Functioning of the Anganwadi Centres Located in the Tea Gardens Under the Integrated Child Development Services (ICDS) Scheme

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ABSTRACT

Integrated Child Development Services (ICDS) is a centrally sponsored scheme launched on 2nd October 1975 by the Government of India focused on Early Childhood Care and Education. Anganwadi Centres (AWCs) plays an important role in the effective implementation of ICDS, mainly in the socio-economically disadvantaged areas. The tea communities lived in tea gardens shares the one third population of Assam consisting of marginalized populations, face unique socio-economic and cultural challenges, contributing to severe nutritional and developmental issues among their children. The Anganwadi Centres located in tea gardens, are the base for pre-school education and also maintaining the health support of the children as well as the mothers. This research examined the functioning of the Anganwadi centers located in the tea gardens of Charaideo District, Assam. The study adopted the descriptive survey method to examine infrastructural facilities and challenges faced by Anganwadi Workers in Charaideo district, Assam. A total of 10 Anganwadi Centres and 10 Anganwadi Workers from 10 tea gardens were selected using the purposive sampling technique. Two research tools, an observation schedule to assess the infrastructural facilities of the centres and an interview schedule to identify the challenges encountered by Anganwadi Workers were employed. The collected data were systematically analyzed using frequencies and percentages, enabling clear representation of infrastructural conditions and worker challenges. The study revealed that Anganwadi Centres located in the tea gardens of Charaideo District, Assam play a vital role in Early Childhood Care and Education (ECCE). These centres contribute significantly to the holistic development of children by providing basic education, nutrition, and health-related services. However, their functioning is constrained by several challenges like inadequate infrastructure, irregular supply of nutritional food, limited community awareness, high workload, and the socio-economic issues of the tea garden populations.

Keywords: Integrated Child Development Services (ICDS), Early Childhood Care and Education (ECCE), Anganwadi Centres, Tea Garden

INTRODUCTION:

The Integrated Child Development Services (ICDS) is a centrally sponsored scheme launched on 2nd October 1975 by the Government of India, with the primary objective of promoting Early Childhood Care and Education (ECCE). The scheme is implemented by the Ministry of Women and Child Development and represents one of the world's largest community-based outreach programs for child development. At the grassroots level, Anganwadi Centres (AWCs) serve as the focal points for the effective implementation of ICDS, particularly in socio-economically disadvantaged areas. Each centre is staffed by one Anganwadi Worker and one Helper, who are responsible for delivering ICDS services at the village level. The term *"Anganwadi"* is derived from the word *"Angan"*, meaning a courtyard or open space near the home where family and social activities traditionally take place. In this spirit, Anganwadi Centres are organized by the government to provide a nurturing environment for children and mothers.

The Anganwadi centres have their responsibilities towards-

Early Childhood Care and Education:

A secure and playful nurturing environment is provided in the Anganwad centres as a part of this early childhood care and education. The cognitive, affective and psychomotor domains are developed in this centres.

Nutritional Support:

These centres also provide nutritional assistance to children, pregnant women, and lactating mothers. By supplying food and essential nutrition, they help reduce malnutrition and promote healthy growth. In some cases, they also distribute supplements such as iron and folic acid to those in need.

Health and Immunization Services:

Anganwadi centres contribute to basic health and immunization services by assisting with vaccinations, health check-ups, and referrals to hospitals or health facilities when necessary. They also monitor children's growth and educate families about hygiene and healthy practices.

Maternal and Child Health Services:

For maternal and child health, Anganwadi workers guide pregnant and lactating mothers on proper nutrition, breastfeeding, and care before and after childbirth. They also encourage them to seek appropriate medical support.

Community Engagement and Awareness:

These centres further act as a bridge between the community and the government. They create awareness about child rights, gender equality, health, nutrition, and early childhood development, while also involving families and community members in various activities.

Health and Nutrition Education:

In addition, Anganwadi centres organise health and nutrition education programmes on topics such as breastfeeding, child feeding, hygiene, sanitation, and disease prevention. Such programmes help families adopt healthier habits.

Other Services:

In some areas, they also offer counselling, non-formal education for children who do not attend school, skill development activities for women, and connections to other welfare schemes.

Overall, Anganwadi centres play a vital role in addressing the basic needs of young children, pregnant women, and mothers, particularly in places where access to health and educational services is limited. By providing nutrition, health support, education, and awareness, they contribute significantly to child welfare, women's well-being, and community development. Anganwadi Centres (AWCs) plays an important role in the effective implementation of ICDS, mainly in the socio-economically disadvantaged areas. The tea communities lived in tea gardens shares the one third population of Assam consisting of marginalized populations, face unique socio-economic and cultural challenges, contributing to severe nutritional and developmental issues among their children. The Anganwadi Centres located in tea gardens, are the base for pre-school education and also maintaining the health support of the children as well as the mothers. This research explored the functioning of the Anganwadi centers located in the tea gardens of Charaideo District,Assam.

REVIEW OF LITERATURE

The Integrated Child Development Services (ICDS) Scheme was launched by the Government of India on 2nd

October 1975. This ICDS Scheme support the health, nutrition, and pre-school education of the children. It was implemented by the Ministry of Women and Child Development. The Anganwadi Centres which play an important role in providing these services. Many researchers (Navuluri et al., 2020; Chudasama et al., 2016; Thomas et al.,2015;Phukan & Saikia,2025; Arora et al., 2006)have examined the availability of infrastructural facilities, the quality of preschool education, the delivery of nutritional and health services, and the challenges faced by Anganwadi Workers in implementing the scheme and highlighted the findings. Reviewing these studies helps identify the major issues associated with the functioning of Anganwadi Centres and highlights the need for further investigation, particularly in the tea garden areas of Charaideo District, Assam.

Navuluri et al. (2020) assessed the functioning of ICDS scheme in Uttarakhand. Their study was a cross sectional study. They found that that the functioning of ICDS scheme in Uttarakhand were varied for different services provided under it. The study also identified different insufficiencies regarding the functioning of ICDS scheme.

Chudasama et al. (2016) evaluated the various aspects of the ICDS program in terms of inputs, process and outcome (coverage) and utilization. They reported a gape in terms of infrastructure facility, different trainings, coverage, supply, and provision of SN, status of PSE activities in AWCs, and provision of different services to the beneficiaries.

Thomas et al. (2015) assessed the facilities available and services provided to the beneficiaries under the ICDS Programme. They found to have several short-comings, with inadequate facilities and infrastructure. They found a wide gap between policy and implementation of the ICDS Programme.

Phukan & Saikia (2025) evaluated the effectiveness of Anganwadi centres in Majuli District, Assam, India, in providing Early Childhood Care and Education (ECCE) under the Integrated Child Development Services (ICDS) scheme. The approach of the study was a mixed-methods approach. The study assessesed the quality of services, infrastructure, and caregiver-child interactions through a survey of 80 Anganwadi centres and interviews with stakeholders. The results of the study highlighted the vital role Anganwadi centres in promoting the early childhood development.

Arora et al. (2006) examined the non-formal pre-school education in Anganwadi Centres located in the urban slums of Jammu City. They found that the students were taught using two way interaction method between the Anganwadi Worker (AWWs) and the children. Teaching aids are the available materials, including puppets, charts, etc. Most of the parents shown their satisfaction with the pre-school services. Some of the parents said that the workers gave emphasis on nutrition than on education, suggesting an imbalance between the different components of ICDS services.

Thus from the studies carried out by different researchers, it is very much clear that there is an implementation gap of the ICDS programme. The main causes for this is weak understanding of referral services, deficiencies related to adequate space, sanitation, drinking water, child-friendly facilities, play areas, kitchen facilities, furniture, and storage facilities, insufficient training and professional support to the Anganwadi workers. Overall, Anganwadi centres play a vital role in addressing the basic needs of young children, pregnant women, and mothers, particularly in places where access to health and educational services is limited. By providing nutrition, health support, education, and awareness, they contribute significantly to child welfare, women's well-being, and community development. Anganwadi Centres (AWCs) plays an important role in the effective implementation of ICDS, mainly in the socio-economically disadvantaged areas

Research Questions

1. What are the infrastructional facilities available in the Anganwadi centres located in the tea gardens of Charaideo District,Assam.
2. What are the challenges faced by the Anganwadi workers worked at the Anganwadi centres located in the tea gardens of Charaideo District,Assam.

Objectives

1. To study the infrastructional facilities available in the Anganwadi centres located in the tea gardens of Charaideo District,Assam.
2. To study the challenges faced by the Anganwadi workers worked at the Anganwadi centres located in the tea gardens of Charaideo District,Assam.

METHODOLOGY

Research Design
The researcher selected Descriptive survey method for the study.

Population:

The population of the study comprised of 35 the Anganwadi Centers and 35 the Anganwadi workers under ICDS from the 30 tea gardens of Charaideo District, Assam.

Sample and sampling technique:

To conduct the study, the researcher had selected 10 Anganwadi centres and 10 Anganwadi workers (one individual from each centre) purposively from 10 tea gardens of Charaideo District, Assam.

Tools of the study
The researcher developed an observation schedule for describing the infrastructure facilities available in the Anganwadi Centers of tea garden areas. The facilities can be grouped into major dimensions such as:

1. Physical Infrastructure
2. Drinking water and sanitation
3. Kitchen and cooking facilities
4. Child-friendly facilities

A structured interview schedule was also developed to study the challenges faced by the selected Anganwadi workers. Their responses had been categorized as:

- Highly Challenging
- Moderately Challenging
- Less Challenging
- Not Challenging

Data collection procedure:

The data for the present study were collected from 10 Anganwadi Centres and 10 Anganwadi Workers, purposively selected from 10 tea gardens of Charaideo District, Assam. The researcher employed the descriptive survey method to investigate infrastructural facilities and challenges faced by Anganwadi Workers.

Two tools were developed for data collection:

- An observation schedule to assess the infrastructural facilities available at the centres.
- An interview schedule to identify the major challenges encountered by the workers.

Following data collection, the responses were systematically organized, tabulated, and analyzed using frequency and percentage. This enabled a descriptive representation of both the infrastructural conditions of the centres and the challenges faced by the Anganwadi Workers in tea garden areas.

Data Analysis Procedure:

The collected data were analysed using frequency and percentage. The information obtained through the observation schedule was classified into four major dimensions: physical infrastructure, drinking water and sanitation facilities, kitchen and cooking facilities, and child-friendly facilities. The availability and non-availability of each facility were calculated in terms of frequency and percentage and presented in tabular form. Similarly, the responses obtained from the interview schedule with the 10 Anganwadi Workers were categorized into four levels: highly challenging, moderately challenging, less challenging, and not challenging. The frequency and percentage of responses under each category were calculated and presented in tables according to different dimensions of challenges, including workload, infrastructure, remuneration, training, community participation, nutrition and health services, and transportation. Finally, the findings were interpreted to identify the major infrastructural deficiencies in the selected Anganwadi Centres and the challenges faced by the Anganwadi Workers in tea garden areas of Charaideo District, Assam.

Ethical consideration:

The study was conducted with due adherence to the ethical principles of educational research. Participation of the selected Anganwadi Workers was entirely voluntary, and they were informed that their involvement was for academic and research purposes only. The researcher ensured that the confidentiality of participants' identities was strictly maintained throughout the study. All information collected was treated with respect and used solely for research analysis, without disclosure of personal details. This approach safeguarded the rights, dignity, and privacy of the participants while upholding the integrity of the research process.

Analysis And Interpretation:

Objective 1: To study the infrastructional facilities available in the Anganwadi centers located in the tea gardens of Charaideo District, Assam.

The distribution of Anganwadi Centers based on Physical infrastructures has been shown in Table-1.

Table 1: Distribution of Anganwadi Centres based on Physical Infrastructure

Sl. No	Infrastructural Facility	Available f	Available (%)	Not Available f	Not Available (%)
1	Separate building	10	100	0	0
2	Pucca house	10	100	0	0
3	Proper roof	7	70	3	30
4	Doors and windows	10	100	0	0
5	Adequate ventilation	7	70	3	30
6	Boundary wall	4	40	6	60

From Table -1 it is clear that all 10 Anganwadi Centres (100%) have separate buildings and pucca houses**,** indicating that the basic structural requirements of the centres are fully met. Similarly, doors and windows are also available in all the centres (100%).However, Proper roofing is available only in 7 centres (70%)**,** while 3 centres (30%) do not have proper roofing facility**.** Likewise, adequate ventilation is available only in 7 centres (70%)**,** whereas **3** centres (30%) lack adequate ventilation**,** which may affect the comfort and health conditions

of children and other beneficiaries. The most important infrastructural deficiency is related to the boundary wall. Only 4 centres (40%) have boundary walls, while 6 centres (60%) do not have this facility.

The distribution of Anganwadi Centres on the basis of availability of drinking water and Sanitation facility has been shown in Table-2[[[

Table 2: Distribution of Anganwadi Centres on the basis of availability of Drinking water and Sanitation facility

Sl. No.	Facility	Available f	Available (%)	Not Available f	Not Available (%)
1	Safe drinking water	4	40	6	60
2	Toilet facility	5	50	5	50
3	Hand washing facility	5	50	5	50
4	Drainage system	2	20	8	80

From Table-2 it is revealed that only 4 Anganwadi Centres (40%) have safe drinking water whereas 6 centres (60%) do not have. Regarding the toilet facilities, only 5 Anganwadi centres (50%) have that facilities, while the remaining 5 Anganwadi centres (50%) do not have that facility. Likewise, 5 Anganwadi centres (50%) have hand-washing facilities while 5 Anganwadi centres (50%) have not that facilities. Only 2 Anganwadi centres (20%) have a drainage system, whereas 8 Anganwadi centres (80%) do not have proper drainage system.

The distribution of Anganwadi Centres on the basis of availability of kitchen and cooking facilities has been shown in Table-3

Table 3: Distribution of Anganwadi Centres on the basis of availability of kitchen and cooking facilities

Sl. No.	Facility	Available f	Available (%)	Not Available f	Not Available (%)
1	Separate kitchen	3	30	7	70
2	Cooking utensils	7	70	3	30
3	LPG connection	2	20	8	80
4	Kitchen Ventilation	3	30	7	70

Table-3 indicated that only 3 Anganwadi Centres (30%) have separate kitchen, whereas 7 Anganwadi centres (70%) have not any separate kitchen. Regarding the cooking utensils, it was available in the 7 Anganwadi centres (70%), while 3 Anganwadi centres (30%) do not have adequate cooking utensils. The availability of an LPG connection was available only in 2 Anganwadi centres (20%) whereas 8 Anganwadi centres (80%) do not have LPG connection. Similarly, kitchen ventilation was available in only 3 Anganwadi centres (30%), while 7 Anganwadi centres (70%) do not have adequate kitchen ventilation.

The distribution of Anganwadi Centres on the basis of Availability of Child friendly environment has been shown in Table-4.

Table 4: Distribution of Anganwadi Centres on the basis of Availability of Child friendly environment

Sl. No.	Facility	Available f	Available (%)	Not Available f	Not Available (%)
1	Small sized tables and chairs	3	30	7	70
2	Play equipments	4	40	6	60

3	Child friendly toilet	3	30	7	70
4	Play space	4	40	6	60

Table-4 presents the availability of small-sized tables and chairs only in 3 Anganwadi centres (30%), whereas 7 Anganwadi centres (70%) do not have that facilities. The play equipment **is** available in 4 Anganwadi centres (40%), while 6 Anganwadi centres (60%) do not have play equipment. Similarly, child-friendly toilets are available in only 3 Anganwadi centres (30%), while 7 Anganwadi centres (70%) have lack of that facility. The availability of play space is also limited. Only 4 Anganwadi centres (40%) have adequate play space, whereas 6 centres (60%) do not have a well-spaced space for play.

Objective 2: To study the challenges faced by the Anganwadi workers at the Anganwadi Centres located in the tea gardens of Charaideo District, Assam.

The challenges related to workload and multiple responsibilities of the Anganwadi workers are presented in the following Table-5.

Table 5: Challenges Related to Workload and Multiple Responsibilities

Sl. No.	Challenge	Highly Challenging f (%)	Moderately Challenging f(%)	Less Challenging f(%)	Not Challenging f(%)
1	Excessive workload	100	0	0	0
2	Doing several activities in the same time	20	80	0	0
3	Maintaining records and registers	20	70	10	0
4	Additional duties assigned by the authority	10	80	10	0
5	Managing supplementary nutrition programme	30	60	10	0

From table-5 it is clear that all the Anganwadi workers (100%) reported an excessive workload. Regarding the challenges in doing several activities at the same time, 20% of the Anganwadi workers reported as highly challenging, while 80% Anganwadi workers considered it moderately challenging. While in maintaining the records and registers, 20% of the Anganwadi workers considered as highly challenging, 70% Anganwadi workers reported as moderately challenging and for 10%Anganwadi workers it is less challenging. Similarly, for the additional duties assigned by the authority, 10% **of** the Anganwadi workers reported it as highly challenging, 80% Anganwadi workers reported it as moderately challenging and 10% of the Anganwadi workers it is reported as less challenging. Similarly in managing the supplementary nutrition programme, 30% of the Anganwadi workers reported it as highly challenging, 60% of the Anganwadi workers reported it as moderately challenging and 10% of the Anganwadi workers reported it as less challenging.

The challenges related to infrastructure and basic facilities of the Anganwadi workers are presented in the following Table-6

Table 6: Challenges Related to Infrastructure and Basic Facilities

Sl. No.	Challenge	Highly Challenging f (%)	Moderately Challenging f (%)	Less Challenging f (%)	Not Challenging f (%)
1	Poor building condition	10	80	10	0

2	Lack of furniture	50	30	20	0
3	lack of electricity	80	10	10	0
4	lack of water supply	70	20	10	0
5	lack of toilet facility	50	30	10	0
6	lack of adequate play space	30	40	20	10

Table-6 revealed that regarding the poor building condition 10% of the Anganwadi workers reported as highly challenging, while 80% of the Anganwadi workers consider it as moderately challenging and 10% of the Anganwadi workers consider it as less challenging. Regarding lack of furniture, 50% of the Anganwadi workers reported it as highly challenging, while 30% of the Anganwadi workers considered it as moderately challenging and 20% of the Anganwadi workers reported it as less challenging.

The lack of electricity emerges as an important infrastructural challenges for the Anganwadi workers. 80% of the Anganwadi workers reported it as highly challenging, while 10% of the Anganwadi workers considered it as moderately challenging and 10% of the Anganwadi workers reported it as less challenging. Similarly, lack of water supply, 70% of the Anganwadi workers reported it as highly challenging, while 20% Anganwadi workers considered it moderately challenging and 10% of the Anganwadi workers reported as less challenging. Regarding to lack of toilet facilities, 50% of the Anganwadi workers considered it highly challenging, 30% of the Anganwadi workers considered it as moderately challenging, and 10% of the Anganwadi workers reported it as less challenging.

The lack of adequate play space was reported as highly challenging by 30% of the Anganwadi workers, while 40% Anganwadi workers considered it moderately challenging, 20% of the anganwadi workers reported it as less challenging, and 10%of the workers of Anganwadi said that it was not challenging.

The challenges related to remuneration and financial matters of the Anganwadi workers are presented in the following Table-7

Table 7: Challenges Related to Remuneration and Financial Matters

Sl. No.	Challenge	Highly Challenging f (%)	Moderately Challenging f (%)	Less Challenging f (%)	Not Challenging f (%)
1	Inadequate salary	60	30	10	0
2	Inadequate funds for activities in centre	50	30	20	0
3	Personal expenditure in official work	80	20	0	0
4	Delay in receiving salary	70	20	10	0

Table-7 reported that regarding the poor inadequate salary 60% of the Anganwadi workers reported as highly challenging, while 30% of the Anganwadi workers consider it as moderately challenging and 10% of the Anganwadi workers consider it as less challenging. Regarding lack of furniture, 50% of the Anganwadi workers reported it as highly challenging, while 30% of the Anganwadi workers considered it as moderately challenging and 20% of the Anganwadi workers reported it as less challenging. The personal expenditure on official work, 80% of the Anganwadi workers reported it as highly challenging, while 20% of the Anganwadi workers considered it as moderately challenging and none of the Anganwadi workers reported it as less challenging. Similarly, for delay in receiving salary, 70% of the Anganwadi workers reported it as highly challenging, while

20% Anganwadi workers considered it moderately challenging and 10% of the Anganwadi workers reported as less challenging

The challenges related to training and professional support of the Anganwadi workers are presented in the following Table-8.

Table 8: Challenges Related to Training and Professional Support

Sl. No.	Challenge	Highly Challenging f (%)	Moderately Challenging f (%)	Less Challenging f (%)	Not Challenging f (%)
1	Lack of refresher training	0	50	50	0
2	Inadequate training	0	40	40	20
3	Lack of guidance	10	50	20	20

From Table-8 it is clear that regarding lack of refresher training none of the Anganwadi workers reported it as highly challenging, while 50% of the Anganwadi workers consider it as moderately challenging and 50% of the Anganwadi workers consider it as less challenging. Regarding inadequate training, 40% of the Anganwadi workers considered it moderately challenging and another 40% of the Anganwadi workers considered it less challenging, while 20% of the Anganwadi workers reported that it was not challenging. Regarding the challenge related to lack of guidance. 10% of the Anganwadi workers reported it as highly challenging, while 50% of the Anganwadi workers considered it as moderately challenging and 20% of the Anganwadi workers reported it as less challenging. And another 20% reported it as not a challenging.

Table 9: Challenges Related to Community and Beneficiary Participation

Sl.No.	Challenge	Highly Challenging f (%)	Moderately Challenging f (%)	Less Challenging f (%)	Not Challenging f (%)
1	Lack of awareness among parents	80	20	0	0
2	Low participation	70	30	0	0
3	Low attendance of children	60	40	0	0
4	Difficulty in motivating	70	30	0	0
5	Reaching remote households	80	20	0	0

Table-9 revealed that regarding the lack of awareness among parents it is reported as highly challenging by 80% of the respondents, while 20% consider it moderately challenging. None of the respondents reported it as less challenging or not challenging. Regarding **low** participation, 70% of the respondents consider it highly challenging, while 30% regard it as moderately challenging. No respondent reported it as less challenging or not challenging. Similarly, low attendance of children is reported as highly challenging by 60% of the respondents, while 40% consider it moderately challenging. None of the respondents reported it as less challenging or not

challenging. The difficulty in motivating beneficiaries is considered highly challenging by 70% of the respondents, while 30% report it as moderately challenging. No respondent considers it less challenging or not challenging. The challenge of reaching remote households is reported as highly challenging by 80% of the respondents, while 20% consider it moderately challenging. None of the respondents reported it as less challenging or not challenging.

Table 10: Challenges Related to Nutrition and Health Services

Sl. No.	Challenge	Highly Challenging f (%)	Moderately Challenging f (%)	Less Challenging f (%)	Not Challenging f (%)
1	Irregular supply of supplementary nutrition	60	40	0	0
2	Inadequate storage facilities for food	50	50	0	0
3	Coordinating health check-ups	50	50	0	0

From Table-10 it is clear that regarding the irregular supply of supplementary nutrition it is reported as highly challenging by 60% of the respondents, while 40% consider it moderately challenging. None of the respondents reported it as less challenging or not challenging. Likewise, inadequate storage facilities for food, 50% of the respondents reported it as highly challenging and the remaining 50% as moderately challenging. No respondent considered it less challenging or not challenging. Similarly, coordinating health check-ups is considered highly challenging by 50% of the respondents, while 50% consider it moderately challenging. Again, none of the respondents reported this issue as less challenging or not challenging.

Table 11: Challenges Related to Transportation and Geographical Conditions

Sl.No	Challenge	Highly Challenging f (%)	Moderately Challenging f (%)	Less Challenging f (%)	Not Challenging f (%)
1	Poor road/transport facilities	40	50	10	0
2	Difficulty in visiting beneficiaries	60	30	10	0
3	Lack of transportation support	80	20	0	0

From Table-11 it is clear that regarding the poor road/transport facilities it is reported as highly challenging by 40% of the respondents, while 50% consider them moderately challenging and 10% less challenging. None of the respondents reported this issue as not challenging. Regarding difficulty in visiting beneficiaries, 60% of the respondents reported it as highly challenging, while 30% considered it moderately challenging and 10% less challenging. No respondent reported it as not challenging. The most prominent transportation-related challenge is lack of transportation support. 80% of the respondents considered it highly challenging, while the remaining

20% reported it as moderately challenging**.** None of the respondents considered it less challenging or not challenging.

FINDINGS AND DISCUSSIONS

The study was undertaken to examine the functioning of Anganwadi Centres located in the tea gardens of Charaideo District, Assam. The major findings are presented under the following themes:

Physical Infrastructure

The study revealed that all 10 Anganwadi Centres (100%) in the tea gardens of Charaideo District, Assam have separate buildings and pucca houses, indicating that the basic structural requirements of the centres are fully met. Similarly, doors and windows are available in all centres (100%). However, certain deficiencies were observed. Proper roofing was available in only 7 centres (70%), while 3 centres (30%) lacked adequate roofing. Likewise adequate ventilation was present in 7 centres (70%), whereas 3 centres (30%) did not have sufficient ventilation, potentially affecting the comfort and health of children and beneficiaries. The most significant infrastructural gap was related to boundary walls. Only 4 centres (40%) had boundary walls, while 6 centres (60%) lacked this facility, raising concerns about safety and security. These deficiencies may be attributed to the availability of government funds and the maintenance practices followed by the concerned authorities. The findings align with those of Thomas et al. (2015), who assessed facilities and services under the ICDS Programme and reported several shortcomings, including inadequate infrastructure. Their study highlighted a wide gap between policy and implementation, a pattern echoed in the present research.

Drinking water and sanitation

The study revealed notable gaps in basic amenities across the Anganwadi Centres in tea garden areas of Charaideo District, Assam. Only 4 centres (40%) had safe drinking water facilities, while 6 centres (60%) lacked access. Regarding the toilet facilities, half of the centres (5 centres, 50%) had toilets, whereas the remaining half did not. Similarly, 5 centres (50%) had hand-washing facilities, while 5 centres (50%) lacked them. Only 2 centres (20%) had a proper drainage system, while 8 centres (80%) did not. These findings highlight significant deficiencies in sanitation and hygiene infrastructure, which are critical for ensuring child health and well-being. The results are consistent with the study by Navuluri et al. (2020), who assessed the functioning of the ICDS scheme in Uttarakhand. Their cross-sectional study found that the functioning of ICDS varied across services and identified multiple insufficiencies, particularly in infrastructure and service delivery. The present study echoes these concerns, underscoring the need for improved sanitation facilities to strengthen ICDS implementation in marginalized communities.

Kitchen and cooking facilities

The study revealed only 3 Anganwadi Centres (30%) have separate kitchen, whereas 7 Anganwadi centres (70%) have not any separate kitchen. Regarding the cooking utensils, it was available in the 7 Anganwadi centres (70%), while 3 Anganwadi centres (30%) do not have adequate cooking utensils. The availability of an LPG connection was available only in 2 Anganwadi centres (20%) whereas 8 Anganwadi centres (80%) do not have LPG connection. Similarly, kitchen ventilation was available in only 3 Anganwadi centres (30%), while 7 Anganwadi centres (70%) do not have adequate kitchen ventilation. These findings highlight the inadequate kitchen infrastructure in most centres, which may affect the quality and safety of nutritional food preparation. The absence of separate kitchens, LPG connections, and proper ventilation underscores the need for greater investment in cooking facilities to ensure effective implementation of the ICDS programme (Table-3).

Child-friendly facilities

The study revealed significant gaps in the availability of child-friendly infrastructure across the Anganwadi Centres in tea garden areas of Charaideo District, Assam.

The separate child-friendly facilities present only 3 centres (30%), while 7 centres (70%) lacked such provisions. The play equipment's are available in 4 centres (40%), whereas 6 centres (60%) did not have any play equipment. The child-friendly toilets are present in only 3 centres (30%), while 7 centres (70%) lacked this essential facility. Adequate play space was available in 4 centres (40%), while 6 centres (60%) did not have well-spaced areas for play. These deficiencies may be attributed to inadequate financial resources, limited availability of space, and insufficient prioritization of child-friendly infrastructure within the Anganwadi Centres. Such gaps hinder the holistic development of children, particularly in terms of recreation, hygiene, and safe learning environments (Table-4).

Workload and Administrative Responsibilities

The study revealed that all the Anganwadi workers (100%) reported an excessive workload. Regarding the challenges in doing several activities at the same time, 20% of the Anganwadi workers reported as highly challenging, while 80% Anganwadi workers considered it moderately challenging. While in maintaining the records and registers, 20% of the Anganwadi workers considered as highly challenging, 70% Anganwadi workers reported as moderately challenging and for 10%Anganwadi workers it is less challenging. Similarly, for the additional duties assigned by the authority, 10% of the Anganwadi workers reported it as highly challenging, 80% Anganwadi workers reported it as moderately challenging and 10% of the Anganwadi workers it is reported as less challenging. Similarly in managing the supplementary nutrition programme, 30% of the Anganwadi workers reported it as highly challenging, 60% of the Anganwadi workers reported it as moderately challenging and 10% of the Anganwadi workers reported it as less challenging (Table-5) The possible reasons for these challenges may be related to the wide range of responsibilities assigned to Anganwadi workers under the Integrated Child Development Services (ICDS) scheme.

Remuneration and Financial Matters

It is revealed from the study that 7 reported that regarding the poor inadequate salary 60% of the Anganwadi workers reported as highly challenging, while 30% of the Anganwadi workers consider it as moderately challenging and 10% of the Anganwadi workers consider it as less challenging. Regarding lack of furniture, 50% of the Anganwadi workers reported it as highly challenging, while 30% of the Anganwadi workers considered it as moderately challenging and 20% of the Anganwadi workers reported it as less challenging. The personal expenditure on official work, 80% of the Anganwadi workers reported it as highly challenging, while 20% of the Anganwadi workers considered it as moderately challenging and none of the Anganwadi workers reported it as less challenging. Similarly, for delay in receiving salary, 70% of the Anganwadi workers reported it as highly challenging, while 20% Anganwadi workers considered it moderately challenging and 10% of the Anganwadi workers reported as less challenging

Community and Beneficiary Participation

The study revealed that the Table-9 revealed that regarding the lack of awareness among parents it is reported as highly challenging by 80% of the respondents, while 20% consider it moderately challenging. None of the respondents reported it as less challenging or not challenging. Regarding low participation, 70% of the respondents consider it highly challenging, while 30% regard it as moderately challenging. No respondent reported it as less challenging or not challenging. Similarly, low attendance of children is reported as highly challenging by 60% of the respondents, while 40% consider it moderately challenging. None of the respondents reported it as less challenging or not challenging. The difficulty in motivating beneficiaries is considered highly challenging by 70% of the respondents, while 30% report it as moderately challenging. No respondent considers it less challenging or not challenging. The challenge of reaching remote households is reported as highly challenging by 80% of the respondents, while 20% consider it moderately challenging. None of the respondents reported it as less challenging or not challenging.

Transportation and Geographical Conditions

It is clear from the findings that regarding the poor road/transport facilities it is reported as highly challenging by 40% of the respondents, while 50% consider them moderately challenging and 10% less challenging. None of the respondents reported this issue as not challenging. Regarding difficulty in visiting beneficiaries, 60% of the respondents reported it as highly challenging, while 30% considered it moderately challenging and 10% less challenging. No respondent reported it as not challenging. The most prominent transportation-related challenge is lack of transportation support. 80% of the respondents considered it highly challenging, while the remaining 20% reported it as moderately challenging. None of the respondents considered it less challenging or not challenging.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed for better functioning of Anganwadi Centres in the tea garden areas of Charaideo District,Assam.

1. Improvement of Infrastructure: 60% of centres lacked boundary walls; 30% lacked proper roofing and adequate ventilation. Repair roofs, improve ventilation, and provide boundary walls or appropriate safety measures should be ensured in all Anganwadi Centres.

2. Drinking water and sanitation facilities: 60% lacked safe drinking water; 50% lacked toilets and hand washing facilities; 80% lacked drainage systems. Provide safe water, functional toilets, hand washing stations, and suitable drainage.

3. Kitchen facilities: 70% lacked separate kitchens; 80% lacked LPG connections; 70% lacked kitchen ventilation. Establish safe cooking areas, improve ventilation, and provide suitable cooking facilities and equipment

4. Child-Friendly Facilities: 70% do not have child friendly facilities. 60% Anganwadi centres do not have play equipment. 70% have lack of toilet facility. 60% do not have a well-spaced space for play. Adequate play materials, learning materials, child-sized furniture and safe indoor and outdoor play spaces should be provided to promote children's holistic development.

5. Teaching-learning materials: Only 40% had play equipment, while 30% had child-sized tables and chairs. Supply age-appropriate educational materials, play equipment, furniture, and safe play spaces.

6. Nutritional services: All workers reported irregular supplementary nutrition as at least a moderate challenge; 50% rated food storage as highly challenging. Monitor food delivery schedules and provide hygienic, adequate storage facilities.

7. Workload: All workers reported excessive workload. Review administrative tasks, simplify duplicate reporting, and provide administrative assistance where feasible.

8. Remuneration: 60% rated inadequate salary and 70% rated delayed salary as highly challenging. Ensure timely honorarium payments and review remuneration and reimbursement arrangements.

9. Training and supervision: Half of the workers rated lack of guidance as moderately challenging, and 40% rated inadequate training as moderately challenging.Provide regular refresher training, mentoring, and supportive supervision.

10. Community participation: 80% rated lack of parental awareness as highly challenging; 60% rated children's low attendance as highly challenging. Conduct parent meetings, nutrition-awareness activities, and community outreach in locally appropriate languages.

11. Transportation: 80% rated lack of transportation support as highly challenging. Provide feasible travel support for home visits and outreach to geographically difficult areas.

LIMITATIONS OF THE STUDY

The present study has certain limitations that should be considered while interpreting its findings:

- Scope of the study: The research was confined to 10 Anganwadi Centres and 10 Anganwadi Workers purposively selected from tea gardens in Charaideo District, Assam. As a result, the findings reflect the experiences and conditions of these selected centres only and cannot be generalized to all Anganwadi Centres in the district, the state of Assam, or other regions.
- Sample size and representativeness: The relatively small, non-probability sample limits the representativeness of the findings. Broader studies with larger, randomly selected samples would be required to draw more generalizable conclusions.
- Data collection tools: The study relied on an observation schedule and a structured interview schedule. Consequently, the findings were limited to the infrastructural facilities observed and the challenges reported by the participating workers. Other dimensions, such as community perceptions or longitudinal outcomes, were not captured.

CONCLUSION

The study examined the infrastructural facilities available and the challenges faced by Anganwadi Workers in selected tea garden areas of Charaideo District, Assam. The findings revealed that, although all selected centres had separate buildings and pucca structures, important gaps remained in drinking water, sanitation, drainage, kitchen facilities, child-friendly infrastructure, and play resources. The participating workers also reported challenges such as excessive workload, financial difficulties, irregular supplementary nutrition supplies, limited community participation, and transportation-related constraints. These issues collectively hinder the effective implementation of the ICDS programme in tea garden communities. As the study was limited to 10 purposively selected centres, its findings should be interpreted within the specific context of the tea garden communities studied. Further research involving larger samples, diverse regions, and additional stakeholders is necessary to develop a more comprehensive understanding of ICDS implementation in marginalized areas.

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