WOMEN'S WORK IN THE CARE ECONOMY IN INDIA: A CASE STUDY OF THE ANGANWADI SERVICES SCHEME IN DELHI-NCR

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by

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CERTIFICATE

This is to certify that the thesis titled **"Women's Work in the Care Economy in India: A Case Study of the Anganwadi Services Scheme in Delhi-NCR"**, being submitted by **Ms. Shobhna Jha** to the Indian Institute of Technology Delhi for the award of the degree of **Doctor of Philosophy**, is a record of original bona-fide research carried out by her under my supervision. In my opinion, the thesis has reached the standards fulfilling the requirements for submission relating to the degree.

The results contained in the thesis have not been submitted, in part or full, to any other institute or university for award of any degree or diploma.

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Shobhna Jha

Abstract

This thesis analyses the barriers to women's agency in India, with a focus on female employment in the Anganwadi Services Scheme, which is a State-driven initiative in the care economy. The Anganwadi Services Scheme is a government-sponsored programme and one of the world's largest community-driven interventions for early childhood care and education, as well as integrated nutrition and health services to children, pregnant and lactating women, and adolescent girls. Currently, the scheme employs more than 2.5 million women as Anganwadi workers, helpers, and supervisors in about 1.4 million Anganwadi centres and benefits 88.66 million children, adolescent girls, and women. Although working for a government-sponsored programme, the nature of employment for Anganwadi workers and helpers, most of whom are women, is largely informal. The core of the research is primary data collected on the Anganwadi scheme through a field survey in the Delhi-National Capital Region (NCR). It included visits to Anganwadi centres, interviews with 123 women working in Anganwadi centres, and interactions with 30 government officials working in the area of women and child development. The study is supplemented with an analysis of secondary data, mainly from India's official statistical agencies and government bodies.

A study of women's employment in State-led care programmes, such as the Anganwadi Services Scheme, and their barriers to agency is important for three reasons in the current Indian context. First, given the continued challenges to human development in India, the Anganwadi scheme is critical for the country's future growth and development. Despite the global commitments to gender equality and decent work, employment in government schemes exposes how underpaid and often unpaid care work sustains the nation's welfare; yet these workers remain marginalised. Second, with over 2.5 million women engaged in Anganwadi nationwide, these women face informal working conditions, making the scheme a critical ground for examining its functioning, the prioritisation of State budgets, and overall efforts towards not only the beneficiaries' welfare but also for the women behind it. Third, to comprehensively understand issues of women's agency, it seems critical to examine the actual conditions of work and how women experience, negotiate, exercise, or face constraints on agency during their everyday work.

There are three separate but interlinked themes that motivated my enquiry. The first one emerged from the puzzling patterns in India's female labour force participation rate (LFPR). The second theme stemmed from the broader landscape of women and child development in India and the need to understand how women care workers, particularly in government-led care programmes, are treated by the government and by communities. The third theme emerged from the need to understand the everyday realities of women's employability in the Anganwadi, as well as the conditions of the Anganwadi centres, through the perspectives of both workers and government officials involved with the scheme.

Given the context described above, I addressed four key questions in my thesis. They are, first, what is the nature of employment in the care economy in India, with a focus on women's employment in the Anganwadi Services. The second research question concerns understanding the State's efforts and government-led programmes for women and child development in India, as reflected in its policies on the Anganwadi Services Scheme and workers in the Anganwadi programme. The third research question seeks to analyse the nature of care work carried out by workers and supervisors in Anganwadi, with an understanding of their social backgrounds, skills, capabilities, and the state support. In particular, through the case study in Delhi-NCR, the study also aimed to understand how many of the stated objectives and the scope of the Anganwadi Services Scheme, as well as the working conditions of centres, are actually met in reality. The fourth research question aims to determine how agency is exercised by women working in Anganwadi, given their familial backgrounds, career aspirations, and the extent of state support.

The thesis begins with a comprehensive overview of the state of women and child development, with a specific focus on key socio-economic indicators such as the Infant Mortality Rate (IMR) and the evolution of the Anganwadi Services Scheme over time (Chapter 2). India's current position in the middle of its demographic dividend phase presents both opportunities and challenges for inclusive growth. Yet, over several decades, India has faced persistently poor health and nutrition outcomes for women and children, especially in comparison with countries at similar levels of development. Chapter 2 examines the care sector, focusing on female employment in the Anganwadi programme. Using the National Industrial Classification (NIC) 2008 and PLFS data, estimates of female employment in the education, health, and care sectors, select care sectors, and early education in India for 2023-24 are derived. We find that education, health, and care activities employed 23.7 million women workers in the country in 2023-24, which is approximately half of all female employment in the services sector. The Chapter also assesses various theories and

feminist economic perspectives on women's work, especially in care work. The study's first research question is addressed in Chapter 2 and partly derived from Chapters 4 and 5, which discuss the key findings from field survey interviews and interactions, as part of the case study in Delhi-NCR.

The second research question in the thesis was to understand the State's efforts and programmes for women and child development in India, as reflected in its policies, particularly for the Anganwadi programme. This question is addressed in Chapter 2, and some aspects are addressed in Chapters 3 and 4 of the thesis. Since the 1970s, the institutional infrastructure vis-à-vis major developments in the women and child development ecosystem, including on Early Childhood Care and Education (ECCE), has undergone different phases of evolution. The Union and State governments' funding patterns and changes over time for the Anganwadi scheme are discussed in Chapter 3. To understand the government's prioritisation of women and children's healthcare needs, trends in government developmental expenditures, social services expenditures, Union budgeted government expenditures (revenue and capital combined), budget allocations for Anganwadi scheme and Ministry of Women and Child Development (MoWCD)/ department of women and child development between 2000-01 and 2024-25 have been analysed (Chapter 2). We find an apparent overall lack of financial priority by the government for care-based policies, such as Anganwadi, which may be crucial to India's long-term strategic goals, such as the National Education Policy (NEP) 2020, the Prime Minister's Overarching Scheme for Holistic Nourishment (POSHAN) Abhiyan, and the Sustainable Development Goals (SDGs) 2030 targets.

The thesis discusses the fieldwork context and methodology in Chapter 3. The rationale for choosing Delhi-NCR is presented in Chapter 3. One of the key factors, apart from socio-economic reasons, was the rampant workers' protests and strikes in Delhi-NCR during 2022. On the one hand, the salaries of Anganwadi workers are among the highest in Delhi; on the other hand, Delhi also witnessed some of the most vocal protests by Anganwadi workers and unions against low wages and poor working conditions, indicating the informalisation of formal-sector jobs (in this case, government schemes).

The third and fourth research questions, regarding the nature of care work carried out by workers and supervisors within the Anganwadi scheme in Delhi-NCR and how they exercise their agency, have been discussed in Chapters 4 and 5. In particular, Chapter 4 examines the social backgrounds, educational qualifications, current and prior work experience, and other personal characteristics of the surveyed women. More than half of the sample were well educated, i.e., held an undergraduate degree or higher. Their daily routine at an Anganwadi centre, including interactions with beneficiaries, parents, and communities, as well as conducting door-to-door home visits and outreaches, involves a host of physical, intellectual, emotional, social, and cognitive skills. An examination of their conditions of employment, including honoraria, wages, and job benefits, revealed that Anganwadi workers and helpers earn far below the minimum wage, often lower than that of unskilled workers in various States, and face delayed payments. Despite being referred to as honorary workers or voluntary workers, they perform tasks equivalent to those of a 'multi-tasker', as most of the workers had unique prior job backgrounds or existing alternate jobs in parallel to their Anganwadi work, additional workloads as government's frontline workers and familial responsibilities. Tasks such as arranging funds to pay rent for Anganwadi centres fall solely on Anganwadi workers, given the rising rental costs in urban areas such as Delhi and NCR. A crucial challenge for their work is the conditions of physical infrastructure and the maintenance of utilities, hygiene, sanitation, and food supplies at the Anganwadi centres. Several centres were found operating in rooms lacking adequate space for children to play, with insufficient lighting, missing doors, poorly maintained toilets, or overall unhygienic surroundings. Such substandard conditions reflect the heightened pressure on women delivering core ECCE and healthcare services through the Anganwadi centres. We also discuss the differentiated treatment given by the government to Accredited Social Health Activists (ASHA) workers and Anganwadi workers, even though both perform similar community-based work, which increased substantially during and after the COVID-19 pandemic.

The agency of women working in Anganwadi is seen mediated by a host of factors, including the level of her family's support for her work, financial support, social recognition, institutional hierarchies, and additional domestic duties (Chapter 5). In the study sample, mixed experiences of family support were reported, and a significant portion of workers' spouses (those who were married) held unstable, contractual, informal jobs or were unemployed, suggesting that Anganwadi jobs serve as a valuable source of financial support or additional income for families, helping diversify household incomes. While these workers navigate heightened workloads,

hierarchical government controls, and limited decision-making power, their individual and collective agency within government-led care provisioning is often revealed. The role of workers' protests, strikes, and collective bargaining in shaping workers' agency and empowerment at work is also discussed in Chapter 5. Their collective actions, especially through workers' unions, are not a new phenomenon; however, in recent years, increased instances of workers' demonstrations, road blockages, protests, and strikes have been seen not just in Delhi-NCR, but across India.

Overall, the thesis aims to expand the existing understanding of women's work and agency in state-driven care programmes and fill gaps in the literature on this issue. It is concluded that greater government prioritisation and support may be needed for women in the Anganwadi Services Scheme, as it is central to strengthening women's agency and empowerment at work. Anganwadi workers and helpers are considered 'voluntary', 'honorary', who otherwise represent as one of the 'faces' of women and child development in India. Being paid below the minimum statutory wages and excluded from welfare benefits under the newly implemented Indian Labour Codes reflects the State's apparent neglect of their contributions and risks their potential role in strengthening ECCE and women's healthcare in India.

सार

यह थीसिस भारत में महिलाओं की एजेंसी में आने वाली रुकावटों का विश्लेषण करती है, जिसमें आंगनवाड़ी सेवा योजना में महिलाओं के रोज़गार पर फोकस किया गया है, जो केयर इकॉनमी में सरकार की तरफ से चलाई जाने वाली एक पहल है। आंगनवाड़ी सेवा योजना एक सरकारी प्रायोजित कार्यक्रम है और बच्चों, गर्भवती और दूध पिलाने वाली महिलाओं और किशोर लड़कियों को शुरुआती बचपन की देखभाल और शिक्षा के साथ-साथ इंटीग्रेटेड न्यूट्रिशन और हेल्थ सर्विसेज़ देने के लिए दुनिया के सबसे बड़े कम्युनिटी-ड्रिवन इंटरवेंशन में से एक है। अभी, यह स्कीम लगभग 1.4 मिलियन आंगनवाड़ी केंद्र में 2.5 मिलियन से ज़्यादा महिलाओं को आंगनवाड़ी वर्कर, हेल्पर और सुपरवाइज़र के तौर पर काम देती है और इससे 88.66 मिलियन बच्चों, किशोर लड़कियों और महिलाओं को फायदा होता है। हालांकि सरकार द्वारा प्रायोजित कार्यक्रम के लिए काम करते हुए, आंगनवाड़ी वर्कर और हेल्पर, जिनमें से ज़्यादातर महिलाएं हैं, के लिए रोज़गार का तरीका काफी हद तक इनफॉर्मल है। रिसर्च का मुख्य हिस्सा दिल्ली-नेशनल कैपिटल रीजन (एनसीआर) में एक फील्ड सर्वे के ज़रिए आंगनवाड़ी सेवा योजना पर इकट्ठा किया गया प्राइमरी डेटा है। इसमें आंगनवाड़ी केंद्र का दौरा, आंगनवाड़ी सेंटर्स में काम करने वाली 123 महिलाओं के इंटरव्यू और महिला और बाल विकास के क्षेत्र में काम करने वाले 30 सरकारी अधिकारियों के साथ बातचीत शामिल थी। इस स्टडी को सेकेंडरी डेटा के विश्लेषण से परिशिष्ट किया गया है, जो मुख्य रूप से भारत की अधिकारी आंकड़े एजेंसियों और सरकारी निकाय से लिया गया है।

आंगनवाड़ी सेवा योजना जैसे सरकारी केयर प्रोग्राम में महिलाओं के रोज़गार और एजेंसी में उनकी रुकावटों की स्टडी आज के भारतीय संदर्भ में तीन वजहों से ज़रूरी है। पहला, भारत में ह्यूमन डेवलपमेंट के सामने लगातार चुनौतियों को देखते हुए, आंगनवाड़ी स्कीम देश की भविष्य की वृद्धि और विकास के लिए बहुत ज़रूरी है। लैंगिक समानता और अच्छे काम के लिए दुनिया भर के कमिटमेंट के बावजूद, सरकारी स्कीमों में रोज़गार यह दिखाता है कि कैसे कम पैसे और अक्सर बिना पैसे वाले केयर काम देश की भलाई को बनाए रखते हैं; फिर भी ये वर्कर हाशिए पर हैं। दूसरा, देश भर में आंगनवाड़ी में 2.5 मिलियन से ज़्यादा महिलाएं जुड़ी हुई हैं, इन महिलाओं को काम करने के अनौपचारिक हालात का सामना करना पड़ता है, जिससे यह स्कीम इसके काम करने के तरीके, राज्य के बजट को प्राथमिकता देने और न सिर्फ़ लाभार्थी की भलाई बल्कि इसके पीछे की महिलाओं की भलाई के लिए किए जाने वाले कुल प्रयासों की जांच करने के लिए एक ज़रूरी आधार बन जाती है। तीसरा, महिलाओं की एजेंसी के मुद्दों को पूरी तरह से समझने के लिए, काम के असली हालात और महिलाएं अपने रोज़मर्रा के काम के दौरान एजेंसी पर आने वाली रुकावटों का अनुभव कैसे करती हैं, उन पर बातचीत करती हैं, उनका इस्तेमाल करती हैं या उनका सामना करती हैं, इसकी जांच करना बहुत ज़रूरी लगता है।

तीन अलग-अलग लेकिन आपस में जुड़ी हुई विषय हैं जिन्होंने मेरी जांच को प्रेरित किया। पहली विषय भारत की फीमेल लेबर फोर्स पार्टिसिपेशन रेट के हैरान करने वाले पैटर्न से सामने आई। दूसरी विषय भारत में महिलाओं और बच्चों के विकास के बड़े

माहौल और यह समझने की ज़रूरत से निकली कि महिला केयर वर्कर्स, खासकर सरकारी केयर प्रोग्राम्स में, सरकार और कम्युनिटीज़ उनके साथ कैसा बर्ताव करती हैं। तीसरी विषय आंगनवाड़ी में महिलाओं की नौकरी की रोज़मर्रा की असलियत और आंगनवाड़ी केंद्र के हालात को समझने की ज़रूरत से सामने आई, जिसे स्कीम से जुड़े वर्कर्स और सरकारी अधिकारियों, दोनों के नज़रिए से समझा जा सके।

ऊपर बताए गए कॉन्टेक्स्ट को देखते हुए, मैंने अपनी थीसिस में चार खास सवालों पर बात की। वे हैं, पहला, भारत में केयर इकॉनमी में रोज़गार का नेचर क्या है, जिसमें आंगनवाड़ी सेवाएं में महिलाओं के रोज़गार पर फोकस है। दूसरा रिसर्च सवाल भारत में महिलाओं और बच्चों के विकास के लिए राज्य की कोशिशों और सरकार के प्रोग्राम को समझने से जुड़ा है, जैसा कि आंगनवाड़ी सेवा योजना और आंगनवाड़ी प्रोग्राम में वर्कर्स पर उसकी पॉलिसी में दिखता है। तीसरा रिसर्च सवाल आंगनवाड़ी में वर्कर्स और सुपरवाइज़र्स द्वारा किए जाने वाले केयर वर्क के नेचर का एनालिसिस करना चाहता है, जिसमें उनके सोशल बैकग्राउंड, कौशल, काबिलियत और राज्य के सपोर्ट को समझा जाता है। खास तौर पर, दिल्ली- एनसीआर में केस स्टडी के ज़रिए, स्टडी का मकसद यह भी समझना था कि आंगनवाड़ी सेवा योजना के बताए गए कितने मकसद और स्कोप, साथ ही सेंटर्स के काम करने के हालात, असल में पूरे होते हैं। चौथा रिसर्च सवाल यह पता लगाना है कि आंगनवाड़ी में काम करने वाली महिलाएं अपने परिवार के बैकग्राउंड, करियर की उम्मीदों और राज्य के सपोर्ट की हद को देखते हुए एजेंसी का इस्तेमाल कैसे करती हैं।

थीसिस महिलाओं और बच्चों के विकास की स्थिति के एक बड़े ओवरव्यू के साथ शुरू होती है, जिसमें खास तौर पर शिशु मृत्यु दर और समय के साथ आंगनवाड़ी सेवा योजना के विकास जैसे मुख्य सामाजिक-आर्थिक इंडिकेटर्स पर ध्यान दिया गया है (अध्याय 2)। भारत की मौजूदा स्थिति, जो अपने डेमोग्राफिक डिविडेंड फेज़ के बीच में है, समावेशी विकास के लिए मौके और चुनौतियां दोनों पेश करती है। फिर भी, कई दशकों से, भारत को महिलाओं और बच्चों के लिए लगातार खराब हेल्थ और न्यूट्रिशन नतीजों का सामना करना पड़ा है, खासकर विकास के समान लेवल वाले देशों की तुलना में। अध्याय 2 केयर सेक्टर की जांच करता है, जिसमें आंगनवाड़ी प्रोग्राम में महिला रोजगार पर फोकस किया गया है। नेशनल इंडस्ट्रियल क्लासिफिकेशन 2008 और आवधिक श्रम बल सर्वेक्षण डेटा का इस्तेमाल करके, 2023-24 के लिए भारत में शिक्षा, स्वास्थ्य और देखभाल सेक्टर, कुछ खास देखभाल सेक्टर और शुरुआती शिक्षा में महिला रोजगार का अनुमान लगाया गया है। 2023-24 में देश में शिक्षा, स्वास्थ्य और देखभाल गतिविधियों ने 23.7 मिलियन महिला वर्कर्स को रोजगार दिया, जो सर्विस सेक्टर में कुल महिला रोजगार का लगभग आधा है। यह अध्याय महिलाओं के काम, खासकर केयर वर्क पर अलग-अलग थ्योरी और फेमिनिस्ट इकोनॉमिक नज़रिए का भी आकलन करता है। स्टडी का पहला रिसर्च सवाल अध्याय 2 में बताया गया है और कुछ हद तक अध्याय 4 और 5 से लिया गया है, जिसमें दिल्ली-एनसीआर में केस स्टडी के हिस्से के तौर पर फील्ड सर्वे इंटरव्यू और बातचीत से मिले खास नतीजों पर चर्चा की गई है।

थीसिस में दूसरा रिसर्च सवाल भारत में महिलाओं और बच्चों के विकास के लिए राज्य की कोशिशों और प्रोग्राम को समझना था, जैसा कि उनकी पॉलिसी में दिखता है, खासकर आंगनवाड़ी सेवा योजना के लिए। इस सवाल को अध्याय 2 में बताया गया है, और कुछ पहलुओं को थीसिस के अध्याय 3 और 4 में बताया गया है। 1970 के दशक से, महिलाओं और बच्चों के विकास इकोसिस्टम में बड़े डेवलपमेंट के मुकाबले इंस्टीट्यूशनल इंफ्रास्ट्रक्चर, जिसमें अर्ली चाइल्डहुड केयर एंड एजुकेशन भी शामिल है, विकास के अलग-अलग फेज से गुजरा है। आंगनवाड़ी स्कीम के लिए केंद्र और राज्य सरकारों के फंडिंग पैटर्न और समय के साथ हुए बदलावों पर अध्याय 3 में चर्चा की गई है। महिलाओं और बच्चों की हेल्थकेयर ज़रूरतों को सरकार की प्रायोरिटी को समझने के लिए, सरकारी डेवलपमेंटल खर्च, सोशल सर्विस खर्च, केंद्र के बजट में रखे गए सरकारी खर्च (रेवेन्यू और कैपिटल मिलाकर), आंगनवाड़ी स्कीम और मिनिस्ट्री ऑफ़ विमेन एंड चाइल्ड डेवलपमेंट /विमेन एंड चाइल्ड डेवलपमेंट डिपार्टमेंट के लिए 2000-01 और 2024-25 के बीच बजट एलोकेशन का एनालिसिस किया गया है (अध्याय 2)। हम देखते हैं कि आंगनवाड़ी जैसी केयर-बेस्ड पॉलिसीज़ के लिए सरकार की तरफ़ से फ़ाइनेंशियल प्रायोरिटी की साफ़ तौर पर कमी है, जो भारत के लंबे समय के स्ट्रेटेजिक लक्ष्यों, जैसे कि राष्ट्रीय शिक्षा नीति 2020, प्राइम मिनिस्टर्स ओवरआर्चिंग स्कीम फ़ॉर होलिस्टिक न्यूट्रिशन (पोषण) अभियान, और सतत विकास लक्ष्य 2030 के टारगेट के लिए बहुत ज़रूरी हो सकती हैं।

थीसिस में अध्याय 3 में फील्डवर्क के कॉन्टेक्स्ट और मेथडोलॉजी पर चर्चा की गई है। अध्याय 3 में दिल्ली- एनसीआर को चुनने का कारण बताया गया है। सोशियो-इकोनॉमिक कारणों के अलावा, एक मुख्य कारण 2022 के दौरान दिल्ली- एनसीआर में वर्कर्स के बड़े पैमाने पर विरोध और हड़तालें थीं। एक तरफ, दिल्ली में आंगनवाड़ी वर्कर्स की वेतन सबसे ज़्यादा है; दूसरी तरफ, दिल्ली में आंगनवाड़ी वर्कर्स और यूनियनों ने कम सैलरी और खराब काम करने के हालात के खिलाफ सबसे ज़्यादा विरोध प्रदर्शन भी किए, जो फॉर्मल-सेक्टर की नौकरियों (इस मामले में, सरकारी स्कीम) के अनौपचारिकीकरण को दिखाता है।

तीसरे और चौथे रिसर्च सवाल, दिल्ली- एनसीआर में आंगनवाड़ी सेवा योजना के तहत वर्कर्स और सुपरवाइज़र्स द्वारा किए जाने वाले केयर वर्क के नेचर और वे अपनी एजेंसी का इस्तेमाल कैसे करते हैं, इस बारे में अध्याय 4 और 5 में चर्चा की गई है। खास तौर पर, अध्याय 4 सर्वे की गई महिलाओं के सोशल बैकग्राउंड, एजुकेशनल क्वालिफिकेशन, मौजूदा और पिछले काम के अनुभव और दूसरी पर्सनल खासियतों की जांच करता है। सैंपल में से आधे से ज़्यादा लोग अच्छी तरह से पढ़े-लिखे थे, यानी उनके पास अंडरग्रेजुएट डिग्री या उससे ज़्यादा थी। आंगनवाड़ी सेंटर पर उनके रोज़ के रूटीन में, जिसमें लाभार्थी, माता-पिता और समुदाय के साथ बातचीत करना, साथ ही घर-घर जाकर लोगों से मिलना-जुलना और आउटरीच करना शामिल है, कई तरह की फिजिकल, इंटेलेक्चुअल, इमोशनल, सोशल और कॉग्निटिव स्किल्स शामिल हैं। उनके काम की कंडीशन, जिसमें ऑनरेरिया, सैलरी और जॉब बेनिफिट्स शामिल हैं, की जांच करने पर पता चला कि आंगनवाड़ी वर्कर और हेल्पर मिनिमम सैलरी से बहुत कम कमाते हैं, जो अक्सर अलग-अलग राज्यों में अनस्किल्ड वर्कर से भी कम होती है, और उन्हें पेमेंट में देरी का सामना करना पड़ता है। ऑनरेरी वर्कर या वॉलंटरी वर्कर कहे जाने के बावजूद, वे एक 'बहु-कार्यकर्ता' के बराबर काम करते हैं, क्योंकि ज़्यादातर वर्कर का पहले का नौकरी

की पृष्ठभूमि अलग था या उनके आंगनवाड़ी काम के साथ-साथ दूसरी नौकरियां भी थीं, सरकार के फ्रंटलाइन वर्कर के तौर पर एक्स्ट्रा वर्कलोड और परिवार की जिम्मेदारियां भी थीं। दिल्ली और एनसीआर जैसे शहरी इलाकों में बढ़ते किराए को देखते हुए, आंगनवाड़ी सेंटर का किराया देने के लिए फंड का इंतज़ाम करने जैसे काम पूरी तरह से आंगनवाड़ी वर्कर पर आते हैं। उनके काम के लिए एक बड़ी चुनौती फिजिकल इंफ्रास्ट्रक्चर की कंडीशन और आंगनवाड़ी सेंटर पर उपयोगिताएँ, स्वच्छता, सफ़ाई और फूड सप्लाई का मेंटेनेंस है। कई केंद्र ऐसे कमरों में चलते पाए गए जिनमें बच्चों के खेलने के लिए काफ़ी जगह नहीं थी, रोशनी कम थी, दरवाज़े नहीं थे, टॉयलेट ठीक से नहीं थे, या आस-पास का माहौल पूरी तरह से गंदा था। ऐसी खराब हालत आंगनवाड़ी केंद्र के ज़रिए मुख्य ईसीसीई और हेल्थकेयर सर्विस देने वाली महिलाओं पर बढ़ते दबाव को दिखाती है। हम सरकार द्वारा एक्रेडिटेड सोशल हेल्थ एक्टिविस्ट (आशा) कार्यकर्ता और आंगनवाड़ी कार्यकर्ता को दिए जाने वाले अलग-अलग बर्ताव पर भी बात करते हैं, भले ही दोनों एक जैसा कम्युनिटी-बेस्ड काम करते हैं, जो कोविड-19 महामारी के दौरान और उसके बाद काफ़ी बढ़ गया।

आंगनवाड़ी में काम करने वाली महिलाओं की एजेंसी को कई कारकों द्वारा मध्यस्थ देखा जाता है, जिसमें उनके काम के लिए उनके परिवार के समर्थन का स्तर, वित्तीय सहायता, सामाजिक मान्यता, संस्थागत पदानुक्रम और अतिरिक्त घरेलू कर्तव्य (अध्याय 5) शामिल हैं। अध्ययन के नमूने में, परिवार के समर्थन के मिश्रित अनुभवों की सूचना दी गई थी, और श्रमिकों के जीवनसाथियों (जो विवाहित थे) के एक महत्वपूर्ण हिस्से के पास अस्थिर, संविदात्मक, अनौपचारिक नौकरियां थीं या वे बेरोजगार थे, यह दर्शाता है कि आंगनवाड़ी की नौकरियां परिवारों के लिए वित्तीय सहायता या अतिरिक्त आय के एक मूल्यवान स्रोत के रूप में कार्य करती हैं, जिससे घरेलू आय में विविधता लाने में मदद मिलती है। जबकि ये श्रमिक बढ़े हुए कार्यभार, पदानुक्रमिक सरकारी नियंत्रण और सीमित निर्णय लेने की शक्ति को संभालते हैं, सरकार के नेतृत्व वाली देखभाल प्रावधान के भीतर उनकी व्यक्तिगत और सामूहिक एजेंसी अक्सर सामने आती है। हालांकि, हाल के सालों में, मज़दूरों के प्रदर्शन, सड़क जाम, विरोध और हड़ताल के मामले सिर्फ़ दिल्ली- एनसीआर में ही नहीं, बल्कि पूरे भारत में बढ़े हैं।

कुल मिलाकर, इस थीसिस का मकसद राज्य के चलाए जा रहे देखभाल प्रोग्राम में महिलाओं के काम और एजेंसी की मौजूदा समझ को बढ़ाना और इस मुद्दे पर लिटरेचर में कमियों को भरना है। यह नतीजा निकाला गया है कि आंगनवाड़ी सेवा योजना में महिलाओं को ज़्यादा सरकारी प्राथमिकता और सपोर्ट की ज़रूरत हो सकती है, क्योंकि यह काम पर महिलाओं की एजेंसी और सशक्तिकरण को मज़बूत करने के लिए ज़रूरी है। आंगनवाड़ी वर्कर और हेल्पर को 'वॉलंटरी', ' मानद ' माना जाता है, जो वैसे भारत में महिलाओं और बच्चों के विकास के 'चेहरों' में से एक हैं। नए लागू हुए इंडियन लेबर कोड के तहत मिनिमम कानूनी मज़दूरी से कम पेमेंट किया जाना और वेलफेयर बेनिफिट से बाहर रखा जाना, राज्य द्वारा उनके योगदान को नज़रअंदाज़ करने को दिखाता है और भारत में ईसीसीई और महिलाओं की स्वास्थ्य देखभाल को मज़बूत करने में उनकी संभावित भूमिका को खतरे में डालता है।

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Abbreviations

ANM	Auxiliary Nurse-Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AWH	Anganwadi Helper
AWC	Anganwadi Centre
AWCC	Anganwadi cum Crèche
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy
BDO	Block Development Officer
CDPO	Child Development Project Officer
CHW	Community Health Worker
CII	Confederation of Indian Industry
CIRCUS	Citizens' Initiative for the Rights of the Child Under Six
COVID-19	Coronavirus disease 2019
CSR	Corporate Social Responsibility
DMEO	Development Monitoring and Evaluation Office
ECCE	Early Childhood Care and Education
FGDs	Focus Group Discussions
GoI	Government of India
GDP	Gross Domestic Product
ICDS	Integrated Child Development Services
ICRIER	Indian Council for Research on International Economic Relations
IEG	Institute of Economic Growth
ILO	International Labour Organization
IMR	Infant Mortality Rate
LFPR	Labour Force Participation Rate
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MOSPI	Ministry of Statistics and Programme Implementation
MoHFW	Ministry of Health and Family Welfare
MoWCD	Ministry of Women and Child Development

NEP	National Education Policy
NCR	National Capital Region
NCT	National Capital Territory
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
NIPCCD	National Institute of Public Cooperation and Child Development
NITI	National Institution for Transforming India
NRHM	National Rural Health Mission
NSSO	National Sample Survey Office
NSO	National Statistical Office
OBC	Other Backward Classes
OECD	Organisation for Economic Co-operation and Development
P&LM	Pregnant and Lactating Mothers
PLFS	Periodic Labour Force Survey
POSHAN	Prime Minister's Overarching Scheme for Holistic Nourishment
RBI	Reserve Bank of India
SC	Scheduled Castes
SDG	Sustainable Development Goal
SNP	Supplementary Nutrition Programme
SPRF	Social and Political Research Foundation
SRS	Sample Registration System
SSK	Saheli Samanvay Kendra
ST	Scheduled Tribes
TUS	Time Use Survey
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UPSC	Union Public Services Commission
WCD	Women and Child Development
WHO	World Health Organization
WPR	Worker Population Ratio



Map 1: Map of India

Source: https://commons.wikimedia.org/wiki/File:Medium-india-political-wall-map-vinyl-moi4781121786238-original-imaezawqex9x5dbb.jpg



Map 2: Map of Delhi

Source: https://www.mapsofindia.com/delhi/districts/



Map 3: Map of National Capital Region (NCR)

Source:
https://commons.wikimedia.org/wiki/File:National_Capital_Region_%28India%29.svg