garden workers. There is also provision of hot cooked meals and take-home rations for children (6 months to 6 years) and pregnant/lactating women. Early childhood care and education for children aged 3–6 years, regular health and growth monitoring, immunization,

and referral services and counselling for mothers and caregivers on childcare, nutrition, and hygiene are the important task under ICDS program in Assam.

3.2: Status of ICDS projects in India

Over the years, the ICDS Scheme has been expanded from a small number of pilot projects to country's leading programme on nutrition with number of Projects as of the year 2025. Table 3.2 shows the progressive expansion of ICDS from 2005 to 2025.

Table 3.2: Progress of Integrated Child Development Services (ICDS) Projects in India (2005-25)

Year	No. of Sanctioned ICDS Projects	No. of operational ICDS Projects
2005	5671	5422
2006	6118	5659
2007	6284	5829
2008	6284	6070
2009	7073	6120
2010	7012	6509
2011	7015	6722
2012	7075	6908
2013 till 2025	7075	7025

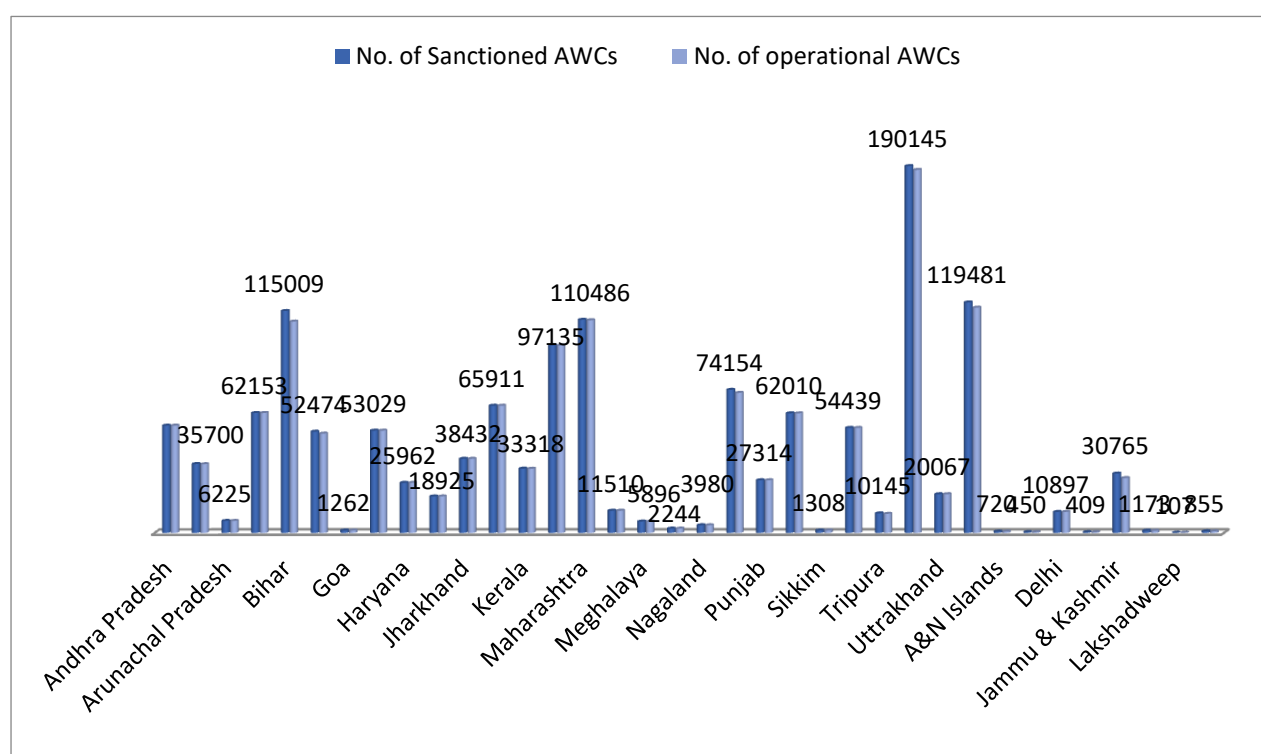
Source: Ministry of Women and Child Development, Govt. of India.2025

Table no. 3.2 clearly shows the progress made over the last twenty years, from 5671 number of ICDS projects in 2005 to 7075 number of ICDS projects in 2025. After the year of 2012, no ICDS Project was sanctioned till the year 2025. Up to the year 2012, 7075 number of ICDS Projects was sanctioned, but out of those, 6908 number of ICDS Projects was

functioning or operational. In the year of 2018, all the remaining ICDS Projects have become operational and presently, entire sanctioned ICDS Projects are functioning in India.

ICDS Projects are functioning in all the states and union territories of India .Table No. 3.2 Depicts status of ICDS Projects in various states and union territories of India.

Table 3.2.1: State/ Union Territory wise number of sanctioned and operational ICDS Projects in India 2024-25



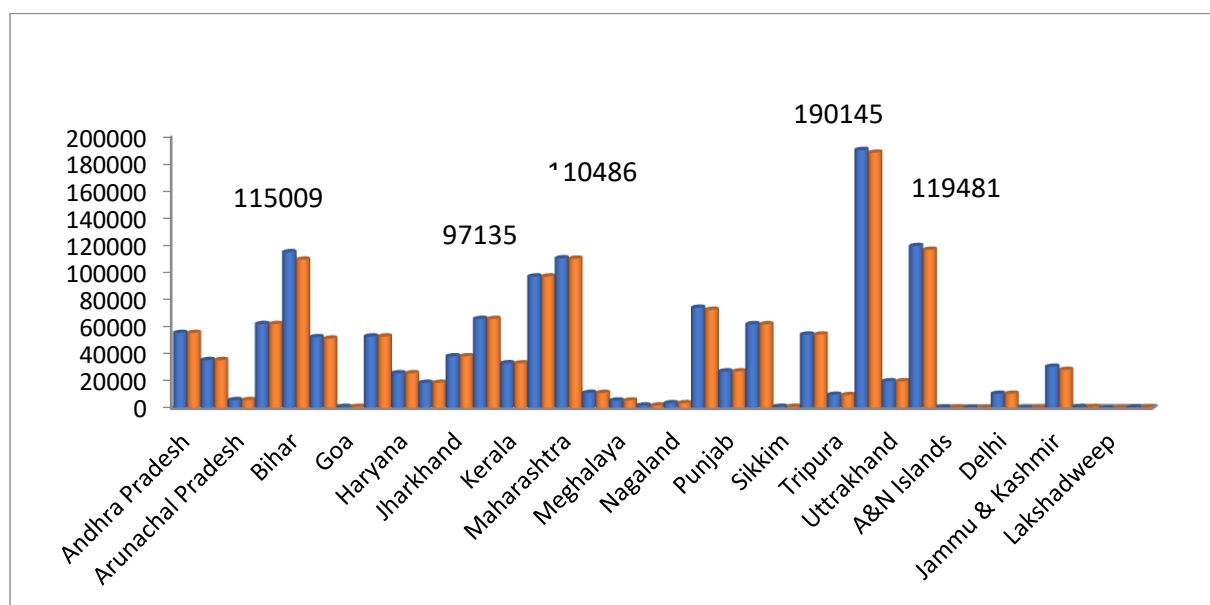
Source: Ministry of Women and Child Development, Govt. of India.2025

From Table 3.2.1 , it is clear that the state of Uttar Pradesh has the highest sanctioned ICDS Projects with a total of 897 number of ICDS Projects, Followed by West Bengal and Maharashtra with 576 and 533 number of ICDS Projects respectively. Lowest number of ICDS Projects can be seen in Chandigarh with only 3 numbers of ICDS Projects. In Assam 231 number of ICDS Projects have been sanctioned. All the sanctioned ICDS Projects are functioning in all the states.

3.3: Status of Anganwadi centres in India

Anganwadi Centre (AWC) is the focal point for the delivery of services under the ICDS to the beneficiaries. At the time of the initiation of the ICDS in the year 1975, there were 4691 number of AWC, operating in the Initial 33 number of ICDS Projects. Through the years, the number of AWCs has increased with the increase of ICDS Projects. The status of AWCs in the states and union territories of India has been given in Table No. 3.3.1

Table 3.3.1: State/Union Territory wise number of Sanctioned and operational Anganwadi Centres (AWC) in India 2024-25



Source: Ministry of Women and Development, Government of India

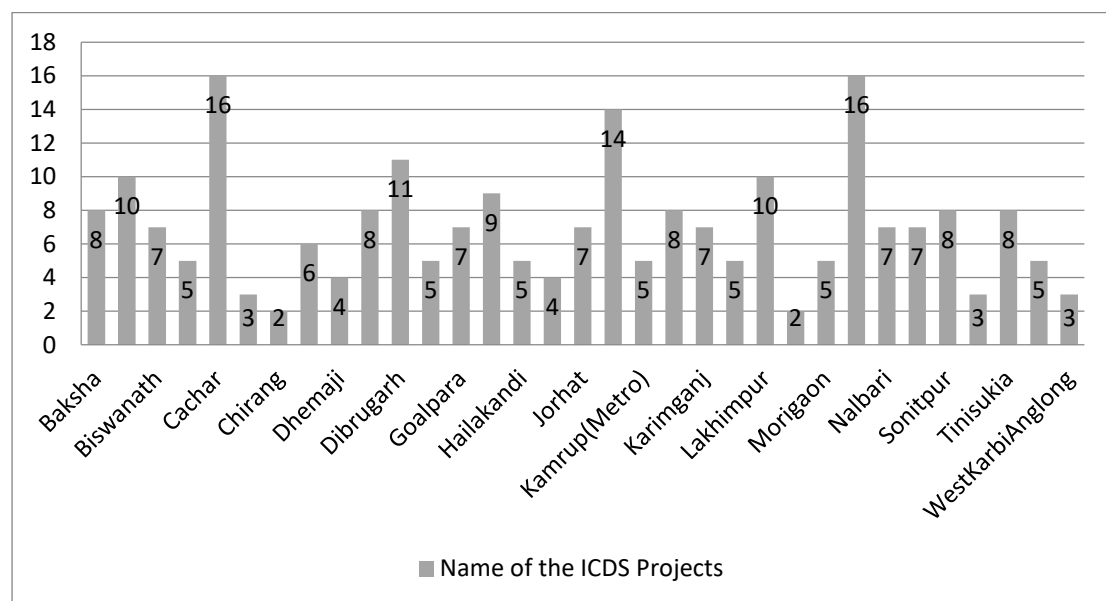
The Table 3.3.1 clears that the state of Uttar Pradesh in India has the highest of 190145 numbers of sanctioned AWCs and out of those 1,88,149 number of AWC are operating . In case of the state of Assam a total of 62153 numbers of AWCs have been Sanctioned and all the AWCs were functioning as on June 2025.

As per the Directorate of the Social Welfare of Assam, as on 9th August 2021, in Assam 230 number of ICDS Projects are operating in various districts and in these districts a total of 61715 number of Anganwadi Centres are functioning . In Nalbari District of Assam, Ghograpara ICDS Project was sanctioned but due to non-availability of any development block in the area, the project has been merged with Borkhetri ICDS Project.

3.4: Status of ICDS projects in Assam

In Assam, the ICDS Scheme was introduced in the year of 1975 at the Dhakuakhana Development Block of Lakhimpur District along with the other 32 number of ICDS Projects in various states in India. Table No. 3.4 gives description of the present status of the ICDS in various districts of Assam.

Table 3.4.1: District wise number of Operational ICDS Projects in Assam as on 2024-25



Source: Ministry of Women and Child Development, Government of India Directorate of Social Welfare, Assam.2021

From the Table 3.4.1. it is clear that as on 9th August 2021, there are 230 number of ICDS Projects functioning in the state of Assam .The majority of ICDS Projects are in the District of Cachar and Nagaon with 16 number of ICDS projects each. In Nagaon District There are 16 number of ICDS Projects are functioning.

3.5: Honorarium of the Anganwadi Workers

ICDS Scheme envisages then Anganwadi Workers (AWW) as ‘honorary Workers’ and they do not get the status of the Government employees. Being the honorary Workers, AWW are paid monthly honoraria s decided by the Government from time to time. Table No. 3.5. Shows the amount of honorarium is fixed at different time period.

Table 3.5.1: Revision of per month honorarium for the Anganwadi Workers from 2011 to 2024

Qualification/Year	1975-76	1.4.78	1.7.86	2.10.92	16.5.97	1.04.02	1.04.08	1.4.11
Non-Matriculate	100 (--)	125 (25)	225 (80)	350(55.56)	438 (25.14)	938 (114.16)	1438 (53.30)	2938 (104.31)
Matriculate	150 (--)	175 (16.67)	275 (57.14)	400 (45.45)	500 (25)	1000 (100)	1500 (50)	3000 (100)
Non-Matriculate with 5 year experience	- (--)	- (--)	250 (--)	375 (50)	469 (25.07)	969 (106.61)	1496 (54.39)	2969 (98.46)
Matriculate with 5 years experience	-	-	300 (--)	425 (41.67)	531 (24.94)	1031 (94.16)	1531 (48.50)	3031 (97.98)
Non-Matriculate with 10 years' experience	-	-	275 (--)	400 (45.45)	500 (25)	1000 (100)	1500 (50)	3000 (1000)
Matriculate with 10 years' experience	-	-	325 (--)	450 (38.46)	563 (25.11)	1063 (88.81)	1563 (47.04)	3063 (95.97)

Mini Anganwadi Workers	-	-	-	-	-	500 (w.e.f1.1.2 007)	750 (50)	1500 (100)
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Sources: Ministry of women and Child Development, Government of India Note: Figures in brackets show the percentage value of growth of honorarium

Table no. 3.5.1 shows that at the initial stage during the period 1975-76 the honorarium for Anganwadi Workers (AWW) was Rs.100 per month in case of non-Matriculate and Rs.150 per month in case of matriculate Workers. After the launching of the ICDS Scheme the first revision was done after 2 years i.e., in the year 1978 and the increase percentage was 25% for the matriculate AWWs and nearly 16% for the non-matriculate AWWs. After that next revision was done after 8 years i.e., in the 1986 and this time the increment was 80% and almost 57% for the matriculate and non-matriculate AWWs respectively. In 1992 the revision was done with an increment in between 41% to 55% for various categories of the Workers. After 5 years in the year of 1997 revision was done with an increment of almost 25% for various categories of the Workers. In the year of 2002 the revision of honorarium was done and it can be noticed that the increment was from nearly 88% to 114%. On 1.1.2007 it had been decided to pay an honorarium of Rs. 500 to the mini AWWs. After 6 years of last revision in the year of 2008 the honorarium of the AWWs. As on revision of the honorarium on 1.4.2011 the amount for non-matriculate AWWs was Rs. 2969, for matriculate with 5 years' experienced AWWs was Rs. 3031, for non-matriculate with 10 year experienced AWWs was Rs. 3000, for matriculate with 10 years' experienced AWWs was Rs. 3063 and for mini AWWs was Rs. 1500. In October, 2018 the honorarium for the functionaries at the Anganwadi level has been increased and Table No. 4.10 show the present honorarium structure. In addition to the honorarium paid by the Central Government certain amount of honorarium are also paid by the most of the state Government / Union Territory Administration from their own resources that is shown in the Table No. 4.7

Table 3.5.2: Additional honorarium paid by the state/Union territories to the Anganwadi Workers and Anganwadi Helpers in India 2024-2025

SL. No	State/Union Territory	Amount(Rs.) AWW	Amount(Rs.) AWH
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1	Assam	2000	1000
2	Arunachal Pradesh	Nil	Nil
3	Tripura	549-4590*	393-3030*
4	Mizoram	294-306	150
5	Nagaland	Nil	Nil
6	Manipur	100	50
7	Meghalaya	Nil	Nil
8	Sikkim	2225	1500
9	Andhra Pradesh	1200	700
10	Bihar	750	375
11	Chattishgarh	2000	1000
12	Goa	3062-11937*	3000-6000*
13	Gujarat	3300	1700
14	Haryana	7286-8429*	4215
15	Himachal Pradesh	1750	900
16	Jammu & Kashmir	600	340
17	Jharkhand	1400	700
18	Karnataka	5000	2500
19	Kerala	2000	2000
20	Madhya Pradesh	7000	3500
21	Maharashtra	2000	1000
22	Odisha	1000	500

23	Punjab	2600	1300
24	Rajasthan	1724-1736*	1065
25	Uttarakhand	3000	1500
26	West Bengal	1300	1300
27	Uttar Pradesh	1000	500
28	Tamilnadu	6750	4275
29	Telangana	6000	3750
30	Andaman & Nicobar	3000	2500
31	Chandigarh	2000	1000
32	Daman & Diu	1000	600
33	Dadar Nagar Haveli	1000	600
34	Delhi	6678	3339
35	Lakshdweep	5500	4750
36	Puducherry	600	300

Source: Ministry of Women and Child Development, Govt. of India.2020 .Depending on the qualification and/or number of years of Service

Table No. 3.5.2 shows that the highest of the additional honorarium paid in the state of Goa where AWWs are paid in the Scale of Rs. 3062-11937 and AWHs are paid in the scale of Rs. 3000-6000. But in the state of Haryana the initial amount of additional honorarium is highest in India but the upper level of the additional honorarium is lower than the state of Goa. In Haryana additional honorarium to the AWWs are paid in the scale of Rs. 7286-8429 and to the AWHs are paid a fixed of Rs. 4215. In the state of Assam the amount of additional honorarium for the AWWs is Rs. 2000 and for the AWHs is Rs. 1000.

Table 3.5.3: Present amount of honorarium paid to the Anganwadi Workers and Anganwadi Helpers of Assam as on 2024 -2025

Designation	Monthly Honorarium as per GOI norms (Rs.)	Monthly state incentive (Rs.)	Total monthly honorarium(Rs.)
Anganwadi Workers	4500	2000	6500
Anganwadi Workers (Mini AWC)	3500	1250	4750
Anganwadi Helpers	2250	1000	3250

Source: Directorate of Social Welfare, Assam. 2021

3.5.3.A. Funds Released for Procurement of Equipment and Furnitures, Petrol , oil, Lubrication (POL)/ Hiring and Training under Ministry of Women and Child Development Services in Assam (2023-2024)	
State	Equipment &Furniture, POL/Hiring and Training (Rs. in Lakh)
Assam	4852.08
India	68279.39
3.5.3.B. Cumulative Funds Utilised under Integrated Child Development Services (ICDS) Scheme in Assam (2020-2021 to 2022-2023)	
State	Funds Utilized (Rs. in Lakh)
Assam	264437.86
India	3477666.35
3.5.3.C. Funds Released and Utilized under Integrated Child Development Services (ICDS) Scheme in Assam (2016-2017 to 2020-2021)	

(Rs. In Lakh)									
State	2016-2017		2017-2018		2018-2019		2019-2020		2020-2021
	Funds Released	Funds Utilised	Funds Released	Funds Utilised	Funds Released	Funds Utilised	Funds Released	Funds Utilised	Funds Released
Assam	64397.66	47795.05	70237.54	40611.6	83867.16	91957.58	121893	122538.08	108068.38
India	1442970	1252709.79	1509431.95	1215425.33	1515082.56	1681376.26	1681376.26	1730432.2	1579754.25

Source: Lok Sabha Unstarred Question, 2024

Table 3.5.3.A is shown in 3 parts like table 4.9.A, table 4.9.B, and table 4.9.C. **Table 3.5.3.A** shows Funds Released for Procurement of Equipment and Furniture's, Petrol , oil, Lubrication (POL)/ Hiring and Training under Ministry of Women and Child Development Services in Assam (2023-2024) Rs. in lakh 4852.08 and India 68279.39.

Table **3.5.3.B.**shows that Cumulative Funds Utilised under Integrated Child Development Services (ICDS) Scheme in Assam (2020-2021 to 2022-2023) Rs.in lakh 264437.86 and India 68279.39.

Table **3.5.3.C** shows that Funds Released and Utilized under **Integrated Child Development Services (ICDS)** Scheme in Assam (2016-2017 to 2020-2021). In Assam (2016-2017)Funds Released 64397.66 and Funds utilized 47795.05 and in India (2016-2017) Funds Released 1442970 and Funds utilized 1252709.79 and In Assam (2017-2018)Funds Released 70237.54 and Funds utilized 40611.6 and in India Funds Released 1509431.95 and Funds utilized 1215425.33 and In Assam (2018-2019) Funds Released 83867.16 and Funds utilized 91957.58 and In India (2018-2019) Funds Released 1515082.56 and Funds utilized 1681376.26 , again In Assam (2019-2020) Funds Released 121893 and Funds utilized 122538.08 and In India (2019-2020) Funds Released 1681376.26 Funds utilized 1730432.2

And (2020-2021) In Assam Funds Released 108068.38 and in India (2020-2021) Funds Released 1579754.25.

3.6: Integrated child development services (icds) in Nagaon: current status and impact

Integrated Child Development Services (ICDS) is one of the India's most significant Welfare Programs, aimed at improving child nutrition, health and early education. Launched in 1975, ICDS operates through Anganwadi Centres (AWCs) and provides supplementary nutrition, immunization, health check-ups, and preschool education. In Nagaon district of Assam, ICDS plays a crucial role in combating malnutrition, infant mortality, and maternal health challenges. This essay examines the functioning of ICDS in Nagaon, its achievement, challenges, and current status.

3.6.1. The Main Objectives of ICDS in Nagaon align with the national Framework:

1. Improving Nutritional Status-Reducing Malnutrition among Children (0-6 years) and Pregnant / lactating Women.
2. Health Check-ups- Regular immunization and health monitoring.
3. Preschool Education- Early Childhood care and education (ECCE) for cognitive development.
4. Awareness Programs- Educating mothers on health, hygiene, and breastfeeding.

ICDS in Nagaon is implemented through a network of Anganwadi Centres (AWCs) supervised by the **Women and child Development Department, Assam**. The Key services include:

3.7: Challenges

The ICDS scheme in Nagaon faces multiple obstacles that hinder the full realization of its objectives. One of the primary issues is the lack of proper infrastructure. Many Anganwadi Centres (AWCs) operate in buildings that are temporary, shared, or structurally inadequate. Basic amenities such as clean drinking water, toilets, and electricity are often missing, which affects both service delivery and attendance.

Another major challenge is the shortage of trained staff. Anganwadi workers and helpers sometimes lack the necessary training or resources to manage children with special needs, monitor health, and deliver quality early childhood education. Frequent delays in the supply of nutritional supplements and lack of storage facilities also disrupt the food distribution process.

Monitoring and supervision are not always consistent, which weakens accountability. Community participation, while essential, is sometimes low due to lack of awareness or interest. Additionally, natural disasters like floods, which are common in Assam, can disrupt services by damaging infrastructure and displacing communities.

Corruption and mismanagement in certain cases further undermine trust in the program. Overall, these challenges indicate the need for more investment in infrastructure, staff training, and community involvement to strengthen ICDS operations in Nagaon.

The ICDS program in Nagaon has made significant strides in improving child health and education, yet challenges like malnutrition gaps and infrastructure issues persist. With better implementation of Poshan Abhiyaan 2.0 increased community participation, and digital monitoring, ICDS can further enhance its impact. Strengthening Anganwadi Services will ensure that Nagaon children grow up healthier and better educated, contributing to Assam's long-term.

3.8. CONCLUSION

Since the inception of the of the ICDS scheme in the country, the programme has grown many folds to reach the each and every pocket of the country. The ICDS has become world's largest programme for the community welfare and development. In the state of Assam presently 230 numbers of ICDS Projects are operating with 61715 number of Anganwadi Centres (AWC). For the smooth functioning of the ICDS scheme it is necessary to ensure that the key functionaries of the ICDS like Supervisors, Anganwadi Workers and Anganwadi Helpers are in sanctioned positions.

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Sachdev,Y.,&Dasgupta,J.(2001).Integrated Child Development Services (ICDS) Scheme. Medical journal, Armed Forces India.139-143.Available at [https://doi.org/10.1016/S0377-1237\(01\)80135-0](https://doi.org/10.1016/S0377-1237(01)80135-0)(Accessed on 20th April.2019).

CHAPTER IV

A STUDY ON QUALITY OF WORK LIFE AND JOB SATISFACTION OF ANGANWADI WORKERS UNDER ICDS PROGRAMME IN RAHA BLOCK OF NAGAON DISTRICT OF ASSAM

4.1: Introductory Statement:

Integrated Child Development Services (ICDS) is a government program in India which provides nutritional meals, preschool education, primary healthcare, immunization, health check-up and referral services to children under 6 years of age and their mothers. The scheme was launched in 1975 in 33 (4 rural, 18 urban, 11 tribal) blocks, discontinued in 1978 by the government of Morarji Desai, and then reinstated by the Charan Singh soon after with support of the Indira Gandhi opposition. Over the last 25 years, it was expanded progressively and at present it has 5614 (central 5103, state 511) projects covering over 5300 community development blocks and 300 urban slums; over 60 million children below the age of 6 years and over 10 million women between 16 and 44 years of age and 2 million lactating mothers. The total population under ICDS coverage is 70 million, which is approximately 7 percent of the total population of one billion. Tenth five-year plan also linked ICDS to Anganwadi centres established mainly in rural areas and staffed with frontline workers. In addition to improving child nutrition and immunization, the programme is also intended to combat gender inequality by providing girls the same resources as boys.

A 2005 study found that the ICDS programme was not particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states had received the least coverage and funding. During the 2018–19 fiscal year, the Indian federal government allocated ₹16,335 crore (US\$1.9 billion) to the programme, which is 60% of the funding for the programme while the states allocated the remaining 40%. The widespread

network of ICDS has an important role in combating malnutrition especially for children of weaker groups. The infant mortality rate of Indian children is 3.4% and the under-five mortality rate is 3.9% and 25% of newborn children are underweight among other nutritional, immunization and educational deficiencies of children in India. Figures for India are below the standards of the developed world. In accordance to the National Policy for Children in India. Over the years it has grown into one of the largest integrated family and community welfare schemes in the world. Given its effectiveness over the last few decades, Government of India has committed towards ensuring universal availability of the programme. For nutritional purposes ICDS provides 500 kilocalories (with 12–15 grams of protein) every day to every child from 6 months to 6 years of age. For adolescent girls in the age group of 10 to 19, 6 kilograms of food grain is given every month.

The services of Immunisation, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family Welfare. UNICEF has provided essential supplies for the ICDS scheme since 1975. World Bank has also assisted with the financial and technical support for the programme. The cost of ICDS programme averages \$10–\$22 per child a year. The scheme is centrally sponsored with the state governments contributing up to ₹1.00 (1.2¢ US) per day per child. Furthermore, in 2008, the GOI adopted the World Health Organization standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NRHM). These standards were developed by WHOM through an intensive study of six developing countries since 1997. They are known as New WHO Child Growth Standard and measure of physical growth, nutritional status and motor development of children from birth to 5 years age. Under this segment of the ICDS, children below 6 years and pregnant and lactating mothers are identified within the community and are provided with supplementary feeding and growth monitoring services. The beneficiaries are given 300 days of supplementary feeding. By giving supplementary feeding, the scheme tries to bridge the caloric gap between the national recommended and average intake of children and women in low-income categories. This includes healthcare of children under six years of age, antenatal care of pregnant women and postnatal care of nursing mothers. Services offered include regular health check-ups, treatment of diarrhoea, deforming, weight recording, immunizations and distribution of simple medicines. Children are given vaccinations against the following preventable diseases: diphtheria, polio, pertussis, measles, TB and tetanus. Pregnant women are given vaccinations against tetanus that reduced neonatal and maternal

mortality. This segment can be deemed to be the backbone of the ICDS scheme. All the services of the scheme converge at the Anganwadi centres in villages and rural areas, and urban slums. This preschool educational programme mainly for underprivileged children is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development. The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It offers the child the necessary preparation for primary schools and also frees older siblings (particularly girls) from taking care of younger children in the family and thus enabling them to attend schools. Under this component, ladies in the age group of 15 to 45 years are covered for providing Nutrition and Health Education. This forms part of BCC (Behaviour Change Communication) strategy. The long-term goal is to build the capacities of women to enable them to look after their own health, nutrition and development needs as well as that of their children and families.

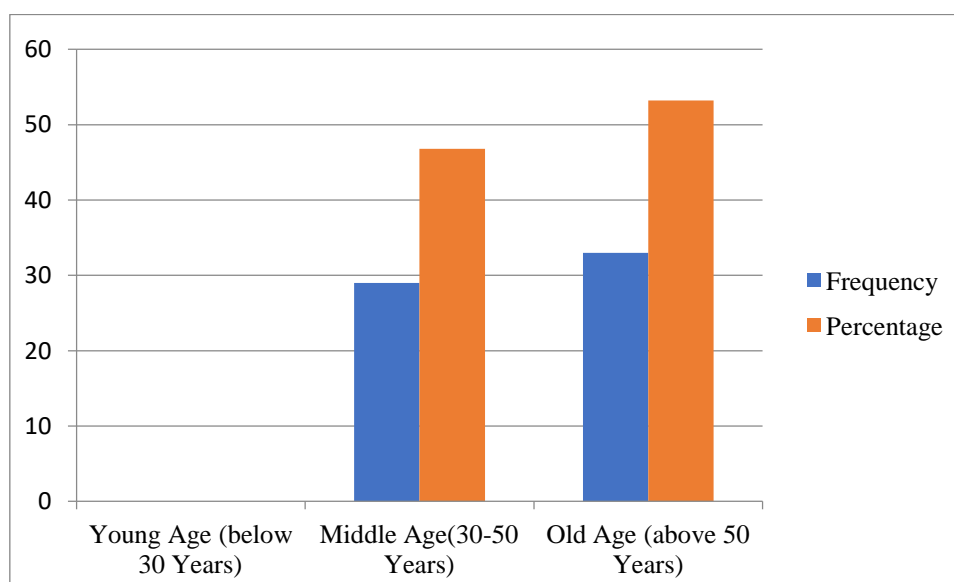
Taking into consideration the objectives of the study, the data collected were analysed using appropriate statistical instruments. The results so obtained are dealt with in this chapter under the following heads

- 4.2. Personal, Socio-economic and psychological attributes of Anganwadi workers.
- 4.3. Role performance and Job satisfaction of Anganwadi workers.
- 4.4. Correlation between personal, socio-economic & psychological attributes of Anganwadi workers and their role performance as well as job satisfaction.
- 4.5. Correlation between role performance and job satisfaction of Anganwadi workers.
- 4.6. Problems faced by Anganwadi workers in delivery of services and their suggestions for effective functioning of ICDS programme.
- 4.2 Personal, Socio- Economic and psychological attributes of Anganwadi workers.
- 4.2.1. Age

Table 4.1: Distribution of Anganwadi workers according to their Age n=62

Sl. No	Age	Frequency	Percentage
1	Young Age (below 30 Years)	0	0
2	Middle Age(30-50 Years)	29	46.78
3	Old Age (above 50 Years)	33	53.22

Source: Field Survey- 2025



Field Survey-2025

Table 4.1 reveals that out of the total Anganwadi workers 0 per cent belonged to young age group whereas 46.78 per cent were from middle age and only 53.22 percent were from old age group.

Thus, it can be inferred from the data that higher percentage (53.22%) of the Anganwadi workers were of middle age group.

Similar findings were reported by Patil and Doibale (2013), Borgohain and Saikia (2017).

4.2.2 Marital status

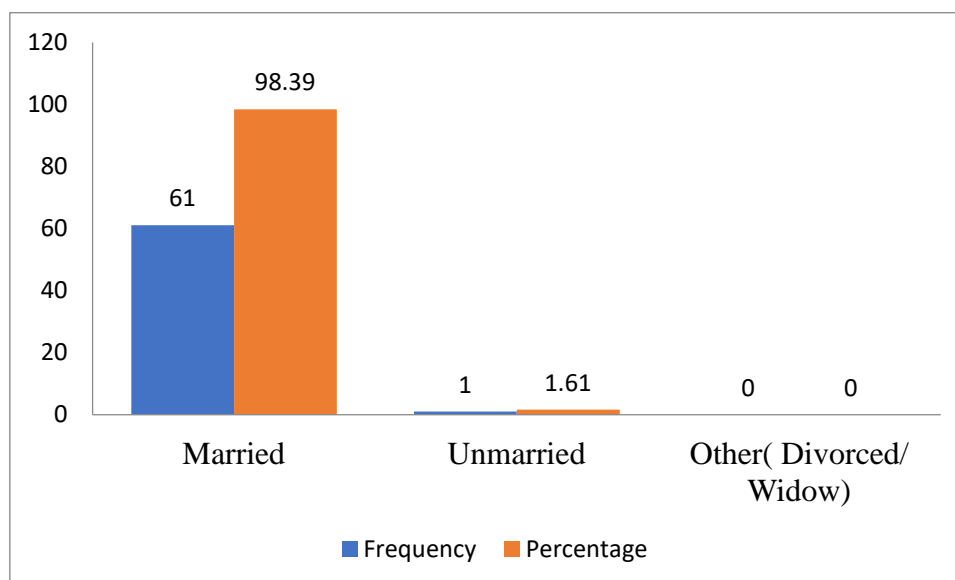
Marital Status typically refers to the family or personal life situation of Anganwadi workers (AWWs) and Anganwadi helpers (AWHs), or beneficiaries (such as age) involved in or served by the programme. Marital status is often considered during recruitment or in studies evaluating their work-life balance, job satisfaction, and performance. On the basis of marital status, Anganwadi workers were classified into three categories.

Table 4.2: Distribution of Anganwadi workers according to Marital Status

n=62

Sl. No	Marital Status	Frequency	Percentage
1	Married	61	98.39
2	Unmarried	1	1.61
3	Other(Divorced/ Widow)	0	0

Field Survey-2025



Field Survey-2025

Table 4.2 reveals that out of the total Anganwadi workers, 98.39 per cent belonged to married group, whereas 1.61 per cent were from unmarried group and only 0 per cent were from others group. Thus, it can be inferred from the data that higher percentage (98.39%) of

the Anganwadi workers were of married category. Similar findings was reported by Borgohain and Saikia (2017), Agarwal et al. (2020).

4.2.3. Experience

Experience refers to the number of years an individual has worked or been involved in ICDS related roles or activities, especially those of Anganwadi workers, Anganwadi helpers, supervisors, and other functionaries.

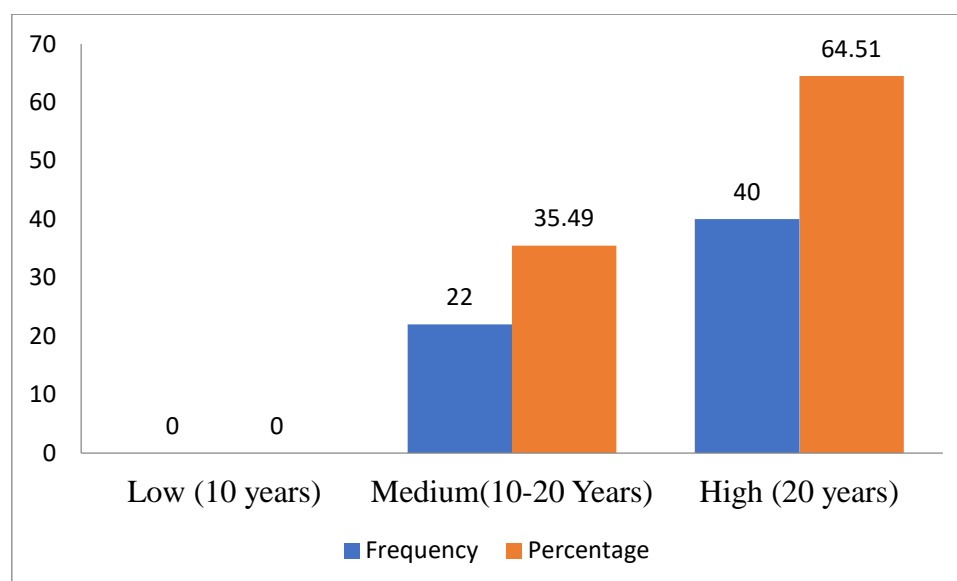
On the basis of experience, Anganwadi workers were classified into three categories.

Table 4.3: Distribution of Anganwadi workers according to Experience

n=62

Sl. No	Experience	Frequency	Percentage
1	Low (10 years)	0	0
2	Medium(10-20 Years)	22	35.49
3	High (20 years)	40	64.51

Field Survey-2025



Field Survey-2025

Table 4.3 reveals that out of the total Anganwadi workers, 0 per cent belonged to low category whereas 35.49 per cent were from medium category and only 64.51 percent were from high category. Thus, it can be inferred from the data that higher percentage (64.51%) of the Anganwadi workers were of medium category. The results was in accordance with the Akshatha and Sankangoudar (2018), Sujathaand Brunda (2020), Andeyet al.(2019).

4.2.4 Training

Training refers to the structured process of imparting knowledge, skills and attitudes to Anganwadi workers, Anganwadi helper's supervisors and other personal involved in delivering ICDS services.

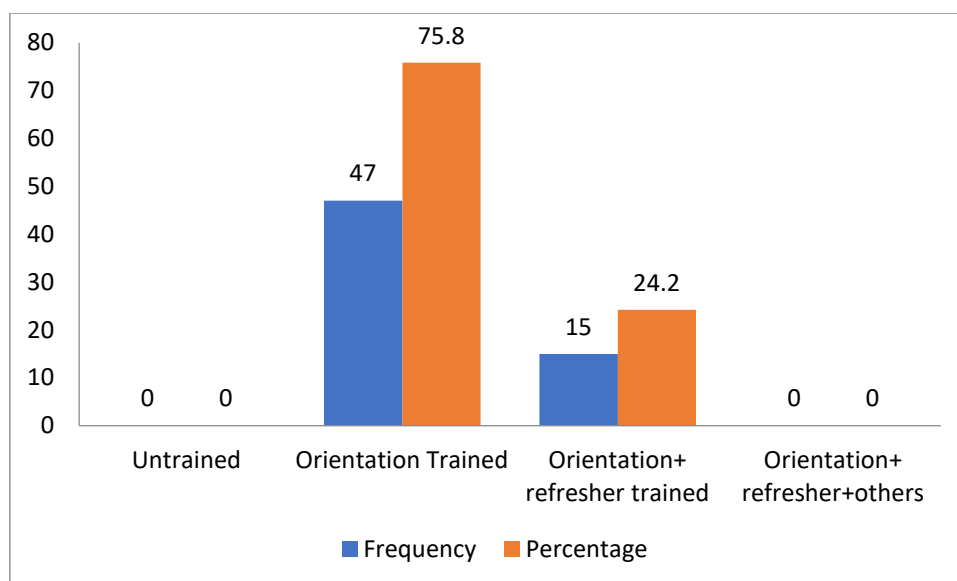
On the basis of Training , Anganwadi workers were classified into four categories.

Table 4.4: Distribution of Anganwadi workers according to Training received

n=62

Sl. No	Training	Frequency	Percentage
1	Untrained	0	0
2	Orientation Trained	47	75.80
3	Orientation+ refresher trained	15	24.20
4	Orientation+ refresher +others	0	0

Field Survey-2025



Field Survey-2025

On the basis of training received, the Anganwadi workers were classified into four categories. Table 4.4 reveals that out of total Anganwadi workers 0 per cent belonged to untrained group, 75.80 per cent were of orientation trained, 24.20 per cent were of orientation+refresher trained, and 0 per cent were of orientation+refresher+others trained.

Thus, it can be inferred from the data that higher percentage (75.80%) of the Anganwadi workers were of orientation+refresher trained category.

The present study was in the conformity with the findings of Joshi and Parikh (2015), Parma et al.(2015).

4.2.5. Education

Education refers both to the educational qualifications of Anganwadi Workers (AWWs) and Helpers (AWHs), as well as the educational services provided through the programme. Educational qualifications are an important criterion for the selection of ICDS functionaries, with most states requiring a minimum of Class 10 for AWWs and Class 8 for AWHs. A well-educated workforce enhances the effectiveness of service delivery, particularly in areas like preschool education, health education, and record-keeping. Additionally, ICDS provides non-formal preschool education to children aged 3 to 6 years through Anganwadi Centres. This early childhood education focuses on the cognitive, emotional, and physical development of children and prepares them for formal schooling.

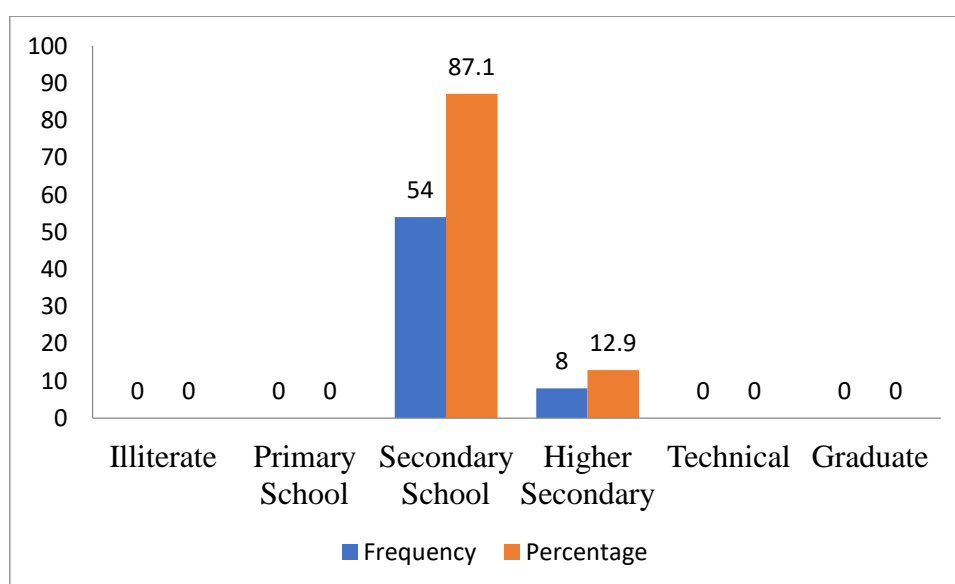
On the basis of the level of education, the Anganwadi workers were classified into six categories.

Table 4.5: Distribution of Anganwadi workers according to Education

n=62

Sl.No	Education	Frequency	Percentage
1	Illiterate	0	0
2	Primary School	0	0
3	Secondary School	54	87.10
4	Higher Secondary	8	12.90
5	Technical	0	0
6	Graduate	0	0

Field Surey-2025



Field Survey-2025

Table 4.5 shows the distribution of Anganwadi workers according to their education level. Out of total workers, 0.00 per cent were illiterate, 0.00 per cent had primary level of education, 87.10 per cent had secondary school education, 12.90 percent had higher secondary school education, 0.00 per cent workers had Technical and 0.00 per cent workers had graduation level of education.

Thus, it can be concluded that higher percentage (87.10%) of the Anganwadi workers were of intermediate level.

Similar findings was revealed by Joshi (2018), Thakure et al. (2015), Barodia (2015).

4.2.6. Caste

Caste refers to the social classification of individuals or communities, which is often considered in both the recruitment of Anganwadi Workers (AWWs) and Helpers (AWHs), as well as in the identification and outreach to beneficiaries. Caste plays a significant role in ensuring social inclusion and equitable service delivery under the ICDS scheme. Special emphasis is placed on reaching children and women from Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Classes (OBCs), and other marginalized groups, who often face socio-economic disadvantages. ICDS data collection and reporting often, include caste-related information to monitor the reach and impact of services among different social groups. Therefore, caste in the ICDS context is a critical factor in promoting social equity, empowerment, and inclusive development at the grassroots level.

On the basis of caste, the Anganwadi workers were classified into six categories.

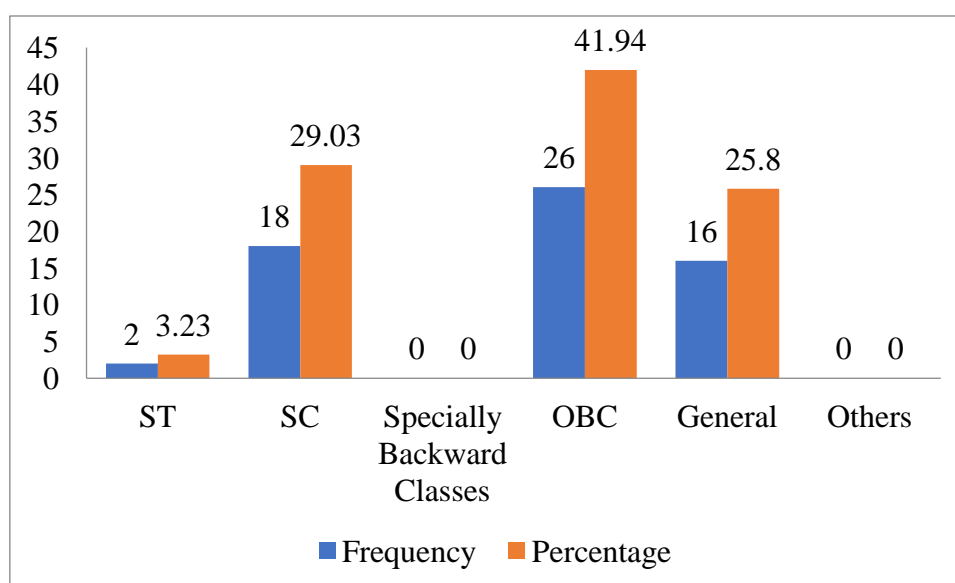
Table 4.6: Distribution of Anganwadi workers according to Caste

n=62

Sl. No	Caste	Frequency	Percentage
1	ST	2	3.23
2	SC	18	29.03
3	Specially Backward	0	0

	Classes		
4	OBC	26	41.94
5	General	16	25.80
6	Others	0	0

Field Survey-2025



Field Survey-2025

Table 4.6 reveals that out of total Anganwadi workers, 3.23 per cent belonged to schedule tribe, 29.03 per cent were of schedule caste, 0.00 per cent were of specially backward classes, whereas 41.94 per cent were of other backward caste and only 25.80 per cent were of general category, 0.00 per cent were of others category.

Thus, it can be inferred from the data that higher percentage (41.94%) of the Anganwadi workers were of other backward caste category. Similar findings was revealed by Aryaetal.(2018), Sarkar (2018)

4.2.7 Family Income

Family income refers to the total earnings of a household, which is an important socio-economic factor used to identify and prioritize eligible beneficiaries, especially from

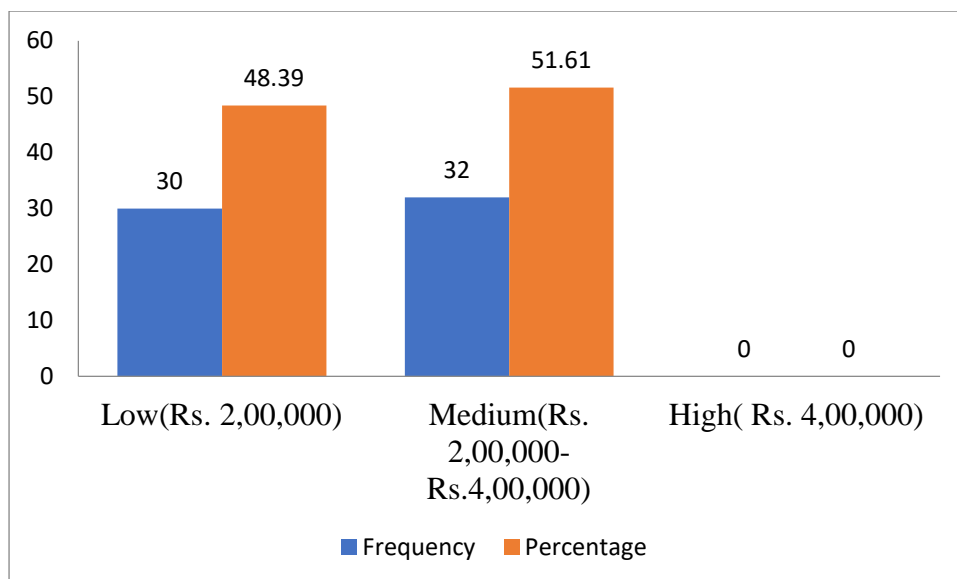
economically weaker sections of society. The ICDS scheme primarily targets low-income families, including pregnant and lactating mothers, children under six years of age, and adolescent girls who are most in need of nutritional and health support. Family income is often considered while selecting beneficiaries for supplementary nutrition programmes, health check-ups, and referral services, ensuring that the services reach those who are most vulnerable to malnutrition, illness, and poor development outcomes. Family income is a key determinant in ensuring equity, accessibility, and effectiveness of the ICDS services at the grassroots level.

On the basis of annual income Anganwadi workers were classified into three categories.

**Table 4.7: Distribution of Anganwadi workers according to Annual family income
n=62**

Sl. No	Family Income	Frequency	Percentage
1	Low(Rs. 2,00,000)	30	48.39
2	Medium(Rs. 2,00,000- Rs.4,00,000)	32	51.61
3	High(Rs. 4,00,000)	0	0

Field Survey-2025



Field Survey-2025

Table 4.7 shows that out of total Anganwadi workers 48.39 per cent belonged to low annual income whereas 51.61 per cent belonged to medium income group and only 0.00 per cent workers were belonged to high income group.

Thus, it can be concluded that majority of Anganwadi workers belonged to low annual income group (51.61%).

The present study was in the conformity with Taksande et al. (2020), Meshram et al. (2020).

4.2.8 Workload perception

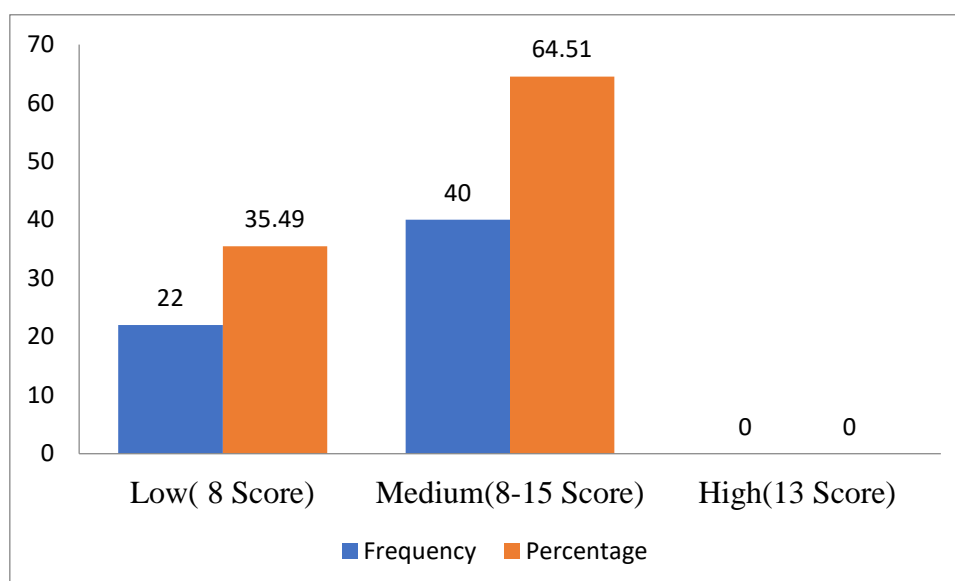
Workload perception refers to how Anganwadi Workers (AWWs) and Helpers (AWHs) perceive the amount, complexity, and pressure of the tasks they are assigned as part of their daily responsibilities. These tasks include delivering supplementary nutrition, conducting preschool education, maintaining records, organizing health check-ups and immunization sessions, home visits, and coordinating with health and administrative departments. Many studies have shown that AWWs often feel overburdened due to the multiplicity of roles, inadequate support, and non-ICDS duties like election work or surveys. This perceived workload can affect their motivation, job satisfaction, mental and physical health, and ultimately the quality of service delivery.

On the basis of perception of workload Anganwadi workers were classified into three categories.

**Table 4.8: Distribution of Anganwadi workers according to perception of workload
n=62**

Sl. No	Workload Perception	Frequency	Percentage
1	Low(8 Score)	22	35.49
2	Medium(8-15 Score)	40	64.51
3	High(13 Score)	0	0

Field Survey-2025



Field Survey-2025

Table 4.8 shows that out of total Anganwadi workers 35.49 per cent belonged to low category whereas 64.51 per cent belonged to medium and only 0.00 per cent workers were belonged to high workload category.

Thus, it can be concluded that majority of Anganwadi workers according to perception of workload belonged to medium category (64.51%). The present study was in the conformity with Dash and Priyadarshini (2018).

4.2.9. Satisfaction with availability of facilities and resources

Satisfaction with availability of facilities and resources refers to the level of contentment among Anganwadi Workers (AWWs) and Helpers (AWHs) regarding the infrastructure, tools, and materials provided to effectively deliver ICDS services. These facilities and resources include Anganwadi Centre buildings, preschool education materials, weighing scales, medicine kits, cooking equipment, water supply, and toilets, among others. When these resources are adequately available and functional, workers are more likely to feel supported and motivated in performing their duties. However, shortages or poor-quality infrastructure can lead to dissatisfaction, hinder service delivery, and negatively impact the health and development of beneficiaries. Therefore, the satisfaction of workers with the available facilities and resources is a critical indicator of the operational strength and effectiveness of the ICDS programme at the grassroots level.

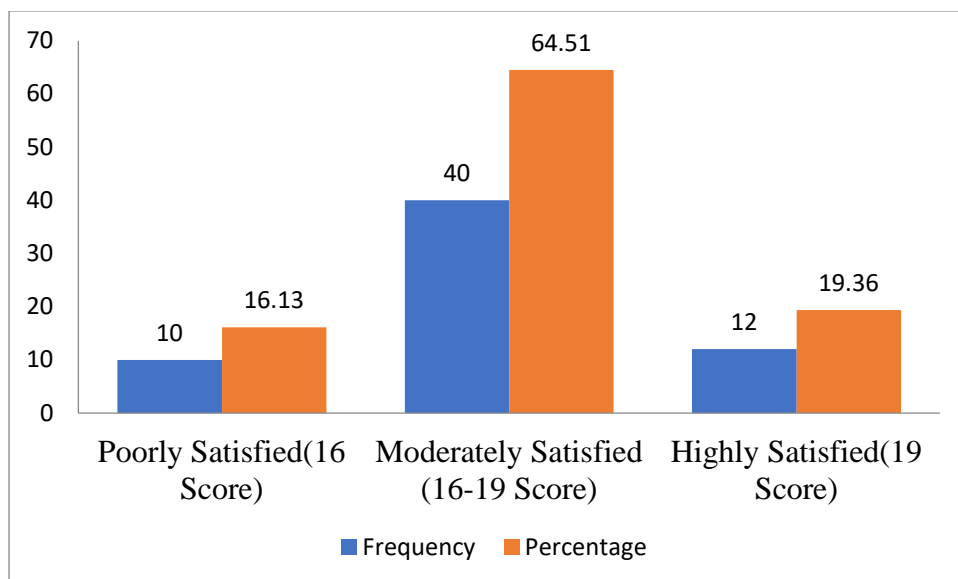
On the basis of satisfaction with availability of facilities and resources, Anganwadi workers were classified into three categories.

Table 4.9: Distribution of Anganwadi workers according to their satisfaction with availability of facilities and resources **n=62**

Sl. No	Satisfaction with availability of facilities and resources	Frequency	Percentage
1	Poorly Satisfied(16 Score)	10	16.13
2	Moderately Satisfied (16-19 Score)	40	64.51

3	Highly Satisfied(19 Score)	12	19.36
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Field Survey-2025



Field Survey-2025

Table 4.9 shows that out of total Anganwadi workers 16.13 per cent belonged to not satisfied category whereas 64.51 per cent belonged to moderately satisfied and only 19.36 per cent belonged to highly satisfied category.

Thus, it can be concluded that majority of Anganwadi workers were moderately satisfied (64.51%) with availability of facilities and resources.

The results were in accordance with the findings of Roy and Saikia (2019), Chaturvedi (2008).

4.2.10. Satisfaction with availability of guidance and supervision

Satisfaction with availability of guidance and supervision refers to the degree to which Anganwadi Workers (AWWs) and Helpers (AWHs) feel supported, guided, and monitored by their supervisors, such as Supervisors (Mukhya Sevikas), Child Development Project Officers (CDPOs), and other ICDS officials. Effective guidance includes timely instructions, technical support, problem-solving assistance, and clarity on roles and responsibilities, while supervision involves regular visits, monitoring of work, constructive feedback, and

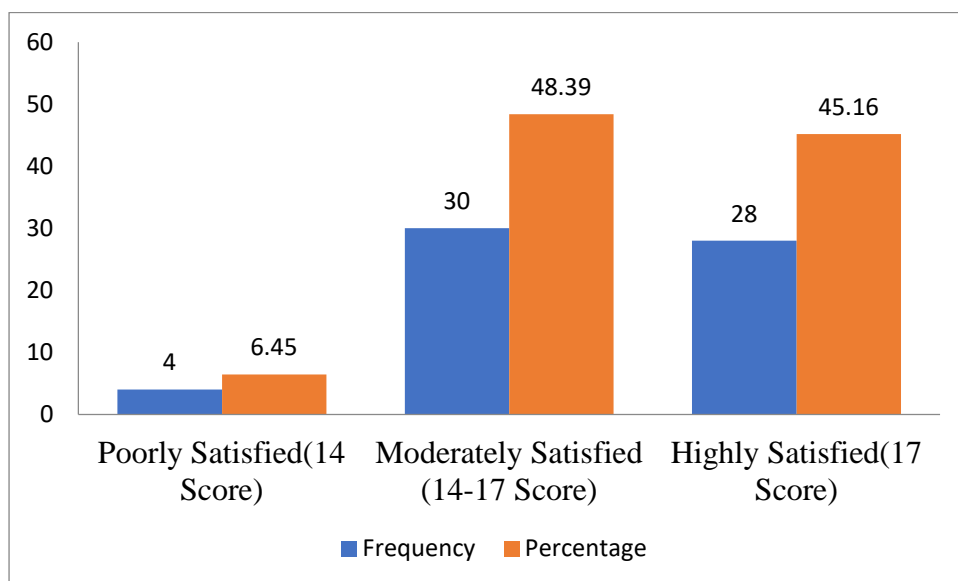
performance evaluation. When such support is consistent and positive, it enhances the workers' confidence, job satisfaction, and service quality. Therefore, satisfaction with guidance and supervision is an important factor influencing the overall functioning, accountability, and effectiveness of the ICDS programme.

On the basis of satisfaction with availability of guidance and supervision Anganwadi workers were classified into three categories.

Table 4.10: Distribution of Anganwadi workers according to their satisfaction with availability of guidance and supervision **n=62**

Sl. No	Satisfaction with availability of guidance and supervision	Frequency	Percentage
1	Poorly Satisfied(14 Score)	4	6.45
2	Moderately Satisfied (14-17 Score)	30	48.39
3	Highly Satisfied(17 Score)	28	45.16

Field Survey-2025



Field Survey-2025

Table 4.10 shows that out of total Anganwadi workers 6.45 per cent belonged to not satisfied category whereas 48.39 per cent belonged to moderately satisfied and only 45.16 per cent belonged to highly satisfied category.

Thus, it can be concluded that majority of Anganwadi workers were moderately satisfied (48.39%) with availability of guidance and supervision.

Similar findings were revealed by Dash and Priyadarshini (2018).

4.2.11. Technical Knowledge

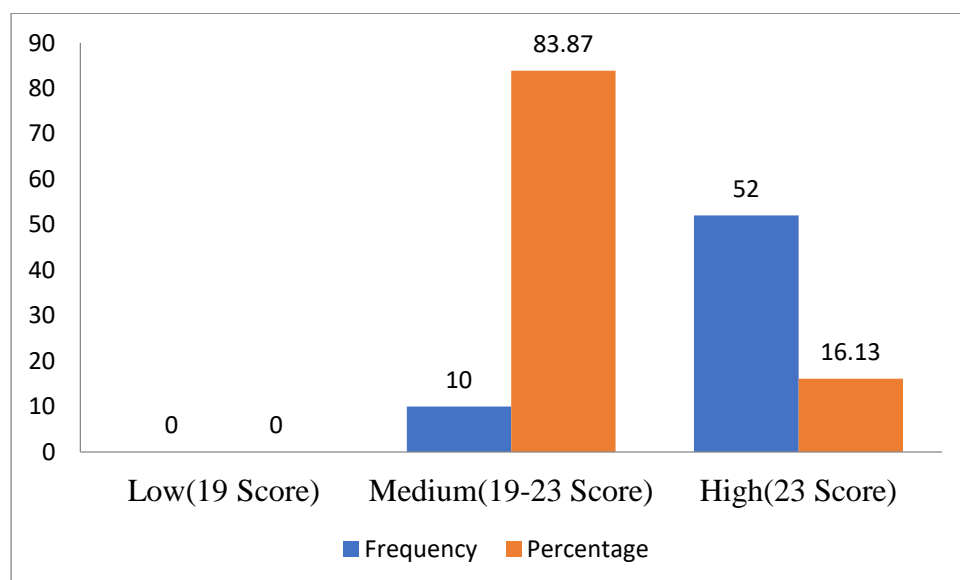
Technical knowledge refers to the practical understanding and skills that Anganwadi Workers (AWWs), Helpers (AWHs), and other ICDS staff possess to effectively implement the programme's core services. This includes knowledge related to nutrition, child growth and development, health check-ups, immunization, record-keeping, preschool education, and counselling techniques. Technical knowledge is usually acquired through formal training programmes, refresher courses, and on-the-job experience. A high level of technical knowledge ensures better service delivery and improved outcomes for children and mothers.

On the basis of knowledge about ICDS Anganwadi workers were classified into three categories.

Table 4.11: Distribution of Anganwadi workers according to their knowledge about ICDS
n=62

Sl. No	Technical Knowledge	Frequency	Percentage
1	Low(19 Score)	0	0
2	Medium(19-23 Score)	10	83.87
3	High(23 Score)	52	16.13

Field Survey-2025



Field Survey-2025

Table 4.11 shows that out of total Anganwadi workers 0.00 per cent belonged to low category, whereas 83.87 per cent belonged to medium and 16.13 percent workers were belonged to high category.

Thus, it can be concluded that majority of Anganwadi workers had medium (83.87%) level of knowledge about ICDS.

The result was in tune with the results of Thakur et al. (2015), Parmaret al. (2015).

4.3 Job Satisfaction

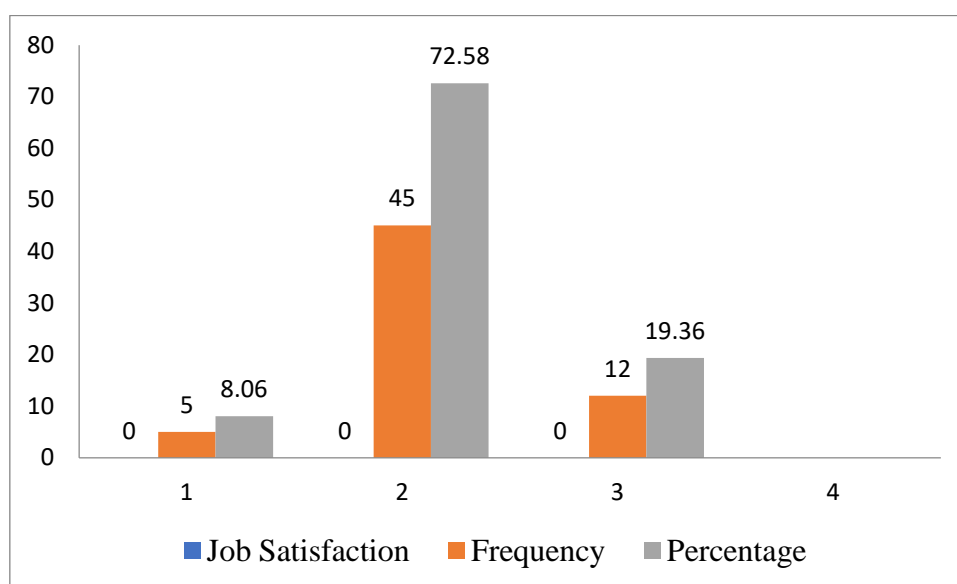
Job satisfaction refers to the level of contentment and fulfilment that Anganwadi Workers (AWWs), Helpers (AWHs), and other ICDS functionaries feel toward their work, roles, and overall working conditions. It is influenced by various factors such as salary and honorarium, workload, availability of facilities and resources, support and supervision, training opportunities, recognition, and job security. High job satisfaction among ICDS workers often leads to increased motivation, better performance, and more effective service delivery to children, mothers, and the community.

On the basis of Job Satisfaction, Anganwadi workers were classified into three categories.

**Table 4.12: Distribution of Anganwadi workers according to their Job satisfaction
n=62**

Sl. No	Job Satisfaction	Frequency	Percentage	
1	Low(28 Score)	5	8.06	Mean 43.78
2	Average(28-45 Score)	45	72.58	
3	High(45 Score)	12	19.36	SD 7.05

Field Survey-2025



Field Survey-2025

Table 4.12 shows that out of total Anganwadi workers 23.33 per cent belonged to low category, whereas 63.67 per cent belonged to average and 15.00 per cent workers were belonged to high category.

Thus, it can be concluded that majority of Anganwadi workers on the basis of Job satisfaction belonged to average (63.67%) category.

Table 4.13: Distribution of Anganwadi workers according to their satisfaction on different aspects of their job **n=62**

Sl No	Aspect of Job	Very Dissatisfacto ry		Dissatisfacto ry		Neutral		Satisfacto ry		Very Satisfacto ry	
		F	%	F	%	F	%	F	%	F	%
1	Activity: Being able to busy all the time	0	0	0	0	50	80.65	12	19.35	0	0

2	Independence: The chance to work alone on the job.	0	0	0	0	4 4	70.9 7	18	29.03	0	0
3	Variety: I get opportunity to do different things from time to time	0	0	0	0	4 6	74.2 0	16	25.80	0	0
4	Social Status: I enjoy the status of Anganwadi worker in the community?	0	0	0	0	5 2	83.8 7	10	16.13	0	0
5	Moral values: I am being able to do those things, these don't go against my conscience.	0	0	0	0	5 5	88.7 0	7	11.30	0	0
6	Security: I feel employment security in my job.	0	0	0	0	5 4	87.1 0	8	12.90	0	0
7	Social Services : The opportunity to	0	0	0	0	4 8	77.4 2	14	22.58	0	0

	do things for other people.										
8	Authority: The opportunity to tell People what and how to do.	0	0	0	0	4 0	64.5 2	22	35.48	0	0
9	Ability: The chance I get to use my Skills And abilities.	0	0	0	0	4 8	77.4 2	14	22.58	0	0
10	Responsibil ity: The freedom to use my Own Judgement to do things and Make decisions.	0	0	0	0	5 3	85.4 8	9	14.52	0	0

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Field Survey-2025

Table 4.13 reveals that majority i.e., 36.66% of the Anganwadi workers were partially satisfied with their present salary, 38.35% were partially satisfied with the security they get from their job, 35% of them were satisfied with the praise and recognition they get for good work, 35% were partially satisfied with the opportunity they get to work with team spirit. 28.33% Anganwadi workers were found to be satisfied with the help, guidance and encouragement they get from their supervisors while 41.67% were partially satisfied with the opportunities for self improvement. Half of the Anganwadi workers i.e. 50% were partially satisfied with promotion policy of ICDS scheme. 28% of the Anganwadi workers were quite satisfied with freedom to pursue their original ideas. 41.67% of the Anganwadi workers were satisfied with the status and prestige as a person in the project. 35% of them revealed to have partial satisfaction with the freedom for flexibility in work. 33.34% were partially satisfied with the type of work they are required to do and 28.33% were partially satisfied with the scope to improve their merit and excellence.

4.4. Correlation analysis between Independent variables with each of the dependent variable4.

4.4.1 Correlation between profile characteristics and role performance of Anganwadi workers Table

Table 4.14: Correlation between profile characteristics and role performance of Anganwadi workers

Sl. No	Independent Variables	Correlation Coefficient 'r' Values
1	Age	.327***
2	Marital Status	.030

3	Experience	.191
4	Caste	.010
5	Training Received	.210**
6	Education	.412***
7	Family Income	.109
9	Workload Perception	-.133**
10	Facilities and Resources	.452**
11	Attitude towards ICDS	.327*
12	Knowledge	.012**

Field Survey-2025

***= 0.01% level of probability

**= 0.05% level of probability.

Table 4.14 reveals the following results-

The correlation coefficient 'r' between age and role performance was obtained 0.327***, which is non-significant at 0.05 level of probability. Therefore, age of Anganwadi workers had no relationship with the role performance.

The correlation coefficient 'r' between marital status and role performance was obtained 0.030, which is non-significant at 0.05 level of probability. Therefore, education of Anganwadi workers had no relationship with the role performance.

The correlation coefficient 'r' between experience and role performance was obtained 0.191, which is non-significant at 0.05 level of probability. Therefore, experience of Anganwadi workers had no relationship with the role performance.

The correlation coefficient 'r' between caste and role performance was obtained 0.010, which is non-significant at 0.05 level of probability. Therefore, caste of Anganwadi workers had no relationship with the role performance.

The correlation coefficient 'r' between training received and role performance was obtained 0.210**, which is significant at 0.05 level of probability. Therefore, training received of Anganwadi workers had positive relationship with the role performance.

The correlation coefficient 'r' between education and role performance was obtained 0.412***, which is significant at 0.01 level of probability. Therefore, education of Anganwadi workers had positive and highly significant relationship with the role performance.

The correlation coefficient 'r' between annual family income and role performance was obtained 0.109, which is significant at 0.05 level of probability. Therefore, annual family income of Anganwadi workers had negative relationship with the role performance.

The correlation coefficient 'r' between workload perception and role performance was obtained -0.133**, which is highly significant at 0.01 level of probability. Therefore, workload perception of Anganwadi workers had negative relationship with the role performance.

The correlation coefficient 'r' between satisfaction with availability of facilities and resources and role performance was obtained 0.452**, which is significant at 0.05 level of probability. Therefore, satisfaction with availability of facilities and resources of Anganwadi workers had positive and significant relationship with the role performance.

The correlation coefficient 'r' between Guidance and Supervision and role performance was obtained 0.405, which is significant at 0.01 level of probability. Therefore, satisfaction with availability of Guidance and supervision of Anganwadi workers had positive and highly significant relationship with the role performance.

The correlation coefficient 'r' between attitude towards ICDS and role performance was obtained 0.327*, which is significant at 0.01 level of probability.

Therefore, attitude of Anganwadi workers towards ICDS had positive and highly significant relationship with the role performance.

The correlation coefficient 'r' between knowledge and role performance was obtained 0.012**, which is significant at 0.05 level of probability. Therefore, knowledge of Anganwadi workers had positive and significant relationship with the role performance.

4.4.2. Correlation between profile characteristics and job satisfaction of Anganwadi workers.

Table 4.15: Correlation between profile characteristics and job satisfaction of Anganwadi workers

Sl. No	Independent Variables	Correlation Coefficient 'r' Values
1	Age	.131
2	Marital Status	.054
3	Experience	.821***
4	Caste	.023**
5	Training Received	.402*
6	Education	.448**
7	Family Income	-.301*
9	Workload Perception	-1.20**
10	Facilities and Resources	.077*
11	Attitude towards ICDS	.106**

12	Knowledge	.209*
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Field Survey-2025

NS=Non Significant

***= 0.01% level of probability

**= 0.05% level of probability

*=.1 % level of probability

Table 4.15 reveals the following results-

The correlation coefficient 'r' between age and job satisfaction was obtained 0.131, which is non-significant at 0.05 level of probability. Therefore, age of Anganwadi workers had no relationship with the job satisfaction.

The correlation coefficient 'r' between marital status and job satisfaction was obtained 0.054, which is non-significant at 0.05 level of probability. Therefore, education of Anganwadi workers had no relationship with the job satisfaction.

The correlation coefficient 'r' between experience and job satisfaction was obtained 0.821***, which is significant at 0.05 level of probability. Therefore, experience of Anganwadi worker had positive relationship with the job satisfaction.

The correlation coefficient 'r' between caste and job satisfaction was obtained 0.023**, which is non-significant at 0.05 level of probability. Therefore, caste of Anganwadi worker had no relationship with the job satisfaction.

The correlation coefficient 'r' between training received and job satisfaction was obtained 0.402*., which is non significant at 0.05 level of probability. Therefore, training received of Anganwadi workers had no significant relationship with the job satisfaction.

The correlation coefficient 'r' between education and job satisfaction was obtained 0.448**, which is significant at 0.01 level of probability. Therefore, education of Anganwadi workers had positive and highly significant relationship with the job satisfaction.

The correlation coefficient 'r' between annual family income and job satisfaction was obtained -0.301*, which is non significant at 0.05 level of probability. Therefore, annual family income of Anganwadi workers had no significant relationship with the job satisfaction.

The correlation coefficient 'r' between workload perception and job satisfaction was obtained -1.20**, which is significant at 0.05 level of probability. Therefore, workload perception of Anganwadi workers had negative relationship with the job satisfaction.

The correlation coefficient 'r' between satisfaction with availability of facilities and resources and job satisfaction was obtained 0.077*, which is significant at 0.01 level of probability. Therefore, satisfaction of Anganwadi workers with availability of facilities and resources had positive and highly significant relationship with the job satisfaction.

The correlation coefficient 'r' between attitude towards ICDS and job satisfaction was obtained 0.106**, which is significant at 0.01 level of probability. Therefore, attitude of Anganwadi workers towards ICDS had positive and highly significant relationship with the job satisfaction.

The correlation coefficient 'r' between knowledge and job satisfaction was obtained 0.209*, which is significant at 0.05 level of probability. Therefore, knowledge of Anganwadi workers had positive and significant relationship with the job satisfaction.

4.5: Correlation analysis between both the dependent variables

4.16: Correlation between Role performance and Job satisfaction of Anganwadi workers

Sl. No	Variables	Mean	SD	Correlation Coefficient 'r' Values
1	Quality of work life	51.42	7.79	.6429***
2	Job Satisfaction	48.70	6.98	

Field Survey -2025

***= 0.01% level of probability

NS=Non Significant

*= 0.05% level of probability

Table 4.16 represents the correlation between Role Performance and Job Satisfaction 0.6429, which is significant at 0.01 level of probability.

Therefore, the job satisfaction and role performance of the Anganwadi workers showed positive and highly significant relationship with each other.

4.6: Problems faced by Anganwadi workers in delivery of services and their suggestions for effective functioning of ICDS programme

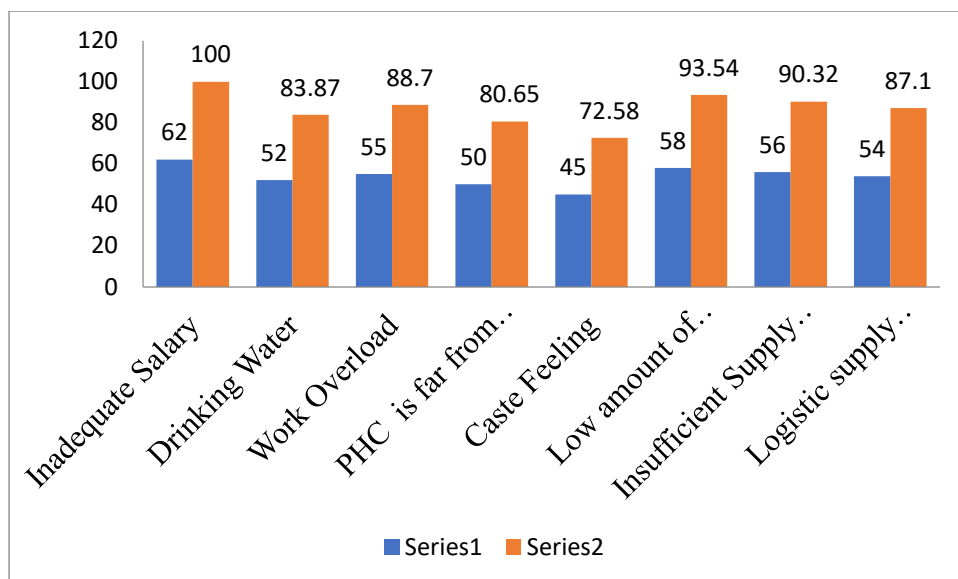
4.6.1. Problems

Table 4.17: Problems faced by Anganwadi workers in delivery of services

	Problems	Frequency	Percentage	Rank
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Sl. No				
1	Inadequate Salary	62	100	I
2	Drinking Water	52	83.87	VI
3	Work Overload	55	88.70	IV
4	PHC is far from the area	50	80.65	VII
5	Caste Feeling	45	72.58	VIII
6	Low amount of Financial Benefit	58	93.54	II
7	Insufficient Supply of Toys and other recreational items	56	90.32	III
8	Logistic supply related problems	54	87.10	V

Field Survey-2025



Field Survey-2025

The major constraints experienced by the Anganwadi workers were arranged in ascending order on the basis of rank order as Inadequate salary (100%), Drinking Water (83.87%), Workload perception (88.70%), Public Health Care is far from the area (80.65%), Caste Feeling (72.58%), Low amount of Financial Benefit (93.54%), Insufficient supply of Toys and other recreational items (90.32%), Logistic supply related problems (87.10%).

4.6.2: Suggestions:

Table 4.18: Suggestions by the Anganwadi workers for effective functioning of ICDS programme.

Sl. No	Suggestions	Frequency	Percentage	Rank
1	Provision for timely and adequate supervision by the supervisors and higher authorities.	32	51.61	IX

2	No other work than departmental jobs should be given.	46	74.19	V
3	Awareness about Anganwadi scheme should be ensured through organization of general public meetings.	34	54.84	VIII
4	Increase in the monthly honorarium of the Anganwadi Workers along with provision of other allowances	62	100	I
5	To fixed things for pre-school activities fixed pattern of syllabus for pre-school education	38	61.30	VII
6	Supply different types of pre-	45	72.58	VI

	school instruments in Anganwadi			
7	Well qualified assistance should be provided.	54	87.10	IV
8	Provision for better transport facilities	55	88.70	III
9	Adequate and timely provision of funds for different activities to be conducted at the Anganwadi centre.	56	90.32	II

Field Survey-2025

Table 4.18 reveals that the suggestions given by the Anganwadi workers for better functioning of ICDS scheme were arranged in ascending order on the basis of rank order as Increase in the monthly honorarium of the Anganwadi workers along with provision of other allowances (100%), No other work than departmental jobs should be given (74.19%), Adequate and timely provision of funds for different activities to be conducted at the Anganwadi centre (90.32%), Supply different types of pre-school instruments in Anganwadi (72.58%), Awareness about Anganwadi scheme should be ensured through organisation of general public meetings (54.84%), Community participation in various activities should be increased (46.60%), Involvement of community in the provision of infrastructure facilities, like equipment, furniture, play materials, seating arrangements, sanitation and toilet facilities, crayons and colorful books and drawing and painting materials

etc. Provision of better transport facilities (88.70%), Well qualified assistance should be provided (87.10%).

Provision for timely and adequate supervision by the supervisors and higher authorities (51.61%), To fixed timing for pre-school activities fixed pattern of syllabus for pre-school education (61.30%).

4.7: Conclusion

In this chapter the primary data gathered under the study has been analysed and interpreted. Anganwadi Workers (AWW) are the frontline workers under the ICDS programme. They act as linking agent between the community and the services devised under the ICDS. In the analysis it has been found that the job satisfaction of the AWWs is at the moderate level but at the border perspective the Quality of the Work Life (QWL) of the AWWs has been found poor irrespective of this ICDS Projects under the study namely Raha Project. It is necessary to improve the QWL of the AWWs for the better job satisfaction. This chapter shows how much dissatisfaction Anganwadi Workers and Helpers have with their salaries. In the analysis it has been found that the amount paid to the AWW is the primary problem faced by them. Along with that the AWWs also faced problem due to the excessive work load and record maintenance.

The past literatures have stated that Anganwadi workers are a team of efficient workforce who are capable of improving the nutritional, health and educational status of lower strata of underprivileged women and children. They are responsible for delivering the services of the ICDS schemes at the doorsteps. They also spread awareness about many social problems such as family planning; curbing child marriage, educating the teenage girls and mothers about their health, hygiene and nutrition etc. They are agents of social transformation and they should be equipped with necessary knowledge, training and resources to improve the lives of such underprivileged population. They are the bridge between the policy makers and the population and they have close contacts and minute information about the population allotted to her. The execution and success of the ICDS scheme largely rests upon the skill, motivation, job commitment and level of job satisfaction of these workers. Thus, it is important to motivate them and improve their job performance. The performance is highly dependent upon the job satisfaction and motivation level of the employees.

Various studies on Anganwadi workers have pointed various problems but problems of infrastructure, low honorarium, logistics, work overload, not granting them proper status and facilities, inadequate training etc are still persistent. Government should immediately look into the problem so that the Quality of life the AWWs can improve which in turn will improve their motivation and efficiency. As a result, the services of the ICDS program can be delivered in a better way. Although ICDS is the world's biggest early childhood care programme, the Anganwadi workers are not even paid minimum wage. It is indeed ironic the soldiers who fights malnutrition and channelizes various welfare schemes to the underprivileged section of the society, are themselves suffering and are deprived of minimum standard of living. They are unable to attain work life balance due to tremendous work overload as a result their quality of life is hampered. They are at a constant stress to complete their work and at the same time they are worried about after retirement life. They earn such meagre sum that it is impossible for them to meet their present needs and are unable to save. The Anganwadi workers are truly distressed and government should pay heed to their problems and try to honour the selfless sacrifices of such unsung heroines of India.

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CHAPTER-V

SUMMARY CONCLUSION AND POLICY IMPLICATION

5.1: Introductory Statement:

The present study has been carried out to study the Quality of Work Life (QWL) and job satisfaction of the Anganwadi Workers (AWW). The study also highlighted the availability of the infrastructural framework of the Anganwadi Centers (AWC). The study focused on the problems or troubles faced by AWWs in their service delivery and their salaries. The study consists of five chapters. The first chapter deals with the overview of the study; second chapter contains the review of the related literature; third chapter lights the status of the ICDS and Anganwadi workers in India and also the area under the study, fourth chapter contains the analysis and interpretation of the data; fifth chapter contains the major findings of the study and on the basis of the findings and conclusion and also states the future scope of research.

5.2: Finding of the study:

5.2.1: Status of Anganwadi employees of Assam:

The Integrated Child Development Services (ICDS) programme in Assam plays a vital role in promoting child and maternal health, nutrition, and early childhood education. Currently, the state operates around 230 ICDS projects with over 62,000 Anganwadi Centres (AWCs) and more than 60,000 Anganwadi workers and helpers. These centres provide essential services such as supplementary nutrition, preschool education, health check-ups, and immunization support. In recent years, Assam has made efforts to modernize the ICDS system by introducing digital tools like the Poshan Tracker app and distributing smart phones to workers in districts like Dhubri and Margherita. Despite these advancements, Anganwadi workers across many districts continue to face significant challenges, including low honorariums, lack of permanent employment status, inadequate infrastructure in centres, and an increasing burden of non-ICDS-related duties. Protests and demands for regular salaries, pensions, and better working conditions have emerged, particularly in districts like Goalpara. While some regions have seen improvements through digitization and model Anganwadi

centres, many rural and tribal areas still struggle with resource shortages. Overall, the ICDS programme in Assam is expanding in scope and reach, but sustained support, infrastructure development, and fair treatment of workers are essential for its long-term success.

At the inception of the ICDS the scheme was started in 33 number of project areas on an experimental basis. Subsequently, in 1978-79, 67 number of Projects, in 1979-80, 50 number of Projects and in 1980-81, 50 number of projects were sanctioned under the ICDS. The Projects mostly started in the selected disadvantaged or backward rural and tribal areas, as well as urban area, 67 numbers of Projects in tribal area and 28 number of Projects initiated in urban slums. In the periodic assessment, the all India Institute of Medical Sciences have found that in the Project areas the nutritional status and standard of the children improved remarkably. Due to the Government's commitment towards the healthy foundation of the national human resources, Since the inception of the ICDS scheme. Government of has been taking initiatives for promoting and expanding this most comprehensive scheme to increase the survival rater and to set up a genial environmental for better health and nutrition of the Children and mothers and also to provide learning opportunities to the pre-School children. Major findings of this chapter are as follows:

- The progress made over the last twenty years, from 5671 number of ICDS projects in 2005 to 7075 number of ICDS projects in 2025. After the year of 2012, no ICDS Project was sanctioned till the year 2025. Up to the year 2012, 7075 number of ICDS Projects was sanctioned, but out of those, 6908 number of ICDS Projects was functioning or operational. In the year of 2018, all the remaining ICDS Projects have become operational and presently, entire sanctioned ICDS Projects are functioning in India.
- The state of Uttar Pradesh has the highest sanctioned ICDS Projects with a total of 897 numbers of ICDS Projects, Followed by West Bengal and Maharashtra with 576 and 533 numbers of ICDS Projects respectively. Lowest number of ICDS Projects can be seen in Chandigarh with only 3 numbers of ICDS Projects. In Assam 231 number of ICDS Projects have been sanctioned. All the sanctioned ICDS Projects are functioning in all the states.
- The Social Welfare of Assam, as on 9th August 2021, in Assam 230 number of ICDS Projects are operating in various districts and in these districts a total of

61715 number of Anganwadi Centres are functioning . In Nalbari District of Assam, Ghograpara ICDS Project was sanctioned but due to non-availability of any development block in the area, the project has been merged with Borkhetri ICDS Project.

- 9th August 2021, there are 230 numbers of ICDS Projects functioning in the state of Assam .The majority of ICDS Projects are in the District of Cachar and Nagaon with 16 numbers of ICDS projects each. In Nagaon District There are 16 number of ICDS Projects are functioning.
- The highest of the additional honorarium paid in the state of Goa where AWWs are paid in the Scale of Rs. 3062-11937 and AWHs are paid in the scale of Rs. 3000-6000. But in the state of Harayana the initial amount of additional honorarium is highest in India but the upper level of the additional honorarium is lower than the state of Goa. In Haryana additional honorarium to the AWWs are paid in the scale of Rs. 7286-8429 and to the AWHs are paid a fixed of Rs. 4215. In the state of Assam the amount of additional honorarium for the AWWs is Rs. 2000 and for the AWHs is Rs. 1000.
- In 2023-2024,Funds Released for Procurement of Equipment and Furniture's, Petrol , oil, Lubrication (POL)/ Hiring and Training under Ministry of Women and Child Development Services in Assam (2023-2024) Rs. in lakh 4852.08 and India 68279.39.Cumulative Funds Utilised under Integrated Child Development Services (ICDS) Scheme in Assam (2020-2021 to 2022-2023)Rs. in lakh 264437.86 and India 68279.39.
- Funds Released and Utilized under Integrated Child Development Services (ICDS) Scheme in Assam (2016-2017 to 2020-2021). In Assam (2016-2017)Funds Released 64397.66 and Funds utilized 47795.05 and in India (2016-2017) Funds Released 1442970 and Funds utilized 1252709.79 and In Assam (2017-2018)Funds Released 70237.54 and Funds utilized 40611.6 and in India Funds Released 1509431.95 and Funds utilized 1215425.33 and In Assam (2018-2019) Funds Released 83867.16 and Funds utilized 91957.58 and In India (2018-2019) Funds Released 1515082.56 and Funds utilized 1681376.26 , again In Assam (2019-2020) Funds Released 121893 and Funds utilized 122538.08 and In India (2019-2020) Funds Released 1681376.26 Funds utilized 1730432.2 And (2020-2021) In Assam Funds Released

108068.38 and in India (2020-2021) Funds Released 1579754.25.

The ICDS programme in Assam serves as a cornerstone for child and maternal welfare, reaching millions through its widespread network of Anganwadi Centres. While the government has taken commendable steps to strengthen the system through digitalization and infrastructure improvements in several districts, many challenges remain unresolved. Anganwadi workers, the backbone of the programme, continue to face low remuneration, lack of job security, and poor working conditions, which hinder their motivation and effectiveness. Regional disparities further highlight the need for uniform policy implementation and better resource allocation across all districts. For the ICDS programme to achieve its full potential in Assam, it is crucial to prioritize the welfare of Anganwadi workers, ensure timely provision of resources, and adopt a more inclusive, district-sensitive approach to development and monitoring.

5.2.2: Study on quality of work life and job satisfaction of Anganwadi workers under ICDS programme in Raha block of Nagaon district of Assam:

The study on the quality of work life and job satisfaction of Anganwadi workers under the ICDS programme in the Raha block of Nagaon district, Assam, highlights key insights into the working conditions and overall well-being of frontline childcare providers. The findings reveal that while Anganwadi workers play a crucial role in delivering health, nutrition, and early education services to rural communities, they often face numerous challenges that affect their job satisfaction. These include low and irregular honorariums, lack of proper infrastructure at Anganwadi centres, limited opportunities for professional growth, and inadequate recognition of their contributions. Despite these difficulties, many workers express a sense of pride and commitment to their role, driven by their connection to the community and the impact of their work on children's lives. However, to improve the quality of work life and enhance job satisfaction, the study suggests the need for better financial support, training opportunities, regular performance evaluations, and policy measures that ensure job security and career progression. Addressing these factors is essential to strengthen the effectiveness of the ICDS programme in the Raha block and beyond.

The ICDS Programme has been designed to address the nutritional, health and educational challenges of the infants, pre-school children of 3 to 6 years of age, expectant and nursing mothers and adolescent girls from the economically backward section of the society. A package of services includes providing supplementary

nutrition, giving immunisation, doing health check-up. Providing referral services and to conduct the pre-school non formal classes through the huge network of the ICDS centres known as Anganwadi Centres (AWC), located nationwide to reach the beneficiaries. Presently in India 7075 number ICDS Projects are functioning with 13,83,875 number of the AWCS AWCs are run by the Anganwadi Workers (AWW) who are the primary linkage between the services of the ICDS and its beneficiaries. They play the role of an anchor to bring social change for the development of the community. The way AWWs play their role and responsibilities immensely influence the ICDS to achieve the goals for which this holistic programme has been devised. The poor Quality of Work Life (QWL) and also not having in the state of high job satisfaction affect the morale of the AWWs negatively. The improved QWL helps to improve the performance of the employees. Regarding performance, it not only refers to the service output but also change in the behaviour optimistically among the workers to face and accept the challenges of the job. Findings of this chapter are as follows:

- In the state of Assam the amount of additional honorarium for the AWWs is Rs. 2000 and for the AWHs is Rs. 1000.
- The total Anganwadi workers 0 per cent belonged to young age group whereas 46.78 per cent were from middle age and only 53.22 percent were from old age group. Thus, it can be inferred from the data that higher percentage (53.22%) of the Anganwadi workers were of middle age group.
- The total Anganwadi workers, 98.39 per cent belonged to unmarried group, whereas 1.61 per cent was from married group and only 0 percent were from others group. Thus, it can be inferred from the data that higher percentage (98.39%) of the Anganwadi workers were of married category
- The total Anganwadi workers, 0 per cent belonged to low category whereas 35.49 per cent were from medium category and only 64.51 percent were from high category. Thus, it can be inferred from the data that higher percentage (64.51%) of the Anganwadi workers were of medium category
- The Anganwadi workers 0 percent belonged to untrained group, 75.80 per cent were of orientation trained, 24.20 per cent were of orientation+ refresher trained, and 0 per cent were of orientation+ refresher+ others trained. Thus, it can be inferred from the data that higher percentage (75.80%) of the

Anganwadi workers were of orientation+ refresher trained category.

- The total workers, 0.00 per cent were illiterate, 0.00 per cent had primary level of education, 87.10 per cent had secondary school education, 12.90 percent had higher secondary school education, 0.00 per cent workers had Technical and 0.00 per cent workers had graduation level of education. Thus, it can be concluded that higher percentage (87.10%) of the Anganwadi workers were of intermediate level.
- The total Anganwadi workers 35.49 per cent belonged to low category whereas 64.51 per cent belonged to medium and only 0.00 per cent workers were belonged to high workload category. Thus, it can be concluded that majority of Anganwadi workers according to perception of workload belonged to medium category (64.51%).
- The total Anganwadi workers 16.13 per cent belonged to not satisfied category whereas 64.51 per cent belonged to moderately satisfied and only 19.36 per cent belonged to highly satisfied category with availability of facilities and resources.
- The total Anganwadi workers 6.45 per cent belonged to not satisfied category whereas 48.39 per cent belonged to moderately satisfied and only 45.16 per cent belonged to highly satisfied category with availability of guidance and supervision.
- The total Anganwadi workers 23.33 per cent belonged to low category, whereas 63.67 per cent belonged to average and 15.00 per cent workers were belonged to high category. Thus, it can be concluded that majority of Anganwadi workers on the basis of Job satisfaction belonged to average (63.67%) category.
- The correlation between Role Performance and Job Satisfaction 0.6429, which is significant at 0.01 level of probability. Therefore, the job satisfaction and role performance of the Anganwadi workers showed positive and highly significant relationship with each other.

5.2.3: The quality of work life (QWL) of Anganwadi workers and helpers in the Study area:

- The correlation coefficient 'r' between age and role performance was obtained

0.327***, which is non-significant at 0.05 level of probability. Therefore, age of Anganwadi workers had no relationship with the role performance.

- The correlation coefficient 'r' between marital status and role performance was obtained 0.030, which is non-significant at 0.05 level of probability. Therefore, education of Anganwadi workers had no relationship with the role performance.
- The correlation coefficient 'r' between experience and role performance was obtained 0.191, which is non-significant at 0.05 level of probability. Therefore, experience of Anganwadi workers had no relationship with the role performance.
- The correlation coefficient 'r' between caste and role performance was obtained 0.010, which is non-significant at 0.05 level of probability. Therefore, caste of Anganwadi workers had no relationship with the role performance.
- The correlation coefficient 'r' between training received and role performance was obtained 0.210**, which is significant at 0.05 level of probability. Therefore, training received of Anganwadi workers had positive relationship with the role performance.
- The correlation coefficient 'r' between education and role performance was obtained 0.412***, which is significant at 0.01 level of probability. Therefore, education of Anganwadi workers had positive and highly significant relationship with the role performance.
- The correlation coefficient 'r' between annual family income and role performance was obtained 0.109, which is significant at 0.05 level of probability. Therefore, annual family income of Anganwadi workers had negative relationship with the role performance.
- The correlation coefficient 'r' between workload perception and role performance was obtained -0.133**, which is highly significant at 0.01 level of probability. Therefore, workload perception of Anganwadi workers had negative relationship with the role performance.
- The correlation coefficient 'r' between satisfaction with availability of facilities and resources and role performance was obtained 0.452**, which is significant at 0.05 level of probability. Therefore, satisfaction with

availability of facilities and resources of Anganwadi workers had positive and significant relationship with the role performance.

- The correlation coefficient 'r' between Guidance and Supervision and role performance was obtained 0.405, which is significant at 0.01 level of probability. Therefore, satisfaction with availability of Guidance and supervision of Anganwadi workers had positive and highly significant relationship with the role performance.
- The correlation coefficient 'r' between attitude towards ICDS and role performance was obtained 0.327*, which is significant at 0.01 level of probability. Therefore, attitude of Anganwadi workers towards ICDS had positive and highly significant relationship with the role performance.
- The correlation coefficient 'r' between knowledge and role performance was obtained 0.012**, which is significant at 0.05 level of probability. Therefore, knowledge of Anganwadi workers had positive and significant relationship with the role performance.

5.2.2.4 : Job satisfaction of the Anganwadi workers and helpers:

- The correlation coefficient 'r' between age and job satisfaction was obtained 0.131, which is non-significant at 0.05 level of probability. Therefore, age of Anganwadi workers had no relationship with the job satisfaction.
- The correlation coefficient 'r' between marital status and job satisfaction was obtained 0.054, which is non-significant at 0.05 level of probability. Therefore, education of Anganwadi workers had no relationship with the job satisfaction.
- The correlation coefficient 'r' between experience and job satisfaction was obtained 0.821***, which is significant at 0.05 level of probability. Therefore, experience of Anganwadi worker had positive relationship with the job satisfaction.
- The correlation coefficient 'r' between caste and job satisfaction was obtained 0.023**, which is non-significant at 0.05 level of probability. Therefore, caste of Anganwadi worker had no relationship with the job satisfaction.
- The correlation coefficient 'r' between training received and job satisfaction

was obtained 0.402*, which is non significant at 0.05 level of probability. Therefore, training received of Anganwadi workers had no significant relationship with the job satisfaction.

- The correlation coefficient 'r' between education and job satisfaction was obtained 0.448**, which is significant at 0.01 level of probability. Therefore, education of Anganwadi workers had positive and highly significant relationship with the job satisfaction.
- The correlation coefficient 'r' between annual family income and job satisfaction was obtained -0.301*, which is non significant at 0.05 level of probability. Therefore, annual family income of Anganwadi workers had no significant relationship with the job satisfaction.
- The correlation coefficient 'r' between workload perception and job satisfaction was obtained -1.20**, which is significant at 0.05 level of probability. Therefore, workload perception of Anganwadi workers had negative relationship with the job satisfaction.
- The correlation coefficient 'r' between satisfaction with availability of facilities and resources and job satisfaction was obtained 0.077*, which is significant at 0.01 level of probability. Therefore, satisfaction of Anganwadi workers with availability of facilities and resources had positive and highly significant relationship with the job satisfaction.
- The correlation coefficient 'r' between attitude towards ICDS and job satisfaction was obtained 0.106**, which is significant at 0.01 level of probability. Therefore, attitude of Anganwadi workers towards ICDS had positive and highly significant relationship with the job satisfaction.
- The correlation coefficient 'r' between knowledge and job satisfaction was obtained 0.209*, which is significant at 0.05 level of probability. Therefore, knowledge of Anganwadi workers had positive and significant relationship with the job satisfaction.

QWL and job satisfaction of the AWWs can be improved by providing better working condition and upgrading physical working environment. The place where an employee works, the ambience and amenities of that place affects the working behaviour of the employee. A comfortable physical working environment for the employees leads to the less stressful and more productive performance. The working conditions of the

AWWs can be improved by enhancing the financial benefit to the workers and by creating growth opportunity in the job. AWWs are very much undervalued compared to the roles and responsibilities performed by them. Along with that, the infrastructural conditions of the AWCs need to be improved by providing the basic facilities. In 2015 NITI Aayog recommended for the betterment of the sanitation, drinking water facilities and electrification of the AWCs.⁴ It is very much indispensable to redesign the AWCs to make it at par with the other private paid options. The human resource element is the most vital organ for any kind of organization. All the resources of the organisation will be static, if the human resource element is not utilized properly. In ICDS among the various functionaries, the AWWs are the front-line field workers on whom the implementation of the ICDS scheme relies. The study concludes that to achieve the goals of the ICDS, the working conditions of the AWWs need to be improved by creating a congenial working atmosphere through introducing or reforming the policies and strategies so that they can maintain their standard of living and also the positive morale of the workers can be engendered and retained in the job which thereby leads to the enhancement of their performance resulting in success of the ICDS.

5.3: Suggestions:

On the basis of the feedback generated by the respondents and by interpreting the responses, following suggestions are put forward for the improvement of the Anganwadi Workers (AWW) working conditions to enhance their Quality of Work Life (QWL) and job satisfaction level:

- As money can act as great motivator to improve morale, it is necessary to pay AWWs adequate compensation for their service. They need to give ample amounts of time on a particular day to perform their functions. After performing various duties as AWW, there is little or sometimes no time left for them to perform other activities to earn more. Thus, they need to be paid sufficiently. The amount of honorarium must be increased to a respectable level.
- An adequate amount of honorarium for the AWWs can improve the QWL and job satisfaction of the AWWs. The amount of the honorarium paid to them. Should be considered with empathy. Due to the provision of the additional

honorarium by the various State Governments, AWWs are getting different amounts of honorarium throughout the country, even after performing the same roles and responsibilities. So, it is necessary to bring uniformity to the pay structure of the AWWs all over the country.

- There is provision for the reservation of the 50% vacant supervisors post for the AWWs. But to fill up such vacancy the minimum qualification requirement needs to be fulfilled, i.e.. a candidate should be a graduate. As there is a very small number of workers having a graduate qualification, there is very little or no chance of promotion in this job. Thus, it is necessary to improve their status as AWWs in terms of seniority and the senior AWWs should be termed with a new designation.
- A promotional hierarchy of Rank-1 AWW, Rank-2 AWW, Rank-3 AWW and so on can be created. An AWW can be promoted to the upper AWW Rank after a specific time period and with the promotion to the upper rank the honorarium paid to them should also be increased. Such promotional avenues in the job will boost the morale of the AWWs.
- As it has been found that the revision of the honorarium in the past years was not consistent, it is suggested to revise the honorarium amount at a regular interval and if the promotional rank is introduced at the level of AWW, then the increment of honorarium should be given with every promotion. It is recommended to revise the honorarium of the AWWs in every 5 years with a promotion to the upper rank.
- To improve the QWL of the AWWs the social security measure in terms of securing a certain fixed amount for the retired AWWs as a pension should be initiated. As per the information obtained from the Ministry of Women and Child Development, it is the concern of the State or the Union Territory Administration to formulate any kind of retirement benefit for the ICDS functionaries. According to the Directorate of the Social Welfare of Assam, a guideline on retirement benefits for the AWW, Mini AWW and AWH is under process and after finalizing of the same retirement benefit will be provided to them. So, it is suggested to implement the same at the earliest for the security of the AWWs.
- Private crèche houses or nursery schools are a kind of threat to the AWCs. The

pre-school beneficiaries are mostly from the poorer sections of society and they come to the centre primarily for the SNP service. Thus, it is of the utmost necessary to develop the physical evidence of the AWC in an attractive way that can create a pleasant environment for the children.

- AWWs feel good while they work for the children. At the AWC the children are engaged in the joyful teaching-learning process by using various teaching-learning kits. Thus, it is necessary to ensure that all the AWCs have a sufficient amount of equipment to teach the pre-school beneficiaries. Under the provision of the scheme, Rs 5000 per AWC is provided per annum for the effective implementation of the Early Child Care and Education (ECCE). It is recommended to ensure that the approved amount is sanctioned on time and it is also necessary to monitor that the amount is correctly utilized for the purpose for which it is provided,
- As AWWs frequently experience stress due to excessive workload, hence it is recommended to arrange workshop on meditation to reduce their job stress (Dhanani, 2020). Furthermore, basic meditation technique should also be taught to pre-school children in a joyful manner.
- To create more awareness in the community regarding the benefits of the ICDS, it is necessary to conduct awareness campaign within the localities of the AWCs.
- It is necessary to ensure that the Supplementary Nutrition Programme (SNP) is run regularly, AWWs feel discouraged when children or beneficiaries expect the food, but they are not able to provide it. Moreover, the SNP aspect is very vital to fighting malnutrition among the beneficiaries under the scheme. The Government of India adopted the POSHAN Abhiyan in the year 2018 to address the issues to eradicate malnutrition in the country. Therefore, it is necessary to monitor and evaluate the programme periodically so that the intended beneficiaries get the entitlements in a time-bound manner.

5.4: CONCLUSION:

Anganwadi Workers (AWW) is the grass root functionaries under the ICDS scheme. The Quality of the Work life (QWL) of the AWWs has been found poor and also the job satisfaction of the AWWs has been moderate. The principal reason for the poor

QWL and incomplete or moderate level of job satisfaction is the low amount of honorarium paid to them. Moreover, AWWs need to engage with the multiple responsibilities. AWWs like the content of the job and feel proud to be a part of the social development. But they feel demotivated due to the low amount of financial return in the form of honoraria that they get for their services. Apart from maintaining the activities of the AWCs', AWWs need to visit the houses for health checkups of the new born babies and pregnant and lactate mothers. Moreover, they need to maintain various registers provided under the ICDS for maintaining the records and submit the same as and when demanded by the superiors. When the Supplementary Nutrition Programme (SNP) is run, AWWs also need to visit the market to purchase the grocery and food items as per the norms under the scheme. The AWWs need to visit the offices or at the designated centres as directed by the authorities to collect the groceries or equipment for the beneficiaries of the concerned AWCs. They also need to assist the other health workers like ASHA/ANM in providing various health care services to the beneficiaries. Community survey is one of the integral parts of the ICDS and AWWs need to visit the households periodically or according to the direction of the authority to survey and collect the data from the households. Sometimes they are given a very limited amount of time to collect the necessary information from the community, for which they face trouble in managing the survey along with their regular activities. All these activities pose an enormous burden on the AWWs and they often feel the hefty workload. Due to the excessive burden of work, it becomes difficult for them to retain the balance between work and family life and they feel stress on the job. It is necessary to improve the working conditions of the AWWs to ensure the enhancement of their performance, which will fuel the amelioration of the ICDS scheme.

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ANNEXURE I

Quality of Work life and Job Satisfaction of Anganwadi Employees in Integrated Child Development Services (ICDS) Project in Nagaon District of Assam

Interview Schedule

Section-I

1. Basic Details of Anganwadi Members:

District	Village	Age	Caste (Code-1)	Education (Code-2)	Marital Status (code-3)

Code 1, (Caste (SC/ST=1, OBC=2, GN=3, Others 4), . Code 2: (only for 6+years) Illiterate=1, Literate but below primary=2, Primary=3, Secondary (5 to 10 std) =4, Higher Secondary=5, Technical=6, Graduation =7, Non-formal=8. P.G = 9 Code-3 (Unmarried=1, married=2, widow=3, Divorced=4))

2. Designation: 1. Anganwadi Worker 2. Anganwadi Helper

3. Years of Experience in ICDS: _____

Section II

Work Environment and Conditions (Job Satisfaction)

1. How would you describe your current work environment?

SS= Very Satisfactory S= Satisfactory N=Neutral D= Dissatisfactory SD=Very Dissatisfactory

Sl No.	Statements	SD	D	N	S	SS
1	Activity: Being able to busy all the time					

2	Independence: The chance to work alone on the job.					
3	Variety: I get opportunity to do different things from time to time					
4	Social Status: I enjoy the status of Anganwadi worker in the community?					
5	Moral values: I am being able to do those things, these don't go against my conscience.					
6	Security: I feel employment security in my job.					
7	Social Services : The opportunity to do things for other people.					
8	Authority: The opportunity to tell People what and how to do.					
9	Ability: The chance I get to use my Skills And abilities.					
10	Responsibility: The freedom to use my Own Judgement to do things and Make decisions.					

Section III

Quality of Life

State your perception on the following statements:

SS= Very Satisfactory S= Satisfactory N=Neutral D= Dissatisfactory SD=Very Dissatisfactory

SL. NO	Statement	SD	D	N	S	SS
1	How satisfied are you with salary (Honorarium)?					
2	How satisfied are you with your Remuneration (Honorarium), if You compare with the other Functionaries under the ICDS?					
3	How satisfied are you with the Pay revision interval?					
4	How satisfied are you with the Financial return in compare to The effort you put in the job?					
5	How satisfied are you towards The weekly working hours?					
6	According to your workload, How do you feel?					
7	How satisfied are you towards Your working environment?					
8	How satisfied are you towards Equipment provide to perform Perform your job?					

9	How do you feel, regarding the Tiredness, that your work cause To you?					
10	Are you satisfied with the Opportunity to make decision to Your work?					

1. What improvements would you suggest to enhance your quality of life and job satisfaction?

Section IV

Infrastructural adequacy

(ii) State your perception on the availability of the following facilities

SINo.	Statements	Adequate	Somewhat adequate	inadequate
1	Toilet and Sanitary			
2	Drinking water			
3	Kitchen Space			
4	Open Playing Space			
5	Teaching Learning material			
6	Kitchen Equipment			
7	Overall Infrastructural adequacy .			

Section E

(E) Problems of the Anganwadi Workers

(i) What are the Problems you face from the community?

SINo.	Problems	Tick(✓)
1	Lack of interest of the community	

2	Caste feeling	
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(ii) Is the Supplementary Nutrition Programme (SNP) run regularly?

Response		Tick (✓)
Yes		
No		
3	Lack of time of the people	
4	Lack of time to communicate with community	

(iii) If No, what are the reasons behind irregularity of SNP?

Sl No.	Problems	Tick (✓)
1	Fund not released on time	
2	Food not Supplied on time	
3	Spoiled food items	
4	Others	

(IV) What are the problems you face while providing health care services?

Sl No.	Problems	Tick (✓)
1	PHC is far from the area	
2	Lack of interest from the part of parents	
3	Lack of transport facility	
4	Lack of support from the ASHA/ANM Workers.	
5	Lack of Referral card.	
6	Lack of knowledge on the health care issues.	
7	Lack of support from the Doctors	

(V) What are the other major problems you face due to the job?

Sl No.	Problems	Tick (✓)
1	Inadequate salary	
2	Poor infrastructure	
3	Work Overload	
4	Working hours	
5	Too much record maintenance	
6	Dual responsibility towards family and job	
7	Lack of cooperation from family	

(VI) How occasionally you feel stress due to the job of AWW?

SINo.	Frequency of stress	Tick (✓)
1	Frequently	
2	Occasionally	
3	No such stress	

(VII) If you leave the job, what will be the reason/s behind leaving?

Sl No.	Problems	Tick (✓)
1	Low amount of financial benefit	
2	Excessive work	
3	Inadequate infrastructures	
4	Low Job satisfaction	
5	For family maintenance	

What changes would you recommend to improve the ICDS program in your area?

Any additional comments or suggestions

PHOTOGRAPHS OF THE FIELD STUDY

