KAUTILYA
SCHOOL OF
PUBLIC POLICY

Issue Brief Series

“Optimising the Anganwadi Interface: A Design Thinking Approach”

Issue Brief Number: IB-2025-32

Submitted by: Mr Akarsh Srivastava, Ms Vaishnavi Sankar, Ms Sejal Gavali, Ms Sarika Solanki, Ms Neelam (MPP Cohort: 2024-26)

Under the Supervision of: Dr Sharique Hassan Manazir

Cite this Report as Srivastava, A., Sankar, V., Gavali, S., Solanki, S., Neelam. (2025). Optimising the Anganwadi Interface: A Design Thinking Approach [online]. Available at: https://kspp.edu.in//issue-brief/optimising-the-angadwadi-interface-a-design-thinking-approach

Optimising the Anganwadi Interface: A Design Thinking Approach

Abstract

This policy brief applies a design thinking approach to optimise the implementation of Mission POSHAN 2.0 by strengthening the Anganwadi interface. Through primary field research using empathy mapping, AEIOU, and the 6W+H frameworks, it identifies gaps in infrastructure, workforce, and technology that hinder effective service delivery. Using NABC, Lean Canvas, and a Retrospective Board, the brief proposes targeted interventions such as modular infrastructure, workforce restructuring, and digital simplification. The resulting prototype integrates local governance mechanisms to enhance efficiency, citizen centricity, and impact in maternal and child nutrition outcomes.

Introduction

Fig 01 : Group photo with Anganwadi teacher at Anganwadi centre (Rudraram)

This policy brief aims to optimize POSHAN 2.0 implementation by strengthening the Anganwadi interface, achieved through a design thinking approach. The exploration assesses the different endowment loss, transfer failure, active and passive exclusion in the Anganwadi interface through which the POSHAN 2.0 is implemented. Beginning with a thorough policy background of Mission Poshan, the brief maps relevant policies and regulations, identifying key actors and applicable frameworks. Primary research, employing the 2+1 approach, informs a deep understanding of the Anganwadi teacher's experiences, captured through empathy mapping, hooks canvas, and persona mapping. The 6 W's and H questions, along with AEIOU (Activities, Environment, Interactions, Objects, Users) framework, further defines the problem statement, framing it as an opportunity to enhance the Anganwadi centre's effectiveness.

In the ideation phase, a retrospective board informs the NABC (Need, Approach, Benefits, Competition) mapping, creating targeted interventions such as infrastructure optimization, workforce restructuring, among others. The Lean Canvas further refines these ideas into a viable implementable strategy. Finally, prototyping visualizes the proposed solutions through a detailed process intervention flow, laying the groundwork for actionable steps to improve Anganwadi operations and enhance the delivery of vital nutritional services to children hailing from vulnerable sections of society. The brief culminates with extending our actionable recommendations to stakeholders to move the needle on improving the citizen centricity of Anganwadi centres as a public service delivery interface.

Stages in Design Thinking:

1. **Framing the Design Challenge**

Our main objective involves redesigning Anganwadi centres to improve Mission Poshan 2.0 performance for maternal and child health results. The combination of health examinations

with nutrition programs and behaviour change communication that Anganwadi centres provide enables them to help fight rural and urban nutrition issues and achieve better health results. Anganwadi centres operate under severe limitations due to inadequate facilities, combined with insufficient resources, a high workload of staff, and restricted operational areas, which inhibit their mission execution.

The design thinking approach aims to find operational improvements for Anganwadi centres by creating practical innovations for their infrastructure development, resource management, and technological system integration. Our main goal involves creating an operational setting to help Anganwadi staff accomplish their daily work and enhance their complete effectiveness in service delivery. Extended capabilities at Anganwadi centres will allow them to provide enhanced backing to Mission Poshan 2.0 against malnutrition and promote nutritional education and maternal and child wellbeing programs. The challenge aims to create an enlarged solution for Anganwadi centres to carry out their fundamental health improvement tasks.

In our team, we have five members, each contributed according to their ability and strengths to this project. Akarsh, the creative problem solver, leads us in developing innovative ideas to tackle the challenges faced by Anganwadi workers. Neelam, our technical expert, ensures that we apply practical, feasible solutions to implement our ideas. Sarika, the strategist, takes charge of planning and ensures we focus on key issues identified during our field visit. Vaishnavi, the visionary, helps us look at long-term solutions for improving Anganwadi services. Sejal, the data-driven decision-maker, ensures that our conclusions are based on accurate and relevant information. Together, our skills complement each other, allowing us to work effectively and ensure a well-rounded approach to the project.

2. Understanding the landscape of the problem

Policy Background

The single most significant health risk in India is Child and maternal undernutrition, responsible for 15 per cent of India's total disease burden. (Suri & Kapur, 2020) "According to the National Family Health Survey (NFHS-5), approximately 35.5% of children under five years old in India suffer from stunting, 19.3% from wasting, and 32.1% from being underweight." (Rawat, 2025) The government of India launched various programs to tackle this issue. The oldest scheme, the Integrated Child Development Services (ICDS), launched in 1975, adopted a multi-pronged approach to children's well-being by integrating health, educational and nutritional interventions through a community network of Anganwadi centres (AWCs). (Suri & Kapur, 2020) Subsequently, various schemes started to cater to women and child health issues, which included POSHAN Abhiyaan in 2017, the Anganwadi Service Scheme, the Pradhan Mantri Matri Vandana Yojana (PMMVY), and the Scheme for Adolescent Girls.

The pandemic made the government reflect on this problem once again with a multivariate lens. Recognising the dire need for intervention, the Government of India launched "Mission Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0) in 2021, consolidating existing nutrition and child development programs into a unified framework." (Rawat, 2025)

Policy and regulation mapping

The policy represents a strong overview of how evolution has taken place in India's approach to maternal and child nutrition through the convergence of existing policies into unified frameworks. This integration well defines how analysis is driven from a policy perspective, frameworks, implementation model, and its type.

Distributive policy: As the policy features its universal services provision framework the mission demonstrates distributive policy. Its primary function is to allocate resources for Anganwadi infrastructure, technology upgrades and workers training, nutrition programs. The government distributes funds to states and ensures other schemes intervention like mid day meal scheme, digital monitoring, etc.

However it possesses characteristics of redistribution policy as well, as it targets socially and economically backward groups. This policy benefits them to get nutrients, financial and Healthcare support from general taxpayers, donations to vulnerable children, women etc.

Implementation model: incremental approach the mission employs an incremental model because it has chosen a path of revolutionary change and builds upon existing Integrated Child Development Services (ICDS), infrastructure and progressively enhances the feasibility and ensures gradual improvements.

To follow the pattern of making marginal funding adjustments and changes based on feedback, and experience implementation decisions follow this model.

Policy framework analysis: Multiple streams framework and Big Data policy cycle.

Multiple streams framework best explains policy's emergence and Big Data cycle supports its evolution.

Problem Stream: The rising malnutrition rates, inefficiencies in Anganwadi centers and Covid-19 crisis forced policy makers to act and streamlined the problem.

Policy Stream: Additionally The best decision was made to merge and modify the existing programs with digital modernization instead of launching new schemes resulting in a policy stream.

Politics Stream: After all the post pandemic affects the international organizations such as UNICEF and who are pressured to create reforms under the politics stream.

Big data policy cycle: Mission Poshan 2.0 strategically relies on real time data tracking, through Poshan tracker which promotes AI driven technology and enables its fund allocation. It also monitors the details of children, vaccination data, malnutrition identification on the basis of measuring height and weight of every single child. This ensures better resource optimization but also gives technological burden to workers who struggle with digital literacy and connectivity issues.

Official and Unofficial Actors:

OFFICIAL ACTORS	UNOFFICIAL ACTORS
Ministry of Women Child and Development(MoWCD	Think Tanks like IMPRI, Centre for Policy Research, CBGA
Anganwadi Workers	News and Media Houses like Firstpost
Village level Panchayats	NGOs like CRY, Action Against Hunger India, SNEHA
	Anganwadi Workers Union like All India Federation of Anganwadi Workers and Helpers

Primary Research

Fig 02 : Primary Research using cue cards

After converging on the broader aspects of Mission Poshan 2.0, this report will now diverge on the physical interface of Anganwadi centres through which Mission Poshan is implemented. Choosing the Anganwadi centre and having a conversation with the Anganwadi worker/teacher is crucial because that is the interface that ensures policy implementation.

We visited an Anganwadi centre in Rudraram, Telangana, observed the interface and interviewed the teacher using design thinking's 2+1 interview approach. This Anganwadi Centre also falls under the ambit of the Telangana government's Arogya Laxmi scheme.

Observation Phase

Fig 03 : Primary Research using cue cards

Fig 04 : Immunization of children by ASHA worker (Rudraram)

Our field observations indicate that a lack of infrastructure hampers the service delivery at the Anganwadi Centre. The unit where the single centre functioned had personnel who also performed the responsibilities of both food preparation work and teaching. The centre was not divided into specific kitchen and storage sections; continuing to conduct activities kept getting more complicated and more complex. Particular areas within the Anganwadi centre are not present for which children are deprived of their essential space for activities critical for early childhood learning activities. Fundamental facilities are missing for the centre, which makes it difficult for the centre to carry out its mission objectives in the light of Poshan 2.0 principles, which are balanced education and nutrition.

During the visit, it was also observed that the facility had a significant staffing problem due to the absence of an Anganwadi helper (AWH) for two months. In normal conditions, the AWW, on the other hand, works with the AWH in administrative work and food delivery duties at the Anganwadi for junior children. The teacher bore all responsibility after the helper left; there was a tremendous amount of workload that led to service quality

degradation. Staff member shortages, particularly in the case of remote areas, cause the Anganwadi to reveal their weaknesses. This showed unsatisfactory waiting areas for accessing vital services, as mothers had to wait outside inside the sun with their babies during the vaccination drives carried out outside the Anganwadi room by ASHA workers.

The discipline in which the children are observed from the facility is high. In contrast, it is observed that the teacher, along with each student, has an understanding of structured developmental activities. Storytelling and singing are essential components of cognitive development in early childhood. But as the situation has proved, Anganwadi teachers are steadfast in ensuring the availability of educational spaces for the growth of a child, even under adverse conditions. It is because of the level of child involvement and the teacher's dedication towards development work that Anganwadi centres should be supported more. Mission Poshan 2.0 requires that the interface of Anganwadi works on infrastructure needs, worker staffing quality and service integration for a better environment for children and staff.

During our field visit, we interviewed Rani, an Anganwadi worker/teacher, using a 2+1 interview approach of design thinking. We incorporated Q cards with visualisations as the conversation starters and led the conversation organically. We further used the divergence and convergence methodology to incorporate our insights and experiences to map pain points.

Conversation Starters - Cue cards 1,2,3

Fig 05 : Cue card depicting women receiving monthly ration (Source: Google image)

Fig 06 : ECCE activity conducted by the Anganwadi teacher (Source: Google image)

After seeing the Q card, the teacher was eclectic. She conveyed the importance of group activities and how she regularly conducts them. The teacher maintained a steady routine, with activities planned throughout the day, including breaks for meals and learning exercises. The teacher further highlighted that practical learning, such as hand hygiene and personal care, was a major priority in her centre.

Cue card 4

Fig 07 : Food served to children by the Anganwadi teacher (Source: Google image)

This visual of the teacher serving meals to children was a breakthrough. The teacher talked passionately about her routine. She comes in at 8:30 a.m. and cooks' food for the children, which typically includes eggs, dal and rice. She also completes other work, like attendance, while the children take their afternoon nap. The heights and weights of children are documented on the first of every month, and vaccination drives are conducted on the fourth of each month. She mentioned the nutritional supplements they get, such as 16 eggs per child per month, 2.5 kgs of Balamrutam, and 1 kg of special Balamrutam for severely undernourished children. She loves her job immensely, and she wants to continue doing it so that she can be in the company of children. The pain points that she promptly pointed out were insufficient infrastructure, the Overburdened and underpaid nature of her work and lack of support.

Cue card 5

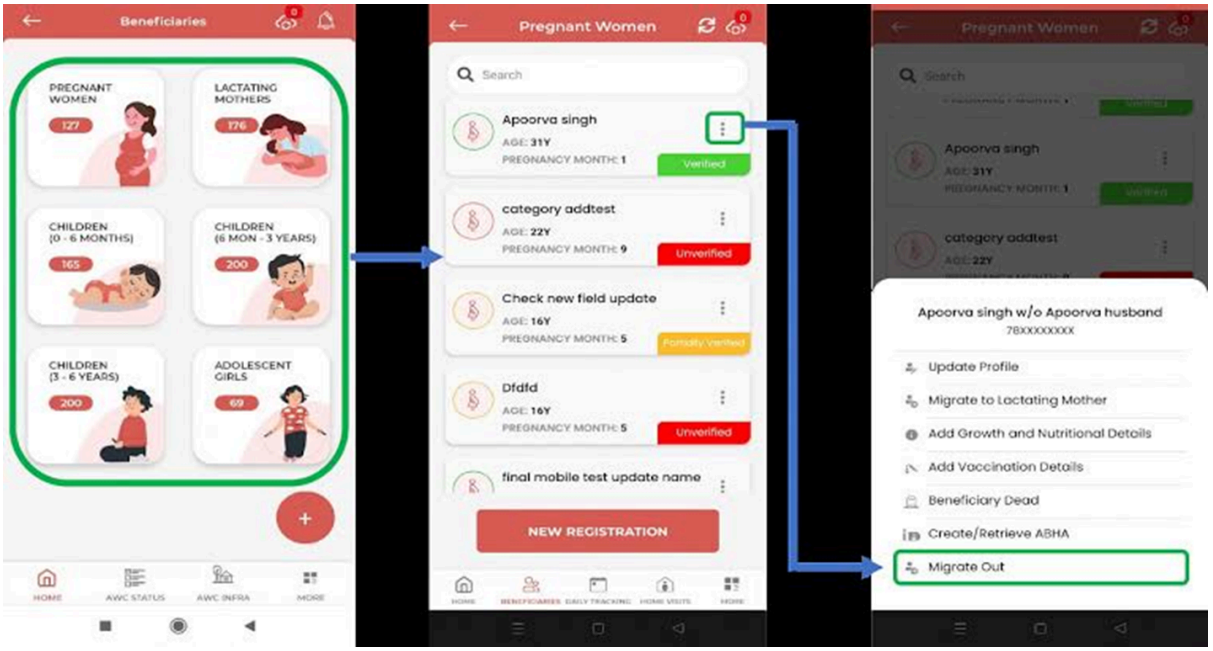

Fig 08 : Digital Interface of POSHAN tracker (Source: Google image)

This visual consists of the digital interface of the Poshan-Tracker app. The teacher was well-versed in all its features. She mentioned that she had taken only one offline training session for using the application, and the rest she learned through social media like YouTube and shared tutorials on WhatsApp. The teacher received a phone through the Arogya Laxmi scheme of the Telangana government for the purpose of connecting and keeping records.

6W'sH

WHAT	WHO	WHY	WHERE	WHEN	HOW
Malnutrition, lack of proper infrastructure, insufficient training for workers	Anganwadi workers, helpers, children, parents, government bodies, NGOs	Affects child growth, cognitive development, school readiness, and health outcomes	Anganwadi centers, households, supply chains for nutrition	Anganwadi centers, particularly in rural and remote regions.	Restructuring centers, upskilling workers, integrating technology, improving funding
Impact of current programs, gaps in implementation, effectiveness of existing interventions	Children (0-6 years), pregnant & lactating mothers, Anganwadi staff	Insufficient funding, inadequate infrastructure, lack of training, and inconsistent financial support for Anganwadi workers.	Similar challenges were addressed in specific regions in India, like parts of Rajasthan and Odisha. To some extent	Immediate outcomes would be appreciated, but a tangible difference will likely be seen over 2-3 years.	Solutions must address systemic issues, such as lack of training, underfunding, and poor infrastructure, to enable Anganwadis to operate effectively.
Food provided is sufficient, all eligible children are enrolled, workers are well-trained	Government, ICDS officials, community leaders, NGOs	Budget constraints, bureaucratic delays, lack of community participation	Other states/countries with malnutrition issues	Pilot phase can begin with existing funds, full rollout after assessment	Poshan Abhiyan, mid-day meal enhancements, local-level awareness campaigns

Fig 09 : 6WH's framework of the Anganwadi interface. Source: compiled by the authors of this brief

AEIOU Mapping

Activities What happens in the Anganwadi Centers?	Daily routines include teaching, playtime, meal distribution, health check-ups, and administrative tasks.
Enivronment What is the setting like?	Limited space, basic seating, and inadequate hygiene facilities. Some centers share premises with schools, affecting operations. Security and safety issues due to open spaces and lack of proper monitoring.
Interaction Who interacts with whom and how?	Child-to-child: Group play and peer learning. Child-to-worker: Learning, caregiving, health monitoring Reporting, training, and resource allocation.
Objects What tools, materials, and resources are used?	Charts, storybooks, locally available materials, First-aid kits, vaccination records, drinking water (often inadequate). Attendance registers, mobile apps
User Who are the people involved and their needs?	Children (0-6 years), Anganwadi workers, Helpers

Fig 10 : Understanding the design challenge. Source: compiled by the authors of this brief

Empathy Mapping

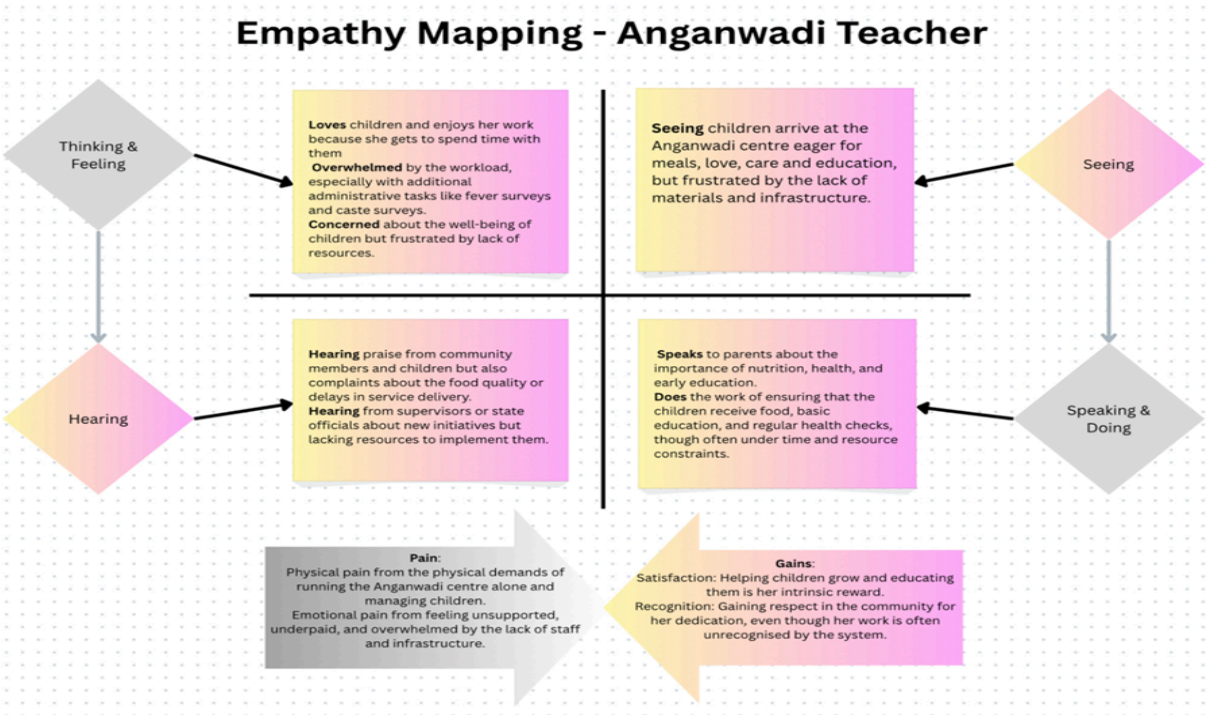

Fig 11 : Understanding the design challenge using the empathy mapping. source: compiled by the authors of this brief

Persona Mapping – Anganwadi Teacher/Worker

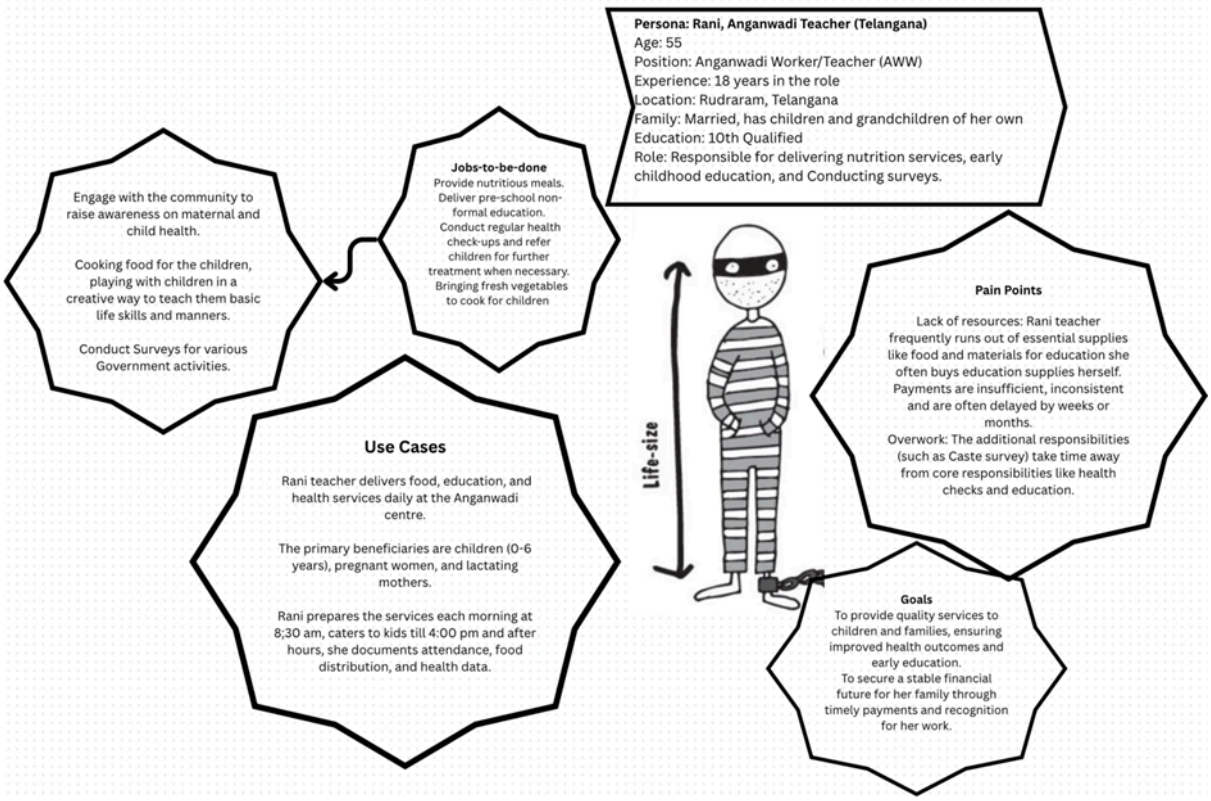

Fig 12 : Understanding the design challenge using the persona mapping compiled by the authors of this brief.

Hooks Canvas

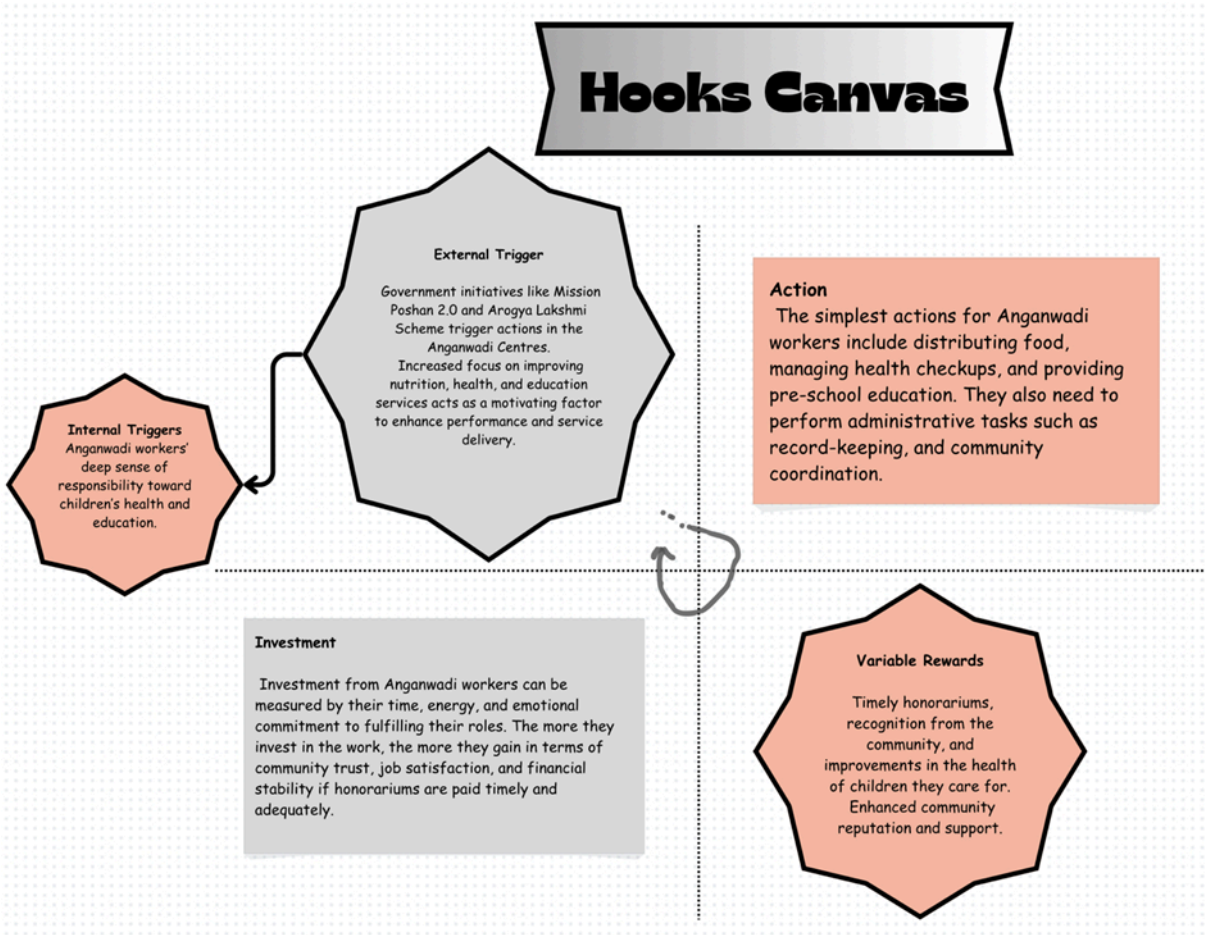

Fig 13 : Understanding the design challenge using the Hooks canvas compiled by the authors of this brief

3. Stage 3- Define Point of View

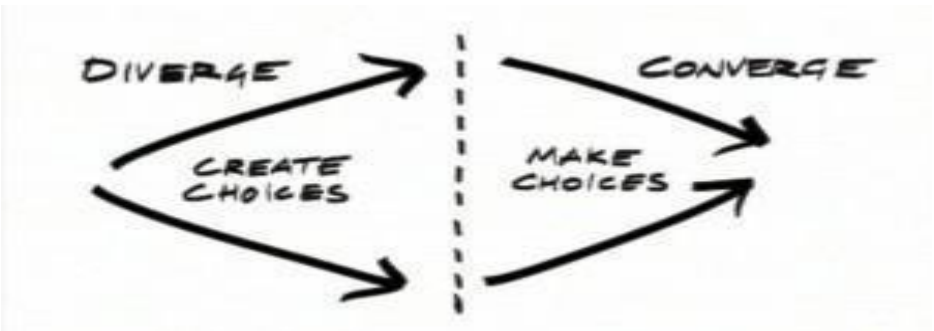

Fig 14 : Defining point of view (Source: Google)

We further Diverge and Converge on the underlying issue to narrow down the challenges into a crisp problem statement which clearly defines our Point of View.

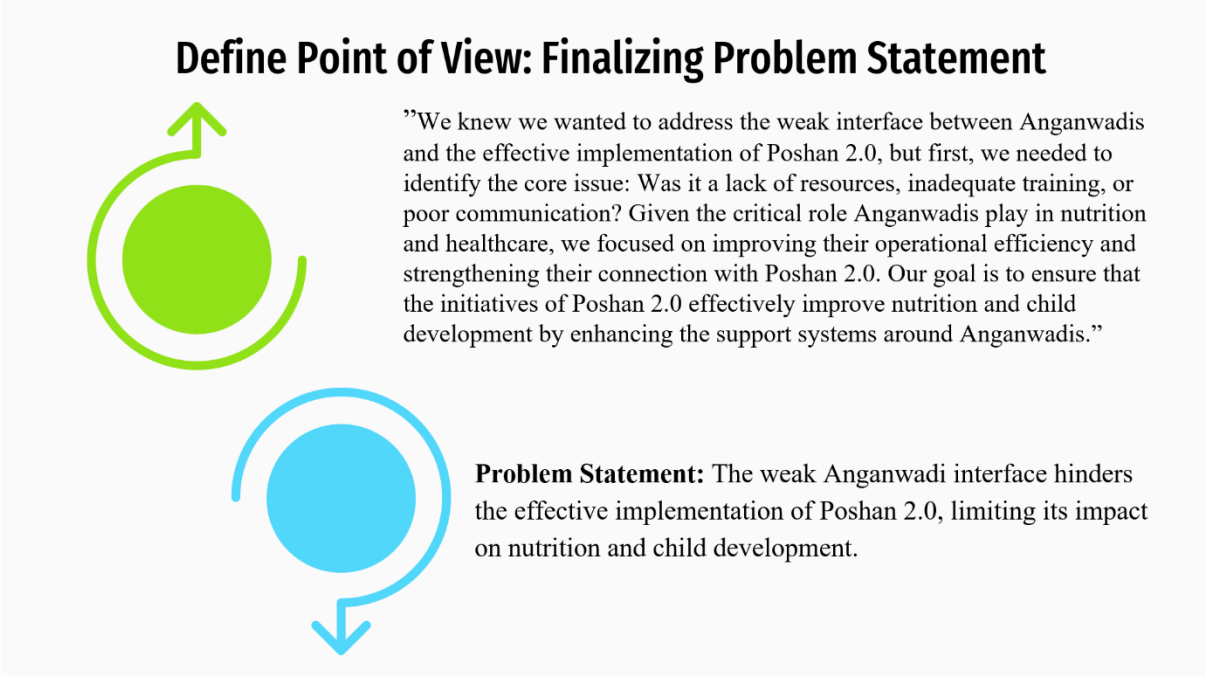

Figure 15: Framing the Problem statement, Source: Compiled by the Authors

4. Ideation Stage

The NABC Approach. The NABC (Need, Approach, Benefits, Competition) framework, developed at Stanford Research Institute (SRI International), provides a systematic method for articulating value propositions in policy interventions. This straightforward approach enables policymakers to verify that their solutions address genuine needs while offering distinctive advantages over alternatives (Georgi, 2020).

Mapping the NABC framework to strengthen AWCs

Post our field visit to the Anganwadi centre, the following findings came to light which helped us in mapping the NABC approach to our chosen problem statement. Our visit highlighted fundamental problems in the functioning of Anganwadi which range from inadequate infrastructure, strain on workforce, tech adoption barriers to financial insecurities. In a snapshot, our visit highlighted that the Anganwadi Centre (AWC) had been allotted a single room in the premises of a primary school. There was no dedicated space for storing supplies forcing the Anganwadi worker (AWW) to allocate 40-50% space for storage use. This creates a dual concern of safety of children and hygiene issues since food is also consumed in the same room, which is a violation of FSSAI's separation guidelines (*Food Safety training manual storage, transportation v2 - June 14, 2017 with checklist.pdf*, n.d.p.32).

Currently, the AWW is entitled to just one leave a month, exceeding which her salary is deducted. This stringent leave policy also has adverse socio-psychological impact on the AWW. Apart from this, we also found that AWWs aged between 40-45 years struggled with operating the Poshan app as they were recruited into service when manual recordkeeping (for attendance & other administrative purposes) was the norm and lacked tech-centricity to efficiently use these apps. Although some studies suggest that delivering nimble digital training to the likes of AWWs and ASHA workers is better than traditional methods of instructor led training (Chase et al., 2024), we are of the contrarian view that in case of individuals with low exposure to digital devices due to their age, should be provided hands-on training. On the financial front, the current monthly pay of Rs.13,000 to the AWW is not aligned with current inflationary and cost of living trends. The salary has remained stagnant and not undergone revision in the recent past.

To address our problem statement w.r.t Anganwadi centers, we need to focus on devising implementable targeted interventions. First, we need to optimize the physical infrastructure. Introducing modular design kits, complete with foldable, multi-use furniture and wall-mounted shelves, helps create more functional and safer spaces for children. Exploring the potential of converting underutilized spaces in villages into decentralized storage hubs offers a practical solution for managing supplies.

Workforce restructuring is equally important. A tiered staffing model, where existing workers concentrate on core tasks and local women are engaged as "Poshan Sakhis" for ancillary support, can alleviate workload pressures. Implementing a system that allows workers to coordinate leave coverage with neighbouring centers ensures uninterrupted service delivery.

Technology plays a vital role in enhancing efficiency. A voice-activated POSHAN Tracker, designed with vernacular commands and IVRS-based training, simplifies data entry for low-literacy workers. Peer learning cells, where tech-savvy workers act as "Digital Ambassadors," can facilitate skill-sharing and adoption of digital tools. Finally, performance-linked incentives like Rs.500-1000 per month tied to 95% POSHAN Tracker compliance can further motivate workers. The compensation structure of the Anganwadi workers should also be reviewed and undergo periodic appraisals (Madhukalya et al., 2023). The alternatives to this proposed solution are expensive and difficult to implement. These alternative approaches include increasing staff or moving operations to private agencies or constructing new infrastructure. All three options when put against the proposed approach, pale in comparison due to cost, implementation and time investment issues.

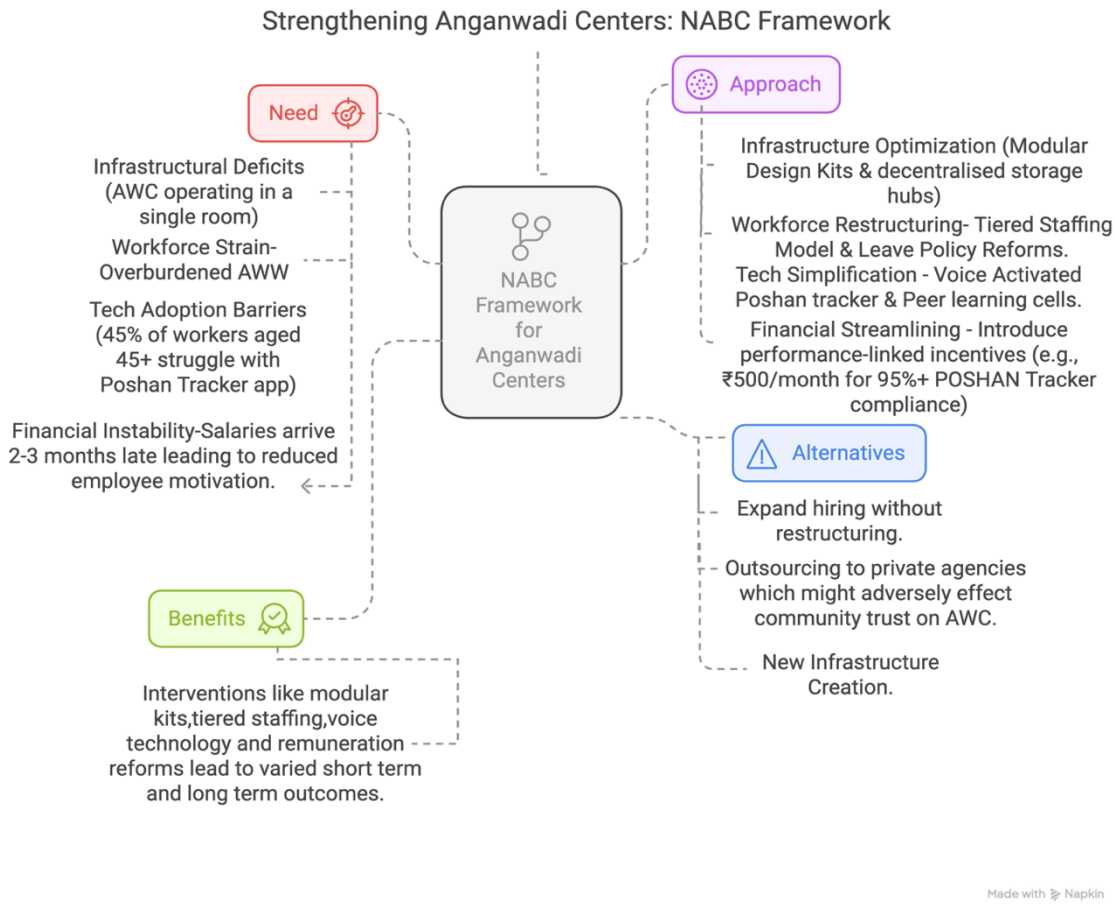

Figure 16: NABC Framework for strengthening AWCs under Poshan 2.0.

Lean Canvas

Lean Canvas, adapted by Ash Maurya from Alex Osterwalder's Business Model Canvas, offers a one-page visual representation that captures essential elements of an intervention plan. This tool helps policymakers rapidly develop, test, and refine implementation strategies with minimal resources (Alam, 2023). A lean canvas typically addresses nine interconnected components, namely problem identification, solution development, key performance metrics, unique value proposition, unfair advantage, channels for implementation, beneficiary segments, cost structure and impact assessment.

Mapping Lean Canvas to Problem Statement

Mapping our field visit experience to the Lean Canvas approach pinpointed key challenges like infrastructural gaps leading to overcrowding, overworked staff with limited leave, a tech-skills gap among older workers, and delayed remuneration. The brainstormed solutions encompass modular furniture and decentralized storage, a tiered staffing model, a voice-activated app with peer-to-peer training, and an automated salary system with performance incentives. Success hinges on metrics like space reclaimed, workload reduction, app usage, salary payment timeliness, and worker retention.

This builds upon the unfair advantage of the existing Anganwadi network and its community trust. Key channels for implementation include local self-help groups, block-level health officials, digital training centers, and the Direct Benefit Transfer (DBT) system, targeting children (0-6 years), pregnant/lactating mothers and Anganwadi workers themselves. The costs include furniture, stipends for "Poshan Sakhis", training programs, app upkeep, and performance incentives, ultimately aiming for improved nutrition, school readiness, women’s empowerment, efficient resource use, and stronger community engagement.

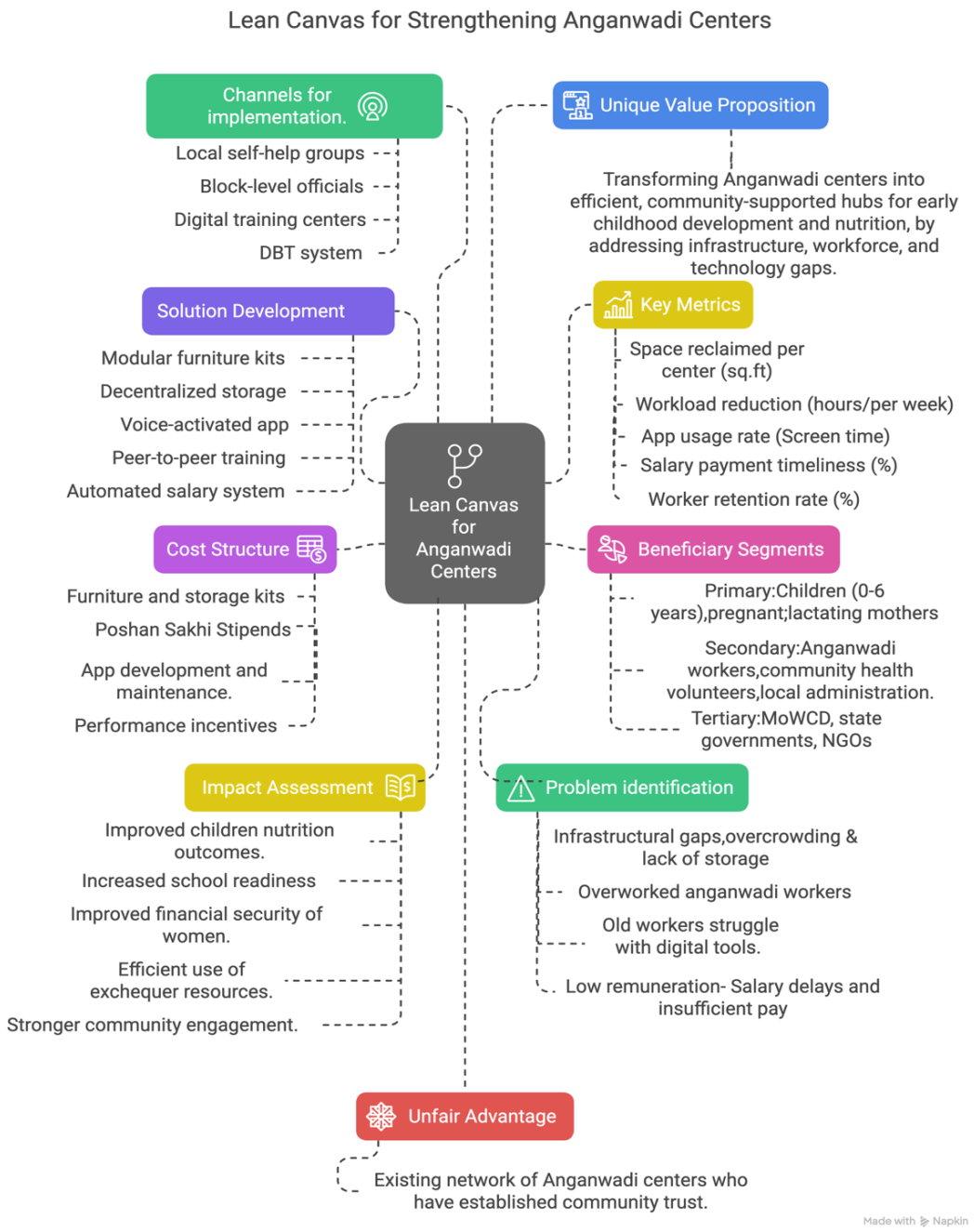

Figure 17: Mapping lean canvas to optimize the functioning of Anganwadi interface.

Retrospective Board

The retrospective board functions as an evaluation instrument which helps Policy makers determine which interventions should persist, which others require testing,

which ones need termination and which ones achieved success. The retrospective board functions as our ideation tool for Anganwadi centre evaluation. The retrospective board provides a framework for our observations to be classified into four sections: 'Things we should continue to Do,' 'Things we should try Out,' 'Things we should stop doing,' and 'Things that went well.' The four categories of analysis provide distinct insights into Anganwadi service delivery.

The 'Continue to Do' section identifies essential strategies which maintain and enhance Anganwadi service quality. These strategies include a compilation of efforts, which are not just observed from primary research but also from the secondary research. The section includes some best practices practiced on a smaller scale in India. The involvement of parents and community volunteers in management committees leads to better service quality through participatory governance. Community-based monitoring brings more transparency along with improved responsiveness to public service delivery (Best Practices in Anganwadi Services Scheme under Umbrella ICDS). The regular recruitment of Anganwadi Workers (AWWs) remains vital because staff shortages create service delivery disruptions which produce learning gaps in children. Although the recruitment happens of Anganwadi workers, the recruitment needs to be regularized.

Research in early child development establishes that facilities which promote inclusivity help each child develop better mentally and socially. UNESCO states that Inclusion in quality ECCE is especially important for children from disadvantaged families (Yoshie and Dragona, 2022). In line with the diverse needs of children with disabilities, Anganwadi centres are adopting a multi-sensory and toy-based intervention approach (Sinha,2024). Although this was not observed in the field, the National Education Policy mandates Early Childhood Education (ECE) sessions lasting between 3-4 hours to bring improved learning results. The

budget allocation for the Saksham Anganwadi under the mission Poshan has increased by 9% from last year, which needs to continue (PRS,2025).

The 'Try Out' section presents potential strategies which aim to enhance service delivery efficiency. The separation of Early Childhood Care and Education (ECCE) from maternal care duties will ease the workload of AWWs so they can dedicate more time to child development instead of managing various responsibilities. Specialized childcare services produce better outcomes for programs and enhance the efficiency of workers. The involvement of parents in management committees represents an experimental opportunity to boost service monitoring and increase accountability. Education programs managed by communities show that parental support produces better outcomes for the programs. Local policy agendas that are connected to Anganwadi programs help synchronize them with government schemes so they can enhance their implementation and funding opportunities. The integration of other policy programs demonstrates how this logical alignment brings together services while it streamlines bureaucracy and increases service delivery across communities. The utilization of current family welfare programs presents a beneficial approach to expand ECE services because it maximizes resource usage without requiring additional expenses. Previous integrated nutrition and education programs demonstrated positive combined effects which improved child welfare outcomes. The Department of School Education (DoSE) and Women and Child Development (WCD) ministry need to establish clear roles and functional convergence to streamline their service delivery. Linking departments results in better service efficiency through reduced duplication.

The evaluation includes practices that prevent efficient service delivery under 'Stop Doing'. AWWs should not perform administrative tasks because these duties interfere with their essential role of child development. Excessive bureaucratic workloads decrease direct child engagement time which therefore prompts poorer learning results. Using outmoded

educational infrastructure together with unmodernized learning resources diminishes the quality of ECE programs. Modernized early learning programs based on evaluations show that interactive learning equipment and improved infrastructure create better cognitive involvement because of their effectiveness. Weak stakeholder involvement in decision-making processes leads to reduced accountability when community participation is treated formally instead of actively. The involvement of communities in participatory governance produces better service delivery outcomes according to available evidence. Weak policy implementation happens when monitoring and evaluation have inconsistent practices because poor data collection makes it difficult to take timely actions. The performance of programs improves when evaluation processes happen with regular frequency according to a review of monitoring systems. Continuous improvement suffers because the organization fails to consider the crucial operational insights that AWWs and parents can offer about service delivery. The assessment of existing policies shows that programs designed after involving frontline workers become more responsive to community needs.

The section 'Things That Went Well' presents successful interventions which have brought positive changes to Anganwadi services. School readiness for children has improved since the implementation of primary school-Anganwadi centre co-location programs which allows better school integration. Children enrolled in unified pre-learning settings achieve better scores during their primary school education. Local Mothers' Committees who participate in food procurement activities now manage nutrition better because their oversight leads to better quality and affordable food choices. Community nutrition programs show that buying food locally leads to lower malnutrition rates in the community. The participation of Self-Help Groups (SHGs) enables Anganwadi centres to obtain micro-financing and community resources which supports their financial stability. Documentation of

SHG-operated initiatives proves that their systems ensure continuous operation. Data monitoring improvements help organizations identify service gaps which they use to develop specific intervention strategies. Public health research together with educational studies show that data-based policy decisions enhance the effectiveness of implemented policies. Several centres received improved infrastructure which demonstrates that well-equipped classrooms better both student participation and their academic success. The outsourcing of specific functions to NGOs allows organizations to access specialized expertise because non-profit collaborations have traditionally produced innovative services. The implementation of dedicated ECE time has produced improved learning results which demonstrates the necessity of structured teaching hours in Anganwadi centres.

The review process enables us to find policy measures that need strengthening alongside areas suitable for experimental alteration or elimination yet suitable for additional implementations. The systematic framework enables Anganwadi programs to develop according to community requirements thus achieving enduring enhancements in the development of young children.

RETROSPECTIVE BOARD

- Parents and volunteers from the community are part of the management committees.
- Recruitment of AWWs to ensure continuity of services.
- Disability-friendly centers to ensure inclusive education.
- Ensuring dedicated time for ECE: AWWs to dedicate 3-4 hours exclusively for ECE.
- Increasing funding: Significant budgetary allocations to strengthen service delivery.

RETROSPECTIVE BOARD

- Co-location with primary schools has improved school readiness among children.
- The Mothers' Committees procure raw material, prepare food, and supply it to the AWCs.
- SHG involvement has enhanced the financial sustainability of centers.
- Strengthened data monitoring has helped in identifying gaps and improving service delivery.
- Infrastructure improvements in some centers have positively impacted learning environments.
- Outsourcing specific functions to NGOs to leverage expertise.
- Dedicated ECE time has resulted in better learning outcomes.

RETROSPECTIVE BOARD

- Decoupling ECCE and maternal care functions to reduce the burden on AWWs and improve efficiency.
- Increased participation of parents in management committees will lead to better accountability.
- Linking programs to the local policy agenda for greater alignment with government schemes.
- Utilizing existing family welfare programs for scaling up ECE efforts.
- Clarifying ownership: Defined roles and improved functional convergence between DoSE and WCD.

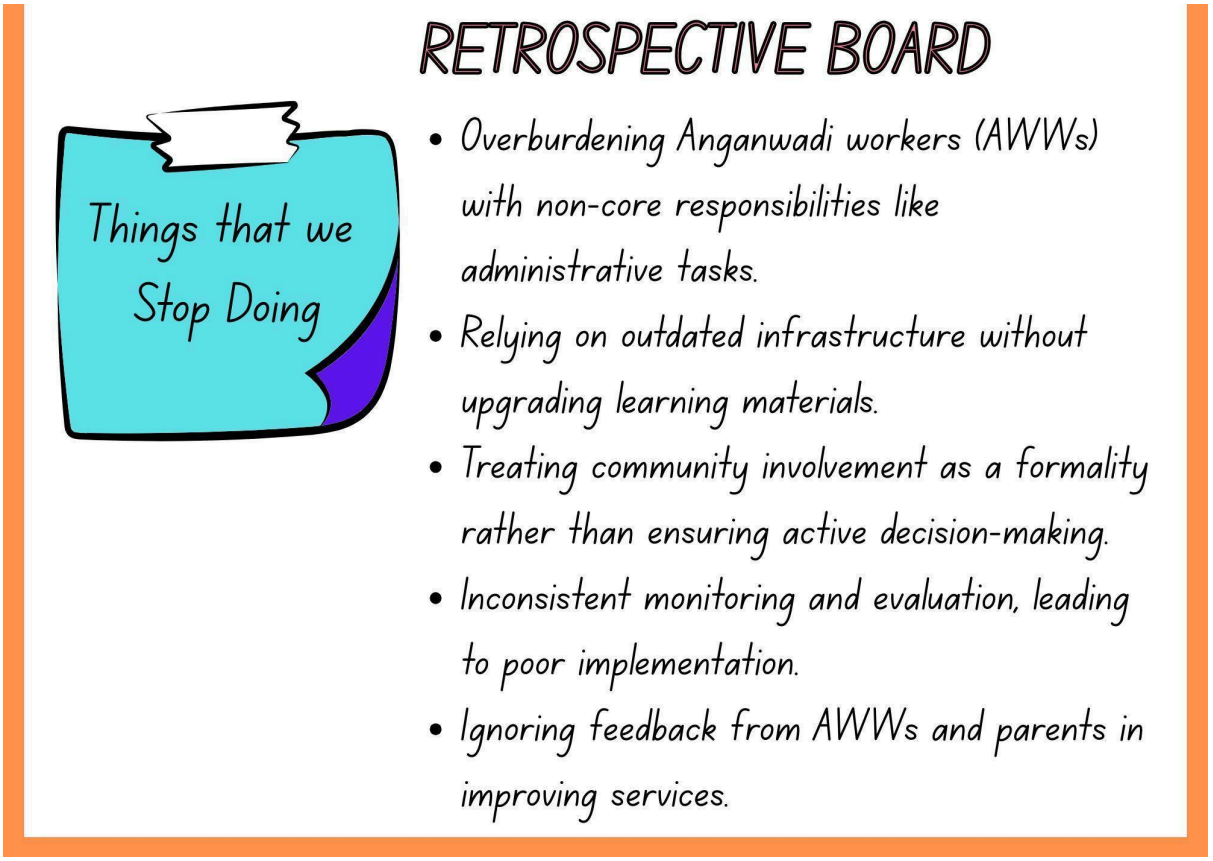

Fig 18: retrospective board ; Source: Compiled by the authors

Socio Economic and Political Impact

There is a strong potential for socio-economic and political impacts through the design thinking development of the Anganwadi centres. It is suitable for early childhood nutrition, education, and socioeconomic health, which helps child development outcomes and reduces healthcare costs. At the same time, it also empowers women, especially mothers and workers, by improving Anganwadi infrastructure and training so that these women become skilled and resourceful to improve community health. This approach politically would support the implementation of government policies such as Poshan 2.0, improved local governance and policy accountability. Furthermore, the process of co-designing also involves local communities in their development, thereby promoting political engagement and ownership,

which in turn gives birth to sustainable development models that are capable of influencing future policy decisions and, by so doing, improving the general welfare of rural areas.

5. Concept Prototype: Improving Anganwadi Implementation through Local Policy Alignment

Problem Definition

Service delivery effectiveness at Anganwadi centres stands as a major obstacle in the rural developmental goals of India. Anganwadi centres which provide basic nutrition, health and education services to children face three major obstacles in their operations because they lack efficient resource management combined with administrative hurdles and poor integration with local governance systems. The main problem arises from the poor connection between Anganwadi implementation and local policy priorities which operate at the gram panchayat level. Anganwadi centers will operate more effectively when they connect their operations to Localisation of Sustainable Development Goals (LSDGs) through Panchayat Development Indicators (PDI) to enhance accountability and service delivery while using developmental benchmarks for measurement.

Core Mechanism

The main component of this policy prototype integrates Anganwadi center operations into the LSDG framework at the gram panchayat level. The PDI calculation should incorporate Anganwadi service results by establishing direct connections between performance indicators for child nutrition and maternal health and early childhood education and local governance targets. Anganwadi centers transform into essential components of local development planning through this approach. The government should pass laws requiring Panchayats to evaluate Anganwadi performance results as part of their regular development assessment

process. Financial incentives should be implemented to reward Panchayats which maintain consistent improvements in Anganwadi service delivery because this approach promotes performance-based results.

Stakeholder Mapping

The policy needs multiple stakeholders to achieve its success. The main stakeholders consist of gram panchayats serving as local implementation bodies that will oversee Anganwadi performance outcomes. Frontline service providers including Anganwadi workers and supervisors will determine the integration process effectiveness through their feedback and cooperation. State and central government agencies maintain regulatory functions to modify policies that support LSDG integration. NGOs together with private sector partners should offer technical assistance and capacity development services and additional financial support to improve infrastructure and service delivery standards. Community members who include parents together with local self-help groups represent the stakeholders who directly benefit from enhanced Anganwadi services.

Implementation Outline

The deployment of this policy prototype requires systematic procedures. Gram panchayats need to include Anganwadi indicators within their LSDG tracking systems. The data collection protocols need to be modified to maintain consistent reporting about child health and nutrition status and early learning results. The implementation will develop training programs to teach Anganwadi workers and Panchayat officials about LSDG frameworks and PDI calculation techniques. Panchayats must present improvement plans to authorities when they repeatedly fail to deliver satisfactory Anganwadi services. The implementation will use digital platforms to collect real-time data which reduces administrative work and improves

transparency. The system can bring in convergence of various digital trackers already used by them, for example, the Anganwadi workers use the Poshan tracker, while the

6. **Testing Stage**

The integration will be tested through a pilot program launched in specific gram panchayats before full-scale implementation. The pilot project targets districts with different sociodemographic characteristics to understand system compatibility throughout different population types. The research data from the pilot stage will enhance policy design through solutions for resistance from local government bodies and resolution of technical barriers in data collection and capability enhancements to Anganwadi workers. The evaluation of initial impact will rely on tracking three key performance indicators which include child malnutrition rates together with learning outcomes of children and preschool enrollment figures.

Feedback Mechanism

The policy requires an ongoing feedback process to achieve necessary improvements before it reaches full implementation. The policy benefits from regular meetings with Anganwadi workers to detect operational field issues and Panchayat officials to identify governance-related obstacles. The policy will stay true to beneficiary needs through community feedback collected through participatory rural appraisals and surveys. Independent agencies conducting performance audits will both confirm progress and recommend necessary adjustments through their assessment findings.

The policy prototype establishes a systematic method to improve Anganwadi center operations through LSDG framework integration. A strong accountability system emerges when metrics about service delivery become connected to local governance indicators to

demonstrate gradual improvements. Pilot testing of the policy and stakeholder feedback reduces implementation risks while achieving the most effective results from the program. The approach develops a governance model based on real-world evidence for early childhood development which secures its position as an essential component of rural policy strategies in India.

Conclusion

The Anganwadi workers are one of the key support structures in ensuring the nutrition and the proper development of our future generation. Why level substantial problems within the existing structure? The use of a design thinking based approach highlights the potential and the effectiveness of a citizen centric approach towards public policy. The team conducted field work and interacted with Anganwadi workers, parents and children and engaged with them deeply to understand and uncover critical gaps linked to the infrastructure, the nutrition provided and in the field of early childhood education. The team also gained insights in the less spoken domain of workers capacity building. Sufficient time was spent in empathy mapping in order to empathize with, there are people involved and the very problems that they face. The AEIOU mapping, along with the 6WHs and Persona mapping and the hooks canvas ensured that we gained a clear picture of the problem and the potential solutions that we could work or start ideating about. By defining the POV through a very clear and unambiguous problem statement, we ensure that our ideation goes smoothly. The ideation, which was undoubtedly the most crucial phase of the application of design thinking, was also conducted to the NABC framework, along with lean canvas and retrospective board. This ensured that we could come up with a prototype that would essentially be crucial in resolving the structural issues that we were able to infer through our previous observations. Finally, it is a useful solution only if it is implementable, and on the same principle, the idea of having a

prototype that could be tested on certain lines ensures that we give practical solutions to the problems that we discussed in the paper.

The approach undertaken by us highlights how important it is to have a collaborative approach in policy making and policy designing. The collection of insight from various stakeholders ensured that we were able to come up with a solution that not only makes this system efficient, but also ensures that it becomes inclusive and more aligned with the policy goals. The study hence reinforces how the values of inclusivity, innovation and citizen-centric approach can help make any system more modernized, sustainable and impactful when it comes to the target population. The use of these values in reforming the Anganwadi system will also impact India's long-term education and health landscape.

References

Action Against Hunger. (n.d.). *How Anganwadi workers and field team of Project Vruddhi helped Sara adopt better food practices for her child Zarine*. *Action Against Hunger*. https://actionagainsthunger.in/how-anganwadi-workers-from-project-vruddhi-helped-sara-adopt-better-food-practices-for-her-child-zarine/

Chase, R., Sanyal, S., Singh, P., Sharda, S., Bhargava, A., Raturi, P., Soni, G. K., & Ganguly, P. (2024). Journey From a Digital Innovation to a Sustainable Health Worker Capacity-Building App in India: Experiences, Challenges, and Lessons Learned - PMC. *Global Health: Science and Practice, 12(3)*. https://doi.org/10.9745/GHSP-D-24-00006

Giorgi, D. (2020, May 22). NABC Approach to idea evaluation. *4 Pharma*. https://d4-pharma.com/the-nabc-approach-to-idea-evaluation/

Madhukalya, A. (2023, March 30). Body required to study reasonable pay for Anganwadi workers: Parliamentary panel. *Deccan Herald*. https://www.deccanherald.com/india/body-required-to-study-reasonable-pay-for-anganwadi-workers-parliamentary-panel-1204864.html

N.d. (2024, October 3). Guide: Define Your Idea with the NABC Model. *Science Park Skovde*: https://scienceparkskovde.se/en/articles/guide-define-your-idea-nabc-model/

N.d. (2017, June 14). SAFE STORAGE, DISTRIBUTION & TRANSPORTATION OF FOOD PRODUCTS. *Food Safety and Standards Authority of India*. https://fostac.fssai.gov.in/doc/Food%20Safety%20training%20manual%20storage,%20transportation%20v2%20-%20June%2014,%202017%20with%20checklist.pdf

Pallapothu, S. (2018, May 31). Child healthcare: Despite high tax revenues, 14 of 20 states cut funding to key nutrition programme, data shows. *Firstpost*.

https://www.firstpost.com/business/child-healthcare-despite-high-tax-revenues-14-of-20-states-cut-funding-to-key-nutrition-programme-data-shows-4489403.html

Ramakrishnan, S. (2022, December 20). All work and no pay:Anganwadi workers tired of footing the bills. *The Times of India*. https://timesofindia.indiatimes.com/city/chennai/all-work-and-no-pay-anganwadi-workers-tired-of-footing-bills/articleshow/96365939.cms

Rawat, P. (2025, March 28). Mission Saksham Anganwadi & Poshan 2.0: Advancing Nutritional Security and Early Childhood Development. *Impact and Policy Research Institute*. https://www.impriindia.com/insights/mission-saksham-anganwadi-poshan/

VanZandt, P. (2023, July 26). What is a Lean Canvas? Definition, Methodology, Examples and Use Guide. *IDEASCALE*. https://ideascale.com/blog/lean-canvas-definition/

Kapur, A. R. (2023-24). Mission Saksham Anganwadi and Poshan 2.0. *Accountability Initiative, 15*(6), 1-12. Retrieved from https://cprindia.org/wp-content/uploads/2023/02/Mission-Saksham-Anganwadi-and-Poshan-2.0-2023-24.pdf

Suri, S., & Kapur, K. (2020). POSHAN Abhiyaan: Fighting malnutrition in the time of a pandemic. *Observer Research Foundation*, New Delhi. https://www.orfonline.org/research/poshan-abhiyaan-fighting-malnutrition-in-the-time-of-a-pandemic

Sinha, P. K. (2024). Empowering Anganwadi Workers: A Revolutionary Step towards Inclusive Childcare and Early Identification of Disabilities in India. *Ability Foundation.* abilityfoundation.org/2024-new/empowering-anganwadi-workers-a-revolutionary-step-towards-inclusive-childcare-and-early-identification-of-disabilities-in-india/.

Yoshie, K. a. (2022). *Inclusion in Early Childhood Care and Education : Brief on Inclusion in Education. UNESCO*. unesdoc.unesco.org/ark:/48223/pf0000379502.

PRS. (2025). Demand for grants 2025-26:Ministry of Women and Child development. *PRS legislature*: https://prsindia.org/files/budget/budget_parliament/2025/DFG_Analysis_2025-26-WCD.pdf

Training division, N. I. (2018). Best Practices in Anganwadi Service Scheme under umbrella ICDS. *National Institute of Public Cooperation and Child Development*. https://www.nipccd.nic.in/file/reports/bestprac.pdf

*The Kautilya School of Public Policy (KSPP) takes no institutional positions. The views and opinions expressed in this article are solely those of the author(s) and do not reflect the views or positions of KSPP.