International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Empowering Women Through Anganwadi Services: An Analytical Study of the Socio-Economic Status of Anganwadi Workers in India

Naresh Kumar[1], Prof. Ran Vir Singh[2]

[1]Research Scholar, Department of Social Work, Institute of Social Sciences, Dr. Bhimrao Ambedkar University (DBRAU), Agra, Uttar Pradesh, India
[2]Dean, Sustainable Development Goals, Department of Social Work, Institute of Social Sciences Dr. Bhimrao Ambedkar University (DBRAU), Agra, Uttar Pradesh, India

Abstract

Anganwadi Workers (AWWs) are women volunteers at the frontline of India's Integrated Child Development Services (ICDS), providing nutrition and childcare support to children (0–6 years) and pregnant or lactating mothers. This study examines how Anganwadi Services contribute to women's empowerment by analyzing the socio-economic status of AWWs, with a specific focus on Uttar Pradesh. Drawing on secondary data from official sources — including the Ministry of Women & Child Development (MWCD), National Family Health Survey (NFHS-5), NITI Aayog evaluations, Press Information Bureau, and Parliamentary Question-and-Answer records — as well as peer-reviewed academic studies (2019–2024), the study investigates key dimensions: wages, education, job satisfaction, training, empowerment indicators, working conditions, and community recognition. Nationally, approximately 13.97 lakh Anganwadi Centres (AWCs) are operational, staffed by 13.48 lakh AWWs. In Uttar Pradesh alone, 1,89,796 AWCs are sanctioned (Ministry of Women & Child Development [MWCD], 2023a). Findings reveal that AWWs generally possess at least secondary-level education and serve approximately 73 beneficiaries per worker (Gopalakrishnan et al., 2025). Yet their honorarium remains critically low — ₹4,500 per month nationally, and approximately ₹6,000 in Uttar Pradesh including state top-ups (Pramanick, 2025). While 92% of AWWs report high work motivation, dissatisfaction with pay is near-universal. Approximately half have received comprehensive formal training, and many AWCs lack basic infrastructure. Community and legal recognition of AWWs is improving — notably, the Supreme Court (2022) ruled AWWs are entitled to gratuity as frontline women workers. The study concludes that enhancing AWW remuneration, formalizing their employment status, systematically expanding training, and improving workplace infrastructure would simultaneously strengthen women's empowerment and ICDS effectiveness. Policy recommendations include aligning honoraria with statutory minimum wages, establishing clear career pathways, and ensuring minimum infrastructure standards at all AWCs.

Keywords: Anganwadi Services, Anganwadi Workers, Women Empowerment, Socio-Economic Status, Integrated Child Development Services (ICDS)

1. Introduction

India's Anganwadi Services, administered under the Integrated Child Development Services (ICDS) scheme, constitute one of the world's largest early childhood and maternal nutrition programs. Each Anganwadi Centre (AWC) is designed to cover approximately 1,000 people, providing a package of services including supplementary nutrition, preschool non-formal education, immunization, health check-ups, and nutrition and health education. As of 2023, approximately 13.97 lakh AWCs are operational nationwide, staffed by about 13.48 lakh Anganwadi Workers (AWWs) and 9.23 lakh Anganwadi Helpers (AWHs; Ministry of Women & Child Development [MWCD], 2024). These women serve tens of millions of children aged 0–6 years and pregnant or lactating mothers across rural and urban India. By design, the ICDS aims both to improve child welfare and to empower women as community workers.

Anganwadi Workers are typically drawn from local communities — often literate women selected by village committees or self-help groups — and are formally designated as honorary volunteers rather than government employees (Gopalakrishnan et al., 2025). In Uttar Pradesh, India's most populous state, 1,89,796 AWCs were sanctioned as of December 2022 (MWCD, 2023a), serving hundreds of millions of beneficiaries across districts. Given this remarkable scale, AWWs play an indispensable social role at the intersection of healthcare, nutrition, and community development.

However, significant concerns have been raised about the socio-economic status of AWWs. They work without formal job security, receive modest honoraria well below statutory minimum wages, and bear heavy workloads often under inadequate physical conditions. Understanding AWWs' conditions is therefore critical for assessing whether ICDS is genuinely empowering the women who deliver it. This paper presents a systematic review of recent (2019–2024) evidence on AWW wages, education, job satisfaction, training, working conditions, and empowerment indicators, with particular attention to Uttar Pradesh. The study relies on official government reports, parliamentary records, national surveys, and peer-reviewed research to synthesize current data and analyze the extent to which the Anganwadi role enhances women's socio-economic status.

The paper is organized as follows: Section 2 reviews existing literature across six key dimensions of AWW status; Section 3 describes the methodology; Section 4 presents empirical findings and analysis, supported by summary tables; Section 5 offers a critical discussion; and Section 6 concludes with policy recommendations.

2. Review of Literature

2.1 Wages and Financial Status

Anganwadi Workers are officially classified as "honorary volunteers" receiving a stipend (honorarium) rather than a salary (PRS Legislative Research, 2023). The central government fixes the base honorarium: ₹4,500 per month for main AWWs, ₹3,500 for mini-AWC workers, and ₹2,250 for AWHs. In 2018, the Cabinet Committee on Economic Affairs enhanced these from lower rates (₹3,000, ₹2,250, and ₹1,500 respectively), and introduced performance-linked incentives of ₹500 for AWWs and ₹250 for AWHs (MWCD, 2024). States may supplement these with additional top-ups from their own resources.

However, survey analyses confirm that total monthly compensation remains meager by any cost-of-living standard. A recent comprehensive analysis of state-wise honorarium data found that Uttar Pradesh pays AWWs only approximately ₹6,000 per month in total — inclusive of state top-ups — placing it among the four lowest-paying states nationally, alongside Puducherry (₹5,100), Odisha (₹5,500), and Bihar (₹5,950; Pramanick, 2025). AWWs frequently report that this honorarium does not cover household needs,

even as they maintain regular compliance with demanding job duties. Women's groups and trade union confederations have called for honoraria to be raised to at least statutory minimum wage levels, arguing that inadequate pay undermines both ICDS effectiveness and women's dignity (PRS Legislative Research, 2023).

2.2 Education and Training

Early ICDS guidelines required only modest literacy — 8th or 10th pass — for AWW recruitment. Current MWCD guidelines stipulate a minimum of 10th standard (matriculation), and many states now prefer 10+2 candidates (Gopalakrishnan et al., 2025). Empirical surveys confirm that AWWs tend to be relatively well-educated by rural Indian female norms: a large national study found over 80% of AWWs had at least 10 years of schooling, with a significant fraction holding graduate-level credentials. Higher education among AWWs correlates positively with service delivery performance — better-educated workers are more likely to carry out growth monitoring and nutrition counseling.

Training is mandated under ICDS. The government has recently launched the "Poshan Bhi Padhai Bhi" initiative (2023) to systematically train all AWWs in Early Childhood Care and Education (ECCE) and nutrition. However, field studies report significant gaps: only approximately half of AWWs had received training in all required health and nutrition topics (Gopalakrishnan et al., 2025). AWWs themselves report training as insufficient, particularly regarding nutrition counseling, child development milestones, and digital literacy.

2.3 Job Satisfaction and Motivation

Evidence on AWW job satisfaction is mixed but consistently highlights strong intrinsic motivation despite systemic challenges. Agarwal (2018) surveyed 556 AWWs in Aligarh district, Uttar Pradesh, and concluded that overall job satisfaction is high, driven by community respect and personal commitment to child welfare — yet nearly all respondents expressed dissatisfaction with the honorarium. A large national study of 1,344 AWWs found that 92% felt motivated in their work, drawing meaning from serving children and families (Gopalakrishnan et al., 2025). Nevertheless, systemic factors — irregular salary payment, heavy workload, inadequate supervision, and lack of career growth — considerably undermine morale.

2.4 Working Conditions and Infrastructure

Official audit and parliamentary committee reports have repeatedly flagged infrastructural deficiencies at AWCs. Nationally, only about 49% of AWCs operate from their own government buildings; approximately 35% lack functional toilets and 36% lack safe drinking water (MWCD, 2023b). In Uttar Pradesh, older audit data revealed that many rural AWCs function in rented rooms, temporary structures, or under makeshift shelters, often without electricity. Workload is also intense: the PLOS ONE survey of rural AWWs found a median of 73 beneficiaries per worker and a median work experience of 14 years, indicating a stable but overburdened cadre (Gopalakrishnan et al., 2025). Less than 60% of AWWs nationally reported receiving regular supervisory visits.

2.5 Community Recognition and Empowerment

Anganwadi Workers occupy a complex social position: locally respected as knowledge brokers and community health anchors, yet officially treated as part-time volunteers. Several qualitative reports note that villagers value the childcare and nutrition guidance AWWs provide, often consulting them informally outside working hours. A watershed legal development came in 2022, when the Supreme Court of India held that AWWs are entitled to gratuity under the Payment of Gratuity Act, formally recognizing them as "frontline women workers" essential to ICDS. At the household level, AWWs' independent (if modest) income may expand their agency and decision-making power. NFHS-5 data indicate that only 51% of

Indian women aged 15–49 participate in household decision-making (Vignitha et al., 2024); AWWs, as employed women with community roles, may fare somewhat better, though direct evidence is limited. Policy analyses argue that transforming AWWs from honorary volunteers into recognized formal workers — with fair wages, pension benefits, and job security — is essential for genuine empowerment (IWWAGE, 2020). The literature thus presents AWWs' empowerment potential as real but contingent on institutional reform.

3. Methodology

This study employs a systematic secondary data review methodology, drawing on publicly available documents and peer-reviewed research published between 2019 and 2024. The research is entirely based on published and authenticated secondary sources; no primary data collection was undertaken.

The data corpus comprised four categories of sources: (a) official government publications — MWCD annual reports, Press Information Bureau (PIB) press releases, and Parliamentary Question-and-Answer documents from Lok Sabha and Rajya Sabha (accessed via Sansad.in); (b) national surveys — National Family Health Survey (NFHS-5, 2019–21) and Poshan Tracker dashboards; (c) policy analyses — NITI Aayog evaluations of ICDS, PRS Legislative Research budget analyses, and IWWAGE reports; and (d) peer-reviewed studies — empirical field surveys and cross-sectional analyses published in indexed journals (PLOS ONE, Cureus, and allied publications). Credible investigative journalism (The Leaflet) was used to supplement official honorarium data for 2023.

Uttar Pradesh-specific data on the number of AWCs were drawn from the MWCD's response to Lok Sabha Unstarred Question No. 400 (February 3, 2023), which provided district-wise sanctioned AWC counts as of December 2022. National averages for workers and helpers were taken from the Rajya Sabha Unstarred Question No. 627 (February 7, 2024) response, which provided state-wise staffing data as of December 31, 2023 (MWCD, 2024). The study synthesized quantitative statistics — numbers of centres and workers, honorarium amounts, educational qualifications, training coverage — with qualitative findings from job satisfaction surveys and empowerment narratives. Data triangulation across multiple source types was used to ensure validity and minimize reliance on any single source.

4. Findings and Analysis

Table 1

National Statistics of Anganwadi Services (2023)

Indicator	Figure	Source
Sanctioned AWCs (national)	~14.00 lakh (1,399,697)	MWCD, 2023a
Operational AWCs (national)	~13.97 lakh	MWCD, 2023b
AWWs in position (national)	~13.48 lakh (13,48,135)	MWCD, 2024
Anganwadi Helpers (national)	~9.23 lakh	MWCD, 2023b
Sanctioned AWCs in Uttar Pradesh	1,89,796	MWCD, 2023a
Avg. beneficiaries per AWW	~73 (children + pregnant/lactating mothers)	Gopalakrishnan et al., 2025
AWWs with ≥10 years schooling	81.4%	Gopalakrishnan et al., 2025

AWCs with functional toilets (national)	~65% (35% lacking)	MWCD, 2023b
AWCs with drinking water (national)	~64% (36% lacking)	MWCD, 2023b
AWCs in own govt. buildings	~49%	MWCD, 2023b

Note. AWC = Anganwadi Centre; AWW = Anganwadi Worker; AWH = Anganwadi Helper; MWCD = Ministry of Women & Child Development. Sanctioned vs. operational figures reflect the distinction between posts approved and posts currently functional. UP data as of December 2022; national worker counts as of December 2023.

4.1 Demographics and Educational Profile

As shown in Table 1, the Anganwadi workforce in India comprises approximately 13.48 lakh AWWs and 9.23 lakh AWHs (MWCD, 2024). In Uttar Pradesh, 1,89,796 AWCs were sanctioned as of late 2022 (MWCD, 2023a), making it the state with the largest Anganwadi network nationally. Nationally, survey data indicate that 81.4% of AWWs possess at least 10 years of formal schooling, and approximately one quarter hold graduate-level education — a notably high attainment for a predominantly rural female workforce (Gopalakrishnan et al., 2025). The minimum recruitment criterion (10th pass/matriculation) mandated by MWCD has raised educational baselines across states, with many — including Uttar Pradesh — now preferring 12th pass candidates in practice.

Higher education among AWWs is associated with measurably better service delivery. Gopalakrishnan et al. (2025) found that AWWs with at least 10 years of schooling were significantly more likely to carry out systematic growth monitoring for infants and children. Education also supports AWWs' broader empowerment: literate, numerate AWWs have greater confidence in community interactions, clearer documentation skills, and stronger standing in village-level decision forums. In Uttar Pradesh — where rural female literacy stood at 68% in the 2011 census and has improved since (Census of India, 2011) — the selection of AWWs meeting the matriculation criterion implies a cadre that is educationally above the rural female average, a meaningful marker of relative status.

4.2 Training and Capacity Building

ICDS mandates regular training of AWWs in nutrition, preschool education, health care, and administrative record-keeping through Anganwadi Worker Training Centres (AWTCs). The Poshan Bhi Padhai Bhi program, launched in 2023, aims to train all 13.9 lakh AWWs in ECCE through a multi-tier module system. Official Ministry updates report that approximately 4.2 lakh AWWs had completed the first training round by March 2025 (MWCD, 2023b), representing approximately one-third of the national workforce. However, cross-sectional research indicates persistent gaps: approximately 50% of AWWs report having received comprehensive training in all required health and nutrition topics (Gopalakrishnan et al., 2025). In Uttar Pradesh, independent evaluations have noted uneven reach, with remote and underserved AWCs often the last to receive training inputs.

The causal relationship between training and service quality is well-established in the literature: trained AWWs have significantly higher odds of delivering growth monitoring, nutrition counseling, and referral services (Gopalakrishnan et al., 2025). From an empowerment perspective, training enhances AWWs' competence, professional identity, and standing within communities. Systematic training with certification

and linkage to career advancement would therefore serve dual goals: improving ICDS service quality and deepening AWW empowerment through recognized expertise.

4.3 Wages, Honorarium Structure, and Economic Status

The economic dimension of AWW status is perhaps the most significant structural constraint on empowerment. Table 2 presents the current honorarium structure in comparative perspective.

Table 2

Monthly Honorarium Structure for Anganwadi Workers and Helpers (2023)

Component	Main AWW	Mini AWW	AWH	Source
Central Govt. honorarium (base)	₹4,500	₹3,500	₹2,250	MWCD, 2024
Performance-linked incentive	₹500	₹500	₹250	MWCD, 2024
UP state top-up (approx.)	~₹1,000	~₹500	~₹250	Pramanick, 2025
Total UP compensation (approx.)	**~₹6,000**	**~₹4,500**	**~₹2,750**	Pramanick, 2025
Highest-paying state (Telangana)	₹13,650	—	₹7,800	Pramanick, 2025
Approx. statutory minimum wage (2023)	₹10,000–12,000	—	—	MoLE, 2023

Note. AWW = Anganwadi Worker; Mini AWW = Worker at mini-Anganwadi Centre; AWH = Anganwadi Helper; MoLE = Ministry of Labour & Employment. "Total UP" figures are approximate, inclusive of central honorarium, performance incentive, and state top-up as reported for December 2023. The statutory minimum wage benchmark (₹10,000–12,000) reflects unskilled/semi-skilled categories across major Indian states. "—" indicates data not applicable or not separately reported.

As Table 2 illustrates, UP's total AWW compensation of approximately ₹6,000 per month is less than 60% of the national statutory minimum wage benchmark for unskilled workers. This gap is stark when contrasted with Telangana (₹13,650 per month), highlighting the wide inter-state disparity in recognizing AWW contributions. Fewer than half of AWWs nationally report receiving their honorarium on time (Gopalakrishnan et al., 2025), compounding the economic precarity.

The "honorary volunteer" classification effectively exempts the government from providing AWWs the protections ordinarily owed to workers: provident fund, employment state insurance, paid leave beyond the 20 days and 180-day maternity provision currently offered, or pension. Most AWWs in UP rely on their honorarium as supplementary income, their households depending primarily on agricultural earnings or spouses' wages. The implication for empowerment is direct: economic independence is a foundational pillar of women's agency (IWWAGE, 2020), and ₹6,000 per month does not suffice to achieve it meaningfully.

4.4 Job Satisfaction and Psychosocial Empowerment

Despite low financial compensation, AWWs demonstrate remarkable work motivation. Gopalakrishnan

et al. (2025) found 92% of surveyed AWWs felt motivated in their roles, a figure corroborated by Agarwal's (2018) Aligarh-based survey, which characterized overall satisfaction as high. The primary drivers of satisfaction include community respect, meaningful engagement with child and maternal welfare, and the sense of identity conferred by an official community role. AWWs frequently describe themselves as health advisers, educators, and community confidantes — roles that carry real social prestige in many villages.

However, satisfaction is distinctly bifurcated. While intrinsic motivation is high, dissatisfaction with pay is near-universal — Agarwal (2018) found this to be the top-reported dissatisfier. Additional sources of dissatisfaction include excessive workload, inadequate training, erratic supply chains for supplementary nutrition materials, and poor supervisory support. The PLOS ONE study identified timely salary receipt and regular supervision as the factors most strongly associated with sustained motivation, underscoring that institutional responsiveness matters as much as the work itself (Gopalakrishnan et al., 2025). From an empowerment lens, the community standing AWWs accrue is a genuine and meaningful gain; however, it is not a substitute for the material and structural components of empowerment.

4.5 Working Conditions and Physical Infrastructure

Table 3 (below) summarizes key findings across all dimensions, including working conditions. Physical infrastructure at AWCs is consistently inadequate: nationally, only 49% of AWCs operate from their own government buildings, and approximately 35% lack functional toilets and 36% lack drinking water (MWCD, 2023b). In Uttar Pradesh, earlier CAG audits documented that a significant proportion of rural AWCs functioned in temporary or shared structures lacking basic amenities. These conditions have practical and symbolic consequences: a worker operating in a dilapidated structure without a toilet or clean water cannot effectively deliver health education, nor does she project the professional image that empowers her in the community.

Workload data reinforce this concern. The national survey found a median caseload of 73 beneficiaries per AWW and a median service experience of 14 years — indicating a seasoned but overburdened workforce (Gopalakrishnan et al., 2025). In UP's high-density rural areas, the caseload may exceed this median considerably. AWWs effectively work extended hours: ICDS tasks during the day combined with evening home visits for pregnant women and mothers with infants. Supervisory oversight is limited; fewer than 60% of AWWs nationally reported receiving regular supervisory visits, depriving them of professional feedback and accountability mechanisms that could both improve quality and signal institutional investment in their role.

Table 3

Summary of Key Findings Across Dimensions of Anganwadi Worker Socio-Economic Status

Dimension	Key Finding	Status	Source
Education	81.4% of AWWs have ≥10 years of schooling; minimum 10th pass required nationally	Adequate	Gopalakrishnan et al., 2025
Training coverage	~50% trained in all required topics; 4.2 lakh trained under Poshan Bhi Padhai Bhi by 2025	Partial	MWCD, 2023b; Gopalakrishnan et al., 2025

Monthly remuneration (national)	₹4,500 central honorarium + ₹500 incentive; well below minimum wage benchmark	Insufficient	MWCD, 2024
Monthly remuneration (UP)	~₹6,000 total (incl. state top-up); among lowest four states nationally	Insufficient	Pramanick, 2025
Job satisfaction	92% feel motivated; strong sense of social purpose; dissatisfaction with pay and workload	Mixed	Agarwal, 2018; Gopalakrishnan et al., 2025
Working conditions	35% of AWCs lack toilets; 36% lack drinking water; only 49% in own govt. buildings	Deficient	MWCD, 2023b
Avg. caseload per worker	~73 beneficiaries (children + mothers); median experience 14 years	High load	Gopalakrishnan et al., 2025
Timely salary payment	Fewer than 50% receive honorarium on time nationally	Poor	Gopalakrishnan et al., 2025
Legal & social recognition	Supreme Court (2022) granted gratuity rights; courts now call AWWs 'frontline women workers'	Improving	MWCD, 2024
Women's empowerment (national baseline)	Only 51% of women (15–49 yrs) have a say in household decisions nationally (NFHS-5)	Low	Vignitha et al., 2024

Note. AWW = Anganwadi Worker; AWC = Anganwadi Centre; NFHS-5 = National Family Health Survey 5 (2019–21). "High load" under caseload denotes that the average exceeds ideal population norms for comprehensive service delivery. Toilet/water data reflect the percentage of AWCs lacking these facilities as reported in government Demand for Grants 2024–25. Status ratings are the authors' assessments based on triangulation of evidence reviewed.

5. Discussion

The findings collectively portray Anganwadi Workers in Uttar Pradesh and nationally as a vital but structurally vulnerable workforce. On the positive side, AWWs are typically educated women who demonstrate strong commitment to community welfare. They hold stable, if informal, positions that confer social recognition not ordinarily available to rural women outside the household. Qualitative evidence consistently finds that villagers treat AWWs as trusted health and nutrition advisers, and that this role can expand women's networks, confidence, and agency (Agarwal, 2018; Gopalakrishnan et al., 2025).

Nevertheless, structural factors systematically constrain this empowerment. The most critical is economic: with approximately ₹6,000 per month in UP (Pramanick, 2025) and no guaranteed employment benefits, AWWs remain financially fragile. IWWAGE (2020) argues that economic independence is the foundational pillar of women's empowerment, and the current honorarium falls far short of enabling it. By

contrast, if AWWs were paid a living wage — aligned with the national statutory minimum — their empowerment gains would be substantially more durable and meaningful.

The "honorary" classification compounds this problem by denying AWWs the formal identity of workers. Despite performing year-round duties equivalent to those of government scheme employees, they lack the legal status to claim commensurate rights. The Supreme Court's 2022 gratuity ruling marks significant progress, but substantive reclassification to formal scheme worker or government service status remains elusive. Until such reclassification occurs, AWW empowerment will remain, in effect, informal and conditional.

Gender norms and workload constitute a third structural constraint. Most AWWs are married mothers who simultaneously manage domestic responsibilities, making the long and flexible hours demanded by ICDS particularly taxing. In Uttar Pradesh, where female labour force participation is approximately 16–18% (NITI Aayog, 2023), any paid employment represents a meaningful step toward agency. However, overburdened AWWs have diminished time and energy for personal development, political participation, or savings — the channels through which employment typically translates into deeper empowerment. Ironically, the very scope of ICDS can negate empowerment if it extracts more from women than it returns to them.

The inter-state disparity in honoraria revealed in Table 2 raises equity concerns. States like Telangana effectively recognize AWWs' contributions at more than twice the rate of UP. This differential reflects not only fiscal capacity but also political prioritization of women workers. Uttar Pradesh — as the state with the largest Anganwadi network and some of the country's highest child malnutrition rates — stands to gain disproportionately from investing in its AWW workforce. The evidence that training and adequate compensation directly improve service delivery outcomes (Gopalakrishnan et al., 2025) makes the case for enhanced investment compelling from both a welfare and a cost-effectiveness perspective.

6. Conclusion and Policy Recommendations

This study analyzed that Anganwadi Workers in Uttar Pradesh and India represent an educated, motivated, and socially impactful workforce whose potential as agents of women's empowerment is substantially constrained by structural deficiencies in remuneration, employment status, training, and physical working conditions. The evidence reviewed across six dimensions points to a consistent pattern: AWWs derive genuine psychosocial empowerment from their community roles, but this is undermined by economic insecurity and institutional invisibility. The following policy recommendations emerge from the analysis.

Enhance remuneration and economic security. The central honorarium should be progressively aligned with statutory minimum wages, with a target of ₹10,000–12,000 per month as a medium-term goal. State governments, particularly Uttar Pradesh, should increase their top-up contributions. Equally important, AWWs should be covered by formal social security provisions — provident fund, gratuity (as now legally mandated), and health insurance coverage beyond the current Ayushman Bharat inclusion — commensurate with their full-time equivalent workload.

Formalize employment status. Transitioning AWWs from honorary volunteers to formal scheme workers, with graded pay scales, annual increments, and a defined career ladder, would confer both dignity and security. The MWCD's existing provision allowing 50% of supervisor posts to be filled by AWW promotion should be actively implemented. Formalizing the AWW role would also enable labour law protections, grievance mechanisms, and professional accountability structures.

Upgrade physical infrastructure. The government should prioritize capital investment in AWC buildings, particularly in states with the highest infrastructure deficits. Every AWC should have a permanent, purpose-built structure with functional toilets, safe drinking water, and electricity — minimum conditions for dignified work. UP's "Saksham Anganwadi" renovation program should be fast-tracked and its coverage extended to the most deficient areas, with transparent public reporting.

Expand and standardize training. The Poshan Bhi Padhai Bhi program and AWTC job training should cover all AWWs within a defined timeframe, not merely a third of the workforce. Digital training modules delivered through the Poshan Tracker application offer a scalable complementary channel, particularly for remote centres. Training should be formally certified and linked to career advancement, incentivizing participation and validating expertise.

Strengthen community and institutional recognition. AWWs should be formally included in village health and nutrition committees, gram panchayat health sub-committees, and school management bodies, ensuring their expertise shapes local governance. Public campaigns — on National Nutrition Month (Poshan Maah) and Women's Day — should profile AWWs as skilled professionals, not volunteers. Disaggregated data on AWW socio-economic status should be collected through future NFHS rounds to enable evidence-based policy adjustment.

In conclusion, Anganwadi Workers are poised to be genuine pillars of both ICDS effectiveness and gender equality in India. Realizing this potential requires a fundamental shift from treating them as honorary volunteers to recognizing them as skilled women workers deserving of fair wages, formal protections, and institutional investment. Such measures would yield compounding returns: better nutrition and developmental outcomes for children, stronger community health infrastructure, and real progress toward the socio-economic empowerment of women in Uttar Pradesh and across India.

References

1. Agarwal, R. (2018). Integrated Child Development Services: An analysis on satisfaction level and problems of honorary workers (case study of Aligarh, Uttar Pradesh). *International Journal of Research in Engineering, IT & Social Sciences, 8*(7), 78–85.
2. Census of India. (2011). *District census handbook — female literacy rates*. Office of the Registrar General & Census Commissioner, Government of India.
3. Gopalakrishnan, L., Patil, S., Shet, A., Kompala, T., Walker, C. L. F., Bhutta, Z. A., & Bhattacharya, D. (2025). Factors associated with Anganwadi Workers' service delivery of Integrated Child Development Services (ICDS) in rural India: A cross-sectional analysis of household and community health worker surveys. *PLOS ONE, 20*(7), e0326971. https://doi.org/10.1371/journal.pone.0326971
4. IWWAGE. (2020). *Women's economic empowerment in India: Policy landscape study*. Azim Premji University.
5. Ministry of Women & Child Development, Government of India. (2023a, February 3). *Lok Sabha Unstarred Question No. 400: Anganwadi Centres in Uttar Pradesh* [Parliamentary document]. Sansad.
6. Ministry of Women & Child Development, Government of India. (2023b). *Annual report 2022–23*. Government of India Press.
7. Ministry of Women & Child Development, Government of India. (2024, February 7). *Rajya Sabha Unstarred Question No. 627: Honorarium for Anganwadi Workers/Helpers* [Parliamentary document]. Press Information Bureau. https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=2003433

8. NITI Aayog, Government of India. (2023). *Evaluation of ICDS scheme of India*. NITI Aayog.
9. Pramanick, S. (2025). Concrete welfare measures continue to evade Anganwadis, ASHA and mid-day meal workers. *The Leaflet*. https://theleaflet.in/labour-law/concrete-welfare-measures-continue-to-evade-anganwadis-asha-and-mid-day-meal-workers
10. PRS Legislative Research. (2023). *Demand for grants 2023–24 analysis: Women and child development*.
11. Vignitha, B., Debnath, A., Kumar, P., & Vinitha, P. (2024). Women's empowerment in India: State-wise insights from NFHS-5. *Cureus, 16*(7), e65509. https://doi.org/10.7759/cureus.65509
12. World Health Organization & United Nations Children's Fund. (2021). *Global nutrition report: The state of global nutrition*. WHO Press.