

**RESEARCH ARTICLE****Knowledge Level of The Village Councillors in Implementing ICDS Programme in Meghalaya****Ereneus K. Marbaniang<sup>1</sup>, Jitendra K. Chauhan<sup>2</sup> and M. Victoria Devi<sup>3</sup>**

1. SMS (Extension),  
KVK, West Khasi Hills,  
Meghalaya

2. Professor  
(Extension Education),  
College of Fisheries,  
(CAU, Imphal), Lembucherra,  
Tripura

3. Assistant. Professor  
(Agricultural Extension),  
MTTC & VTC,  
College of Horticulture,  
(CAU, Imphal), Bermiok,  
Sikkim.

Corresponding author e-mail:  
[ereneusmarbaniang@gmail.com](mailto:ereneusmarbaniang@gmail.com)

**ABSTRACT**

*The study was conducted purposively in Meghalaya, the state with 86.14 per cent of tribal population dominated by the Khasi, Jaintia and Garo communities. It was conducted in the year 2020-21 in three districts of the state, selecting two blocks each with the total respondents of 120 Village Councillors from 30 villages respectively, among the major tribes of Khasi, Jaintia and Garo communities. With the objective to study the knowledge level of the village councillors and their problems faced by them in implementing Integrated Child Development Services ICDS programme in Meghalaya. Results indicated that majority of the village councillors (51.67%) belonged to the medium knowledge level, followed by high knowledge level (25.83%) and low knowledge level (22.50%), respectively. Knowledge index of the village councillors implementing ICDS was found to be 75.29 per cent. About 75.00 per cent of the respondents had knowledge that Anganwadi worker and helper are selected by the Selection Committee of the Department followed by prevention of immunization from six vaccine preventable diseases, tetanus, tuberculosis and measles for pregnant women and infants protects children (73.33%), the actual immunization is given by the Auxiliary Nurse Midwife (71.66%), respectively. While only 43.33 per cent knew that Scheme for Adolescent Girls (SAG) is meant only for school drop-out aged 11-14 years old, and only 31.66 per cent had awareness that ICDS is implemented by Department of Social Welfare. Major implementation problems faced by the ICDS councillors were less honorarium paid to the AWWs (85.83%), non-preference of the food items (80.00%), lack of infrastructure facilities at the centre (75.00%), respectively.*

**Key words:** Meghalaya, Panchayati Raj Institutions (PRIs); Village councillors; Integrated Child Development Services (ICDS).

**I**ntegrated Child Development Services (ICDS) is a centrally sponsored scheme launched in 1975 in 33 blocks of the country. In Meghalaya, it was launched at Songsak C&RD Block, East Garo Hills as a pilot project in the same year. ICDS is meant to address the health, nutrition and development needs of young children, pregnant and nursing mothers so that a holistic development of children under 6 years could be achieved.

Non-formal pre-school education component aims at sustained activities through joyful play way method that will help the child to be ready for regular schooling. This service is usually conducted by Anganwadi worker at the centre for children 3-6 years old. The non-formal school education is followed by

supplementary nutrition, growth monitoring and other related services.

Supplementary nutrition programme (SNP) is one of the most important components under ICDS with the objective to bridge the calorie gap between the recommended dietary allowance and the average daily intake of children aged 6 months to 6 years and pregnant & lactating mothers. Under SNP, for children between 3-6 years, morning snacks and hot cooked meals were served daily for a period of 25 days in a month only for those who are attending preschool at Anganwadi centre. Whereas, for children 6 months to 3 years, pregnant / lactating mothers take ration food items were given in the form of RTE energy dense food. The service is provided by Anganwadi worker and helper.

Panchayati Raj System exists in all the states except Nagaland, Meghalaya and Mizoram also all the UTs except Delhi (*Mishra et al., 2011*). ICDS in Meghalaya is implemented by the village councillors involving the services of Anganwadi worker and helper including the monitoring committee known as Village Level Coordination Committee (VLCC). The Anganwadi worker and helper used to cater the various services for the children, adolescent, pregnant and lactating women at the centre whereas the monitoring committee members used to deliver a helping hand to the centre from arrangement of rented room, store room for keeping the food items, site selection for centre building, safety of the centre etc. Rural development is the process of improving the quality of life and economic well-being of people living in relatively isolated and sparsely populated areas (*Vfoundation, 2017*). Owing to the importance of the Village Council in rural development, the present study was conducted with the objective to study the knowledge level of the village councillors and their problems faced by them in implementing ICDS programme in Meghalaya.

## METHODOLOGY

The study was conducted purposively in the three districts of Meghalaya viz., East Khasi Hills, West Jaintia Hills and West Garo Hills, the districts where the respective Autonomous District Councils were located. ICDS programme was selected purposively because of their massive beneficiary coverage at the grassroot level. From each district, two progressive C&RD blocks were selected randomly with five villages from each block. Thus, a total of thirty villages were selected from six C&RD blocks with the total respondents of 120 village councillors covering 4 respondents for each village. In this study, the village councillors refer to the programme executor along with the monitoring committee members, respectively.

## RESULTS AND DISCUSSION

From Table 1 it was found that more than half (55.00%) of the village councillors were females followed by 45.00 per cent males and this is due to the inclusion of Anganwadi Workers/helpers as the members of the VLCC. The village councillors were educated up to secondary level followed by higher secondary level with 32.50 per cent and 29.16 per cent, respectively which is in line with the research findings of *Patel et al. (2017)*. Majority of the ICDS (65.00%)

village councillors had low annual income level and which is in line with the research findings of *Kumari and Laxmikant (2016)*. Majority of the respondent became a resident of the locality by birth with 96.66 per cent in case of ICDS village councillors. This happened due to the marriage of the male individuals among the local residents and the matrilineal system. Majority of the village councillors (81.66%) had no family background linkages with village council roles and responsibilities, more than half about 79.17 per cent were presently held as member of the Village Council which is in line with the findings of *SIRD (2014)* and *Bheemappa (2006)*. This happened because of the fact that, ICDS village councillors and other committee members were selected with preference for the Village Council members. About 77.50 per cent of them were nominated because of selection of Anganwadi workers/helpers by the ICDS State Department, whereas only 22.50 per cent of them who were VLCC members were selected through community participation.

Majority of the ICDS (55.00%) village councillors had medium time spent level with majority of them (83.33%) had medium level of material which is in line with the research findings of *Singh et al. (2019)*. Majority of the ICDS (83.34%) village councillors had no experience of the village council roles and responsibilities. This happened because majority of the village councillors were selected for the first time comparing to others which were in line with the research findings of *Verma et al. (2013)*, Kaul and *Sahni (2009)*. About 38.34 per cent of them had medium political contact which were in line with the research findings of *Saiyad (2000)* where majority of them used to contact the local MLA (Member of the Legislative Assembly), MDC (Member of District Council) for various reasons may be for rural programme issues, village welfare or any personal matters. Majority of the ICDS (65.00%) village councillors had medium level of information seeking behaviour which were in line with the research findings of *Maina (2018)*. The village councillors used to seek information about the programme execution from the programme officials and field functionaries viz., BDO, (SDO) Supply/DC (Supply) ICDS offices, ex-programme village councillors as mentioned in Table 2. Similarly, majority of the ICDS (70.00%) village councillors had medium level in using of ICT tools, majority of the ICDS (70.00%) village councillors had medium extension contact and the results were in line with the findings

**Table 1. Personal, socio-economic and psychological profile of the village councillors (N=120)**

Variable	No.	%
<i>Gender</i>		
Male	54	45.00
Female	66	55.00
<i>Age (in years)</i>		
Young age (<35)	24	20.00
Middle aged (36-50)	84	70.00
Old (>50)	12	10.00
<i>Education</i>		
Illiterate	0	0.00
Functional literate	2	1.66
Lower primary	17	14.16
Upper primar	17	14.16
Secondary	39	32.50
Higher secondary	35	29.16
Graduate	10	8.33
Post graduate	0	0.00
<i>Marital status</i>		
Married	106	88.33
Unmarried	14	11.67
<i>Family occupation</i>		
Home maker	14	11.66
Agriculture	18	15.00
Agri + allied	30	25.00
Agricultural labour	16	13.33
Non-agricultural labour	9	7.50
Private services	33	27.50
Government services	0	0.00
<i>Annual income</i>		
Low (< Rs. 60000)	78	65.00
Medium (Rs. 60000-120000)	32	26.66
High (> Rs. 120000)	10	8.34
<i>Residence</i>		
Birth	116	96.66
Marriage	4	3.34
<i>Family background</i>		
Headman	2	1.67
Member	20	16.67
Nil	98	81.66
<i>Present position held</i>		
Headman	10	8.33
Secretary	15	12.50
Member	95	79.17
<i>Mode of selection</i>		
Community participation	27	22.50
Nominated	93	77.50
<i>Time spent (hr/week)</i>		
Low	26	21.66
Medium	66	55.00
High	28	23.34
Mean	2.53	
SD	2.83	

<i>Material possession</i>		
Low	4	3.33
Medium	100	83.33
High	16	13.34
Mean	1.31	
SD	0.74	
<i>Previous experience</i>		
No experience	100	83.34
Upto 1 year	12	10.00
1 to 5 years	8	6.66
<i>Political contact</i>		
Low	40	33.33
Medium	46	38.34
High	34	28.33
Mean	1.35	
SD	1.33	
<i>Information seeking behaviour</i>		
Low	22	18.33
Medium	78	65.00
High	20	16.33
Mean	15.71	
SD	7.10	
<i>Use of ICT tools</i>		
Low	20	16.67
Medium	84	70.00
High	16	13.33
Mean	10.06	
SD	4.54	
<i>Extension contacts</i>		
Low	16	13.33
Medium	84	70.00
High	20	16.67
Mean	7.43	
SD	2.41	
<i>Social participation</i>		
Low	18	15.00
Medium	62	51.66
High	40	33.33
Mean	6.6	
SD	4.02	
<i>Training</i>		
Yes	12	10.00
No	108	90.00
<i>Communication ability</i>		
Low	12	10.00
Medium	90	75.00
High	18	15.00
Mean	21.91	
SD	7.48	
<i>Coordination ability</i>		
Low (< 8.22)	25	20.83
Medium (8.22-18.58)	81	67.50
High (>18.58)	14	11.67
Mean	18.3	
SD	4.25	

**Table 2. Item wise knowledge of the village councilors about ICDS (N=120)**

Knowledge items	No.	%
ICDS was started in Meghalaya in the year 1972?	84	70.00
ICDS is implemented by Health department?	38	31.66
There must be two Anganwadi Worker and one Anganwadi Helper in every Anganwadi Centre?	78	65.00
Anganwadi worker (AWW) is not a trained person selected to focus on the health and educational needs of children below 6 years of age?	63	52.50
The distribution of Anganwadi Centres (AWCs) is based not on population parameters?	81	67.50
A village is likely to get Mini Anganwadi centre when the population reaches 100?	79	65.83
Supplementary nutrition is given for 100 days in a year?	59	49.16
Immunization programme is provided to children below 6 yrs of age, pregnant and nursing mothers?	85	70.83
Immunization does not prevent the child from health-related problems?	82	68.33
Health check-up is meant only for children less than six years of age?	40	33.33
Scheme for Adolescent Girls (SAG) is meant not for school drop outs aged 11-14 years old but for all?	52	43.33
Nutrition and health education is meant for children within 6 years of age?	77	64.16
Supervision and monitoring of ICDS Centre is not the responsibility of supervisor?	50	41.66
Honorarium for Anganwadi workers and helpers is paid by the Village Council?	80	66.66
Under CM Social Assistance Scheme, Infirm old age assistance is meant only for female adults?	56	46.66
Anganwadi Worker and helper are selected by the Selection Committee of the Department?	90	75.00
The main aim of Poshan Abhiyan is to ensure service delivery and interventions by use of technology, behavioural change through convergence?	77	64.16
Immunization of pregnant women against tetanus also reduces the risk of maternal and neonatal mortality?	79	65.83
Although the Anganwadi Worker monitors the status of immunization of children, yet the actual immunization is given by the ANM?	86	71.66
Immunization of pregnant women and infants protects children from six vaccine preventable diseases, tetanus, tuberculosis and measles?	88	73.33

of Maina (2018). Table also revealed that majority (51.66%) of the village councillors had medium level of social participation which were in line with the findings of Patel et al. (2017) and Maina (2018). Whereas 90.00 per cent of the village councillors had no training at all which occurred due to the newly selection for the roles. Whereas about 75.00 per cent of them had medium communication ability followed by high communication ability with 17.50 per cent and 15.00 per cent respectively and the results were in line with the findings of Singh and Kumar (2012).

*Knowledge level of the village councillors implementing ICDS*: From Table 2, it is evident that 75.00 per cent of the respondents had knowledge that Anganwadi worker and helper are selected by the Selection Committee of the Department followed by immunization of pregnant women and infants protects children from six vaccine preventable diseases, tetanus, tuberculosis and measles (73.33%), the actual immunization is given by the ANM (71.66%), while only 43.33 per cent knew that Scheme for Adolescent Girls (SAG) is meant only for school drop outs aged 11-14 years old, and only 31.66 per cent had awareness that ICDS is implemented by Department of Social Welfare, respectively. The

results are in line with the findings of Manzoor and Shabanakhurshid (2014).

Table 3 depicted that district-wise distribution of respondents on knowledge about ICDS programme was higher in case of East Khasi Hills with 75.00 per cent of them belonged to medium knowledge level followed by West Jaintia Hills (72.50%) and West Garo Hills (50.00%), respectively. On an overall knowledge level, majority of the village councillors (51.67%) belonged to the medium knowledge level, followed by high knowledge level (25.83%) and low knowledge level (22.50%), respectively. This happened because most of the respondents acquired the knowledge about ICDS based on work experience and training participation. Knowledge index of the village councillors about ICDS was found to be 76.00 per cent in case of West Jaintia Hills, 75.25 and 74.60 per cent for West Garo Hills and East Khasi Hills, respectively. Overall, the knowledge index of the village councillors about the programme was found out to be 75.29 per cent. The results are in line with the findings of Devarani and Bandhyopadhyay (2014), Bheemappa (2006) and Shantha Sheela (2002).

**Table 3. Distribution of village councillor respondents according to their knowledge level about ICDS**

Knowledge level	East Khasi Hills (n=40)	West Garo Hills (n=40)	West Jaintia Hills (n=40)	Overall index score (N=120)
Low level	8 (20.00)	10 (25.00)	8 (20.00)	27 (22.50)
Medium level	30 (75.00)	20 (50.00)	29 (72.50)	62 (51.67)
High level	2 (5.00)	10 (25.00)	3 (7.50)	31 (25.83)
Mean	14.92	15.05	15.2	15.05
SD	2.09	1.92	1.81	1.93
Knowledge index(%)	74.60	75.25	76.00	75.29

Note: Figures in parenthesis indicate per centage

From Table 4, we found out that the overall knowledge index was 75.29% and non-significant which shows that ICDS village councillors was possessing significantly higher knowledge and there was no much difference among the three districts with respect to their level of knowledge about ICDS. The main reason for higher knowledge level of ICDS village councillors was that most of the village councillors were Anganwadi workers/helpers who are very well known about the programme and its activities.

*Problems and suggestions of the village councillors in implementation of ICDS* : Table 5 shown that the major implementation problems faced by the ICDS councillors were less honorarium paid to the Anganwadi workers (85.83%), non-preference of the food items (80.00%), lack of infrastructure facilities at the centre (75.00%), lack of awareness of the VLCC members about ICDS programmes (72.5%), lack of cooking skill (70.83%), taking less importance by

**Table 4. ANOVA on knowledge level of the village councillors about ICDS (N=120)**

Rural development programme	Knowledge Index (KI) (%)		
	East Khasi Hills	West Jaintia Hills	West Garo Hills
ICDS	74.6	75.25	76.00
F	0.200 <sup>NS</sup>		
Overall KI (%)	75.29		

the members (68.33%), lack of fund (67.5%), lack of training facility (65.83%), lack of teaching materials (61.66%) and lack of man power at the centre (50.83%). The results were in line with the research findings of *Joshi (2018)*.

The data in Table 6 revealed that the suggestions given by the ICDS village councillors for further improvement were increasing of honorarium for the AWWs/AWHs (80.00%), increase awareness and capacity building programmes for both the

**Table 5. Problems and suggestions by the village councillors in implementation of ICDS (N=120)**

Problems	No.	%	Rank
Lack of awareness of the VLCC members about ICDS programmes	87	72.5	IV
Taking less importance by the members	82	68.33	VI
Less honorarium paid to the AWWs	103	85.83	I
Lack of man power at the centre	61	50.83	X
Lack of teaching materials	74	61.66	IX
Lack of training facility	79	65.83	VIII
Lack of fund	81	67.5	VII
Lack of infrastructure facilities at the centre	90	75.00	III
Non preference of the food items	96	80.00	II
Lack of cooking skill	85	70.83	V
<i>Suggestions</i>			
Increase awareness and capacity building programmes for VLCC and the AWWs/AWHs	91	75.83	II
Preference for construction of centre in the community land	61	50.83	IV
Selection of the construction site between the ICDS and the Village Council	60	50.00	V
Increasing of honorarium for the AWWs/AWHs	96	80.00	I
Improvement of the facilities needed by the centre	85	70.83	III

VLCC members and the AWWs/AWHs (75.83%), improvement of the facilities needed by the centre (70.83%), preference for construction of centre in the community land (50.83%) and selection of the construction site must be in joint consultation between the ICDS and the Village Council (50.00%), respectively.

## CONCLUSION

From the study, it can be inferred that the score was more for the items which they experienced than on factual knowledge about the programme. So, it is of immediate importance to introduce awareness programme to the rural population especially to the village councillors from time to time to update their knowledge level with respect to ICDS. The study also that concluded that certain measures must be taken from the Government helping in Increasing of honorarium for the AWWs/AWHs to improve their standard of living. Demonstration on cooking of food items supplied need to be taught to the beneficiaries to reduce wastage of public money.

## CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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