

Nurturing Panchayats to Grow

THE GRAM PANCHAYAT ORGANISATION DEVELOPMENT PROJECT

A PROCESS DOCUMENT



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The Gram Panchayat Organisation Development Project: A Process Document
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This document is based on the collective experiences of other field and institutional partners.

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Foreword

I am delighted to introduce this process document on the Gram Panchayat Organisation Development (GPOD) framework. This framework details a step-by-step approach for strengthening the organisational capacity of Gram Panchayats (GPs), which emerged from an intensive action research work with GPs in Karnataka.

We can agree that Gram Panchayats are the most appropriate institutions to address last mile governance and service delivery issues. Many people believe in fact that this is the first mile governance issue to be addressed, since the distance between the citizen and the state is the shortest in local bodies, both rural and urban. An effective GP enables people's representatives to take the lead in development planning and implementation, in the true spirit of decentralization. Quoting from this document - *Potentially, with the funds that they have and can raise, the powers they can exercise and the staff they can recruit, GPs should be able to change the face of rural India. They can positively impact key aspects of rural life –livelihoods, health, education, water and sanitation, and housing etc.* The results of investing time and resources appropriately in GPs are encouraging, as can be seen in the 2013-14 Report card of O'Mittur GP (Annexure 13) of this document.

The GPOD framework is getting scaled up in more panchayats. The goal is to enable more and more panchayats to work confidently as self-governing institutions, addressing the needs of people on time and effectively. The team is leveraging best management practices and forging partnerships with more panchayats, government, corporate and civil society organisations. I hope positive lessons will be drawn and shared widely, and that this document, along with GPOD, will continue to evolve in a useful manner

Warm Regards,

Rohini Nilekani
Chairperson, Arghyam

Executive Summary

This document is a narrative of our journey towards evolving a framework for strengthening organizational capacity of Gram Panchayats (GPs). The premise is that a strong GP institution can potentially address the issues hindering delivery of services and good governance at the last mile. Moreover, only an effective Gram Panchayat institution can deliver what our constitution mandates.

The Constitution of India, through its 73rd Amendment in 1993, defines 'Panchayat', as an institution of self-government constituted under Article 243-B, for the rural areas. The Karnataka Panchayati Raj Act, 1993, established three clear mandates for the Panchayati Raj Institutions, "... greater participation of the people and more effective implementation of rural development programmes and to function as units of local-self-Government".

Accordingly, there have been many initiatives taken towards strengthening decentralized governance in Panchayati Raj Institutions (PRIs), encapsulated as devolution of functions, funds and functionaries, commonly known as the 3Fs. In addition, multiple efforts are undertaken to incentivise, supervise and monitor performances of different level of PRIs. However, despite the fact that the spirit of the devolution or its better-known synonym, federalisation is to help create institutions of self-government, most GPs presently are organizationally weak, structurally inadequate and systemically feeble to leverage and build on devolved powers and functions.

There is need for concerted effort to develop a framework for strengthening institutional capacity of the GPs, and we need to source in best available knowledge and experience to do so. The Gram Panchayat Organisation Development (GPOD) framework is an effort in this direction. Organisation Development (OD) is a well-established methodology with its roots in behavioural and social sciences, and has been in practice for over half a decade. It is a planned step-by-step approach towards increasing organisation effectiveness, while focusing on providing opportunities for each organisation member, as well as for the organisation itself, to develop to their full potential.

As strong institutions of self-governments require a compassionate and capable elected body that truly represents the voice and aspirations of people of the villages, our work was primarily with the elected members. However, in the present scenario, there is a widespread distrust in ability and motivation of elected members. Therefore, despite the presence of a constitutionally mandated body at the village level, most government and non-government agencies create parallel planning and implementation structures at the grass roots level. We need to recognize the contributions, which GP members can potentially make, and create enabling environments and incentives for them to learn and function in the mainstream systems. In this way, we are moving towards another key goal, i.e., developing the social capital at the grass roots level and bringing the rural citizens and their representatives into the mainstream decision making process.

The GPOD framework has emerged from an action research project with two Gram Panchayats in the state of Karnataka – Oorkunte Mittur in Kolar District and Dibburhalli in Chikkaballapur district. The project was incubated in January 2011 in Arghyam Foundation and is now housed in Avantika Foundation since April 2014. The GPOD team comprises of Organization Development (OD) and management professionals and grass roots practitioners working with our NGO partners. The elected members of the GPs, who came on board with an interest and will to

Executive Summary

improve the functioning of the GP, contributed extensively to the framework. D.P. Nagraj, a third time GP member from Dibburhalli, with his deep knowledge and systematic approach, and Amarnarayan, with his idealistic bend of mind and drive to change, were instrumental in convincing their GPs to participate in the action research project, and along with other members, played a key role in development of the framework.

With its genesis in early 2011, the framework has evolved into a model and is being up scaled in other panchayats, which will provide further challenges and hence, more lessons. As we move from concept to action research to scale, it is important to record the endless discussions and arguments which are required to clarify thinking and for bringing partners on the same platform. The document attempts to capture such learnings, narrating what we did in the last three years and what we need to do further, as we move forward. It describes the conceptual framework and the steps we took towards developing the GPOD framework.

Chapter 1 describes the project history and its need, purpose and scope. Chapter 2 describes the objectives and overall process followed. One of our key objectives was to initiate real time change in the two GPs and evolve solutions that work in real context. Chapters 3 to 8 describe each of the steps undertaken to bring about change in Oorukunte Mittur and Dibburhalli GPs, which included preparatory phase, developing a shared vision and mission with elected members and citizens of the GPs, mapping key processes to understand operational, structural and policy related issues coming in the way of effective service delivery, developing an organization structure which lays down accountabilities and responsibilities for various GP functions and finally, the process and formats which we evolved for planning, budgeting and review in the GP. Chapter 9 provides the concluding thoughts and overall recommendations.

As we enter the fourth year of intensive work with the two GPs, we see positive results of our intervention both in governance as well as service delivery. We are in different stages of scaling the framework to 40 more panchayats. The GPs have annual plans and budgets in place, a clear accountability structure and distributed leadership among elected members and clear improvements in delivery of basic services such as drinking water, sanitation, health and nutrition. In both GPs, their own revenue has gone up and they are able to track a substantial portion of government funds expended and programs being implemented in the jurisdiction of the GP. With this foundation, the GPs are better placed to critically analyse and participate with other government bodies, in development planning and implementation in their villages.

An institution as relevant as the Gram Panchayat ought to deliver, as should many other institutions in the country, including schools, hospitals and municipalities etc. We need to bring back the trust of citizens that they will be served to the best ability of institution. To create such institutions, we need to invest in their people, practices, systems and structures intensively. There are no short cuts

Acknowledgments

Development of the GPOD framework has been an extremely enriching experience and part of the reason is the people that we have interacted with and who have supported this initiative. There are a few people who have enabled the incubation of an idea into a project, and further into a framework.

Rohini Nilekani has been far more than a funder. With her understanding of issues related to development, she saw the merit of strengthening local governments and embraced the idea, while debating and challenging us all through the last three years. She has been a critic, guide, advocate, all in one. TR Raghunandan, to whom we presented the idea, just when he was stepping out of the Indian Administrative Service, confirmed the need for such a framework. He has been our mentor through out the project and had provided invaluable insights on the framework. We would also like to thank Dr Mihir Shah, Former Member, Planning Commission, for his endorsement of the concept at its initial stage and for facilitating multiple consultations at the Planning Commission, to invite insights from practitioners on mechanism to strengthen Gram Panchayats. We thank Sunita Nadhamuni, former CEO, Arghyam, who advocated and supported the concept within and outside the organization, in its initial stages; Murali Vasudevan, AVP, Infosys, who has been a critic and counselor, and provided out of box ideas and solutions at different stages of the project; MVN Rao, Executive Director, Grama Vikas, who has strong conviction in the Panchayati Raj System and deep relationships with elected members, has brought in his compassion and understanding into the framework; Rajendra Prasad, who was the second person to come on board, is a strong development practitioner, and has been a key anchor through out the last three years.

Thanks to Mala Subramaniam, CEO, Arghyam for always lending her ear and for being our advocate in many forums, and to Suresh Ponnappa, Director-Finance at Arghyam, who has guided us through transition of the project to Avantika Foundation, and for being available at any time for advice and consultation. Our thanks to Ravi Narayanan, Advisor, Arghyam for always sitting down to understand our progress and for his advice and counsel and to Vishwanath Srikantaiah, Advisor, Arghyam, for encouraging us to think through the challenges he posed.

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Finally, our thanks for the Gram Panchayat members and staff of Oorkunte Mittur and Dibburhalli, with special appreciation to those members who took the leap of faith and assumed responsibilities as Heads of portfolios in the augmented GP structure.

| Dibburhalli | Oorkunte Mittur |
|---|---|
| Dhananjay Reddy <i>(Adhyaksha)</i> | R Vasanthakumari <i>(Adhyaksha and Head, Amenities II)</i> |
| Nagaratnamma <i>(Upadhyaksha)</i> | Hajarabi <i>(Upadhyaksha)</i> |
| Narasimhareddy <i>(Head, Amenities I)</i> | C Venkataramappa <i>(Head, Amenities I)</i> |
| Narasimhappa <i>(Present Head, Amenities II)</i> | Nagaraj <i>(Head, Production)</i> |
| DP Nagraj <i>(Ex Head, Amenities II)</i> | Vijayamma <i>(Present Head, Social Justice)</i> |
| Venu Gopal <i>(Head, Social Justice)</i> | K V Bharathi <i>(Former Head, Social Justice)</i> |
| BC Manjunatha <i>(Head, Production)</i> | Amarnarayanaswami <i>(Head, Capacity Building)</i> |
| Natraju <i>(Head, Capacity Building)</i> | K C Balaji <i>(PDO)</i> |
| Srinivas <i>(Former Secretary cum PDO)</i> | Gangamma |
| H Manjunatha | C Hiriappa |
| Thippanna | B Srinivas |
| Manjulamma | Narayanamma |
| Muniyamma | Ravichandra |
| Rama Devi | Munaiah |
| Venkatlakshamma | |
| Radhamma | |
| Radhamala | |
| Vijay Kumar | |
| Muniyappa | |
| Venkatrayappa | |

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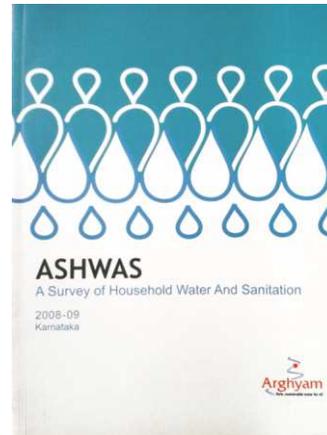
Chapter 1 BACKGROUND - PROJECT HISTORY, NEED, PURPOSE, OBJECTIVE

1.1. The GPOD Project History

When I tell people that I work with Gram Panchayats focusing on organisation building, I get questions like: 'Do they respond well? Are they interested?'

Over the last five years of working and learning with Gram Panchayats, I have begun to realise that there are no straight

upon whether the program or intervention is designed based on their needs, and whether there is opportunity to contribute to solution building.



ASHWAS report

The *Gram Panchayat Organisation Development (GPOD)* project traces its roots to ASHWAS (A Survey Of Household Water And Sanitation) conducted by Arghyam during 2008-09, covering 172 *Gram Panchayats* (GPs) across 28 rural districts of Karnataka¹. The results of ASHWAS were disseminated to impacted rural communities as well as

Key findings from ASHWAS...

Box 1: ...On Water

- For most people, public tap is the primary water source followed by piped water & mini water supply.
- Nearly 22% of the citizens do not get water throughout the year from their primary source
- 45 % households face water shortage for more than a month
- Percent levels beyond permissible limits for water quality
 - Fluoride 60% (at WHO std)
 - Bacterial 38%
 - Nitrate 20%

Box 2: ...on Sanitation

- 72% of the citizens practice open defecation.
- 75% citizens either do not have access to drains or their drains are never cleaned
- 63% people do not undertake any form of treatment before drinking water

forward answers. We receive enthusiastic responses when the participants find meaning in the offerings. Response of the GP members, like any other participant in a change process, is dependent

Box 3: ...on Operations and Maintenance and Governance, which are responsibilities of the GP

- Only 21% GPs in Karnataka used the water quality testing kit provided free by the government. It is another matter that most of these kits have either not reached the GPs or are lying unopened.
- 73% disruption is due to lack of O&M, with only 27% being due to natural causes
- Only 42% of stipulated Village Water and Sanitation Committees (VWSC) were active in the GPs surveyed
- ₹14/- was collected per capita per annum as water tax, as against ₹46/- per capita expenditure on water and sanitation.
- On an average, only 10-20% households pay water tariff.

included *Gram Panchayat* members, the Executive Officer of the *Taluka*, invited community organisations and citizens. Survey findings (see Boxes 1, 2 & 3) were presented and results discussed in these half-day rural dissemination meetings.

On an average in Karnataka, GPs employ between five to twenty five people. They receive funds ranging from ₹15 Lakhs to over ₹1 crore under different programs and schemes, including the presently high value funding under MGNREGS. In addition to receiving tied and untied funds they also have the power to raise more funds from citizens. Potentially, with the funds that they have and can raise, the powers they can exercise and the staff they can recruit, GPs should be able to change the face of rural India. They can positively impact key aspects of rural life – livelihoods (agriculture, cottage industry, and tourism), health, education, water and sanitation, and housing, etc.

It was hoped that these presentations along with GP specific reports (see *Annexure 1: Sample GP Report, ASHWAS, 2009*),

¹ASHWAS report, 2009: <http://arghyam.org/focus-areas/ashwas-a-survey-of-household-water-and-sanitation/>



which were handed over to the GP Presidents (*Sarpanch/Adhyaksha*), would act as strong catalysts for action planning and implementation towards addressing various water and sanitation issues emerging from ASHWAS.

However our experience of the local reality was quite the opposite. ASHWAS dissemination meetings showed that most *Gram Panchayats* did not have capacity to internalise issues and take action. Among others, the recurrent problems expressed were lack of funds, absence of government support, knowledge deficiencies and corruption. Therefore the mood in these meetings ranged from indifference to despondency and, in some places, anger with the present conditions. Any optimism or action orientation was largely missing. GPs did not appear to be the type of organisations which could be expected to take over effective execution of multiple government programmes

With a weak and dysfunctional GP set up, the government and NGOs create their own rural arms for effective interventions and service delivery. This trend can be reversed with a strong GP. Unlike the city, rural citizens have a strong link and interest in the



Imbalance between capacity and responsibility of Gps

administrative set up of their villages, which can be leveraged to work towards stronger communities, which could perhaps reverse the urban migration trend.

The roots of Arghyam's work on the GPOD project can be traced to these experiences with dissemination of ASHWAS results and our deliberations with many *Gram Panchayats* in the process.

1.2. Need

With the understanding gained from ASHWAS and the dissemination process, we held discussions with many experts and functionaries in the domain of decentralised governance and *Gram Panchayats* in particular (See Annexure 2: *Individuals and agencies with whom discussions were held while conceptualising the GPOD project, 2010*). The need for a GPOD project could be clustered around the following aspects:

- **Parallel Structures to GPs:** Potentially, GPs seem to be the best institutions for last mile delivery of service and governance, yet not everyone agrees on their potential. It could be said that one of the intentions of the 73rd Constitutional Amendment was to find a solution to deliver core services to the last mile of the rural population, in which the government machinery has had limited success.

However, even though the GPs are mandated by law, the line ministries do not have enough confidence to entrust people

and financial resources to them. Ministries continue to create their own parallel implementation structures (SDMC, ASHA workers, etc.), to ensure effective delivery of their programs. As with the government stance, due to an inherent distrust of political set-ups, most grass roots organisations too prefer not to work with GPs, though the trend is being reversed, albeit slowly. In many instances, parallel community structures are created even to enable citizen participation in planning and delivery. Overall, the need of the hour is to recognise the potential, and invest in GPs to enable them to become partners in resolving issues related to the last mile.

- **Insufficient Manpower:** Article 243 G, Constitution of India tasks *Panchayats* with 'the implementation of schemes for economic development and social justice as may be entrusted to them including those in relation to the matters listed in the Eleventh Schedule', (29 functions). In addition, the *Panchayats* have to prepare plans for economic development and social justice. The alignment between these extensive responsibilities and the meager staff (functionaries) in the *Panchayats* is acutely imbalanced. While these responsibilities are subject to state-wise provisions, some States have entrusted the *Panchayats* with a majority of these functions, for e.g. the State of Karnataka has devolved all 29 functions to the three tiers of Panchayati Raj Institutions (PRIs).
- **Lack of Relevant Skills:** Further, the manpower in present *Gram Panchayats* is ill-equipped to handle the number of functions devolved to them.

The historical solution of hiring more government employees to work at the GP level is both expensive and fraught with issues such as misplaced skills and priorities and eventually, turnover. Making the government employee accountable to the GP, to work as per priorities of the GP, has not found much success either. In such a context, there is an immediate need for a practical solution which leverages and builds local capacity, to address the manpower issue.



- **Weak Financial Procedures** - Over the last few years; financial allocations to the GPs have been on the rise. This is in the context of increasing pressure to empower *Gram Panchayats* on one hand, and challenges faced by the line ministries to deliver rural development programs to the last mile on the other. The budgetary allocations for major Central Plan Assistance Programmes implemented by or under GPs, such as Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), National Rural Health Mission (NRHM), Sarva Shiksha Abhiyan (SSA), Pradhan Mantri Gram Sadak Yojana (PMGSY), amongst others amounted to ₹109,052 crores in 2010-11. The lack of financial discipline as well as weak procedures for budgeting, spending and accounting results in conditional, funding from the government to the GPs. As a result, there is shortage of funds to meet organisation and administration expenses, weakening the GP further. Improving the financial management capacity of the *Panchayats* will help break this vicious cycle.
- **Local Power Dynamics**- Given the weak structural and systemic organisation within the GP on one hand, and strong powers and financial allocation being provided to them on the other, GPs have become a platform for the 'strong men'. There is a risk of misuse of powers. While formal leadership may lie with the *Adhyaksha* based on the election process, informal leadership lies with politically strong 'king makers' resulting in opaque and distorted decision making processes. Again, there is need to invest in strengthening the formal leader, as well as create structures to distribute leadership within a *Panchayat*.
- **Focuses of Capacity Building**- Present efforts focused at strengthening the GP are external to the GP. There are many efforts towards building capacity, which include class room training for elected GP members and staff, i.e. information on government programmes and schemes, knowledge of legal frameworks, facilitating perspective building and micro planning, to name a few. However, most members are not able

to absorb and process information adequately. Despite extensive efforts and resources expended in building their capacity, the GPs are not able to use and leverage them optimally. This is because most GPs are organisationally weak, structurally inadequate and systemically feeble, to absorb and process information. For example, a training program covering water quality would be relevant, if the GP member has responsibility for ensuring drinking water, and is thereby bridging a gap in his knowledge to implement quality testing and improvement measures in the *Panchayat*.

Grass roots organisations engage to increase citizen awareness of rights under different programs such as NREGA and PDS, expecting to create citizen pressure for GPs to deliver. A weak GP may not even be able to respond adequately to increase in demands from a more aware citizenry.

The need is to focus on the *Panchayat* itself to become a strong organisation, developing its different components - creating a strong identity, developing a *Panchayat* vision, building an organisational structure and clarifying roles which help the *Panchayat* leverage available resources, and creating plans and processes which help the GP deliver its mandate.

- **Create an Enabling Environment**: *Panchayat* members are not full time paid employees, and have to rely on the income from their livelihoods to support their families. If a member starts spending substantial time on *Panchayat* work, there is pressure from the family. Additionally, in the predominantly patriarchal rural society, a woman member faces tremendous odds when she steps out of her home to work with the GP. How then, do they invest time in capacity building, training as well as to discharge their functions?

There is a need is to create an enabling environment for members to function and contribute, with monetary compensation being only a part. In addition to developing an effective organisation and systems, other initiatives required are support structures for members, recognition and reward systems, and even counselling family members.

Overall, we tend to treat the *Panchayats* more as extensions of line departments, rather than local self-governments. The tied funds, addition of government employees, assigning functions to GPs unilaterally and assuming availability are manifestations of our proclivity, defying the spirit of the 73rd Amendment. Instead, we need to invest in creating a strong GP organisation which can question and seek accountability from *taluk*, district and state governments.

1.3. Purpose & Rationale

Widespread changes need to happen at all levels to implement the decentralisation agenda in letter and spirit. A strong *Gram*



Panchayat body can acquire knowledge and skills to collaborate with other stakeholders to leverage funds and resources, as well as to formulate a charter of rights and duties among its citizens. With specific focus on strengthening the GP and functioning of GP members, the purpose of the GPOD project is to create a framework to build a GP organisation that is structurally and systemically enabled to take on the challenges described in the earlier section and function as an effective unit of local self government, as mandated in the 73rd Constitutional Amendment. We strongly believe that a strong and well functioning GP can make a significant change in improving governance and delivering key services to 60% of India's population which resides in rural areas.

1.4. Project Scope

We chose to work in parallel, very intensively with two GPs in Karnataka with whom there was a reasonable chance of effectively

| Gram Panchayat | Constituent Villages/Wards | Population | Panchayat composition |
|-----------------------------|-------------------------------|------------|--|
| Oorukunte Mittur (O'Mittur) | 13 villages | 7482 | 13 members. All the members elected for the first time. Education – three members are illiterate, while another two have BA degrees. Most others are school drops outs |
| Dibburhalli | 19 wards (villages and wards) | 7738 | 19 members, three members are re-elected. Most members have studied at least till Class 7. Two members have Engineering & Medical degrees. |

partnering towards change. The two *Gram Panchayats*, O'Mittur (Mulbagal Taluka, Kolar district) and Dibburhalli (Sidleghatta Taluka, Chikkaballapur district) came into the project after rigorous due diligence. Profile of the two GPs is captured in Table 1.

While the two year journey to improve their management processes would entail involvement by the elected GP members and staff, there was no monetary grant apart from certain reimbursements on actual expenses and honorarium to the members for the days they spent on project activities.

1.5. Project Timeline

Different phases and deliverables of the project took place as per the following timeline:

- Jan 2011 to December 2011: Preparation and Design Phases (Vision building, Process mapping and design of GP organisation structure)
- Jan 2012 to March 2013: Implementation of the organisation



Dibburhalli GP Office

structure, Perspective and Annual planning, implementation of plan for 2012-13

- April 2013 to March 2014: Planning and implementation for 2013-14, MIS development and enhancing citizen engagement

1.6. Project Methodology

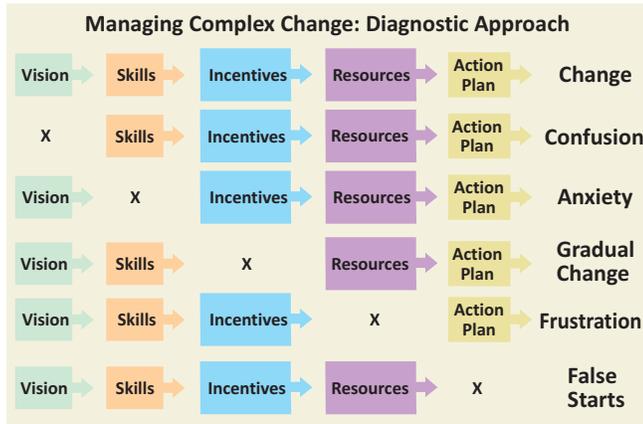
Organisation Development (OD) is a planned, step by step approach towards increasing organisation effectiveness by focusing on creating an enabling environment through developing structures, systems and processes. However, underlying OD are humanistic values (Margulies and Aria (1972)), which include providing opportunities for each organisation member, as well as for the organisation itself, to develop to their full potential and treating each human being as a person with a complex set of needs, all of which are important in his work and in his life.

The rationale for using the OD methodology to develop a framework to strengthen the GP is its focus on the organisation as a whole, and not on standalone components. The premise is that successful change occurs when all components of an organisation



are aligned, i.e. the vision, skills, incentives, resources, action plan and results. **This base model helped us design the GPOD steps, which was aimed at social and economic change**

Figure 1: Ambrose Model



Source: Ambrose D. 1987; Managing Complex Change. Pittsburgh: The Enterprise Group Ltd.

Ignoring any one element (refer Figure 1 on Ambrose model) may adversely affect the organisation strengthening process. Creating change interventions focusing on one or two of the above elements will not yield desirable results as described further. An absence of vision could result in confusion over long term direction which guides different decisions. Lack of incentives could create resistance to a change process. Effort invested in training, without creating clear roles and responsibilities for GP members, may result in inability to implement learned knowledge and skills.

1.7. Project Ownership

The GPOD project's framework evolved from an intense partnership with different agencies bringing their own distinct contributions and insights. While the big picture was envisioned

initially based on OD framework, there was need to revisit details of each step based on actual implementation of the previous one. Improvisation entailed advice from the HR consultants, intense debate and discussions among Arghyam, NGO and GP representatives and feedback from our adviser and other experts. At certain points we followed different methods in the two *Panchayats*, to enable learning from varying approaches.

Arghyam, who conceived the project, strongly held the view that a structurally and functionally strong GP was critical to addressing governance and sectoral issues at the last mile. Further, it believed that the well established OD methodology used for change management across industry sectors can be relevant to building organisation effectiveness in GPs too. With this vision, Arghyam invited and rallied other partners towards it. This conviction and thought leadership were significant to sustain this effort to its end. It is also worthwhile mentioning here that being a trust funded solely by its Chairperson, allowed Arghyam to exercise flexibility, take decisions to support independent functioning and dedicate resources, even though it was seemingly out of its domain areas of water and sanitation.



Chapter 2 DESCRIPTION OF OVERALL GPOD PROCESS

2.1. Overall Objectives and Scope

The project aimed at strengthening the GP institution which could play a key role in social change. The GPOD project was executed to pursue four key objectives:

- **Understanding Function:** To gain a better understanding of the design and functioning of GPs vis-à-vis their role envisaged in the 73rd Constitutional Amendment, towards delivery of services to rural citizens and improvement of governance at the last mile.
- **Initiate Change:** To initiate a process of real time change in two GPs in Karnataka, evolving solutions for strengthening the GP organisation, that work in the real context.
- **Develop Framework:** To develop a step by step, replicable framework for developing a strong GP organisation
- **Build Capacity of Elected Representatives (ERs):** To use and leverage capacities and motivations of elected members and staff of the GPs.

While the last point may sound more like a process parameter rather than an objective, we stated it upfront as an objective, as it was our purpose to look at the GP through the eyes of GP members and staff and evolve solutions along with them.

What the project did not aim to do:

- The project did not focus on sectoral issues such as water, sanitation, health, education, employment generation, etc. The issues related to the sectors were understood and acted upon to the extent they were a part of the GP's priorities.
- In its initial phase, the project did not intend to bring extensive social and behavioural change in the community and, therefore in the *Gram Sabha*. Rather, it aimed at strengthening the GP institution which could play a key role in social change. The premise is that a weak GP body cannot become stronger due to external pressure. Once the foundation was laid down to strengthen the GP organisation, we focused on citizen bodies to simultaneously encourage citizens to support the GP through initiative and leadership as well as for them to perform the role of oversight of the GP.

2.2. Profiles

Profile of the Whole Process Owner: Arghyam

The GPOD project has transitioned to Avantika Foundation, and the entire team and its partners are now associated with Avantika Foundation. While critical elements of knowledge and skills are required of the Program leader and the core team, the need for appropriate attitude and orientation must be emphasized.

Belief in Gram Panchayats: Over the last two years, we have had many interactions with functionaries in government and non government organisations, who have expressed doubts about GPs becoming effective self governing bodies. Many of them continue to hold stereotypical definitions about GPs, regarding prevalence of corruption, lack of interest, lack of capability and so on. One of the key inputs to GPOD and any other *Panchayat* capacity development intervention is faith in *Panchayats* and the abilities of rural people to self govern. There needs to be recognition of the fact that there is place for some solutions and governance processes to be evolved locally, and that they are superior to those which are evolved in a centralised set up.

OD and Change Management Orientation: Structured knowledge of OD and change management methodology and its tools is very important. Capacity building strategies may over or under emphasise certain components, leading to sub-optimal results (refer Fig 1- Ambrose model). For example there is over emphasis on class room training, which does not yield desired results if the trainees are not clear about their roles, or how they will use the inputs gained from training.

In addition to OD methodology and tools, an equally critical aspect, is the attitude towards change. While change in the GPOD project was facilitated by going from one step to another in a planned manner, its key was ownership of the new processes and structures by the GP members. This is only possible when there is true partnership during the change process and the relationship is not that of expert versus recipient of change, but



that of developing solutions together, each partner bringing its own strengths and experiences. While the pace of change may sometimes be left to the GP, and sometimes pushed, we need to let the GPs absorb and implement at their own pace and context as against forcing down a full solution evolved somewhere else.

Program Management with learning and relationship focus:

Working with *Gram Panchayats* in organisation building is a relatively new field, fraught with local and external dynamics which can throw a well laid plan out of gear. On one hand, there is need to focus on the plan and executing it effectively, and on the other, the Program Manager needs to constantly recognize, capture and include new information. Therefore, it is not sufficient to plan and conduct 'events' from time to time and expect change to happen. The plan needs to be dynamic, with continuous introspection, hand holding and relationship building, by all concerned to develop real time solutions.

Once the change process stabilises the role of the change agent decreases substantially.

Project Partners and their Roles

Arghyam: The Programme Manager for the project was Arghyam, Bangalore, an Indian public charitable foundation set up with an endowment from Ms Rohini Nilekani, working in the water and sanitation sector since 2005. Arghyam collaborates with a diverse range of actors across 18 States in India through 80 projects. The GPOD project was conceived from ASHWAS and an internal acknowledgment that governance challenges come in the way of addressing sectoral issues such as water and sanitation. Skills of OD and strong grass roots experience enabled Arghyam to conceptualise as well as lead implementation of the project. It brought together the different partners to develop the GPOD framework.

Arghyam partnered with two grass roots NGOs, Grama Vikas (GV) and Foundation for Ecological Security (FES), to interface with *Gram Panchayats* on a regular, intensive basis. Both GV and FES had strong existing relationships with the *Gram Panchayats* in

their areas, as well as a keen interest and experience of working with *Panchayats* to strengthen their processes. They brought in their deep understanding of development issues to the conceptualisation, methodology and implementation phases, and played a key role in bringing about real time change through training, coaching and facilitation at different stages of the project.

Logistically, the NGO partners, with their base in the field, provided the physical infrastructure for many discussions, meetings and training programs. In addition, the GP office too provided its space. Other venues, including Arghyam office, were used as per need.

Grama Vikas (GV) is a non-government development organisation that works with poor & marginalised rural families in Kolar District, Chickmagalur district and Raichur district of the southern Indian State of Karnataka. GV focuses on protecting rights of children, natural resource management, networking for comprehensive & sustainable development and empowerment of rural poor communities.

FES' efforts are primarily in locating forests and other natural resources within the prevailing economic, social and ecological dynamics in rural landscapes. It intertwines principles of conservation and local self governance for the protection of natural surroundings and improvement in the living conditions of the poor. FES presently works with 3409 village institutions in 27 districts across seven states, and assists village communities in protecting the 173, 361 hectares of revenue wastelands, degraded forest lands and *Panchayat* grazing lands (*Charagah* lands). They support *Panchayats* and their subcommittees, Village Forest Committees, *Gramya* Jungle Committees, Water Users Associations and Watershed Committees in order to improve the governance of natural resources.

T. R. Raghunandan is a public finance expert and an anti-corruption activist. He was formerly Joint Secretary – Ministry of Panchayati Raj, Government of India and Secretary-Rural Development Karnataka before he took voluntary retirement from the Indian Administrative Service (after 26 years). He was also the member convener of the 2002 working group that came up with a series of reform recommendations on decentralisation. He is presently a consultant and adviser to international development agencies on local government policy, fiscal decentralisation and capacity development in local governance. Mr. Raghunandan, with his extensive interaction with *Panchayats* all over the country and especially in Karnataka, is almost synonymous with the decentralisation agenda and commands tremendous respect from its various practitioners, including elected members.

Panarc Consulting Group, based out of Gurgaon, India, is a management consulting firm with focus on Strategic HR. They were closely involved with the project during the diagnosis and



design phase, providing expert advice at critical stages of the project. They also provided regular training and hand holding support to the facilitators. Panarc's role as an expert HR firm was critical in creating the organisation development framework for the GPs. Their ongoing interaction with the project team helped them understand field realities and nuance their advice accordingly. During the handholding phase, Panarc's role was as coach to the Arghyam team, as and when required

MXV Consulting is a strategy and management consulting firm based out of Bangalore in south India. They worked with the GPOD team in developing the *Gram Panchayat* Management Information System (GP-MIS). MXV has also painstakingly assimilated information on government schemes and programs, and presented this vast array of information in a form which was easily understood. MXV had a critical role to play in enabling the GP to move yet another step towards a formal way of functioning, through enhancing effectiveness of planning, monitoring and tracking.

Profiles of Resource Persons Directly Engaged at Different Stages of the Project

T R Raghunandan has been the advisor to the project since its inception. With his extensive experience and knowledge of the decentralisation process at large, and related to Karnataka in particular, Mr. Raghunandan not only guided the project throughout, but also conducted various training programs with the project team, as well as participated in numerous meetings with *Panchayat* members. He was our content specialist as well as repository of knowledge of the government systems and processes. Over and above, his conviction in the merits of decentralisation provided much needed motivation and confidence to the project team.

Rajendra Prasad, Project Officer, in charge of all the field work with NGOs and GPs, has strong skills in project management, training and facilitation. He has a Masters in Rural Development and has over two decades of experience in grass roots NGOs. He has handled large integrated rural development as well as capacity building projects, coordinating closely with different stakeholders, including government, CBOs and communities at large. He builds strong relationships at the grass roots levels, encouraging and enabling people to work to their potential, drawing respect and trust from them.

M. V. N. Rao is the Executive Director at Grama Vikas, with 27 years of experience in the field of women and child development. With his trust and belief in the ability and potential of GPs, he has been the proverbial friend, philosopher and guide, particularly to GP members and to the GPOD project at large.

Asha Murthy is a field facilitator with Grama Vikas, Kolar. She has been anchoring the implementation of the GPOD project at Oorukunte Mittur (O'Mittur) *Gram Panchayat* since its inception. Asha hails from village Minijenahalli of O'Mittur *Panchayat*, and

has anchored the change process there with an indomitable spirit.

Ganesh is a field coordinator with Grama Vikas. He has been instrumental in handholding the GP Heads in implementation of their annual plans. He has earlier worked with children's health and education at Grama Vikas.

Vijay Kumar is a team leader at FES' Chintamani Spearhead team, and brings a strong knowledge of development tools and principles to the project. He has constantly guided both *Panchayats* particularly on NREGA and common resource management. He has a post graduate diploma in rural management and Masters in HRM.

Joe John's areas of interest include decentralised governance, environmental sustainability, RTI and agriculture among others. He has worked with activist groups, educational institutions and NGOs. A valuable part of the project in its foundation stages, he continued to question and provide support at different stages. He currently works on issues concerning Western Ghats and is also hoping to make a living out of farming. He has a Masters in Social Work from the Tata Institute of Social Sciences, Mumbai.

C. Krishnappa has rich field experience of 14 years and is currently a field facilitator with FES, Chintamani. Under GPOD, he is responsible for field level facilitation and coordination for Dibburhalli *Panchayat*. Like Asha, he has relentlessly worked with members and staff of the *Panchayat*, handholding from one milestone to the next.

Nikhata Parveen has a Masters in Social work and a PG Diploma in HRM. She has been working with FES, Chintamani under the GPOD project for almost two years, ably supporting field work and in charge of documentation.

S. A. Partha is a valuable resource for training and capacity building of *Panchayats* and he has been helping FES in documenting various GPOD activities.



Radhica Kanniganti is an Environmental Consultant passionate about sustainable development who worked with the team during conceptualisation. She also documented monthly newsletters for the GPOD project at Arghyam, focusing on consolidating learnings from the field. These monthly newsletters are valuable archives for the initial stages of the project.

Habeeb Noor worked for the GPOD team at Arghyam. With his background of Economics and Political Science, and experience in a think tank researching issues related to South Asia, Habeeb constantly explores the macro issues related to decentralisation. He worked closely with the two *Panchayats* in areas of reporting and documentation.

Sudeep Surendra earlier worked with the National Technical Advisory Group (NTAG) of Jawaharlal Nehru Urban Renewal Mission (JNNURM), where he was responsible for monitoring, evaluation and advocacy of critical reforms under the mission. He has worked alongside the MXV team in developing the GP-MIS, and has worked closely with the GPOD team at Arghyam, the NGOs and the GPs, offering project management support.

Sonali Srivastava, Head - GPOD project managed the overall project and change process. As an OD professional for over two decades with experience across corporate, cooperative and development sectors, she has handled many complex change management projects as a management consultant. She had a two year stint in the Barefoot College, Village Tilonia, Rajasthan, a grassroots NGO, which helped her understand rural development and governance issues better. She believes professional skills and expertise can contribute significantly in addressing complex development problems.

2.3 Selection of Gram Panchayats

Being a pilot project, we opted for GPs where the likelihood of successful implementation of the GPOD project was higher. Therefore, we looked at GPs which had a good relationship with their NGO partner, which was already putting in some efforts to

function well, and had members who were keen to learn and contribute. We developed two 4-point scales, covering qualitative and quantitative parameters.

- Scale I was developed to map GP interest and relationship with the NGO,
- Scale II was developed to map processes and performance of the GP, as well as competencies of its members, required for effective functioning of a *Gram Panchayat* as a local self governing body.

Ratings on Scale I was instrumental in selection process. We wanted to work with GPs who were interested in an organisation strengthening process. It must be stated that without the basic willingness and risk-taking abilities of the members to incorporate new structures and systems, the GPOD methodology would have remained on paper. Scale II ratings validated the interest of the GPs in good governance, as they would reflect the present efforts of the GPs in service delivery and good administration.

In addition, specific information was also collected to provide additional data on the GPs and their present performance:

- Sectoral profile on water, sanitation, health and education
- Demographic profile - social and economic categorisation and occupations.
- GP functioning - the number of active and inactive sub-committees, profile of the GP members and staff.

It was desirable to understand the profiles of the participating GPs at this stage, as it would help us design our intervention better. During the final stage of selection, there were many discussions with the GPs to explain the GPOD methodology and the need for members to participate jointly in developing the framework.

Based on ratings on Scale I, we prepared a shortlist from among the GPs that the NGO partners were working with. Both FES and Grama Vikas shortlisted 6 GPs each based on Scale I. We were keen to work with those GPs who demonstrated high level of interest in the project and its methodology. Needless to say, the selected GPs were rated 'Good' on level of interest (Level 3).

The NGOs also mapped the shortlisted GPs on Scale II which assessed performance and competencies on the following seven parameters.

- Citizens' participation and interest towards GP activities
- Interest of GP members in functioning of the GP
- GP management and administration
- Transparency in administration of the GP
- Funds management and budgeting
- Service delivery
- Competencies of GP members

The selected GPs had quite a few parameters in which they were



rated two (Average). Of course, there were many parameters in which they were rated One (Poor). We decided not to include those GPs who were already showing good performance from earlier interventions (for e.g., Devarayasamudra, Mulbagal Taluka). In addition, we attempted to work with two different types of GPs to enhance our learning. For example O'Mittur GP had all first time elected members, whereas Dibburhalli had three experienced members who were in their second or third term. The latter was also politically more active.

2.4. Outcome of the GPOD project

The desirable outcome of the GPOD project is higher scores on the parameters measured in Scale II. Overall, both GPs – O'Mittur and Dibburhalli are now functioning more like organisations, with clarity on goals, roles and responsibilities, and focusing on planned execution rather than day-to-day fire fighting. It can be safely said that they are closer to functioning as the local self governing body, as mandated in the 73rd Constitutional Amendment.



O'Mittur GP Adhyaksha, Ms Bharati holding meeting with citizens

There is a definite shift from Level 2 to 3 (Average to Good) in most parameters measured in Scale II (See Annexure 3 - Before and After ratings of two GPs on Scale II, conducted in January 2011 and March 2013- Citizen Participation and Service Delivery parameters). However, it must be added that there is a longer journey towards improvement, which will happen with continued efforts at institution building and enhancing competencies of members. We would, therefore, like to term Level 3 as 'initial' rather than 'eventual' goal posts' and exit should ideally happen when ratings are at Level 4 in Scale II.

Regarding individual competencies of GP members, there is a remarkable improvement on all fronts – articulation, leadership, cohesiveness as a team, awareness of government programs as well as participation in capacity building programs. The improvement is more pronounced in members who have assumed responsibilities of Heads in the augmented GP structure. However, with Standing Committees being rejuvenated and every

member being a part of one committee, we should see more improvements in other members too.

2.5. Criteria for Closure

The first level of intervention in an organisation strengthening project should not be concluded until the following has been developed and documented, in partnership with the GP

- Vision of the GP
- Key processes mapped to understand how the GP presently performs its functions
- Functional structure in place, with key members assuming accountability for their portfolios.
- Annual plans have been drawn up, and at least one year of monthly meetings to evaluate plan vs. review in the GP.

It is recommended that the eventual goal posts need to be detailed further using Level 4 in Scale II, to become the terms of reference for an evaluation exercise. However, some of these goal posts can be reached when scale achieves a critical mass. Larger numbers and solidarity will contribute to strengthening robust processes and organisation structures. Reaching eventual goal posts will require favourable policy shifts towards empowered panchayats, just as much as they will be catalyzed by scale. Conversely, lack of continued hand holding support and supportive policy changes may even inhibit or nullify the gains.

2.6. Outputs from the GPOD process

Outputs from the GPOD process are aligned to the key components of an Organisation Development initiative. Each output contributes to achieving outcomes described in this Section (See Table 2), establishing the relevance of the OD framework for strengthening GP's key parameters.

2.6.1. Vision and Mission Statements

Desired values along with vision and mission statements for both



Table 2: Outcomes and Outputs

| Desirable outcomes | Outputs influencing this outcome, and how do they influence | | | | | | |
|--|--|--|---|---|--|--|---|
| | Vision Mission | PRA and FGDs | Process Mapping | GP Structure | Differential honorarium system for Elected Representatives | GP Planning, Budgeting and Review Processes | Modalities of strengthening citizen participation |
| 1. Improving citizens' participation and interest in the GP activities | Citizen involvement in GP vision and mission | Participatory processes for identification of issues | Mapping citizen related processes such as complaint handling | Citizen sub committees aligned to GP Heads, citizens co-opted in Standing committees | | Citizen inputs in Perspective and annual plans | Sharing plan vs. achievements in all wards and GS |
| 2. Developing interest of GP members in the functioning of the GP | Together building a shared vision | | Step by step mapping of activities makes the functions alive in minds of GP members | Builds ownership and accountability | Recognition of time and effort provides much needed impetus for ERs to dedicate their time | Clear goal posts (Outcomes), with detailed activities | Keeping momentum and building credibility among citizens |
| 3. Strengthening GP Management and administration | | | Helps identify and resolve implementation issues | Role clarity helps in building functional specialization | | Clear deliverables (Outcome and Process metrics); continuous learning during implementation | Citizens Forums aimed at providing support to GPs |
| 4. Enhancing transparency in the administration of GP | | | Activity mapping is the start of transparency | Distributed leadership facilitates joint decision making | Transparent compensation system enables ERs to meet their costs | Clear deliverables and month wise plans | On-going tracking and sharing with all concerned |
| 5. Strengthening funds management and budgeting | | | Can aid activity based budgeting | Functional heads acquire stronger knowledge of likely sources of funds | | Budgeting along with planning | Sharing budget vs. utilization with citizens |
| 6. Improving Service delivery | Clear focus | Addressing citizen issues | Initiating issue identification and resolution | Service delivery improvement due to higher accountability and functional specialization | Recognition of time and effort provides much needed impetus for ERs to dedicate their time | Clear deliverables on most service delivery functions, corrective measures during implementation | Periodic engagement with citizens enables continuous feedback |
| 7. Developing competencies of GP members | Attitudinal shift- GP is a self governing body, not an extension of govt departments | | Builds deeper understanding of GP functions | Ownership and recognition, along with focused implementation | Provides motivation for further engagement | Participative process of planning Continuous learning by being on-the-job | Members become more answerable to citizens |
| | These outputs are critical for closure of the project | | | | | | |

GPs were developed with GP members and key stakeholders, including citizens. The purpose of this output was to facilitate long term thinking in the GP, as well as to develop an enduring vision, which could serve as its goal post for planning and other

structures and processes. Importantly, these statements were shared and ratified by the *Gram Sabha*, and accepted in the GP through a resolution. This enabled bringing in citizens' views on the one hand, and establishing the GP's identity as a self governing organisation, on the other.

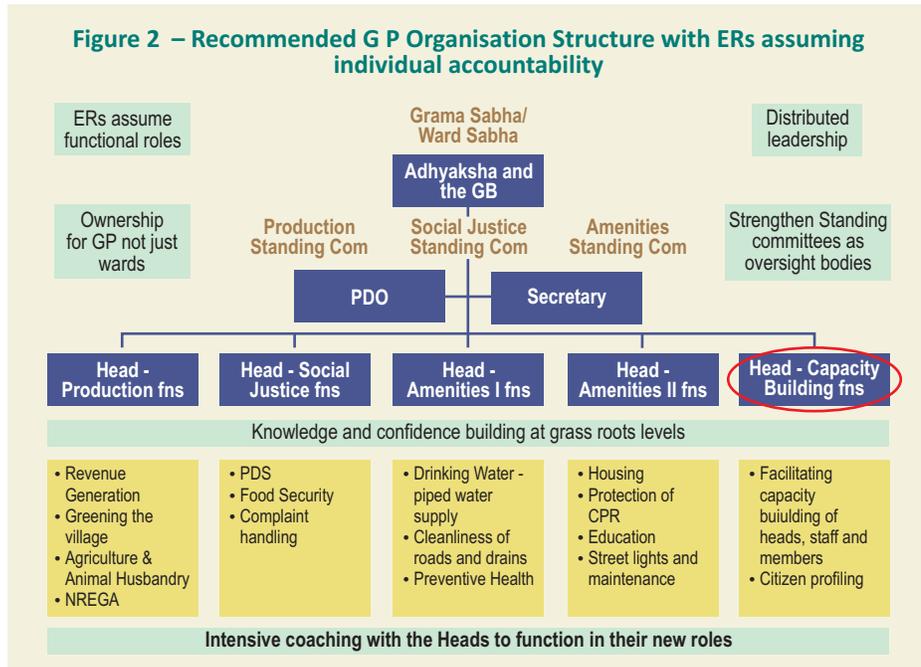
2.6.2. Process Maps for 17 Processes

Findings from the Focused Group Discussions (FGDs) and Participatory Rural Appraisal (PRA) in O'Mittur and Dibburhalli *Panchayats* respectively, threw up specific issues faced by citizens which the GPs needed to address while deciding their focus areas. The PRA format enabled intensive involvement of citizens, creating a much required interest and momentum in the GP.

Process mapping was done through several day-long interactive meetings with the elected members, staff and citizen representatives. These listed out in detail the sequence of activities presently performed by the GP with respect to focus areas identified during the vision and mission exercise. The key aspects covered were activities, which person/agency was



Figure 2 – Recommended G P Organisation Structure with ERs assuming individual accountability



The recommended structure (Figure 2) is different from the current structure in Panchayats in the following ways:

1. The structure created positions of Heads, who would oversee different processes/ functions across the GP, in addition to representing his/her ward. It supplements the group responsibility of Standing Committees (Section 61A, KPR Act) with individual accountability of a portfolio of functions, for e.g., Head-Production Committee functions is accountable for developing plan and implementation of the same for all income generation functions such as Agriculture, Animal husbandry, etc.
2. Elected representatives assume functional, in addition to their legislative role. Being the last tier of governance, the executive-judicial and legislative roles are closely linked (Point elaborated further in legal document -Section 7.3)
3. Heads who assume accountability for a portfolio of functions are responsible for the all the wards in the GP, as against the present structure of an elected member primarily representing his/her ward.
4. Finally, the GP structure is aligned to the Taluka and District structure, mainstreaming with the government structure (Figure 3). The functional structure exists till the block level in government, leaving the GP with the overwhelming task of unraveling the maze of departments and their programs and schemes. Mainstreaming the GP structure with the structures above helps it to leverage existing resources and manpower at block and district levels.

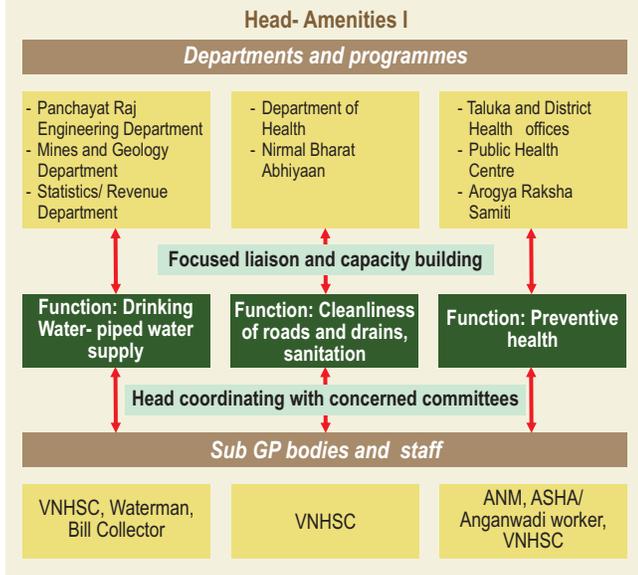
accountable/ responsible for the activity, problems faced by the GP vis-à-vis the whole process and with respect to each activity, and also possible solutions. Process mapping helped diagnose present issues being faced by the *Panchayat* where problems could be attributed to inadequate operations, structure or policy. Subsequently, workshops were held with other *Panchayat* leaders, Panchayat Development Officers (PDOs) and block government officials to confirm and supplement the process maps. Drinking water through piped water supply, street light maintenance, cleanliness of roads and drains and revenue generation were some of the processes mapped and recorded. The participatory process helped build significant insights regarding operational and structural issues among members and other participants, as well as developed an understanding of the need for an accountability structure in the GP.

2.6.3. Organisation Structure of the Gram Panchayats

One of the most significant outputs of the project was the development of an organisation structure (see Figure 2) to augment the current GP structure, enable ownership, accountability and distributed leadership. While the role of *Panchayats* is listed in many flagship programs and schemes of the government, its general structure does not enable governance or implementation. Rather than seeking more government manpower, the organisation structure created through the GPOD project recognised and leveraged the capability and motivation of its elected members to perform executive responsibilities, thereby creating functional specialisation at grass roots levels.



Figure 3: Mainstreaming the GP structure with the line department structures at Taluka and Block



2.6.4. Differential Compensation System among Elected Representatives (ERs)

We decided to introduce a differential compensation system among elected members, primarily to enable those members, who assumed the responsibility of Heads to get compensated for their time and effort. While this compensation, we believe, is no way commensurate to their efforts, it is an initiative in the right direction. We have to recognise that GP members have to spend considerable time if they have to discharge their roles effectively, and that would mean they would have to spend time away from their livelihoods.

2.6.5. GP centric planning, budgeting and review systems

Most methodologies and aids developed for planning and

budgeting in *Gram Panchayats* do not necessarily aid effective decision making at the GP level. Instead, they appear to be designed primarily for monitoring the activities of the GPs. Even an effective decentralised participatory planning process focuses on engaging *panchayat* members and citizens for seeking their inputs in preparation of plans. However, this is not sufficient for a self governing body, which needs to perform the full cycle of Plan-Do-Check-Act. The GP is not just responsible for planning but also for implementation.

The Planning, Budgeting and Review systems under GPOD framework aim to be GP-centric and details the processes to arrive at outcomes that the GP wants to achieve, and the activities which are required to achieve different outcomes. The GP-MIS is designed to present the plan in a simple format, and to aid a monthly review process. Monthly review meetings were held with the Heads to share status of achievement against monthly plan, and reasons for slippages. Each meeting was minuted. Case studies of some of the problems addressed were also documented (See Annexure 4: Case Studies).

2.6.6. Modalities of strengthening Standing committees and citizen engagement

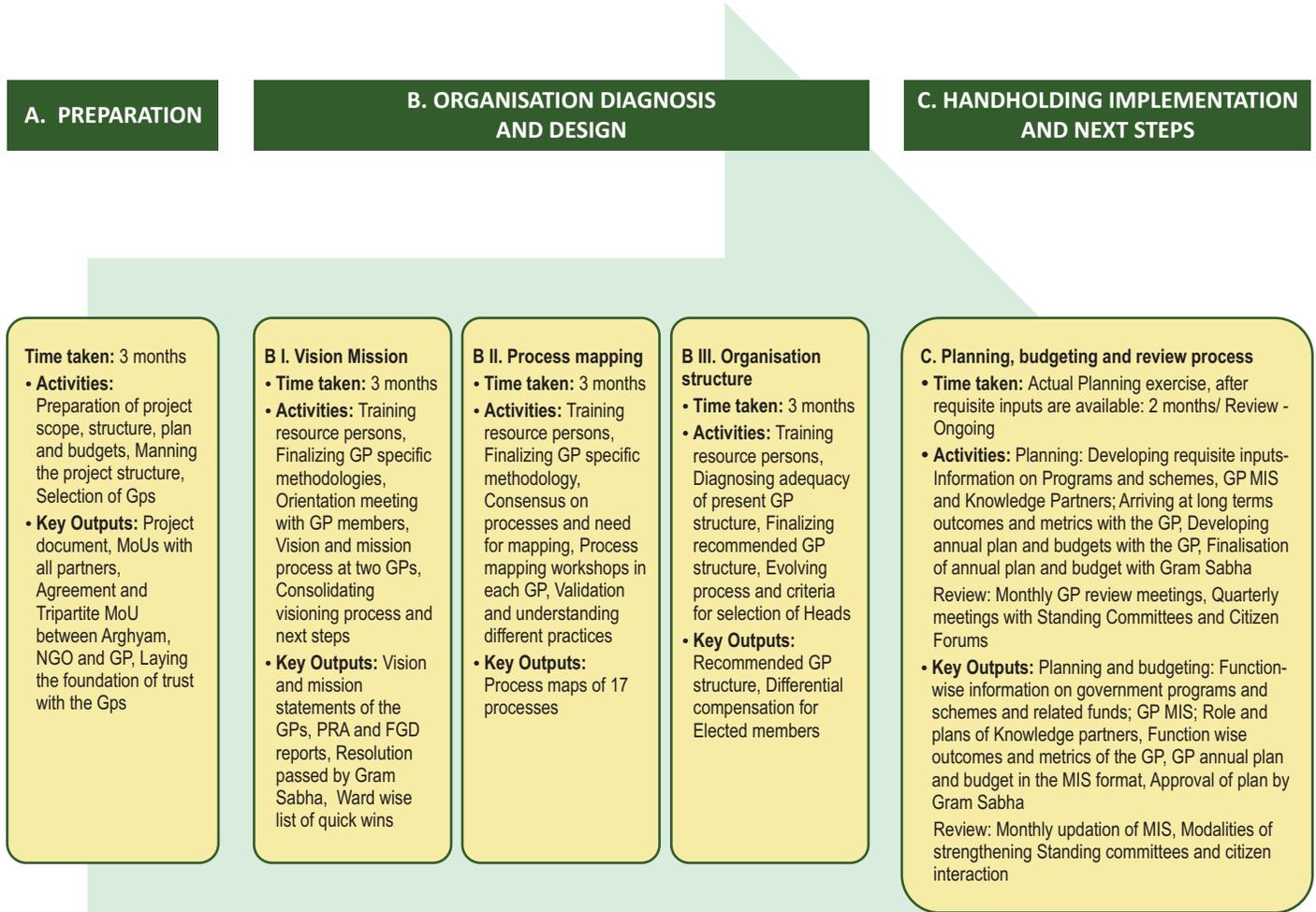
Once the GP structure was firmly rooted with the Heads assuming their responsibilities with accountability, we initiated efforts to enable and motivate other members to participate more actively in the GP activities. GP heads started making quarterly presentations to their respective Standing Committees, with a view to providing them updates as well as to get their views. In turn, the members have started providing more support to the Heads. Enhancing citizen engagement focused simultaneously on creating an oversight mechanism of civil society, as well as creating leaders in villages who could support the GP in performing its duties, some of whom could subsequently join the GP formally.

2.7. Overview of whole GPOD Process (Figure 4)

- A. **Preparation phase** was primarily to set the people and financial infrastructure in place, as well as discussing and agreeing activities and deliverables with different partners, including the *Gram Panchayats*. In addition to these tangible outcomes, the preparation phase built a relationship of trust and partnership with the GPs.
- B. **Organisation Diagnosis and Design phase** had three sub-processes- developing vision and mission, process mapping and organisation structuring. The design of different sub processes was done in partnership with concerned stakeholders, deriving key inputs from the implementation of previous processes.
- C. **Handholding implementation and next steps** involved helping the GPs to man the organisation structures which



Figure 4: Overview of the whole GPOD Process



were designed, developing three year and annual plans and instilling a system for reviewing achievement versus plans. Unlike the earlier two phases, as the name suggests, the decisions and their implementation rested with the GPs, and our role became facilitating, guiding and enabling. The importance of this phase especially that of enabling monthly reviews against plans cannot be underestimated. Many initiatives withdraw once the designing and planning are over. In such cases, chances of reversal are very high. There is need to sustain the momentum. Moreover, the challenges of implementation are unique and have to be understood for developing comprehensive frameworks.



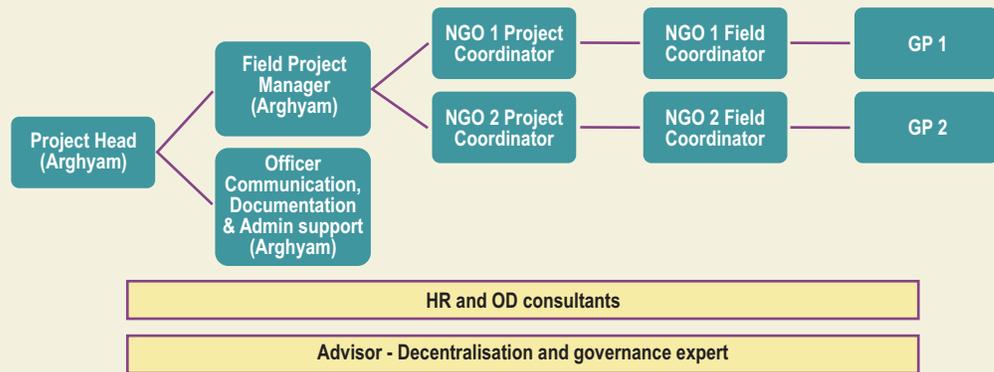
Chapter 3 PREPARATION PHASE

This phase was primarily to set the right conditions for start of the GPOD project (Figure 5).

Figure 5: Overview of the Preparation phase

- **Time taken:** 3 months
- **Activities:** Preparation of project scope, structure, plan and budgets, Manning the project structure, Selection of GPs
- **Key Outputs:** Project document, MoUs with all partners, Agreement and Tripartite MoU between Arghyam, NGO and GP, Laying the foundation of trust with the GPs

Figure 6: Project Structure Manpower



3.1. Document and Budget

The project document was prepared with its objectives, scope, phases, deliverables, timelines, required project management structure and budget. Risks envisaged and their mitigation measures were listed

3.2. Manning the Project Structure

This being a pilot, advisory, conceptualisation and implementation roles overlapped with each other to a large extent and the role holders participated in each of these activities. The key structure has been illustrated in Figure 6.

The role of each agency is described in detail in Section 2.2.2

As the project goes on scale, it is important to highlight the intense role of the Field Coordinator in establishing and sustaining relationship with the GPs through the period of the project. One Field Coordinator was placed per GP to facilitate and handhold the GP in this change process. Given the criticality and

intensity of this role, there should be one Field Coordinator for a maximum of two GPs, in a replication effort.

3.3. Selection of GPs

This process has been described in detail in Section 2.3.

3.4. Signing the Tripartite MoUs

A Tripartite Memorandum of Understanding (MoU) was signed between Arghyam, NGO partners and the GP, rather than the more established practice of bi-partite MoUs between the NGO and GP. This was to stress on a relationship of partners, rather than that of a donor and implementation agency, i.e. the NGO partner. In some sense, this was the first step to state that the GPs were not recipients but partners to the change process.



Chapter 4 DEVELOPMENT OF GP VISION AND MISSION

Vision and mission development is the foundation step in an organisation development exercise. It orients the participants and the organisation, and helps rally different components of the organisation around it, serving as a guide for decision making.

Vision outlines what the organisation wants to be, or defines the optimal desired future state - the mental picture - of what an organisation wants to achieve over time. It is an aspiration, a light post, which is not limited by practical compulsions of defining timelines etc. When a group of people share this and make a public commitment, the momentum that gets built provides energy to move together toward a shared vision.

Mission defines the fundamental purpose of an organisation or an enterprise, succinctly describing **WHAT** it does; **WHO** it does it for; and **HOW** it does what it does to achieve this Vision.

Developing a vision and mission is different from the classical approach of finding what is the problem and finding a solution to it. Instead of evolving the solution from the problem, we are solving problems based on our dreams and the direction one sets for oneself.

In the context of GP organisation building, this step assumes special importance, as the GPs normally see themselves as implementation arms of the government line departments, with focus on implementation of programs and schemes. This step of articulating their shared vision emphasises their identity as units of local self governance.

4.1. Objectives of Vision and Mission Process

- To develop a GP vision as a sustainable self governing organisation not merely confined to government schemes and programs. To build and nurture self reflection and articulation of values in their organisation.
- To create a process and context for GP members to express dreams and aspirations for their *Panchayats*,
- To create a process, context and need for GP members to interact with citizens through PRAs, FGDs and ward level meetings and establish their identity as elected members
- To develop a mission, describing key focus areas, in the overall context of the vision.

- To build a deep alignment and emotional connect of the GP members and other key stakeholders with the organisation and the GPOD project, enabling them to participate and contribute to their full potential.

4.2. Inputs to Developing GP Vision and Mission - conditions to the start of the process

- Tripartite MoU: The key input to starting the process of vision and mission development was clarity among the GP members of the road map. Vision and mission development requires emotional investment and long term thinking from the participants. Confusion over issues of MoU, funds and role of GP members in the OD project would inhibit the members from engaging in the visioning process as required.



Initial discussions with GPs to explain the GPOD concept

- Relationship of trust between resource persons and GP members: With a clear road map, we followed a participatory process, engaging with members continuously during the preparation of MoU, incorporating their concerns and issues. This process, along with an already existing relationship with the NGO partner, helped in establishing a relationship of trust, which was critical for partners to engage in this journey.



4.3. Overview of GP Vision and Mission Process

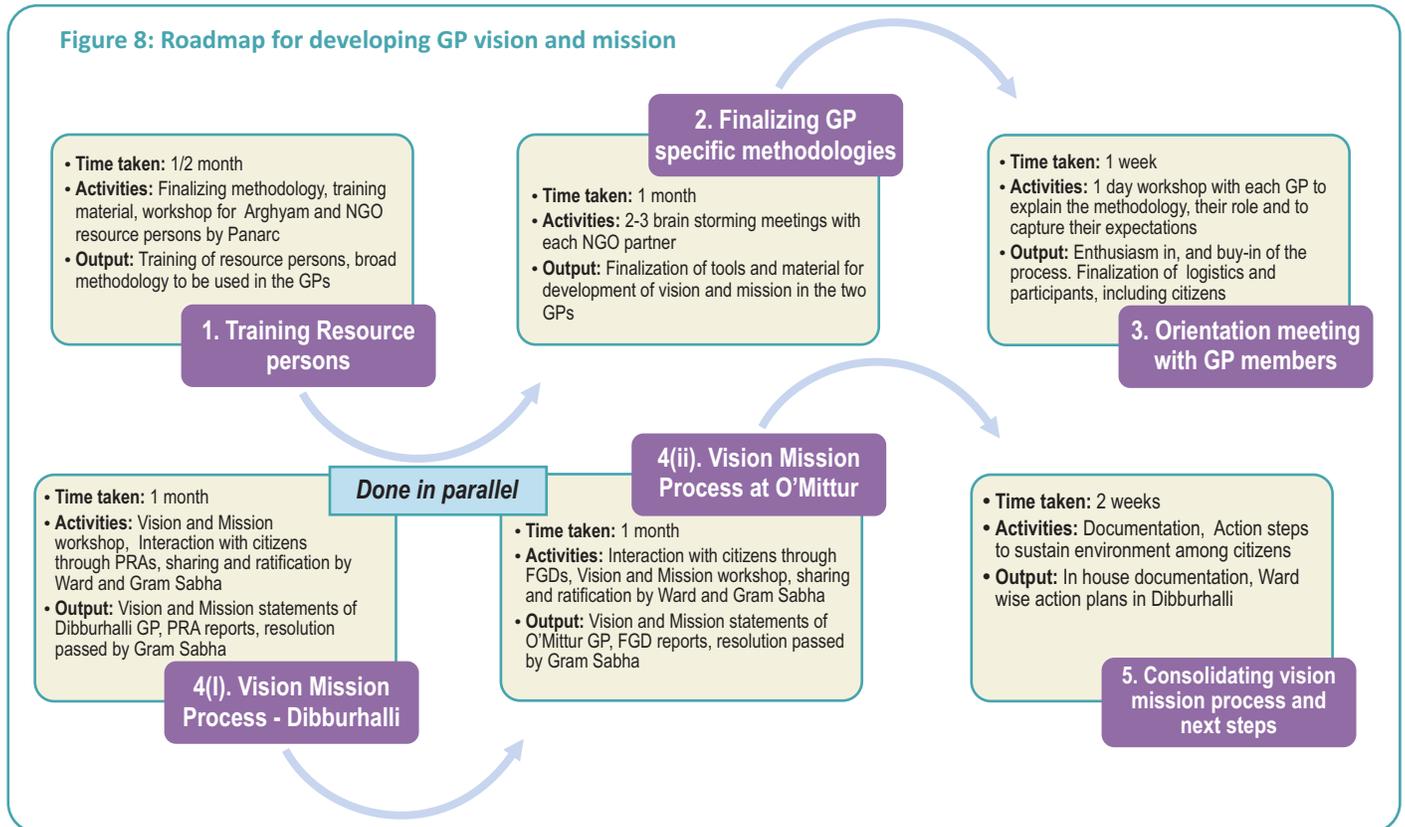
Figure 7: Overview of vision and mission process

B I. Vision Mission

- **Time taken:** 3 months
- **Activities:** Training resource persons, Finalizing GP specific methodologies, Orientation meeting with GP members, Vision and mission process at two GPs, Consolidating visioning process and next steps
- **Key Outputs:** Vision and mission statements of the GPs, PRA and FGD reports, Resolution passed by Gram Sabha, Ward wise list of quick wins

Step 1: Training resource persons – A Two-day class room training was conducted by the HR consultants (Panarc) for Arghyam and NGO staff, on the process for vision and mission development. This 'Train the Trainer', taught the participants use of different tools and exercises for a visioning process, through experiential learning. Panarc also shared how vision and mission fit into the overall picture of the GPOD project. At the end of the training, both NGOs were asked to prepare specific methodologies for their GPs for further discussion.

Figure 8: Roadmap for developing GP vision and mission



Step 2: Finalising GP specific methodologies - Through many discussions with the NGO partners, GP specific methodologies for developing vision and mission were arrived at, and sharpened by the HR consultants. These methodologies were crucial in contextualizing standardised Visioning processes to the specific rural contexts of the identified villages and GPs. It was decided to pursue different methodologies in the two GPs, to enhance our learning. The skill and knowledge present in the NGO was also a criterion for choice of methodology. Accordingly, FES chose to conduct PRA in 19 wards, and Grama Vikas decided to conduct FGDs with 18 sub-groups.

This step also included logistics planning with NGO partners. Detailed plans were prepared in terms of dates, venue, participants, seating arrangements, exercises to be conducted in

the field, and process of finalisation of vision and mission with the citizens.

Step 3: Orientation meeting with GP members - One-day pre-workshop meetings were held with each set of *Panchayat* members to explain the overall methodology and desired outcome of the vision workshop. One of the key purposes of this meet was to help GP members focus on their aspirations and the priorities of people rather than think about schemes and projects. We shared different examples such as Bhutan's Happiness Index and Constitutional values, facilitating different thinking. Roles of members in leading participatory exercises with citizens were discussed and finalized. GP members helped to identify resource persons from the citizens who would participate in the workshops, as well as provide support in the ensuing exercises

Step 4(i) and 4(ii) Vision Mission Processes in the Two GPs - While the workshop methodology followed to arrive at the vision and mission were similar in the two GPs, different processes were followed in the two *Panchayats* to gather citizen inputs. FES and Dibburhalli GP decided to hold PRAs to reach out to citizens after they had gone through the vision and mission workshop, while Grama Vikas and O'Mittur GP conducted Focused Group Discussions with many citizen groups before they came in the vision and mission workshop. Detailed steps followed by each NGO/GP combination are listed below.

Steps followed by Dibburhalli GP to develop its vision and mission



Vision workshop with citizens and members of Dibburhalli GP

- A two-day vision workshop was held with GP members, select staff and resource persons drawn from the citizens of the GP. Day 1 captured and shared aspirations of the participants for their dream GP, in order to draw out the statements of shared vision and mission. Day 2 included training on Participatory Rural Appraisal² (PRA) exercises which included class room training on its tools (Social Mapping, Resource Mapping, Well

- Being Ranking, Venn Diagramming and Seasonality), as well as field training. PRA is a well established approach, which incorporates knowledge and opinions of rural people in planning and execution of development programmes



Resource and social mapping, PRA, Dibburhalli GP

It was also decided that each ward member would share the vision and mission statements with citizens in their wards, gather their inputs and get their buy-in.

- PRAs and ward level meetings were conducted over the following month in all 19 wards, with 16 percent of the population (1256 citizens out of total population of 7738) in Dibburhalli
- The final step was sharing the vision and mission statements to seek approval. A *Gram Sabha* was specially called for this purpose. Many more citizens attended the *Gram Sabha* compared to previous ones, which the members attributed to the citizen participation that they sought during the PRAs. The *Gram Sabha* approved the vision and mission statements after the members read out the two statements. However, when questions were invited only a few queries were raised, indicating that the quality of participation in this meeting needs

² PRA can be traced to the activist adult education methods of Paulo Freire, and popularised by the development practitioner, Robert Chambers.



- improvement (rethink on structure and seating among other parameters).

Steps followed by O'Mittur GP to develop its vision and mission



Focus group discussion with children to understand expectations from O'Mittur GP

- The focus in O'Mittur was to understand people's aspirations and focus those into a *Gram Panchayat* vision. Campaigns were conducted to trigger discussions among different segments of the GP villages and to create a sense of excitement among citizens. This was followed by FGDs with a cross section of citizens, as Grama Vikas wanted involvement of different stakeholders in the vision building exercise. Accordingly, 18 citizen groups, making up 10 percent of the population, were covered (694 citizens out of total population of 6925) in O'Mittur. These included children, landless farmers, women SHG members, *Neergantis* (Traditional water regulators) etc. The FGDs helped to create a positive environment, asking questions such as 'what are the supporting factors that have helped individuals to realise their dreams, how can the GP help them in realising their dreams etc. '
- Two-day vision workshop was held with the members, where different exercises led them to articulate their 'dream GP'. The

- workshop concluded with finalizing the vision and mission statements for the GP, simultaneously incorporating inputs from the FGDs.
- As in Dibburhalli GP, the vision and mission were taken to the *Gram Sabha* for approval.

In both GPs, the process was effective. The choice of methodology and sequence of events can be offered to the GP. As compared to FGDs, PRAs is a more technical methodology, and can be conducted only when resource persons are well versed with it. The key decision to be made is whether citizen interface should happen before or after the vision workshop. Based on our experience, we feel extensive citizen interface should take place after the vision mission workshop, as there is raised awareness of the project and members are better placed to engage with and address citizen queries.

Step 5: Consolidating vision mission process and next steps - The vision mission process was concluded with an internal documentation of focus areas, which emerged from the PRAs/FGDs and the vision workshops. This list was an input to the process mapping exercise.

In addition, Dibburhalli *Panchayat* felt the need to build on the momentum of change in the GP and to manage expectations set by intensive interaction with citizens. Based on the participatory exercises, short term projects were identified by each GP member, which could be implemented with ease, and did not require additional funds. These included areas like resolving encroachment issues, provision of transport, cattle pond desilting, etc. (See *Annexure 5: Detailed list of actions identified by Dibburhalli GP members, post the visioning exercise, 2011*). About 50 percent of these projects were implemented.

4.4. Outputs of the GP Vision and Mission Process

- Output 2.6.1- Each GP created Statements describing the long term vision, values, and the mission of the GP. The statements of both GPs describing their key focus areas are given below. There was a significant change in the mood of the GP as the visioning process evolved. There was higher cohesiveness and an eagerness to take the GP forward towards its vision and mission.
- Detailed reports of issues facing citizens as well as their expectations and aspirations were gathered through the PRA and FGD exercises (See *Annexure 6A: FGD Proceeds with small farmers in O'Mittur; 6B: Sample PRA report of Chikka Dibburhalli; Dibburhalli GP, 2011*). This output also served as the first level of diagnosis of the GPs problems.



O Mittur Panchayat

Vision statement

Overall sustainable development through transparent and good governance.

Our Values

Teamwork

Equality

Trust

Citizen participation (citizens should understand their roles and participate)

Commitment

Service orientation

Mission

Our key stakeholders are our citizens. We will constantly strive to understand their needs and aim towards improvement in governance and delivery of services.

To work towards this, we will strength the GP – both physically and institutionally. The GP office will be a citizen friendly and beautiful place with availability of basic facilities for visiting citizens, office bearers and members.

We will display unity and decorum among members and ensure transparency and accountability in our functioning. We will focus on financial strengthening through setting appropriate tariff rates and ensuring collection.

We will work with government officials to leverage various schemes and programmes as well as help eligible citizens to access information and funds.

Dibburhalli Panchayat

Vision and Values

“Our Panchayat, Our Decisions, Our Prosperity”

We will strive to abide by the core values of Building Trust and Unity, Courage and Transparency, Selflessness, Citizen Participation and Service Orientation.

Mission

We, at Dibburhalli Panchayat will work towards enhancing quality of life of our citizens through improving quality of basic services such as health, cleanliness, safe drinking water, education (primary and higher education), amenities for mental and physical fitness, shelter for poor families and food security.

We will help create and enhance facilities for improved living and connectivity among people through focusing on transportation, economic and employment opportunities.

To ensure long term sustainability of the Panchayat as well as its resources, we will focus on enabling a spiritual environment, conservation of natural resources, energy sufficiency, protection of community assets and financial strengthening of the GP.

4.6. Activities post the GP Vision and Mission process

- Identification of key focus areas, which need to be addressed by the GPs – these would become inputs to the next sub process, i.e. , Process mapping
- Consolidating values and principles to guide design of other components of the GP organisation, primarily the organisation structure. (Refer Section 7.3 on Parameters for effectiveness of the structure)



Vision and Mission displayed in O'Mittur GP

4.5. Criteria for Closure of GP Vision and Mission Process

- The key criterion was approval of the vision and mission statements by the *Gram sabhas* of the two GPs. Subsequently, they were displayed in the GP office.
- A detailed documentation of the participatory exercises, PRAs and FGDs, in the local language, and shared with the respective GPs was another criterion for closure.



4.7. Resource Person Profiles for GP Vision and Mission Process (Table 3)

Table 3: Profile of Resource Persons

| Resource persons/Activities during Process mapping | HR firm | Advisor | Arghyam | | | FES | | | | Grama Vikas | |
|---|-----------|---|-----------------|-----------|----------------|------------|------|--------|-------|-------------|---------|
| | Panarc | TRR | Rajendra Prasad | Sonali | Radhica/Habeeb | Krishnappa | Jojo | Partha | Vijay | Asha | MVN Rao |
| Overall process owner | | | | | | | | | | | |
| Training resource persons | Lead role | As participants - to understand visioning process and develop GP specific methodologies | | | | | | | | | |
| Finalising GP specific methodologies | | | | Lead role | | | | | | | |
| Orientation meeting with GP members | | | Lead role | | | | | | | | |
| Vision Mission process at Dibburhalli | | | Lead role | | | | | | | | |
| Vision Mission process at O'Mittur | | | Lead role | | | | | | | | |
| Consolidating Vision Mission process and next steps | | | Lead role | | | | | | | | |



Chapter 5 VISION WORKSHOP SESSION PLAN

Examples of vision and mission statements

- Society for Participatory Research in Asia – Making Democracy Work for All (VISION)
- Deccan Development Society - Consolidating village groups into vibrant organs of primary local governance and federate them into a strong pressure lobby for women, the poor and dalits. (MISSION)
- GREEN Foundation is a community based organisation working with disadvantaged groups of small and marginal farmers,

Table 4: Session Plan for Developing Vision and Mission for Dibburhalli GP

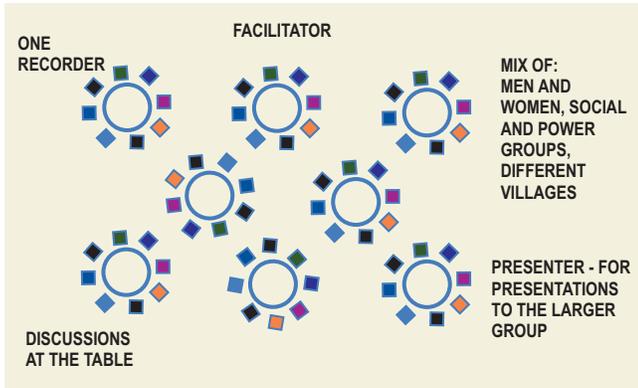
| Day | Time | Content | Methodology | Materials | Responsibility |
|-------|---------|---|---|--|----------------------------------|
| Day 1 | 30 mins | Registration and welcome | | Handover Participant handbook | Partha |
| | 30 mins | Introduction, Overview & Group Norms (Fig. 10) | Interactive Lecture, Games | PPT Slides | Partha |
| | 1 hour | Context and concept of Vision and Mission | Interactive Lecture | PPT Slides | Rajendra Prasad |
| | 2 hours | Personal Stories- Tell us the story of a time when you faced a challenge and achieved something you still feel proud of | Each person to share his/her stories in small group. Some in larger group | Instruction and notes handouts, PPT Slides | Rajendra Prasad |
| | 2 hours | My Dream GP- If resources were not a constraint, what kind of Grama Panchayat would you like to set up? What would be its values? | Each participant to draw an image or write | Paper and sketch pens | Rajendra Prasad |
| | 2 hours | Consolidating themes emerging for GP Vision, and values | Recording group wise themes | Brown paper/ Computer and Projector | Rajendra Prasad/ Partha/ Sonali |
| | 30 mins | Formation of groups to coin statements | Group Formation | | Rajendra Prasad/ Partha/ Sonali |
| | 30 mins | Feedback & Brief for Day Two | Interactive game and discussion | Balls, PPT Slides | Rajendra Prasad/ Partha |
| Day 2 | 30 mins | Recap and De-brief | Interactive Lecture | | Krishnappa |
| | 1 hour | Sharing of vision statements by different groups- finalisation | Large group discussion | Projector or Brown Paper | Rajendra Prasad/ Sonali |
| | 2 hour | Discussion on mission statement- Who, What, How? | Small group Interaction, consolidation in the large group | Presentation | Rajendra Prasad/ Sonali |
| | 3 hours | Training on PRA and conducting pilot PRA in the field | Presentation | Projector/ Material for PRA | Rajendra Prasad/ Jojo/Krishnappa |
| | 1 hour | Next steps | Large group discussion | Projector | Rajendra Prasad/ Partha/ Sonali |

Session Notes: Some slides and information about specific sessions.

1. *Seating arrangement: The seating was as per the concept of MAX-MIX, a maximum mixture of participants at each table, so that the microcosm of the GP is represented at each table. Rather than a class room style seating, this arrangement mandates and enables participation and contribution by each member. Thought needs to go into composition of each table, so that it is truly a microcosm, and also that the dynamics among members is facilitative rather than hindering. (Figure 9)*
2. *Session: Context and concept of vision and mission, including examples of vision and mission statements*

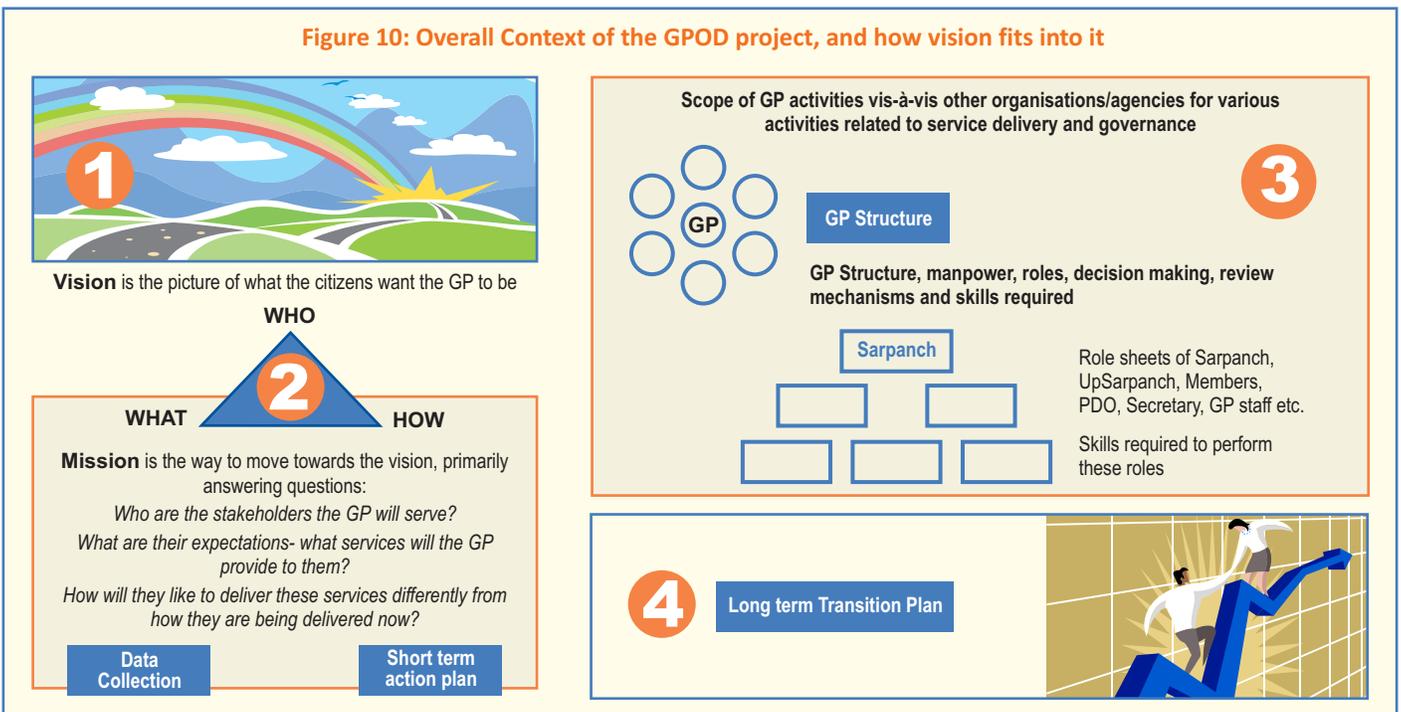


Figure 9: Seating Arrangement



- backward castes, tribals and dalits, especially women, in the semi-arid regions of South India, towards the conservation of agro biodiversity and the promotion of sustainable agriculture (MISSION)
 - Arghyam - “Safe, sustainable water for all” (VISION)
 - Child Rights and You – Ensuring Lasting Change for Children (VISION)
 - Nestle India - “Good Food, Good life” (VISION)
3. *Session - Personal Stories- Tell us the story of a time when you faced a challenge and achieved something you still feel proud of.*

Figure 10: Overall Context of the GPOD project, and how vision fits into it



The basic objective of this session was to get the participants to reflect & introspect on their life, getting in touch with themselves and drawing energy from their inner selves. The session creates a positive mood which is important for the participants to think over their aspirations for the GP as a whole.

4. *Session: My Dream GP- If resources were not a constraint, what kind of Grama Panchayat would you like to set up? The facilitator asks the participants to think of answers to questions such as ‘what is your personal wish for your GP?’, ‘If you or your children have to feel the same amount of excitement in the future too – then what will it look like?’, ‘What values would people follow?’*





A citizen draws a picture of his dream GP

They were asked to draw a picture which would depict how their dream GP would look like. In addition, they were asked to describe it. We clarified that the GP meant the institution and system of self governance, and not just the building. It is important to emphasise that resources are not a constraint, as we want people to voice and draw their aspirations which are not tempered by reality, which is the vision. This is what differentiates the vision from a plan. The former is the guiding post while the latter is the path we set up.

Participants were asked to draw as a Vision can be described as a living picture of a future, desirable state. It is living because it exists in the thoughts and actions of people. It is a picture because it is composed, not of abstractions, but of images. Images always have thought content; an emotional Vision, and a more symbolic Vision. A Vision brings these dimensions together. Also, for those who were not literate, the act of drawing provided them a medium of articulation and communication. Almost everybody got down very enthusiastically to the task and came out with some very good works of art!

While most participants did draw a building, they added their own components, communicating what they want the GP to be. For e.g. a participant drew a reception room in the GP, wanting citizens to come in for redressal of their issues, another participant drew a temple, hoping people would feel guilty to be corrupt, etc.

5. *Session: Consolidating themes emerging for GP vision and values: From the above discussions, the facilitator consolidated themes. Knowing what vision statements look like and based on the results of their discussions, the participants were well equipped to form their own statements. We asked the group to nominate some members who would brainstorm further and come up with different vision statements which the larger group would evaluate and finalise.*

6. *Session: Discussion on Mission statement: Mostly, the mission statement is developed after data gathering, which should be done before the participants come to the workshop. However, in the case of a GP, we find the Vision workshop to be a good start, as it helps rally and align the members to the GPO process. This being the case, the session on mission is based on understanding of the participants, who have to answer the three questions- Who are the stakeholders the GP will serve? What are their expectations- what services will the GP provide to them? How will they like to deliver these services differently from how they are being delivered now?*



Chapter 6 PROCESS MAPPING IN THE GRAM PANCHAYATS

A process is a collection of related activities/ tasks that serve a particular goal as envisaged by an organisation, such as the GP. There are different kinds of processes listed here, along with examples related to a *Gram Panchayat*:



Mapping a process helps describe how a process is performed and roles of different stakeholder involved (As-is process). Further, it identifies and addresses lacunae, creating a more effective To-be process. Once laid down, the processes become transparent and allows different individuals or agencies to add value for continuous improvement. To assess effectiveness of process delivery, performance measures are laid down for different processes.

In the context of the GPOD project, process mapping was primarily used as a diagnostic tool, not just for the resource team but also

for GP members and staff. It helped unravel the functioning of the GPs vis-à-vis the focus areas that they had identified during the visioning exercise. The participative methodology of process mapping allowed members to reflect on what they were doing, which agencies linked to the GP, what the GP should expect from them, and how GP functioning could be improved in several specific ways. Process mapping also helped the participants understand the basic management principles of role clarity, issues of role overlap and role overload, difference between accountability and responsibility, thereby creating awareness and need for an accountability structure in the *Panchayat*.

6.1 Objectives of Process mapping

• Diagnosis of Gram Panchayat Functioning

For the GPOD resource team, a diagnosis was crucial to understand the present functioning of the GP vis-à-vis its different processes and the gaps in their effective execution. It helped identify the different issues facing the GP, i.e. operational, structure related and those which needed policy changes.

• Building Awareness of Panchayats

Build *Panchayat* self-awareness on current 'As-Is' processes, key management concepts and create the need for further initiatives for strengthening the GP- It was our purpose to hold a mirror up to GP members and staff, to be able to articulate and reflect upon activities that they were already engaged in, roles played by different stakeholders and issues related to both. The process mapping exercise helped explain concepts such as responsibility, accountability and role clarity, etc. It also highlighted gaps in GP functioning and need for distributing responsibility, presently concentrated in the *Adhyaksha*. The participative nature of the exercise helped members understand and own the process and also what improvements were required.

• Preliminary Improvements

We aimed to identify issues/bottlenecks and evolve solutions to make processes more effective, eventually creating the 'To-be processes'. At this stage, the participatory methodology and the documentation of the as-is processes enabled us to make incremental improvements, and also provided an opportunity to share with peer *Panchayats* and learn from their best practices. These improvements acted like low hanging fruits, achievable easily, and enhancing the morale of participants, as well as their credibility among citizens

6.2 Inputs to Process mapping – Conditions to the start of the process

• Vision Mission Process

Process mapping was done for key focus areas emerging from the vision mission process and the PRAs/FGDs. While GP specific selection led to high ownership with the process mapping exercise, the list of functions covered most of the key functions



Figure 11: Overview of Process Mapping

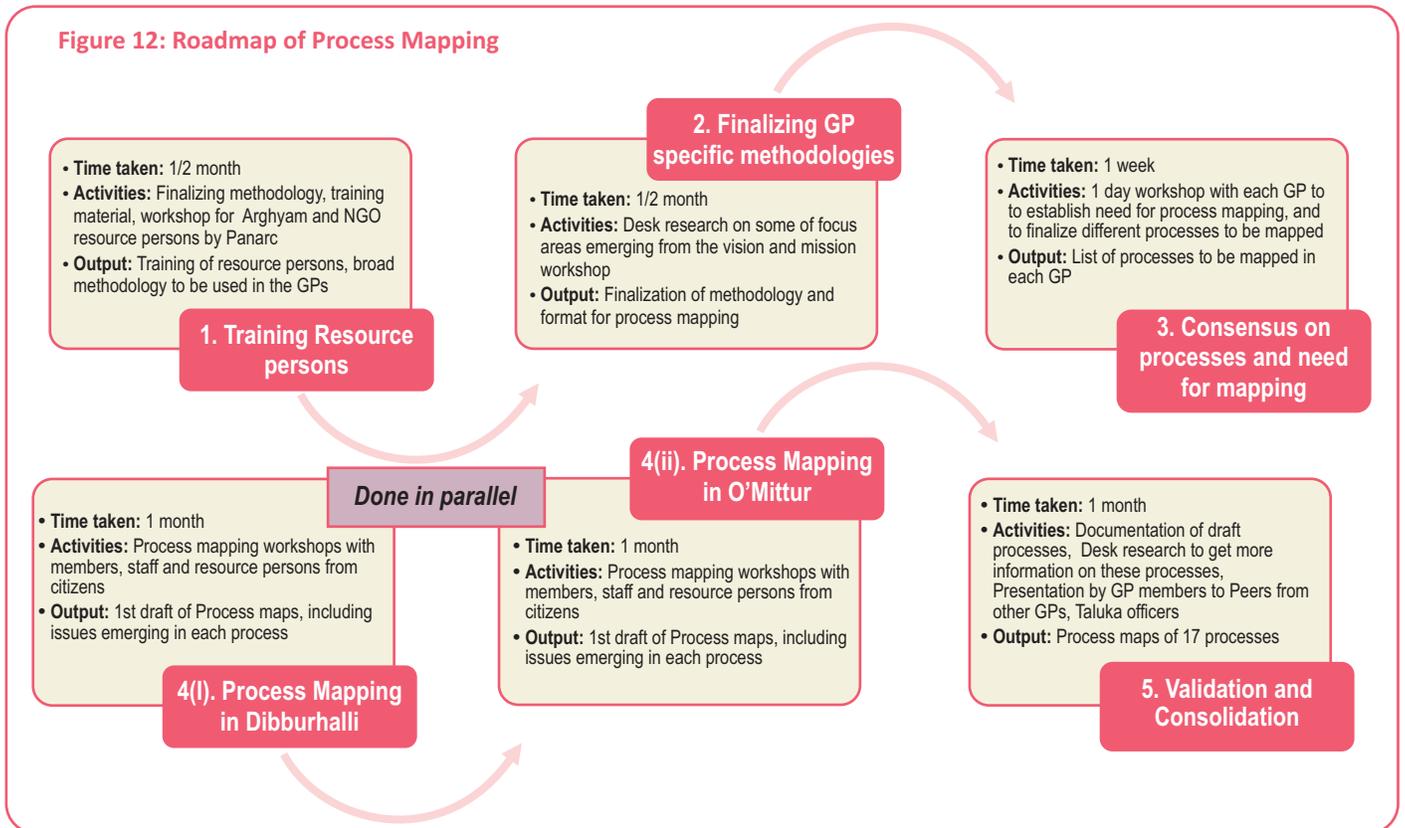
B II. Process mapping

- **Time taken:** 3 months
- **Activities:** Training resource persons, Finalizing GP specific methodology, Consensus on processes and need for mapping, Process mapping workshops in each GP, Validation and understanding different practices
- **Key Outputs:** Process maps of 17 processes

conducted by Panarc Consulting, which covered the next steps for organisation building after the visioning exercise, i.e. process mapping, organisation structure and roles. The training included concepts of processes and process mapping as well as actual mapping of some processes.

Step II - Finalizing GP Specific Methodologies: Process mapping is a well established methodology in the private sector, with many

Figure 12: Roadmap of Process Mapping



mandated for the GP as per Section 58 (1A), KPR Act. To simplify and to ensure optimal sharing of learning between the two Panchayats, we mapped the same set of processes in O’Mittur and Diburhalli.

• Trust Relationship

As in the process of vision and mission building, it was important to have a strong relationship of trust with the GP. The process mapping workshops required frank sharing of current processes and problems such as corruption at various levels, which would not have been possible if the members did not have faith in facilitators. At this stage, the long term relationship of trust between the NGO and the GP was a key enabler.

6.3 Overview of Process mapping

(Figures 11 and 12)

Step I - Training Resource Persons: A two-day workshop was



available tools and software. However, our methodology needed to be simple and participatory, to ensure active contribution and ownership from the GP members. Further, there was an additional purpose of developing an understanding of management principles, required for the necessary transition of the GP to a formal way of working. Accordingly, an intensively participatory methodology was evolved using Microsoft Excel as a rudimentary software tool.

Preliminary desk research was done on select processes identified during the vision mission process, to understand the types of information to be captured in a process map. A column on 'Formats and Guidelines' was introduced to describe guidelines for the activity, if available, and formats to be filled, if any. An exhaustive list of line departments were added as stakeholders to enable members to identify the exact agency related to a certain process.

Step III – Consensus on processes and need for mapping: As a result of the vision mission process, citizens' expectations from GP members had increased. More than short term projects, and a firefighting "jugaad"³ approach to solving problems, GP members felt the need to address wide ranging issues in a systematic manner. The idea of well laid down processes and roles of different stakeholders appealed to the members. Some reactions from GP members, after the process mapping methodology was explained, are given below:

- We should not talk of roles of people before mapping processes
- We should sit with concerned citizens before starting any infrastructure related task- e.g. road repair
- The advantage of process mapping is that we do not need to map afresh every time- once it is mapped with learning incorporated, others can use it
- Not only us, but people who come after us can use it- even people from other *Panchayats*

- Sum of key processes will tell us comprehensive roles of members and other stakeholders like ZP member
- Time factor will tell us how much members need to spend to do effective job
- We should share the process map with the key stakeholders to explain our expectations as well as to understand theirs, either through involving them in processing mapping or presenting the process maps to different line departments and getting them to sign off the maps

Further facilitation was required to identify additional processes which were significant for an effective organisation functioning. As organisation consultant partners to the GP development, our value add was to emphasise the internal, people related and financial processes that they may not have considered.

Step IV (A and B) - Process mapping workshops in each GP:

Workshops were conducted to map 17 shortlisted processes in a devised format. While we started with a basic format, it evolved over a couple of workshops.

IV.1 Participants and duration of workshops: Participants in the process mapping exercise included GP members, PDO, Secretary, Bill collector, invited resource persons among the citizens, invited members from relevant sub-committees, and government officials, if possible, as each of these people were key stakeholders in the different processes. Each workshop had about 20 participants, with the GP members being present in most workshops. On an average, each process map took about 4-5 hours, with extensive discussions on sequence of activities, issues and expectations from different agencies.

IV.2 Process Mapping Format:

(See Figure 13)

- Name of the process,** which is one of the functions of the Gram Panchayat that they want to focus on. For e.g. *providing drinking water through piped water supply. (DW process)*
- Starting point of the process:** describes the stage from where the GP's role starts. *Starting point related to drinking water through piped water supply: There is water in the Overhead Tanks and GP is to supply water from the tank to an area, where there are no taps*
- Activity:** This is a sequence of all activities performed to deliver the process, starting from the first activity which is required for the process, followed by the second, then third and so on, till its completion.
Activity 1 for DW process: Get Survey report on quantity of water available for the ward

³ an innovative fix or a simple work-around



Figure 13: Format for Process Mapping

| Name of the process | | | | | | | | | | | | | | |
|--------------------------------|---------------------------|------|-----------|--|----------------|----------|---------|----------------|---------|----|----------------|-------------------|---------------------------------|---|
| Starting point of the process | | | | | | | | | | | | | | |
| Overall issues | | | | | | | | | | | | | | |
| Improvements being recommended | | | | | | | | | | | | | | |
| S No. | Activity taken (in hours) | Time | Adhyaksha | Roles of different stakeholders, describe as RACI (Responsible, Accountable, To Collaborate, To provide Information) | | | | | | | Funds required | Formats available | Guidelines- statutory/ circular | Issues/Comments related to the activity |
| | | | | WM | PDO/ Secretary | Waterman | Citizen | Bill Collector | Lineman | AE | | | | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| Performance Measures | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |

Activity 2: Decision on criteria for putting public taps

Activity 3: Decision in the GP about the tariff criteria, which is mostly to ensure break even of revenue and expenditure, based on population

Activity 4: Procurement and installation of pipes and taps

Activity 5: Appointment of water man, if not already appointed for the ward

Activity 6: Training and Orientation of the waterman

Activity 7: Start water supply

iv. **Time taken (in hours):** This is primarily mapped to understand the likely time which is required by the role holder to perform this activity. It should include time for the actual activity plus waiting time, wherever applicable.

Time taken for Activity 1 is dependent upon responsiveness of the Mines and Geology department to provide the survey report

Time taken for Activity 2: 1 day

While we did map the time taken, there were too many dependencies, making it an inaccurate record of time taken. The key purpose of recording time taken was to understand the amount of time the GP members spend on different activities.

v. **Roles of different stakeholders:** Participants were asked to list all stakeholders involved in each activity, and categorise them as RACI (Responsible, Accountable, to Collaborate/Consult, to provide Information). This is a well accepted framework followed in industry, to clearly lay down roles of different agencies, and eventually make them accountable for the same.

- “R” represents any role/responsibility that contributes to the accomplishment of an activity. There can be multiple roles responsible for completing a process or activity, depending on the level of detail of the RACI.
- “A” represents the one role which has accountability for completion of the task. Accountability is for outcomes and Responsibility is for Activities. Additionally, accountability cannot be shared, while responsibility can be.
- “C” represents any role which is consulted in order for the process to progress towards completion. A consultation should be thought of as bi-directional communication, where information is both given and received. There is no restriction to the number of “Cs” for a given process.
- “I” represents any role which needs to be informed. No restriction exists on the number of informed parties, but thought should be given to whether or not this is a key hand-off.



The stakeholders were to include GP members, staff, government line officials, Standing Committees, 61A committees and other sub committees in the GP⁴. It was explained to the participants that while many people can be responsible for an activity, only one person can be accountable. This provided significant insight to roles of GP members and others, and was a key input to developing GP structure in the next step.

In the case of DW process the responsibility of most activities lay with Ward Member, PDO/Secretary and Adhyaksha, but any one of them could not be held accountable. When urged, much accountability lay with the Ward member, which would be difficult for any single member to perform. The need for holding different individuals responsible for different portfolios was getting established.

- vi. Funds required:** Whether funds were required for this activity. If yes, how much and what would be the source of funds.

This is primarily mapped to understand if the activity is dependent upon availability of funds. If yes, there is need to detail the amount of funds and the likely sources of funds, to be able to implement the activity.

In the case of DW process, Procurement + installation of a tap would cost the GP Rs. 2500/-. If additional taps are to be installed, the funds have to come from GP's own funds. One of the key issues discussed was after the Engineering department has installed the pipelines and taps; there is invariably a demand from citizens for additional taps, which they want the GP to install.

- vii. Format:** Is there a prescribed format to be filled for this activity? For e.g. filling the Measurement Book (MB) for all works done through government money

This is primarily to understand if there is any need to provide data to the government, which is legally mandated. We did not get much information under this head, except while

mapping the process for NREGS; in case of procurement, one quotation had to be sought by the GP in case of amounts below Rs. 50,000/- and Two quotations for more than Rs. 50,000/- respectively; in case the GP has to undertake any activity funded by government money, entry needs to be made by the PDO in the MB book.

In case of process for DW, there were no formats to be filled, as reported by the members.

- viii. Guidelines/ Statutory circulars:** Whether there are specific guidelines for this activity which is mandated by government through a circular? For e.g. in case of tax collections, there is a Government circular stating that meetings should be held with citizens every 6 months to apprise them of collections and rates, etc.

This was mapped to gain an understanding of existing guidelines to facilitate planning and implementation of a process. As in the case of formats to be filled, the members had little knowledge of existing circulars.

In the case of DW process, the members talked of a circular which stated that the GP had to pay a minimum of Rs. 4500 pm for waterman covering a population of 2500 people. This is possibly in contradiction to another circular stating that not more than 40% of GP's own revenues can be spent on salaries of its staff. Most GPs have revenues of Rs. 2-3 Lakhs per annum.

- ix. In addition to the above, there was a discussion on performance measures,** which, if assessed, would show whether the process is being executed effectively.

The discussion on performance measures brings a sense of focus to the participants. It was interesting to know the thinking of GP members when asked to articulate performance measures. Many times, the measures voiced were macro and achievable in long term. For e.g., to measure effectiveness of the public distribution system, members suggested that 'Everyone is getting three meals a day'. As performance measures should be easily measurable and trackable, we urged the members to think of alternatives. The options suggested were 'Ration shop should be open on BPL families salary day (Batwara day)', 'tracking regularly the match between number of BPL families and PDS stock being received by the GP'. Though we did not incorporate the performance measures formally in the annual plans during the first year, these measures would become significant inputs to the GP MIS developed later.

Performance measures for DW process included reduction in time to attend to citizen complaints, increase in percentage of citizens who would pay the water bill voluntarily.

⁴Sections 61 and 61A, Karnataka Panchayati Raj Act, 1993



Table 5: Processes mapped in each GP

| | Processes identified for mapping | Dibburhalli | O'Mittur |
|---------------|---|-----------------------------|---------------------|
| 1 | Cleanliness of drains, roads, plastic banning | | |
| | Selection of beneficiaries/ Distribution of sites for housing | | |
| 2 | Drinking water through piped water supply | | |
| 3 | Protection of common property/ Removal of encroachment | | |
| 4 | Food security for poor people: PDS | | |
| 5 | Procurement (bulbs, pipes, taps, motors, computers, stationery, bleaching powder) | | |
| | Construction of drains | | |
| | Construction of compound walls for schools | | |
| | Construct cattle pathway | | |
| | Concretizing street roads | | |
| 6 | Maintain Street lights | | |
| | Creating livelihoods, employment | | |
| | Cleaning water tank and also surrounding – OH as well as mini water supply tanks | | |
| | Forestation | | |
| 7 | Complaints handling | | |
| | Construction of HH, community and school toilets | | |
| 8 | Revenue generation- Fixing and revising tariff/ Auction of GP property etc. | | |
| | Information dissemination on govt schemes | | |
| 9 | Quality education to all children | | |
| 10 | Ensuring one tree in every house- Greening the village | | |
| 11 | Nutrition | | |
| 12 | Fixing Water tariff | | |
| 13 | Preventive health | | |
| 14 | NREGA | | |
| 15 | Housing | | |
| 16 | Agriculture and Animal husbandry | | |
| 17 | Planning | | |
| Legend | | Identified by the GP | Not included |
| | | | Added |

IV.3. List of processes mapped: The first list of processes emerged from the GP's respective vision and mission statements, and their own prioritisation. Based on this list, process mapping exercise was initiated. Five to six processes were mapped in each GP respectively. As the process mapping progressed, some changes were made:

- i. Some of the processes named in the GPs were very micro, and could be consolidated with others.
- ii. This was a good stage to add processes which were a part of the GP functions as per law.
- iii. While some internal processes such as Procurement were included by the GPs, others such as Planning and Recruitment were not. We added Planning based on its criticality.
- iv. We realised that each GP could learn from the other, if the exercise was conducted jointly, and created remaining process maps together
- v. We further invited experienced members from other GPs to present to them the process maps. These Peer workshops (detailed in the next section) generated tremendous discussion and proved to be a significant learning experience for all.
- vi. We also presented the processes to *Taluka* level officials from key departments to understand their view points. (detailed in the next section)

Table 5 provides the list of processes mapped.

It should be reiterated that process mapping at this stage was primarily for members to understand the GP functions and the related gaps and strengths.

Step V – Validation and consolidations through Peer reviews, presentation to *Taluka* officers and desk research– To compare the process maps generated by the GPs with practices followed by other *Panchayats* and government guidelines, we undertook three sets of activities.

- Consultative meetings were held with experienced peers (and PDOs from other GPs),

- Inputs were taken from *Taluka* officers of the government, and
- Desk research was conducted on governmental guidelines and policy aspects of each of these processes, if available.

V.1 Peer review meetings: Two consultative meetings were held with experienced peers (Members, *Sarpanchs* and PDOs of other GPs) to review 6 key process maps prepared by the O'Mittur and Dibburhalli GP members. The objectives were to understand whether these maps can be generalised and more importantly to inquire how other GPs have addressed emerging process issues. Both these meetings were conducted over two days each, and were attended by representatives from GPs across the state (See *Annexure 7: List of Participants in Peer reviews of Process maps, 2011*). GP members of Dibburhalli and O'Mittur *Panchayats* presented their respective process maps and sought feedback. Members and staff from other *Panchayats* added tremendous value to the process maps by suggesting directions for solutions to nagging process bottlenecks.



Peer review meetings – Mulbagal and Ashirwaad, Bangalore

It was clear that experienced *Panchayat* members had developed certain practices to work with the system more effectively. Differences were seen largely in internal processes such as procurement, planning etc. For instance in the procurement process, experienced *Panchayats* showed how the GP had made arrangements with local suppliers to provide short term credit payable once the GP received funds, whereas less experienced *Panchayats* spent personal money to be reimbursed later. Experienced *Panchayat* members also found better ways to work with line departments. Explaining the Planning process, one member shared that their GP prepares two plans - one related to funds generated from GP and one for funds expected from the line departments. The latter is operationalised after line departments finalise their plans and budgets. Several ideas for revenue generation emerged.

However, there were many processes where even experienced members faced similar challenges, such as facing pressure from citizens for inclusion in the BPL list (Process of the Public



Distribution system), pressure from citizens to put additional taps after installation by the government (Process of Supply of Drinking water through Piped Water supply), etc.

V. 2. Review with Taluka officials: We invited officers from *Taluka* level Education and Health departments to share with them the process maps evolved from the members of O'Mittur and Dibburhalli GPs. The objective was to get their perspective on the processes, and bridge information gaps which we could not fill during the mapping with GP members. The officials added information and insights related to government guidelines and programs, which the GP members were not aware of. For example, the Education Officer shared that the Education department provided the following facilities to each school, if the school strength was more than 500 students.

- a grant of Rs.7000 to 7500/-
- Facility for mid-day meal
- Free text book and bag for SC-ST students.
- In each school SDMC are formed to identify problems of the school and prepare action plan for addressing the problems.
- Construction of school compound.

It was interesting to note that the line departments welcomed the process mapping exercise. They felt service delivery will improve if such process maps existed in each GP, along with the required information on guidelines and programs.

V.3. Desk research on activity mapping and provisions of the State Act: The purpose of the desk research was to get governmental guidelines and policy aspects of each of these processes, if available. We accessed information from:

- The State Panchayati Raj Act (Karnataka Panchayati Raj Act, 1993), which describes the powers and functions of different parts of the Panchayat, including the ward and Gram sabhas, as well as the GP body.
- Status of Devolution report by the Ministry of Panchayati Raj (MoPR), which was commissioned in 2004⁵ to document the status of devolution of functions across 28 states of the country, including Karnataka. Based on the findings, there is also a suggested activity mapping for Karnataka's Panchayati Raj Institutions for the three tiers.

It is pertinent to point out that while the two sources provided clear information, they remain more academic rather than practical guides at this stage of GP functioning. Both sources require GPs to do far more than these two GPs were doing or were even aware of. Moreover, these are high level documents,

primarily describing what the GP should do, rather than how, and will be useful once GPs move to their next stage of evolution as local self governing bodies.

6.4 Outputs of Process mapping

Output 2.6.2 - Process maps of 17 processes, incorporating the review comments from peers and *Taluka* officials (see Annexure 8: *Process map for To-be Drinking Water Process through piped water supply, 2011-12*).

6.5 Criteria for Closure of Process Mapping

- The key criteria for closure of Process mapping was documentation of the 17 process maps, their translation into the local language and providing a copy of the same to the GPs.
- The second criterion was to finalise performance measures for each process map, to provide focus for implementation and enable tracking. While some very clear performance measures were evolved by the members, we decided to postpone their tracking till a later date, till the GPs had made a definite shift to a more systemic way of working. Examples of Performance measures arrived at by GP members:
 - Drinking Water:
 - Reduction in time to attend to repairs (motor, pipe leakage etc.) Goal - Minor repair - 1 day, Major repair- 3 days;
 - Reducing wastage - eliminate overflow of tank (pump on for 5 hours rather than 6-7 hours);
 - Reduce leakages/dripping taps one full tank (one lakh litres) lasts for more time than present (two days rather than 1)
 - Greening the Village
 - Increase in number of saplings planted and their survival rates
 - Citizens take care of the trees that are outside their respective houses



⁵ Report on State-wise status of devolution to Panchayati Raj Institutions, prepared by PRIA

- Greening of common properties such as schools, common lands and temples, etc. can be built in to the plan
- Public Distribution System
- Ration shop is open on BPL families salary day (*Batwara* day)
- Reduction in discrepancy between stock and requirements based on number of BPL families

6.6. Activities Post Process Mapping

The project team categorised issues and problem areas articulated during process mapping, which was significant for the next step in the project, i.e. developing the GP structure. Broadly, the issues that emerged could be classified into three categories (see Figure 14):

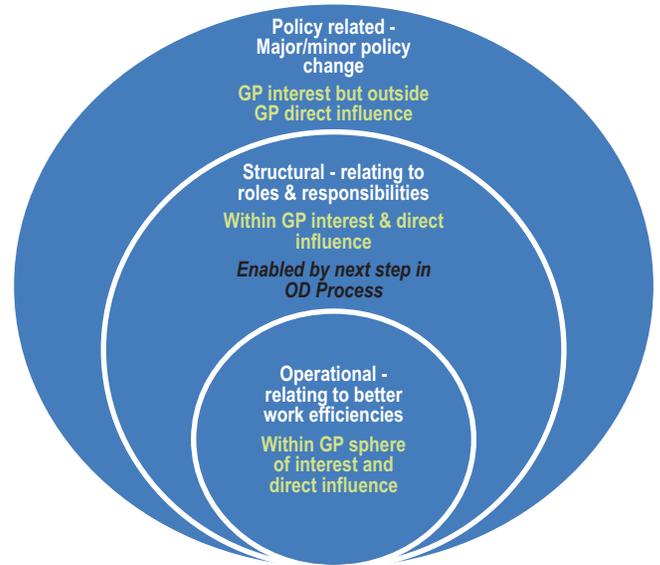
- Operational issues, which required a better system to be followed by the GP, and therefore could be addressed within the GP itself

Examples: identifying suppliers who provide short term credit to address the issue of personal spending for small procurements, managing demand of water to match supply constraints, streamlining GP cleaning processes, removing encroachments etc.

- Structural issues, relating to roles and responsibilities of people, which needed to be dwelled on further, and particularly in the next step. The RACI framework provided key insights to structural issues of the GP, which included perceived self accountability of GP members leading to role overload, GP's expectations from line departments, and relationship of the GP with various sub-committees.

Examples: Accountability lay with the GP for most activities within the process maps. As against the popular notion, the GP members held either themselves or the PDO accountable for most tasks. Members were not sure of exact role and

Figure 14: Categories of Problems/Issues



contribution from line departments. It was interesting to note that GP members held themselves accountable for many implementation activities in most processes, as seen in the slice of process maps (see Table 6).

- Policies related issues, addressed through minor or major policy change, and hence were outside the control of the GP. These included lack of recognition of contribution of GP members. Despite executing multiple responsibilities, there is no provision for compensating members. Another glaring issue is lack of focus of training and capacity building efforts by government agencies. Due to diffused roles, it is not possible to have targeted training, which renders most training efforts sub-optimal, as members are not able to leverage training to their advantage.



Table 6: Slice of Process map, detailing roles of Adhyaksha, Ward member and PDO/Secretary, with respect to different processes: Illustrates that GP holds itself accountable for most functions

| Name of the Process and related roles Type of function (RACI) R=Responsibility, A=Accountability, C=Collaboration, I=Providing Information | Adhyaksha/ Upadhyaksha | WM | PDO/ Secretary |
|--|--|----|-------------------|
| | Drinking Water through piped water supply | | |
| Collecting Estimates from Zilla Panchayat | R | | A |
| Quality Assessment & Monitoring | A | R | R |
| Get report on Survey of quantity of water available | | C | A |
| Get info on population density. At 1% growth rate, crude pop figs can be arrived at from last census | | C | A |
| Survey on where to put additional taps | | R | A |
| Discussion in ward about water related exp | | A | |
| Formulation of Bye-law/Decision about deposits and tariff in GP | R | R | R |
| Estimate prep for pipes and taps | C | | C |
| Procurement | R | | R |
| Installation | | A | R |
| Appointment of waterman for the ward, including ZP sanction if installation in new location | A | R | R |
| Waterman's orientation to the GP | | C | A |
| Water supply in the ward (Full time waterman needs to work 5-8 hours per day) | | A | R |
| Testing water quality | | A | R |
| Revenue Generation | | | |
| Projection of GP Expenses and Income from Govt. , to arrive at Revenue to be raised by GP | A | R | R |
| Identify revenue generation avenues: Prop tax, Water tariff, Services, Tax on Commercial establishments, Royalty, Fairs, Fines etc. | A | R | R |
| Detail process for collection | R | R | A |
| Print handouts & display on notice board regarding rates, dates etc | R | R | A |
| Conduct ward meetings & allocate responsibility for collection | A | R | R |
| Periodic collection of tax (simultaneously in all wards, including using tom-toms) | R | A | R |
| Track plan vs. collections and take corrective actions | A | R | R |
| Cleanliness of roads and drains | | | |
| Data collection on drains, roads, etc | A | R | R |
| Preparing plan for cleanliness - only when funds are available (timely preparation of plan) | A | R | R |
| Meeting for funds allocation (based on negotiation) & generating awareness | A | R | R |
| Implementation - drain cleaning | A | R | R |
| Implementation - garbage cleaning | A | R | R |
| Implementation - road renovation | R | A | R |
| Implementation - de-weeding | R | A | R |
| Payment | A | R | R |

| Name of the Process and related roles Type of function (RACI) R=Responsibility, A=Accountability, C=Collaboration, I=Providing Information | Adhyaksha/ Upadhyaksha | WM | PDO/ Secretary |
|--|---------------------------------|----|-------------------|
| | Street light maintenance | | |
| Collection of data on street lights | | A | R |
| Registration of information/complaints from citizens | | R | A |
| Problem analysis in a GP meeting | R | R | A |
| Depending on the problem, address within GP (procurement, installation) | R | R | R |
| If not, contact department | | I | A |
| Follow up for execution with department | R | R | A |
| Monthly awareness forums for usage | | R | A |
| Installation of meters for Street Lamps (for every ten one meter) | R | R | A |
| Housing (Support for construction of houses and distribution of sites) | | | |
| Preparation of homeless people's list in Ward Sabha | R | A | C |
| Collect information on gram thana and identify vacant public lands | R | R | A |
| Preparation of list of people with sites but less fin cap | R | A | |
| Ward wise assessment of # of houses required | R | A | R |
| Finalise housing list in the Grama Sabha after publicizing the same | R | R | A |
| Send housing proposal to TP for fin assistance under different schemes | R | | A |
| Approval from TP and release of money | R | | R |
| Marking land for housing sites | | R | A |
| Release of money to beneficiaries in 4 instalments subject to construction milestones | A | R | R |
| Distribution of sites to site-less beneficiaries | R | A | R |
| Proposal to govt for additional grama thana land | R | R | A |
| Once approved, distribution of sites to beneficiaries | A | R | R |



6.7. Resource Person Profiles for Process Mapping (Table 7)

Table 7: Resource persons for Process Mapping

| Resource persons/ Activities during Process mapping | HR firm | Advisor | Arghyam | | | FES | | | | Grama Vikas | |
|---|-----------|---------|-----------------|-----------|----------------|------------|------|--------|-------|-------------|---------|
| | Panarc | TRR | Rajendra Prasad | Sonali | Radhica/Habeeb | Krishnappa | Jojo | Partha | Vijay | Asha | MVN Rao |
| Overall process owner | | | | | | | | | | | |
| Training Resource persons | Lead role | | | | | | | | | | |
| Finalising GP specific methodology for process mapping | | | | Lead role | | | | | | | |
| Establishing need for process mapping and identification of processes | | | Lead role | | | | | | | | |
| Process mapping workshops in each GP | | | Lead role | | | | | | | | |
| Peer review, desk research and finalisation of processes | | | | | Lead role | | | | | | |



Chapter 7 DEVELOPING THE GP ORGANISATION STRUCTURE

Organisational structure formally defines individual roles and relationships between role holders that help members of an organisation collaborate with each other to achieve goals. It determines which individuals get to participate in which decision-making processes, and thus to what extent their views shape the organisation's actions. Organisation structure is normally depicted by an organisation chart.

The structure is essential to translate organisational goals into effective action, the lack of which leads to confusion among members on what to expect from each other. In cases where there are substantial funds and/or power involved, lack of well functioning structures can result in a few powerful members usurping both to their advantage.

The Gram Panchayat is mandated to be a self governing body, which requires it to be a strong organisation, with clearly defined structure and roles. Further, there is need to detail roles and interfaces between elected members, government officials and GP paid staff. This will provide the required framework for laying down governance norms, implementation of different central and state government programs and schemes and other responsibilities mandated to the GP as per Schedule I as well as Section 58 1(A), KPR Act.

7.1 Objectives of Developing GP Organisation structure

- Diagnosing issues with the present structure and roles:



GP structure displayed in writing on the walls in Dibburhalli GP

- Are roles and interfaces of GP members as well as external stakeholders clearly defined?
- Is the structure enabling the GP to move towards its vision, implement its mission, execute processes & achieve articulated goals?
- Are decision-making processes defined and followed?
- Is there a clear information flow to all concerned?
- Developing stronger accountability and ownership in the GP, and building leadership among members, which will help clarify roles and relationships among different actors within a GP, as well as build awareness and expertise among elected members. These would, in turn, enable the GP to move towards its vision and ensure effective delivery of functions
- Mainstreaming the GP with the government agencies at the block and district levels – The process mapping clearly indicated need for functional knowledge at the GP level, and also need for clear interfaces of the GP with government departments at the block and district levels. However, the need was for the GP to closely align with the line departments, and not follow strict hierarchical relationships.

7.2. Inputs to Developing GP Organisation Structure – conditions to the start of the process

- Understanding the long term vision and shared values of the GP - The vision and values provide the guiding principles which the GP structure needs to develop and nurture. For example, if transparent functioning is valued in a GP, then more members need to have access to information and decision making.
- Understanding of key Processes – A perspective and understanding of key processes to be delivered and an analysis of issues and problem areas (ref 6.6) during process mapping clearly pointed to a lack of effective organisational structure and roles.
- A felt need in the GP for a revision in structure – As the



Figure 15: Overview of content for developing GP structure

B III. Organisation structure

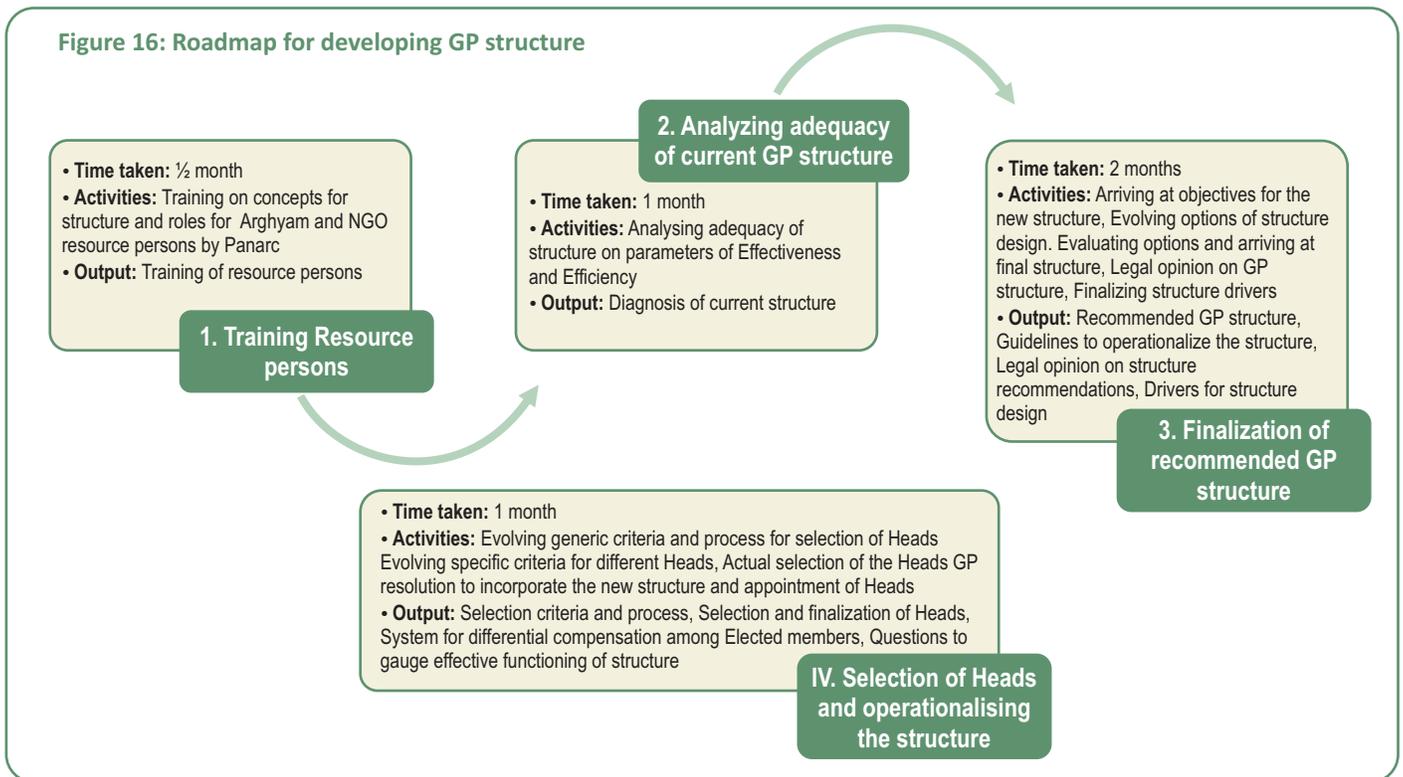
- **Time taken:** 3 months
- **Activities:** Training resource persons, Diagnosing adequacy of present GP structure, Finalizing recommended GP structure, Evolving process and criteria for selection of Heads
- **Key Outputs:** Drivers for GP structure, Recommended GP structure, Differential compensation for Elected members

appropriately designed to deliver the overall goals of the organisation while following its shared vision and values.

Efficiency relates to adequacy of resources and facilitation of systems to ensure the structure functions optimally.

Implementation and replicability relate to pre requisites for the GP to adopt and accept the structure.

Figure 16: Roadmap for developing GP structure



connection between issues raised during process mapping and inadequacy of existing structures became self evident, a strong need for change of GP structures and responsibilities was created. The absence of such a need will render the structure as a paper chart only, with no ownership among members.

7.3. Overview of Content for Developing GP Organisation Structure

Step I: Training resource persons – Panarc Consultants conducted a two day workshop covering concepts of structure and roles of the NGO and Arghyam resource persons. The focus of the workshop was to evolve a framework for designing GP organisation structure around principles of effectiveness and efficiency, as well as core requisites for implementation and further replication.

Effectiveness relates to whether a system or a structure is



Parameters for effectiveness of the structure:

- The structure should enable the GP organisation to deliver the values embedded in the vision. In this case at least three core values were made explicit – Transparency, Service orientation and Self Governance. The value of transparency is hindered by

Table 8: Competencies Identified to improve piped drinking water supply

| Example of process of 'Improving piped water supply for Drinking Water' | Knowledge and skills required |
|---|--|
| Understanding of supply and demand of water, issues of quality etc. Procurement and installation of pipes and taps, if required | Functional knowledge |
| Understanding expenditure related to Drinking water and raising funds accordingly Fixing tariffs, establishing and ensuring norms for usage Leverage funds from GP own funds and Central Finance Commission for Operations and Maintenance, technical and financial resources of the Village Water and Sanitation Committee | Financial capability Liaisoning with government and parallel bodies |
| Appoint and train watermen to operate the pipelines | Managing people |
| Ensure norms within the GP for usage and with other GPs in case of common water resources, if required | Influencing and collaborating |

the concentration of powers in one or two people and enhanced with distributed leadership; the value of service orientation is enhanced if the organisation is structured on ownership of service delivery functions; and the value of teamwork is enhanced through collective decision making and

resolving conflicts in an open and fair manner among individual elected members and others in the GP.

- The structure should help build competencies in the GP to deliver its key processes successfully. Delivery of each process needed certain competencies to be built in the GP. After studying the different process maps, a generalised set of competencies was drawn up. The illustration of process of 'Improved piped water supply for drinking water' is detailed in Table 8 , where we asked the participants for what knowledge and skills they need to complete these activities. Competency being a combination of knowledge, skills and attitude, are derived from this list, which eventually leads to change in behaviour and improved performance.



Waterman uniform distribution at Dibburhalli GP

Parameters for efficiency of the structure:

- Adequacy of manpower – No process should go unmanned and human resource deployment should be commensurate with the volume of work.
- Role clarity – A role is an explicit definition of the contribution that a person makes to the team. Even if there are ample manpower and resources, work may not get done if clear accountability is not defined. Further, there is likelihood of under utilisation of manpower resources if there are role overlaps. Each role needs to add a unique value in the organisation.
- Appropriate compensation and reward systems – provide the required incentives (monetary and non monetary) for role holders

Implementation and replication

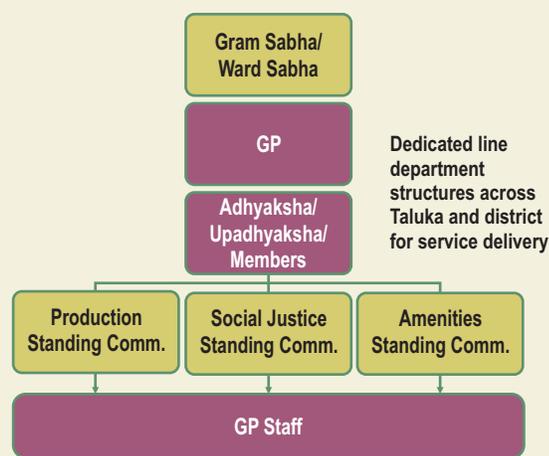
- Building ownership of the new structure: A lack of conviction among members regarding the need for structure may lead to implementation issues. Structures demand change in behaviour of members based on the change in their roles, which may be enhanced or reduced, or altered in focus.



- Each GP is unique and its structure will depend upon its focus areas: Ideally, only the principles of design have to be laid down and the exact structure may differ from one GP to other. In the context of GPs in a particular state functioning within similar legal and administrative frameworks, we can aim for uniformity in positions, but not necessarily in portfolios.

Step II: Analyzing the adequacy of current GP structure - As per the Karnataka Panchayati Raj Act, 1993, the present GP structure in Karnataka comprises Adhyaksha, Upadhyaksha, three Standing Committees (Section 61, KPR Act, 1993), which are mandated to oversee different functions of the GP (Figure 17). GP staff, appointed by the government and the GP is to execute the functions of the GP. The GP is responsible to the Ward and *Gram Sabhas* (Section 3 and 3A, KPR Act). Line departments at the *Taluka* and district levels are to provide technical and implementation support to the GP.

Figure 17: Present Gram Panchayat Organisation structure



Analysis of GP structure commenced with information collection by the GPs on the following aspects:

- Functions of the GP
 - ♦ List of all functions which the GP performs:
 - ♦ Who has assigned them these functions?
- Organisational structure, reporting, roles and number
 - ♦ GP Internal – Members, Staff, PDO and Secretary, Standing Committees, Review and monitoring mechanisms
 - ♦ GP External
 - Section 61A committees,
 - Line departments that the GP deals with and for what purpose
 - Other agencies such as Police, etc.

- GP Plan
 - ♦ Does the GP as an organisation have any annual/5-yearly plan?
 - ♦ How is the plan reviewed and monitored?
- GP Budget
 - ♦ GP's last three year's detailed budgets, including carry over (2008-09; 2009-10 and 2010-11) and Income and expenditure accounts
 - ♦ Bank Accounts

A Peer review meeting was held with leaders of other Panchayats to evaluate the structure against effectiveness and efficiency parameters.

The views of the GPs and their peers are consolidated in the following table, which we analysed to understand the adequacy of the present structure. Needless to say, each agency's views were based on their own experience (see Table 9).



Table 9: GP and Peer views on adequacy of GP structure

| Effectiveness parameters | Views of the GPs | Views of the Peers | Adequacy of present structure |
|---|--|--|---|
| 1. Alignment with Vision and values | | | |
| Sustainable development | The term of the Adhyaksha/members may be over before they can understand their responsibilities | | Only Adhyaksha's role defined. No institutional structure to take ownership of different functions. Few operational guidelines. |
| Transparency and good governance | GP's power structure takes precedence over equal representation. | All decisions through the Gram Sabha Adhyaksha is elected by all villages in the democratic process | Gram Sabha is not always active. Adhyaksha's position governed by reservation may not always be strong. Decision making was opaque and was concentrated in PDO/Secretary and one or two powerful members. Others are marginalized. |
| Service orientation towards citizens | With very few members possessing required knowledge, capability and motivation, most wards suffer as member underperforms Very few operational guidelines for delivery. There are some, for e.g. PDS, DW, Education, but they are not convergent. | | Capability deficit - among members and also in operations. Wards suffer if member is weak |
| Financial strengthening of the GP | | Resource mobilisation at local level is possible | Financial and Operational capability deficit. Resource mobilisation is possible, but weak due to capability deficit |
| Self reliance | Limited powers, limited scope (for e.g., GS to identify beneficiary but decision taken by line departments) | GP has not enough control on some local resources, e.g., mining | One or two elected members are politically strong, not necessarily in knowledge of GP functions. Many decision making powers being taken away from GPs due to inadequate internal capacity and insufficient advocacy by GPs |
| 2. Knowledge and skills to deliver key processes | | | |
| Planning and tracking implementation | Most activities of GP are done through fire fighting. Planning and budgeting are done in hindsight No GP plans, only for NREGA | | No Plans. At best, planning based on funds availability, not on goals. Few service delivery metrics |
| Functional knowledge (knowledge about infrastructure, norms etc.) | Information on norms, regulatory functions very weak among members. Even Government staff (PDO and Secretary) may not know | | Few operational guidelines. Record keeping in GP designed for line departments, not for GP's decision making. For e.g., Measurement Book has record of drains constructed, not required in the GP |

Table 10

| Effectiveness parameters | Feedback from GPs | Feedback from Peer review | Adequacy of present structure |
|--|-------------------|--|---|
| Financial capability (GP own funds, funds of parallel bodies and program/scheme funds) | | Funds from other sources not known nor guaranteed | Knowledge of funds weak, tax collection to the extent of 20-30% |
| Liaisoning with government and parallel bodies (programs and schemes) | | Members do not put pressure on government to get funds/programs, as they do not assume and understand their responsibilities | Liaison with line departments cumbersome, GP structure not streamlined with line department structure, Lack of role clarity among members |
| Managing people (staff) | | | Staff not aligned functionally. All staff reports to PDO. No Human resource management policies |
| Influencing and collaborating (citizens and other GPs) | | | PDO not skilled for this job, ERs have potential, but their role is seen mostly as conduit of information through ward sabhas etc. |

Table 11: Feedback on Efficiency Parameters

| Efficiency parameters | Feedback from GPs | Feedback from Peer review | Adequacy of present structure |
|--|--|--|--|
| Role clarity | Even though Line departments exist, the citizens hold GP member accountable for most functions. Role boundaries between GP and line depts. are unclear. Standing Committees mostly are not functional | | Roles of ERs not clear, Accountability of PDO/Secretary to ERs on paper. Role boundaries between GP and line departments not clear |
| Adequate manpower | Government staff (PDO and Secretary) are not sufficient GP paid staff are not skilled except for performing basic functions. Their numbers are also insufficient for the volume of work, for e.g. one Bill Collector is responsible for all collections in the entire GP. | Line depts. have resources (for e.g. seeds, funds etc.) but are understaffed. On the other hand, GP have responsibility, but no resources/staff. | PDO overburdened, ERs underutilized, Missing roles. No work and motion study. |
| Appropriate recognition and reward systems | While members perform many executive functions, there is no compensation, which may lead to underperformance and also corruption | | Compensation not commensurate with time and effort spent by members. Incentive system among staff may enhance their performance |

Based on the above feedback, the GP structure was inadequate both on 'Effectiveness' and 'Efficiency' parameters (see Tables 10 and 11). The structure is not designed to enable the GP move towards its vision and mission, and in fact, hinders the GP in service delivery.

Step III: Finalisation of Recommended GP Structure

Arghyam's skill in organisation design was a key factor when finalizing the GP structure. The key steps followed were:

1. Arriving at the objectives for the new structure
2. Evolving options of structure design.
3. Evaluating options and arriving at the final structure
4. Guidelines for operationalising the new structure
5. A quick test to assess if the structure is designed appropriately and functioning effectively
6. Legal opinion for recommendations on GP structure



Arriving at the objectives for the new structure

Facilitating a discussion on ‘why do we need a different structure?’ the GP members observed that:

- Some GP members have more motivation, time and perhaps capacity to perform than others, and the GP can benefit if they undertake more responsibilities
- There is need to ensure equitable service delivery to all wards, even if a ward member is not strong.
- There is need for better liaison with line departments, which will improve our knowledge of programmes and schemes.
- The *Gram Panchayat* faces lot of expectations and pressures from citizens, to which it needs to respond appropriately
- Role of the *Adhyaksha* has too many responsibilities, which need to be shared
- Presently, the statutory Standing Committees as per the Karnataka Panchayati Raj Act, exist only on paper

Evolving options of structure design

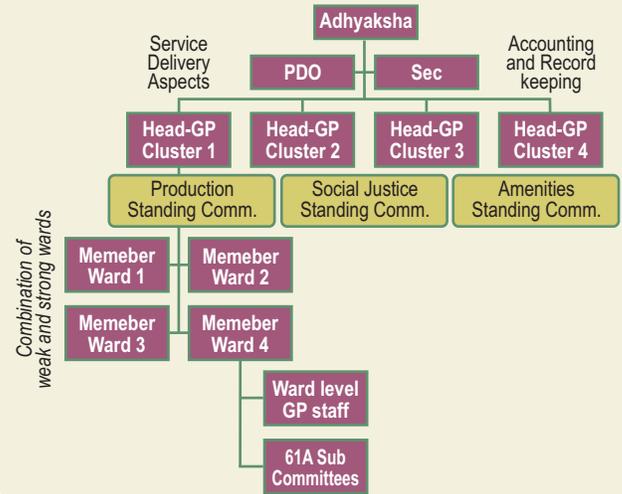
Two options were evolved by the Arghyam team along with Panarc consulting. These options were subsequently discussed with the NGO partners, GP members and the other *Panchayat* leaders in the Peer review meetings.

Option I: Cluster based structure combining weak and strong wards (see Figure 18)

- Create three to four ward clusters in the GP, each headed by a capable and motivated member. This member, assisted by ward members, ward level staff and citizen sub committees, will be accountable for all service delivery functions within the cluster and also revenue generation.
- In addition to heading clusters, these members will also assume GP wide responsibility for certain key internal processes such as Procurement, Planning, Budgeting, Human Resource management, etc.

- Role of other members: Information/ opinion gathering/ dissemination of information/ decisions to ward members; Assisting the Cluster head in ward related matters. Accountability would lie with Cluster heads.

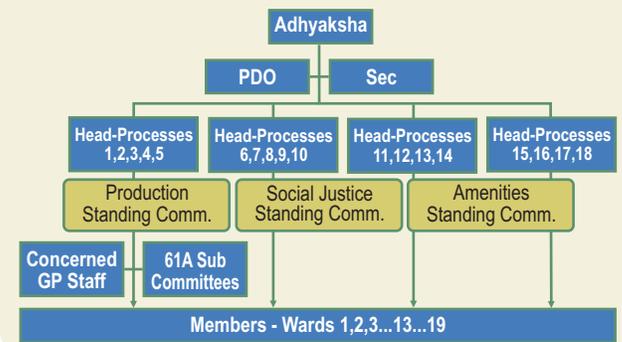
Figure 18: Option 1: Cluster based structure with combination of Weak and Strong Wards



Option 2: Functional/Process structure with GP wide responsibilities (see Figure 19)

- Based on skill profiling and capability, identify four to five capable members in the GP, and make them owners of GP wide processes and functions, such as Drinking Water, Cleanliness, Housing, Procurement, Planning and Budgeting, Revenue generation etc.
- Concerned GP staff to report to these function/process owners
- These Process/Function owners to develop expertise in their respective areas, and liaison with concerned line departments
- Role of other members – to assist Function/Process heads on various matters for their wards. However, accountability would lie with the heads

Figure 19: Option II: GP structure with Process/Function Owners



The key difference between the two options is that the former recommended division of the GP into clusters (akin to regional offices of a company), with the heads assuming dual responsibilities of cluster as well as certain functions/ processes. Option 2 has a relatively simpler structure which creates portfolio heads, who would have GP-wide responsibilities.

Evaluating Structure Options and arriving at the final structure

Both structures offered significant advantages over the present structure:

- *Adhyaksha's* burden will be shared among different Heads and leadership would be distributed
- With Heads assuming responsibilities of functions for the entire GP, weaker wards would also get adequate attention
- Single point responsibility for different functions and processes ensures they get attention
- Citizens will know *Who* to contact for *What* problems
- Single point contact with line departments
- Specialisations may evolve among Heads for different GP functions

The members preferred Option 2, as they were uncomfortable with the idea of creating Cluster Heads in Option 1, due to the following reasons

- They felt that the cluster concept would create confusion in the minds of citizens, especially as there were already ward members for each ward
- Cluster concept would create a hierarchy among the GP members, which may not be acceptable to all

Where Option 1 was preferred, the members felt that the role of Statutory Standing Committees (see Figure 20 on Section 61, Karnataka

Panchayati Raj Act, 1993) was ignored. Also, the *Gram* and ward *sabhas* as the governing bodies had to be placed in the structure

The finalised structure addressed this feedback; by aligning the portfolios of different Heads to the functions of the three Standing Committees (refer Figure 21). As functions under Amenities committees are very vast, they were divided into two Heads.

Alignment of the recommended GP structure with the Standing committees of the GPs made it easier to communicate the structure to a larger audience.

Accordingly, the portfolios are detailed in Figure 21.

Guidelines for operationalising the new structure

Once the structure was finalised, guidelines for operationalizing the new structure of the GP needed to be put in place.

Figure 21: Agreed GP structure: Portfolios by Functions/Processes

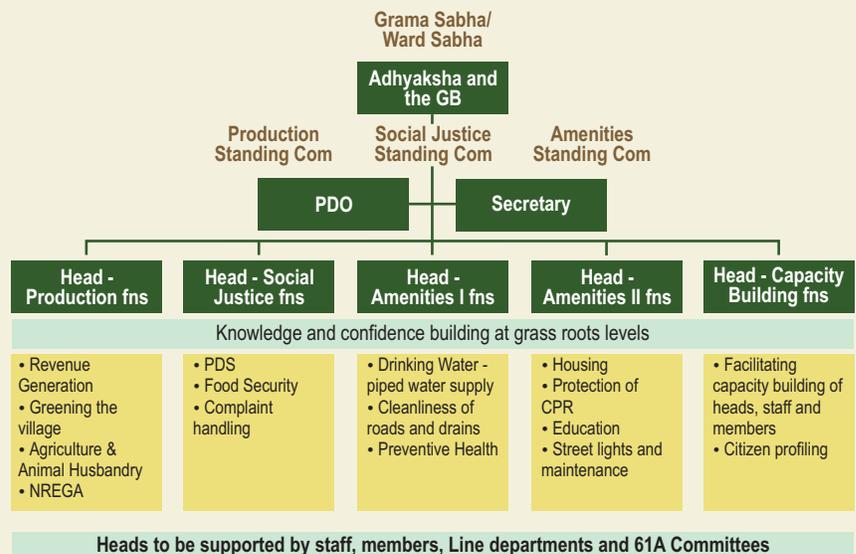


Figure 20: Section 61, KPR Act, 1993

Section 61, Karnataka Panchayat Act, 1993

61. Standing Committees - (1) Every Grama Panchayat shall constitute the following committees by election:-

- (i) Production Committee for performing functions relating to agricultural production, animal husbandry and rural industries and poverty alleviation programmes;
- (ii) a Social Justice Committee for performing functions relating to,
 - (a) promotional of educational, economic, social, cultural and other interest of the Scheduled Castes and Scheduled Tribes and Backward Classes;
 - (b) protection of such castes and classes from social injustice and any form of exploitation;
 - (c) welfare of women and Children;
- (iii) an Amenities Committee to perform functions in respect of education, public health, public works and other functions of the Grama Panchayat.



Roles

- The Portfolio heads will be accountable for delivery of processes/functions assigned to him/her including preplanning, planning and implementation. Portfolios may comprise of different services, internal processes as well as citizen-interfacing functions, whichever needs focused attention and delivery in the GP
- Portfolio heads will work closely with the statutory Standing Committees, co-opting members from the citizens in these committees. Standing committees will play an advisory role, while the decision making will be with the Portfolio head.
- The roles and functions of the PDO, Secretary, Gram Sabha and Ward Sabha would remain as per government guidelines. Other guidelines for functioning of the structure were laid down in discussion with the GP members.
- Each ward member will be a part of one of the Standing committees. In addition, he/she will ensure that Ward/Gram Sabhas are held as required
- GP General body will approve all plans and key decisions, subject to agreement of the Gram Sabha (as it exists now)
- Head- Capacity building (CB) will plan and work with each Head and other members and connect them to different training programs being conducted at the Taluka/district or other forum. Head-CB will also help source local people (based on Skill profiling) for small projects which can be done by local people. He/she may explore and ensure training of local people to build capacity in areas required by the GP. Once the role evolves, the Head-CB should oversee capacity building of Standing Committees, as well as planning for and holding Gram Sabhas.

This is a new concept, to enable GPs to articulate better their training needs and to leverage training facilities and resources of the central and state governments.

Operational guidelines

- For service delivery as well as for internal functions, the GP would initiate work on laying down operational guidelines, with the ground work specified during the process mapping exercise. Portfolio heads will follow these operational guidelines and improve upon them, through learning from their experience of implementation. These guidelines will be documents of the GP institution.

Planning, budgeting and review

- The GP would formulate its annual plan and budget covering each of the portfolios detailed above, and create process and outcome metrics to track implementation of plans. The PDO/Secretary would assist in process adherence for aspects within their roles.

GP Finances

- GPs need funds to create and maintain assets, compensate staff, for overhead expenses such as travel etc., if it is to be engaged in delivery of programs. There is need to build competencies in the GP towards better leverage of government grants and funds from different programs and schemes, evolving GP's own revenue mechanism, through multiple local resources such as tariffs, auctions, etc.
- To be able to focus on strengthening financial competency, there may be need to create a separate head for GP finance and revenue generation.

Strengthening relationship with other government agencies at Taluka and District levels

- Portfolio heads looking after specific functions will liaison closely with respective line departments to leverage potential schemes and programs, as well with the parallel bodies in the GP, i.e. those related to their portfolio. For example Head-Amenities II, looking after Education will work with the Education departments in the Taluka and District levels, and will work with School Development and Monitoring Committees (SDMC) at the GP level (Refer Figure 3)
- Attempts will be made to formalise and monetise contracts with line departments to deliver services related to various programs and schemes.
- The GP will work towards formation of ward level committees and collaborate with them in decision making through sharing relevant information on a regular basis.

Enhance GP's ability to manage human resources

- GP should develop policies for staffing and other human resource processes
- GP should find ways and means to compensate members who take additional responsibility as Portfolio Heads.



- With a view to enable the GP staff to function to their potential, GP should undertake multiple measures, such as training and creating performance based incentive structures.

Legal opinion on the GP structure

Arghyam retained the Centre for Law and Policy Research, Bangalore, to provide a legal opinion on the recommendations on restructuring the GP, and particularly on elected representatives assuming functional responsibilities and associated requirements in the GP. We considered it useful to seek this opinion as some experts had questioned the constitutional validity of elected members assuming executive responsibilities. A summary of their response is illustrated in Box 4, and the detailed opinion is attached. (See Annexure 9: Detailed legal opinion on recommendations on restructuring the GP, 2012).

Box:4

Legal opinion on Arghyam's recommendations for GP structure

1. Whether elected members of a Panchayat can have executive functions?
Panchayats and its members have executive powers and thus any executive work done by the Panchayats cannot be unconstitutional
2. Can co-opted members be made 'Heads' of the Standing Committees and can such Heads be given any compensation for their work?
The proposed position of 'Head' of a committee can be postulated by way of a notification issued by the government or the Panchayat, and such notification must carry a clause which allows co-opted members of the committee to become 'heads' of the committee. As the Adhyaksha or the Upadhyaksha will already be the chairpersons of each of the committees and the proposed 'heads' will work under the chairpersons, such a clause can be added and hence co-opted members could be made heads. Ibid, s6 1(2)(a).
3. Can the co-opted members who may be appointed as 'Heads' under the Chairperson of the Standing Committees be remunerated for their duties?
Under the Proviso to Section 113A, the Grama Panchayat even has the power to appoint external members who not from the state civil services, as technical staff. It may therefore be a possibility for the Grama Panchayat to remunerate experts who may be appointed as such 'Heads' of the Standing Committees, if they have technical expertise, and remunerate them under Section 113 (A), with suitable rules made by the Government in this regard.
4. Can Panchayats sign contracts with government departments to implement state/central schemes?
When Panchayats clearly have the power to enter into a contract, it is free to enter into contracts with the State/Central governments to enable them to receive administration and implementation costs for any implementation of State schemes. The state may grant funds to the Panchayat without a contract too and a Finance Committee has been set up under the Act to look into these matters
5. Can the power of signing cheques be delegated to the Heads of the Committees?
The Panchayat Act does not talk about powers of signing cheques in the name of the Panchayat. But it gives the Secretary of the Panchayat power to "disburse the Grama Panchayat fund and plan fund to officers concerned". Thus, the Secretary can give any amount that the proposed 'Heads' may need for the proper functioning of their committees to them and they shall report the expenditure to the Secretary. Ibid, s111(3)(f).

Step IV: Selection of Heads and operationalising the structure

Capable and motivated Heads are essential for the structure to succeed. Equally important is that all members should accept the Heads and provide support to them.

All GP members were involved in selection of Heads, hence taking responsibility and ownership for operationalising the structure. The selection process comprised of four steps:

1. Evolving generic criteria and process for selection of Heads
2. Evolving specific criteria for different Heads
3. Actual selection of the Heads



Joint meeting of both Gram Panchayats for laying down criteria and process for selection of heads

4. GP resolution to incorporate the new structure and appointment of Heads

Evolving Generic Criteria and Selection Process

A joint workshop was held with members of the two Panchayats to discuss next steps for operationalising the structure. (See Table 12)

Members had a few apprehensions related to selection of heads,

- Capable people may not agree/be interested to take up Head's position, and vice versa
- Some people may agree initially but back out later due to work load
- Some people may take up being Heads for show, and not work
- Adhyaksha has to agree, what if there is a disagreement- how do we handle that?
- In the Dibburhalli GP, the three political parties may each want to push their own people
- If there is no additional compensation, why should people want to take this position
- Head has to take responsibilities of all villages which is very difficult



Table 12: Session Plan for operationalising GP structure

| Day | Agenda | Method |
|-----------------|--|--|
| 24th- 5-7pm | Questions regarding new structure | Presentation of new structure and question/answer session |
| 25th 10-11 noon | Describing key roles of the new structure | Each table to study different roles, question/answer session |
| 4-Nov | Decision making on selection criteria and process | Table discussions, followed by Large group discussion |
| 4-5pm | Time planning for both GPs- decision making on Structure | Two groups – each GP forming one group |

The members debated and devised generic criteria and selection process with a view to address some of these concerns.

Out of the nine **Generic criteria for selection of heads** discussed, 5 highlighted ones were considered critical.

- 1. Person should be able to allocate time to take over this role**
- 2. Boldness – be able to speak to government officials as well as demand**
- 3. Clarity of role- define clearly what is expected from the position**
- 4. Education- No ruling out people on grounds of low literacy**
(Interesting to point out that the Head of Production in O'Mittur GP is a very good farmer, but is not literate. He is, however, performing very well)
- 5. Service orientation**
- 6. Patience**
- Should be able to convince all members
- Should be trust worthy, keeping in view the preferred value of transparency in the vision – “if we give an application to the

person, we should have faith that he/she will try his/her best to address”

- Should be able to look at all citizens in an equal manner
- No specific criteria on gender and caste.

The selection process was devised to ensure interested members came forward, and once selected, they would need to commit.

- Members need to volunteer and must be interested in assuming the responsibility of a Head
- Once nominations have been received, rather than holding elections, the GP will debate on the merit of each candidate, based on the selection criteria.
- At least four out of six criteria need to be met for selection
- Once decision is taken by the GP, a resolution will be passed in the General Meeting, and be shared at the *Gram Sabha*
- Once announced in the *Gram Sabha*, people will hold him/her accountable “and the person cannot escape”

Once the generic criteria and selection process were decided, specific criteria for each head were evolved.

Production Head

- Must be a farmer and doing agriculture
- Must have good knowledge of agriculture and animal husbandry
- Must know how to get information on circulars related to NREGA/GOs
- Must have rapport with all (citizens, line department)

Social Justice Head

- Work without political and caste nepotism
- Well versed with SC/ST, minorities and women protection policies
- Experienced and skilled in problem solving
- Must be quick in responding and executing
- Strength to face consequence

Head- Amenities I

- Quick response to people’s demands
- Knowledge on water supply, drains, roads and preventive health
- Capabilities to leverage resources
- Abilities to develop linkages with concerned line departments

Head- Amenities II

- Quick response to people’s demands
- Knowledge on Housing, CPR, Education, street light maintenance
- Capabilities to leverage resources



4. Abilities to develop linkages with concerned line departments

Head- Capacity building

1. Ability to write letters
2. Ability to acquire/disseminate knowledge on training/ CB programs of various departments
3. Capabilities to leverage resources (training related)
4. Abilities to develop linkages with concerned line departments



Heads of Diburhalli GP- Left to Right Chikkanarasimhappa (Head - Amenities II), BC Manjunath (Head - Production), Venugopal (Head - Social Justice), Srinivas (Secretary, GP), Narasimha Reddy (Head - Amenities I), Nataraj (Head - Capacity Building)



Heads of O'Mittur GP- Left to right Venkatramppa (Head - Amenities II), Vijiyamma (President, O'Mittur GP), Vasanta Kumari (Amenities I), Bharati KV (Head- Social Justice) and Nagaraj (Head - Production)

GP Resolution to Adopt the New Structure and for Appointment of Heads

The structure was formally accepted through resolutions in the two GPs, after which they were shared in the *Gram Sabha*. Both have displayed the structure in the GP for citizens to know who to contact for different services. English version of the original Kannada resolution of Diburhalli GP is attached. (See Annexure

10: Diburhalli GP Resolution to adopt the augmented GP organisation structure, 2012)

Differential compensation among Elected representatives

Recognising the potential of ERs, we needed to create enabling conditions for them to assume more responsibilities. Most members incurred expenses during elections and continue to spend money on a day to day basis on telephone, hosting meetings, travel etc. We also discovered that members spend money out of their pockets to address citizen complaints on issues such as fused bulb, pump repair etc.

In addition to money, if member had to deliver their responsibilities effectively, they needed to spend between 5-10 days a month on GP work (as per log sheets on actual time spent, maintained by ERs). While well to-do members were able to afford this investment of time, effort and opportunity cost, the poorer members would refrain from engaging in GP activities due to lack of monetary compensation.

As the Heads assumed their roles and started functioning, it was clear that they would spend much more time in the GP, as compared to other members. To enable them to spend more time on their portfolios the next key step was to formalise a compensation system for the Heads. To start with, we introduced only small differentiation and the Heads were paid marginally more than the other members (Rs. 200/- per day to Heads and Rs.150/- per day for other members). Once it was established that the Heads were putting in significantly more time and effort, Arghyam, in discussion with the GP and NGO partner, introduced a monthly compensation of Rs.1500/- per head. The *Gram Panchayat* decided to contribute Rs.500/- per Head per month towards this.

A quick test to assess if the structure is designed appropriately

- Are the key focus areas included in the portfolios of the Heads of the GP



- Are the Portfolio heads selected based on their credentials and willingness, and with approval of other members
- Are the Portfolio heads clear about the GP staff, GP sub committees and line departments they need to work with
- Is there a concerted effort planned to induct the Heads into their new roles
- Will the structure strengthen a distributed leadership process in decision making
- Has the structure been communicated to all members and Standing committees of the GP

Further, the Head has to work towards creating plans and budgets, covered in the next section (Section 8)

7.4. Outputs of Developing GP Organisation Structure

- Analysis of existing structure of the GPs
- Recommended GP structure (2.6.3)
- Guidelines to operationalise the GP structure formulated
- Legal opinion obtained on structure recommendations
- Process and criteria decided for selection of Heads of Function
- Differential compensation for Portfolio heads (2.6.4)
- A quick test to assess if the structure is designed appropriately

7.5. Criteria for Closure of Developing GP Organisation Structure

- A formal resolution should be passed by the General Meeting (GM) of the GP to approve the structure, and sharing the same with the *Gram Sabha*, so that the citizens know the division of responsibilities among GP members.
- Selection of Heads and an appreciation of their new roles

among the newly selected Heads, through an induction process.

7.6. Activities Post GP Restructuring

Putting a structure in place and delineating roles is a key step towards empowering the GP to assume mandated functions and take over the power vested in it through the 73rd Amendment. The next steps were to ensure the GP begins to function like a formal organisation, with the Heads taking over the key activities of planning and implementation. This was a critical shift from a fire fighting organisation, seeking continuous patronage from the political system, to a formal and structured set up which was organizing itself to function with knowledge and power.

Orientation of Heads to their roles and building their confidence with early successes were therefore, the immediate next steps.

Multi-pronged efforts were initiated to reinforce the concept of structure and roles among the Heads, and to enable them to start working as per their roles.

- Series of meetings were held with individual heads to reinforce the idea of structure and their roles. We encouraged them to start taking stock of their portfolios to understand issues, and also to start addressing day to day issues as they came up.
- Towards systemic working and documentation we helped the Heads prepare 'folders' for themselves. The folders consisted of process maps, information on government programs and schemes related to their functions
- The NGO Field facilitator accompanied each Head on orientation visits to different line departments linked to his/her portfolio
- Special attention was given to detailing the role of the Head-CB, this being a new concept, initiating a shift from supply driven capacity building culture (GP members are called for training to *taluka* or district without anyone seeking their needs and requirements) to a demand driven one, where the Head-CB would understand the needs of the other Heads and members and link them to existing programs in the government

Identification of quick wins

Quick wins are primarily activities which can be achieved easily, but make a significant impact. In a way, achieving quick wins is a part of orientation process for the Heads and the GP. The GP and the Heads need to transition to a formal way of functioning, which involves performing their roles in the new structure, creation of plans and their implementation. Quick wins are simple and achievable plans for the Heads, paving way for a more complicated and comprehensive planning and budgeting process (Section 8).

With the implementation of these quick wins, the Heads are also establishing their identities among the citizens and simultaneously building credibility for the GP and its new structure.



7.7. Resource Person Profiles for Developing GP Organisation Structure (Table 13)

Table 13: Resource person profiles for developing GP organisation structure

| Resource persons/ Activities during Process mapping | HR firm | Advisor | Arghyam | | | | FES | | | Grama Vikas | |
|---|-----------|---------|-----------------|-----------|----------------|------------|------|--------|-------|-------------|---------|
| | Panarc | TRR | Rajendra Prasad | Sonali | Radhica/Habeeb | Krishnappa | Jojo | Partha | Vijay | Asha | MVN Rao |
| Overall process owner | | | | | | | | | | | |
| Training resource persons | Lead role | | | | | | | | | | |
| Analysing adequacy of current GP structure | | | | Lead role | | | | | | | |
| Arriving at objectives for the new structure | | | | | | | | | | | |
| Evolving options of structure design. | | | | | | | | | | | |
| Evaluating options and arriving at final structure | | | | | | | | | | | |
| Legal opinion on GP structure | | | | | | | | | | | |
| Finalizing structure drivers | | | | | | | | | | | |
| Evolving generic criteria and process for selection of Heads | | | Lead role | | | | | | | | |
| Evolving specific criteria for different Heads, Actual selection of the Heads | | | | | | | | | | | |
| GP resolution to incorporate the new structure and appointment of Heads | | | | | | | | | | | |
| Finalising compensation for Heads | | | | | | | | | | | |



Chapter 8 GP PLANNING, BUDGETING AND REVIEW

Planning process and the resulting plan has to enable the GP to articulate its priorities, translate them into an actionable plan and track its achievement vis-a-vis plan in periodic intervals.

The most comprehensive document for *Gram Panchayat* planning is the Planning Commission's Manual for Integrated District Planning⁶, which details the 'Village *Panchayat* Planning Process':

- A. Identification of issues by *Gram* and ward *sabhas*, based on the vision of the *Panchayat*, which has already been prepared, or is discussed simultaneously with the *Gram Sabhas*.
- B. Determination of solutions by working groups and standing committees of the Village *Panchayats*.
- C. Prioritisation of solutions and fund allocation by standing committees of Village *Panchayats* resulting in the preparation of the first draft Village *Panchayat* plan.
- D. Reconsideration of the draft plan in the second *Gram Sabha* meeting.
- E. Finalisation of the sectoral plans by standing committees/working groups.
- F. Finalisation of Village *Panchayat* plan by the full meeting of the *Panchayat*.

Despite the ready availability of a technical framework, most *Gram Panchayats* have either not developed their plans or not

followed them while developing their plans. The mandatory submission of the annual plan is usually done by the Secretary without consulting with the GP's members.

The key ingredients for effective planning and implementation of plans, based on our experience are:

- There has to be strong functional knowledge present in the GP, to be able to develop plans and solutions. This knowledge can be built through an accountability structure and related process capability within the GP, as recommended in the organisation structure section (Section 6).
- Moreover, the GP has to be involved and be accountable for implementation of plans. Even the most participatory planning exercises focus on involving GP members and citizens for development of plans, and then aim to embed the GP plan in the plans of line departments for implementation. The GP thus loses track of status of its plans. At worst, plans may remain on paper, and at best, they may be implemented but without the necessary corrective measures based on changing priorities etc.
- Lastly, GP plans have to reflect readiness and capacity for implementation of the specific GP. This capacity expands with time and concerted capability effort. With this thinking, to enable a slow but sure transition, we introduced a simple framework in Year 1 stressing on those activities for which the locus of control lay within the GP and added complexity in subsequent years. This thinking corroborated Mr. Raghunandan's views - he urged GP members to ask themselves:

1. What can we do as formal members of a GP

- Conducting ward/*Gram sabhas* and ensuring social audit: These are the constitutional roles of the GP member, which he/she has agreed to when elected.

2. What can the GP do without money

- This is the key of governance and includes activities such as getting all girls to schools, prevention of domestic violence, resolution of land disputes, usage of toilets, reduction in alcoholism, ensuring line department officials perform their roles, and tax collection.

3. Finally, what are the other priorities of the GP and what can the GP do to bring in resources for such activities

- Identify sources, talk to line departments, find out about programs and schemes

Similar views were expressed by Mr. S. Janardhan⁷, whose GP creates two plans- one which covers activities for which either funds are not required or are assured, and the other which is dependent on funds from the line departments.

⁶Page 81, Manual for integrated district planning; http://planningcommission.nic.in/reports/genrep/mlp_idpe.pdf

⁷Adhyaksha, Maravanthe *Gram Panchayat*, Kundapur Taluk, Udupi district, Karnataka



In the first year of its formation, the GP could focus on 1, 2 and parts of 3. However, they should have visibility to implementation of programs and schemes.

8.1. Objectives of GP Planning, Budgeting and Review

- To enable translation of constitutional mandate and the needs of the community into an actionable GP plan, which would address critical service delivery and governance issues.
- To enable the Heads to understand their focus areas for the year, and plan their efforts and resources accordingly.
- To institute a periodic review process to track achievement versus plan, and to take corrective action, as required
- To develop a GP centric Management Information System (MIS) to enable tracking and decision making at the GP level. Presently, most systems are developed to review and oversee the *Panchayats*.

8.2. Inputs to GP Planning, Budgeting and Review - conditions to the start of the process

- Structured planning and review process is required to enable an organisation to function well but the reverse is also true. If the basic ingredients of an effective organisation are missing, the planning and review process cannot be meaningful. A shared vision, inspired members, clarity of structure and role, and knowledge of functions are critical to the start of the planning process. In the absence of these, plans maybe created, albeit with outside help, but they may not be implementable in a sustainable manner
- An appropriate compensation as well as recognition system need to be in place to acknowledge and compensate for time and efforts of members who put in enormous effort to make and implement plans. In the absence of compensation and recognition systems, the process of planning and implementation will commence but may not last after the initial enthusiasm wears off.
- A ready recknor needs to be available to the GP on how to avail different programs and schemes and related funds.
- A GP-centric MIS needs to be in place, which should include the planning and budgeting format, including baseline data collection, as well as format for tracking plan versus actuals on a periodic basis.
- To populate the MIS, there is need for a computer literate person who can be responsible for updating the MIS on a monthly basis. In the present government structure in Karnataka, the PDO and/or Secretary may play this role.

- However, their allegiance does not always seem to be with the GP resulting in many information gaps derailing the decision-making process of the *Panchayat*.
- Sectoral information and knowledge needs to be available to the GP. This can be a person or an agency which can help the *Panchayat* understand the current situation, draw up technically feasible plans and identify potential human and financial resources to achieve the goals/outcomes. We are terming these agencies as 'Knowledge Partners', who can be government or non government organisations with required specialisation.

8.3. Overview of GP Planning, Budgeting and Review:

In the two GPs, the Planning, budgeting and review process have been continuously improved since the first planning exercise in 2012-13. The process laid down here incorporates learning of the subsequent cycles. (See Figures 22 and 23)

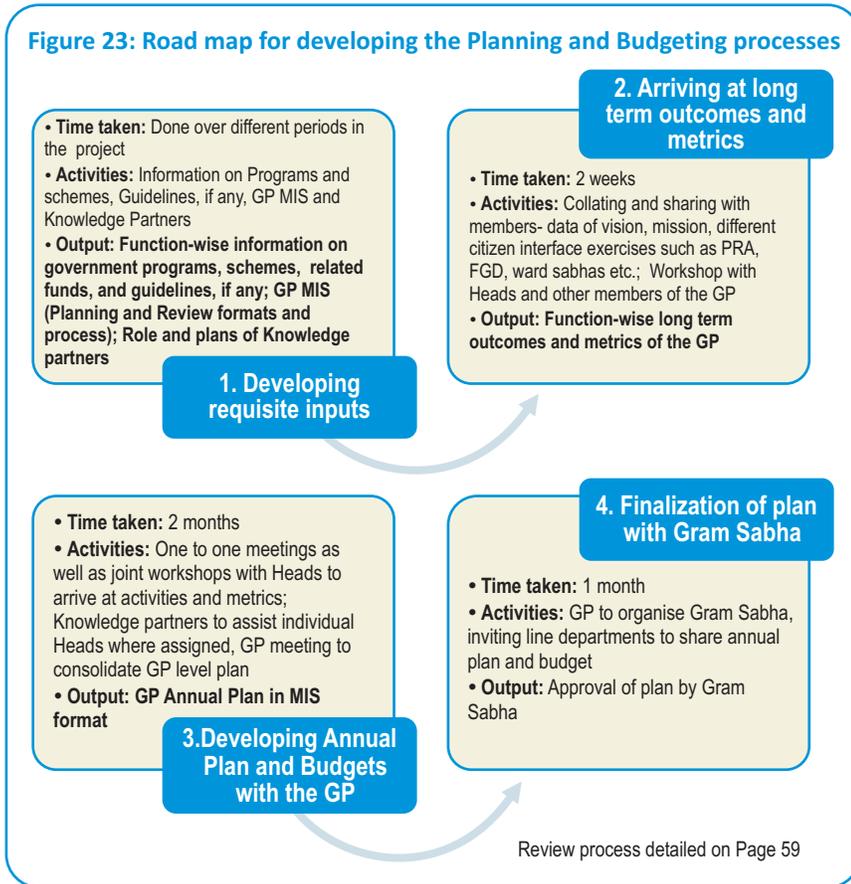
Figure 22: Overview of the Planning, Budgeting and Review Process

C. Planning and review process

- **Time taken:** Actual Planning exercise, after requisite inputs are available: 2 months/ Review - Ongoing
- **Activities:** Planning: Developing requisite inputs- Information on Programs and schemes, GP MIS and Knowledge Partners; Arriving at long term outcomes and metrics with the GP, Developing annual plan and budgets with the GP, Finalisation of annual plan and budget with Gram Sabha
Review: Monthly GP review meetings, Quarterly meetings with Standing Committees and Citizen Forums
- **Key Outputs:** Planning: Function-wise information on government programs and schemes and related funds; GP MIS; Role and plans of Knowledge partners, Function wise outcomes and metrics of the GP, GP annual plan and budget in the MIS format, Approval of plan by Gram Sabha
Review: Monthly updation of MIS, Modalities of strengthening Standing committees and citizen interaction



Figure 23: Road map for developing the Planning and Budgeting processes



Step 1: Developing requisite inputs

Compilation of Government Programs, Schemes and Guidelines, if any

Compilation was not undertaken in the first year, as we wanted the focus primarily on those activities which the GP could easily access funds for. The purpose was to move from simple to complex, giving the Heads time to acquire skills of planning and implementation in a step by step manner. During Year 1, the GP

Plan comprised primarily those activities which the GP could complete either with no funds and/or those activities which could be completed with funds which were assured to the GP.

During Year 2, with the help of MXV, three types of information were consolidated:

- Information related to different schemes and programs of the government, function-wise (See *Annexure 11: 2013-14 Scheme handout for O'Mittur GP (Function - Drinking Water)*, prepared by MXV Consultants). Such information would help the GP understand likely sources of funds for different activities.
- In some functions, we also detailed roles of committees such as VWSC and VNHSC, roles of government personnel such as ASHA workers, ANM etc, and norms for setting up government facilities such Primary Health Centers (PHCs) etc. This information would help the GP understand guidelines set by the government which they could rightfully demand from the concerned department. The GP can also play a role in ensuring government personnel and agencies perform the roles mandated to them.
- Actual fund flows to the GP from different agencies. While fiscal transfers are a vast subject, the Integrated Planning Manual⁸, Box 21, gives a very good understanding of the funds available to the GPs.

It should be noted here that the GP's visibility and access to each of the above information is very low and even cumbersome. There is need for the 'GP Link Book' in line with the District Link book in Karnataka, which will give detailed information of programs and funds which a GP can potentially access.

Gram Panchayat Management Information System (GP-MIS)

The GP MIS Version 1 was developed by MXV during Year 2. The purpose of the MIS was to facilitate monthly tracking in a systematic, data driven manner. The need for an MIS emerged from the challenges we faced during the implementation of plans in year 1:

- Despite indicators, achievement against plans was difficult to track. There were too many new variables every month, demonstrating the subjectivity of plans and the metrics.

For e.g., one of the planned activities under Education function was 'Strengthening of School Development and Monitoring Committees (SDMCs)'. The first review against this activity gave the following information:

- ♦ Head-Education called meeting of all SDMCs after giving a letter to the BEO.

⁸Box 21, Page 77, Manual for Integrated planning



- ♦ 13 SDMCs in O’Mittur (117 members), out of which 40 came, representing all SDMCs (at least one member from each)
- ♦ Proceeds- Cluster Resource Person came and gave facts about this GP (Another CRP also came to observe) about roles and responsibilities of SDMC, frequency of meetings, grants under SSA which can be given against an annual action plan which is to be developed by the school and SDMC, issues such teacher absence, dropout rates etc.)

proper utilisation of SDMC funds needs visibility to SDMC funds and plans.

- There was also a need to streamline GP finances and track income and expenditure on a monthly basis. Lack of financial discipline in a GP is one of the biggest issues coming in the way of transparent governance.
- Lastly, the GP has complex functions to deliver, and planning, budgeting and reviewing can be a tedious task. Supporting the

Figure 24: Format for capturing Functional Plans

| Annual Planning/Review Document for Function: | | | | | | | | |
|---|---|-------------|----------|--------|----------------|------------------------------|---------------------|--|
| Outcome: | | | | | | | | |
| Outcome metrics | Data source for measuring outcome metric(s) | Baseline | | | Target | | | |
| | | | | | | | | |
| | | | | | | | | |
| Activity | Targets | | | | Funds required | Funds which can be leveraged | | |
| | Process metric | Data source | Baseline | Target | | GP funds | Parallel structures | Funds to be accessed from Government schemes |
| | | | | | | | | |
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- ♦ She asked SDMC members to maintain good relations with teachers
- ♦ Collected 9000/- from donations (collections from SDMC in each village) – which they used for giving uniform to 34 students and cooks on Aug 15th, 2012

There was clearly a need for disaggregating the goal with smaller activities and metrics, which could be done better with a structured information management system.

- There was need to create clear backward linkages to sources of plans. For example if adherence to Operations and Maintenance (O&M) schedule is a part of the plan, then there needs to be visibility to the O&M schedule. Similarly, if property tax has to be collected based on dwelling size, the record of dwellings have to be proper and accessible. Similarly there was need for forward linkages too. Ensuring



GP with a GP centric MIS for better decision making is long overdue. Needless to say, review of plan versus achievement was smoother in Year 2. The improved planner formats being used for planning and budgeting are displayed in Figure 24.

Planning Format and its Terminologies:

MXV also developed a monthly tracking sheet, through which monthly progress could be reviewed in a data driven manner. Details are given in the review process.

- Outcome is the direction in which the function is working towards. They are derived from the discussion during Year 1 on the goals that the GP wants to achieve.
- Outcome Metrics are annual parameters which are used to measure the progress of the GP against its long term goals. Some outcomes can be achieved only when two or more functions work together. Care needs to be taken to ensure that outcomes are for the GP as a whole and not merely functional, which may result in functional silos, a problem faced by older organisations.
- Activity list is the list of activities to be performed in the current year, to be able to achieve the outcome metric(s).
- Process metrics, which would measure the achievement of goals in the form of numerical data, for ease of month on month tracking.
- Baseline, which is the status of outcome or process metric at the beginning of the plan year
- Target, which is the goal against the outcome or process metric for the end of the plan year
- Funds required is to detail the funds required to complete the activity
- Funds which can be leveraged are delineated into three:
 - ♦ GP funds- Money which passes through the GP accounts. These include development grant from the State RDPR, Grant

from the Central and State Finance Commissions and GP's own revenue from property and water taxes, other sources.

- ♦ Funds from parallel structures- funds which are given to parallel structures such as SDMCs, VNHSCs (from NRHM) etc. These funds do not pass through GP accounts, but the GP can play a significant role in their effective utilisation.
- ♦ Funds earmarked from government programs and schemes. Again these funds do not pass through GP accounts. In fact, the GP may or may not be aware of these funds. An aware GP should aim to leverage such funds to meet the needs of its citizens.

Establishing Knowledge Partners

As we went through a couple of rounds of planning and implementation, knowledge gaps were encountered regarding issues related to various functions of the GP, viz. water, sanitation, health, education, etc. For e.g., what are the effective drain designs to ensure management of waste water, what are the costs and implications of installing water meters in households, how does the GP ensure the anganwadis are run as per the ICDS guidelines, how to ensure Primary Health Centres operate as per norms, etc.

Given the need in GPs for higher technical support both in planning and implementation, we initiated Knowledge Partnerships with organisations possessing strong expertise and varied experience in specific sectors.

Knowledge Partners (KPs) are to focus on building the knowledge and skills in the sector/function, among the concerned Standing Committees and their Heads towards understanding baseline status, preparation/review of GP plans based on issues and strengths identified in baseline, identifying and leveraging human and financial resources in the government and other agencies, and handholding GPs in implementation. The NGO partner working with the GP on implementation of GPOD framework is to facilitate and extend support to the KP for working with the GP.

We envisage that the current year's activities will pave way to consolidate the concept of Knowledge partnership, where the NGOs with deep expertise in specific sectors, may be able to embed their knowledge and framework in Gram Panchayats across the country for wider reach and institutional sustainability.

Step 2 Arriving at Long Term Outcomes and Metrics

The purpose of developing outcomes and outcome metrics was to help the GP members arrive at direction while preparing their plans and activities. The first list of goals (later on termed as 'Outcomes' to establish need for linkage of GP's plans and activities to long term outcomes) was developed in a two-day workshop with the newly elected Heads, on May 15th and 16th, 2012.

The workshop was aimed at enabling the Heads to articulate their thoughts on changes they wanted to bring in their responsibility areas. It also helped the members differentiate activities and goals. The first set of goals is listed in Table 14.



Table 14: Goals developed by GP Heads, May 15th - 16th, 2012

| GP/ Functions | O'Mittur | Dibburhalli |
|---------------------------------|--|--|
| Social Justice Functions | | |
| Complaint Handling | Address issues related to social justice, such as related to SC/ST; NREGA labor, domestic violence etc. | Bring down the number of complaints related to social justice by 40% |
| PDS | Give Ration to all BPL card holders | Bring down the number of complaints related to distribution. Ensure budgeted 4kgs grains per head to BPL card holders; Reduce complaints from BPL card holders |
| Child Nutrition | Eradicate malnutrition problem among children in the age group from 0-5 years | Decrease malnourishment in children from 0-14 years |
| Production Functions | | |
| Revenue generation | Analyse present GP revenues and present to Production Standing Committee and Gram Sabha | Improve the Revenue Generation |
| Agriculture | Improve farm productivity | Provide various facilities available from the agricultural department to the farmers |
| Animal husbandry | Protect and conserve animals in the GP | Protect animals and improve animal production to improve the economic level of the people |
| Greening the village | Grow Plants by the river side, dry land, graveyard land, school, anganwadi and roadsides | Plant saplings in public places, road sides in all the wards of GP. |
| NREGA | Provide minimum 100 days work for eligible people, under employment guarantee scheme. | Provide 100 days jobs to eligible families under NREG Act. |
| Amenities 1 Functions | | |
| Cleanliness of roads and drains | Keep the villages clean throughout the year | Reduce expenditure for cleanliness, Proper disposal of sewage, prevent stagnation of water, no garbage pits inside the villages |
| Drinking water | Provide drinking water to the people in all 13 villages | Ensure supply of drinking water to every citizen, Accomplish 85% tariff collection |
| Preventive Health | Reduce health problems, as compared to the previous years | Decrease disease outbreaks. Healthier citizens compared to other GP villages |
| Amenities 2 Functions | | |
| Street lights | Provide street lights to all 13 villages, and save electricity by installing switches | Provide facility of 24 hrs supply within the GP area, Reduce expenditure on street lights maintenance |
| Housing | Provide houses for all homeless | Provide facility to those who don't have residence. |
| Education | Improve enrollment to ensure all children below 14 are in school | Increase children's literacy from 82% -85 % |
| Capacity building | Improve capacity of Heads so that they are able to perform their roles. Increase participation of all members and build their capacity to carry out their responsibilities effectively. Increase the skills of carpenters, cobblers and other rural craftsmen. | |

Over the last two years, members developed outcomes, which were more specific, which are listed below (see Table 15):

Table 15: Function wise desirable outcomes developed by GP members

| Head | Function | Outcome |
|---------------------|--|--|
| Production | Agriculture & Animal Husbandry | Improve production/ income of small and marginal farmers |
| | Revenue generation | Increase GP tax and tariff collection and identify new sources of revenue. |
| | NREGA | 100 days employment to all the BPL HHs for asset creation in the village |
| | Greening (along with NREGA) | Availability for fuel, fodder and drinking water for livestock and humans |
| Amenities 2 | Education | No child should be out of school |
| | Housing | No homeless families in the GP |
| | Street lighting | All streets in all villages of GP will have functional streetlights to ensure safety |
| Social Justice | Child Nutrition | No child suffers from malnutrition |
| | PDS | All BPL families should get ration as per the norms |
| | Protection of rights/ Complaint handling | Protection of rights of citizens including SC/ ST, backward classes and women and children |
| Amenities 1 | Preventive Health | Minimize the incidence of epidemics in the GP Reduce health expenditure by HHs in the GP |
| | Sanitation | Enable proper sanitation facilities and services in all habitations |
| | Drinking water | Provide safe drinking water for all citizens |
| Capability Building | Capacity Building | Equipping heads, members and staff of the GP to perform their roles effectively. Increase the number of skilled labour in the GP (artisans, para-professionals) |

Step 3: Developing Annual Plans and budgets with the GPs

With the requisite inputs in place and the outcomes finalised with the GP, development of annual plans and budgets was an iterative process, with series of one to one and group meetings with Heads and GP members. Focus has to be on kind of activities which have to be embedded in the plan as well as sources of information.

Activities

There were five kinds of activities which were included in the functional plans:

- Collecting baseline data to understand current situation. Data collection needs to be done in a structured manner to understand the issues facing the GP as well as to enable tracking progress at the level required. For example, if enrollment, attendance and facilities in schools in the GP have to be tracked, then baseline data has to be collected school wise, with provision in the format to track month-wise status on each of these parameters.
- Implement programs entrusted to the GP such as tax collection, street light maintenance, housing, employment generation, toilet construction, operations and maintenance of drinking water systems etc., while adhering to guidelines and norms set by the government, wherever available.
- Ensure and track implementation of government programs, as per stated guidelines and norms, when program implementation is the responsibility of a line department such as effective administration of the Public Distribution Systems, managed by the Food and Civil Supplies department; adherence to norms in schools, anganwadis and PHCs, effective and appropriate distribution of agricultural inputs
- Additional actions which the GP wants to initiate, for which the GP has to find sources of funds as well as technical skills, as needed such as management of solid and liquid waste, analysis of specific problems in the GP, such as tax collection trends, how to improve learning quality in schools etc.
- Ensuring effective functioning of the GP sub-committees related to the functions under the Head

Sources of data

- We encouraged the GP to access and use government data as far as possible. With the GP being able to directly observe implementation activities, the members are in a position to verify authenticity of data as they perform their planned activities.
- In addition to the secondary data, the members also collected primary data in cases where former is not available. For e.g., status of water systems in the GP, street lights etc.



GP Budget

As detailed in the Planning format, three types of funds are to be used by the GP.

1) GP's own funds, i.e., the funds which are deposited into GP's accounts, and can be understood by detailed analysis of the following:

- Audited financial statement of the last two-three previous years (Table 16)
- List of all bank accounts held by the GP and their opening and closing balances, with details on inflows and outflows during the year.
- Accessing data entered in 'Panchtantra', the government accounting system

Table 16: Dibburahalli GP's bank accounts as on 1st April, 2014

| No | Account Name | Source of inflow of funds | Purpose for which these funds can be spent |
|----|----------------------------------|--|---|
| 1 | 13 th Finance | Central Finance Commission | Water supply, street light maintenance, cleaning |
| 2 | Account 1 | -Balance of Tax, Tariff and Fee collected by GP, after transferring to Personnel, SC/ST and Disabled Accounts -Outstation cheque collection data entry from Zilla Panchayat | Untied fund-expenditure as per GP's needs, such as holding NSS camps, National flag hoisting, food expenses during meetings, bulb replacement, cleaning drains etc. |
| 3 | SC/ST Account | 3% of Tax, Tariff and Fee collected by GP | Higher education for SC/ST students |
| 4 | Disabled account | 20% of Tax, Tariff and Fee collected by GP | Welfare of disabled persons |
| 5 | NREGA account | No longer operational, as funds are transferred directly to the beneficiaries. | |
| 6 | Nirmal Karnataka | | |
| 7 | Water supply Maintenance Account | RDPR- Karnataka rural water Supply and Sanitation Agency (KRWSSA) | Water and sanitation-operations and maintenance |
| 8 | Personnel / RDPR Account | 40% of Tax, Tariff and Fee collected by GP | Salaries to GP own staff, Honorarium and sitting fees to members |
| 9 | NRM- FES and Arghyam | Grant from FES and Arghyam for different projects | As per MoU signed with FES and Arghyam respectively |
| 10 | Hariyali Account- | No Longer operational as program is discontinued | |

2) Parallel structure funds- The quantum of funds in this category do not get deposited in GP's accounts and are relatively small, but

as they are earmarked for the GP itself, they need to be understood and leveraged.

List of agencies/personnel working in the area of the GP, which received annual funds from the government in Karnataka (not exhaustive):

- ASHA and ANM workers, Village Nutrition, Health and Sanitation Committee under National Rural Health Mission (**Health and Nutrition**)
- Arogya Raksha Samiti, linked to a Primary Health Centre (PHC), covering 1-2 GPs, under department of Health (**Health**)
- School Development and Monitoring committees, linked to each school (**Education**), under Sarva Shiksha Abhiyan (SSA)
- Village Water and Sanitation Committee (**Water and Sanitation**), under National Rural Drinking Water Program
- Village Forest Committee, present in those GPs where there are reserve forests, under Joint Forest Produce Management Program (JFPM) (**Natural Resource Management**)

3) Line department and Program funds are the largest in quantum and covers wide range of functions. Though access and usage of some flagship programs is being streamlined, GP's visibility to these funds needs to improve. The flagship programs include

- National Rural Employment Guarantee Scheme (NREGS)
- Nirmal Bharat Abhiyan (NBA)
- Basava Vasati Yojana (BVY)

In the above three programs, money is allocated to the GP based on an annual plan submitted by the GP. Other programs, where visibility to details of funds could be better:

- National Rural Drinking Water Program (NRDWP)
- Integrated Watershed Management Program (IWMP) for watershed management
- Pradhan Mantri Gram Sadak Yojana (PMGSY)
- Sarva Shiksha Abhiyan (SSA)





Grama Sabha for approval of vision and mission at Dibburhalli GP



GP member explaining vision and mission to citizens of his ward in the Grama Sabha

In addition to the above, there are funds which are not allocated to the GP, can be accessed based on demand raised by the GP, such as funds and support from departments of Agriculture, Animal Husbandry, Horticulture, Sericulture and Fisheries etc.

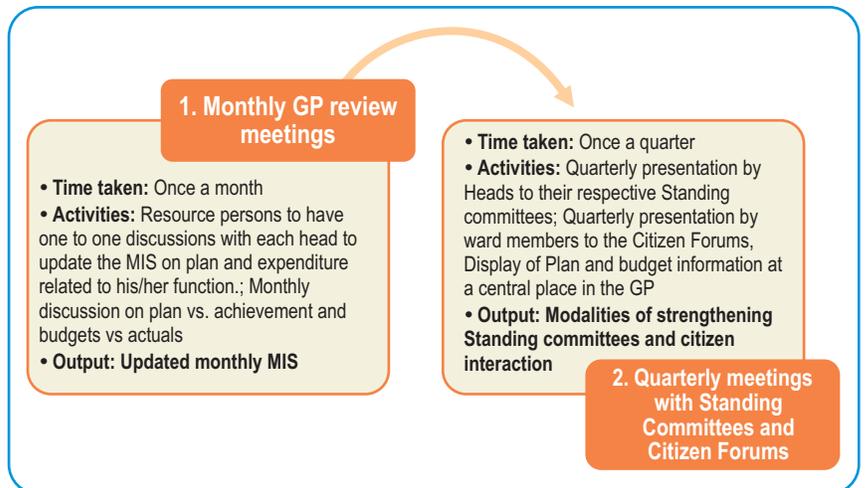
Annual Plan and Budget for 2014-15 is enclosed (See Annexure 12A: Health Plan 2014-15, O'Mittur GP and Annexure 12B: Animal Husbandry Plan 2014-15, O'Mittur GP)

Step 4: Finalisation of plan and budget with Gram Sabha

The finalised plans and budgets have to be shared with the *Gram Sabha* where the GP seeks approval for the same. The communication from the GP needs to start with sharing the Plan versus achievement report, as well as budget versus utilisation report of the previous year, results of discussions in different forums such as ward *sabhas*, citizen forums etc. and how the citizen priorities are incorporated in the GP plan. Line department personnel are invited to understand the GP plan and role they are expected to play in the implementation of the GP Plans. The *Gram Sabha* passes a resolution to adopt the plan for the year.

Review Process (Figure 25)

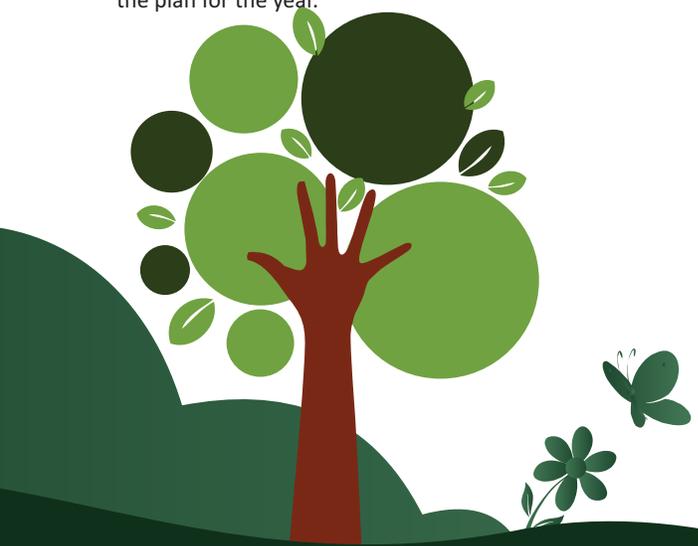
Figure 25: Road map for process of reviewing GP plan and budget



Step 1: Monthly GP Review Meetings

The NGO resource person updates the MIS on a monthly basis, to track plan versus achievement, which was then reviewed during monthly meetings with the Heads. Data collection as well as keeping to the monthly plans has been a tedious exercise, where we are constantly pushing the GPs to move to a formal way of working. However, as the GP and the project team are unravelling the different programs and schemes and sources of funds, planning is increasingly becoming more comprehensive.

Review against plan was sought to be done every month, along with data filled in the MIS. When held, these have been productive meetings where the Heads come together and share their achievements vis-à-vis plans. This generated insightful discussions on how problems can be addressed; from rigorous inventory tracking where the GP maintained list of all functional



and dysfunctional assets (bore wells, drains etc.) to an ingenious solution for an alcoholic waterman whose the salary was given directly to his wife without his knowledge by the GP.

However, it has been difficult to hold regular monthly meetings, even though the work continued. The challenge is to find a via media between formality and informality, balancing personal with official priorities of the GP members. In the absence of an optimal situation when members are compensated for their time and effort, there is need to find ways to track progress without frequent formal meetings.



Joint review of Heads of Dibburhalli and O'Mittur GPs

Step 2: Quarterly meetings with Standing committees and citizen forums

Standing committees

The GP Heads presented their achievements versus plans to the three Standing committees on a quarterly basis. With the concept of Head having firmly taking its root, it was becoming important to co-opt other Panchayat members in an intensive manner. As we move into the next year, we are proposing that each Standing committee member takes responsibility of supporting the Head in one function. This will provide much required support to the Head as well as will bring in more members into the GP planning, budgeting and implementation process.

Citizen Forums (CFs)

As the GP organisation started getting strengthened, need for answerability to the citizens became clearer. However, enhancing citizen engagement was not just about creating an oversight mechanism of civil society, but also to create leaders in the villages who could support the GP in performing its duties and assume formal leadership roles in the future. The KPR Act already mandates for citizen bodies such as the *Gram Sabha* and ward *sabhas*, and also provisions for co-opting citizens in the Standing Committees. In addition to ensuring regular ward and *Gram Sabhas*, and also co-opting citizens in each of the three Standing Committees, citizen forums were created in each GP. In

Dibburhalli GP, 14 CFs were formed covering 19 villages, comprising 5-10 members each, and in O'Mittur, 13 CFs have been formed, one each for 13 villages, with 20 members in each CF.

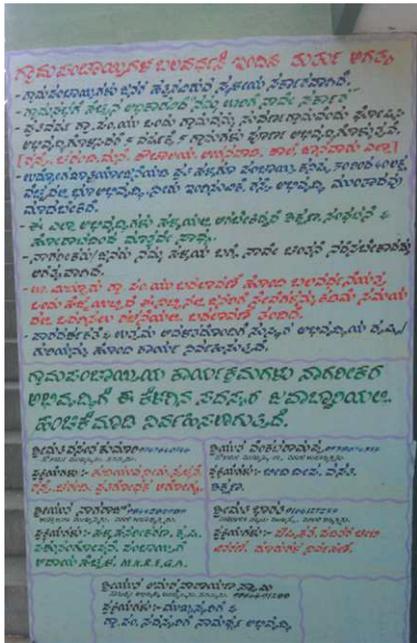
In addition to the formation of CFs, information has been displayed in each village, explaining the GP organisation structure along with contact information of the Heads.

One challenge of enhancing citizen participation is the tendency of CF meetings to become forums for raising complaints against the GP and cornering the ward member and the Head. Rather than providing support to the GP for plan implementation, the typical crowd behavior of 'we need to push the GP to perform, our job is to inform' takes over. Our continuous effort has been to create an environment of support and teamwork rather than polarizing the citizens and the GP.



Gram panchayat structure displayed on a wall in Dibburhalli GP





Wall writing on structure in O'Mittur GP

8.4. Outputs of GP Planning, Budgeting and Review

- GP centric Planning and review systems (2.6.5)
- ♦ Requisite inputs for planning: : Function-wise information on government programs, schemes, related funds, and guidelines, if any; GP MIS (Planning and Review formats and process);

identified for each activity, and a consolidated GP plan and budget is prepared.

- Plan review is an activity to be pursued on a monthly basis. Every month, the MIS needs to be updated and discussions need to be held with the Heads for status against plan and also to understand the enablers and challenges that they face.

8.6. Activities Post GP Planning, Budgeting and Review

- In addition to Knowledge Partners for sectoral areas, the GP also faces knowledge gaps in administrative and management systems such as inventory management, (of water systems, bulbs, GP properties, etc.), procurement (of bulbs, office supplies, capital items such as pipes, etc.) and human resource systems (recruitment, performance management, compensation and reward, etc.). Need is to identify knowledge and skill gaps in the GP, and build the same either within the GP or through partnerships.
- We need to make the GP MIS more comprehensive with backward and forward linkages, and also user-friendly (more visual perhaps) on one hand, and ensure an internal person is ear-marked to update it (perhaps the PDO in case of Karnataka).

Identification and role of Knowledge partners

- ♦ Function wise long term outcomes and metrics of the GP
- ♦ GP Annual Plan and Budget in MIS format
- ♦ Approval of plan by Gram Sabha
- ♦ Monthly MIS for review of achievement versus plan
- Modalities of strengthening Standing committees and citizen engagement (2.6.6)

8.5. Criteria for Closure of GP Planning, Budgeting and Review

- Planning can be closed once the plans and budgets of each



8.7. Resource Person Profiles for GP Planning, Budgeting and Review (Table 17)

Table 17: Resource Person profiles for GP Planning and Review process

| Resource persons/ Activities during Planning and review | Advisor | | Arghyam | | | | FES | | | | Grama Vikas | |
|--|---------|-----------|-----------------|-----------|--------|--------|------------|--------|--------|-------|-------------|---------|
| | TRR | MXV | Rajendra Prasad | Sonali | Habeeb | Sudeep | Krishnappa | Partha | Nikhat | Vijay | Asha | MVN Rao |
| Overall Process owner | | | | | | | | | | | | |
| Planning: | | | | | | | | | | | | |
| Compilation of government programs and schemes and related funds | | Lead role | | | | | | | | | | |
| Developing GP MIS | | Lead role | | | | | | | | | | |
| Instituting Knowledge Partners | | | | Lead role | | | | | | | | |
| Working with GP Heads to develop long term outcomes | | | Lead role | | | | | | | | | |
| Developing Annual Plan and Budget with GPs | | | Lead role | | | | | | | | | |
| Finalisation of plan with Gram Sabha | | | | | | | Lead role | | | | Lead role | |
| Review: | | | | | | | | | | | | |
| Monthly GP review meetings | | | | | | | Lead role | | | | Lead role | |
| Strengthening citizen engagement | | | Lead role | | | | | | | | Lead role | |

In case where there are two individuals with Lead roles, it implies they played lead roles in two different GPs



Chapter 9 CONCLUSION

The framework started delivering tangible results once the planning process was in place. The 'Report cards' of the two GPs for 2013-14 shows the achievement versus plans against Process metrics set at the beginning of the year, as well as estimated funds spent under different activities (See Annexure 13: O'Mittur GP Report card for the year 2013-14 - Program achievement and funds tracking). It is important to point out that while there is an impatience to get tangible results, they will be sustainable only if we have invested and continue to invest in people, systems and processes towards GP organisation building.

Reiterating the GPOD framework

In this concluding section, I would like to reiterate the GPOD framework and the need to work on strengthening the GP organisation.

GPOD framework focuses on building a GP organisation that is structurally and systemically enabled to function as an effective unit of local self government mandated in the 73rd Constitutional Amendment. The premise is that a strong and well functioning GP can make significant improvements in local self governance and delivery of various rural development programs targeted at the 60% of India's population which resides in rural areas. While widespread changes need to happen at all levels to implement the decentralisation agenda in letter and spirit, a strong *Gram Panchayat* body can trigger this process. It can acquire strong powers to negotiate funds and allocation of resources with

external agencies, as well as formulate charter of rights and duties among its citizens.

The GPOD project focuses on strengthening the organisation and functioning of the *Gram Panchayat*, building on and leveraging skills of elected members and local institutions, as is envisaged in the 73rd Constitutional Amendment.

Dysfunctionalities we need to address

Our approach to strengthen GPs also aims to address some dysfunctionalities which have dominated the thinking and functioning regarding *Panchayats*.

- Conceived by our law makers, the 73rd Amendment has rightly recognised GPs to be the best institutions for ensuring last mile delivery of service and governance, yet not everyone agrees on their potential. The need of the hour is to recognise this potential and invest in strengthening these institutions. They should become partners in resolving issues related to the last mile.
- Power to the GP implies power to the elected representatives as people of the villages, and developing their capacities to contribute in the mainstream systems. However, there is a distrust in the ability and motivation of elected members. Most government and non government agencies rather deal with parallel structures instead. We need to recognize potential contribution of GP members, and create an enabling environment for them to learn, function and contribute.
- The manpower in present GPs are ill-equipped to handle the number of functions devolved to them. There is an immediate need to address this issue, in a practical manner which leverages and builds local capacity.
- GPs have weak financial procedures to handle increased financial allocations. On one hand, financial allocations to the GPs are on the rise and on the other hand, there is lack of financial discipline as well as weak procedures for budgeting, spending and accounting in *Gram Panchayats*. The need is to improve the financial management capacity of the *Panchayats*.
- Local power dynamics dominate the *Panchayats*. Given the weak structural and systemic organisation within the GP on one hand, and strong powers and financial allocation being provided to them on the other, GPs have become a ripe platform for 'strong men' to misuse power. There is need to invest in strengthening the formal leader, as well as create structures to distribute leadership within a *Panchayat*.
- Present efforts focused at strengthening the GP are external to the GP. Despite extensive efforts and resources expended in building their capacity, the GPs are not able to use and leverage them optimally. The need is to focus on the *Panchayat* itself to become a strong organisation, developing its different



components - creating a strong identity, developing a *Panchayat* vision, building an organisation structure and clarifying roles which help the *Panchayat* leverage available resources, and creating plans and processes which help the GP deliver its mandate.

Organisation Development methodology

We have used the Organisation Development (OD) methodology to develop a framework to strengthen the GP, which is a planned approach towards increasing organisation effectiveness, while focusing on providing opportunities for each organisation member, as well as for the organisation itself, to develop to their full potential. The rationale for the using OD framework is its focus on organisation as a whole, and not on stand-alone components. The premise is that successful change occurs when all components of an organisation are aligned, i.e. the vision, skills, incentives, resources, action plan and results. Needless to say, individual development is at the core of the OD methodology.

As we plan to take the framework to more *Panchayats* across the country, it is a good time to consolidate our learnings of the last three years, and our recommendations on how to address them.

What we have learnt

- While there is tremendous potential in a GP addressing many last mile service delivery issues with good governance, not enough work has been done to create GP centric systems, structures and processes, focusing on needs of the GP and its citizens. Most systems and processes are created to enable better monitoring from top rather than to enable the GP in its decision making processes.
- While elected members are uniquely positioned to undertake GP functions, there is a disconnect between the mandate provided to them and their present capacity. To fulfil its mandate, the GP has to function as a formal organisation, performing roles of planning, budgeting, reviewing, documenting, accounting and respond to different delivery and governance challenges. However, most *Panchayat* members have no or little exposure to formal ways of functioning and find it difficult to respond to these challenges.
- The focus of GP organisation strengthening, therefore, is to simultaneously:
 - ♦ Create a methodology to build an enabling environment in the GP, through developing, customizing and adopting structures, systems and processes, which will help the GP function as a vibrant and responsive local self governing body.
 - ♦ Foster growth among elected members and staff to develop to their potential, paving way for enabling their contribution in the mainstream systems. Given the rather complex journey which the members need to take to be able to contribute in

- ♦ this new environment, there is no shortcut to the painstaking job of creating change agents across the country who will work closely with GPs and elected members in this journey.
- Finally, we need to recognise that there cannot be cookie cutter structures, systems and processes applicable to all *Panchayats*. While there is need for certain standardisation given the need of consolidation at different administrative units of block, district, state and nation, we can, at best, lay down broad templates. Able change agents will still be needed to work with *Panchayats* to explore GP specific solutions.

What needs to be done

How do we strengthen 2.68 Lakh *Panchayats* so that there is significant improvement in service delivery and governance for our rural people, living in remote corners of our country?

- We need to invest in developing professionals who can work with *Panchayats* towards organisation building
 - Change agents can be drawn from government (including local government), non government and academic organisations. The profile of the change agent is similar to that of the whole process owner, described in Section 2.2. Affiliation of the change agent with an organisation which has a working relationship with the GP, and has a relationship of trust, is a definite advantage. Structured training is required to create this cadre of change agents.
- We need to invest in developing GP-centric solutions, which will help the GP take appropriate decisions and leverage existing financial and human resources

In the course of this document, we have also touched upon the need for specific GP centric solutions, which need to be elaborated and worked upon further, GP Process maps (Chapter 6), Augmented GP structure (Chapter 7), Differential compensation for Elected members (Chapter 7), Service fee



(Chapter 7), GP Link book (Chapter 8), GP MIS (Chapter 8), and Knowledge Partners (Chapter 8) being some of them.

- We need to rethink our attitude towards training. In the absence of role clarity and motivation, class room trainings deliver very little. Moreover, people learn by doing. We have to exchange learnings and seriously engage Panchayat members in organisation building and they will take care of service delivery and governance.

Organisations who need to enrol

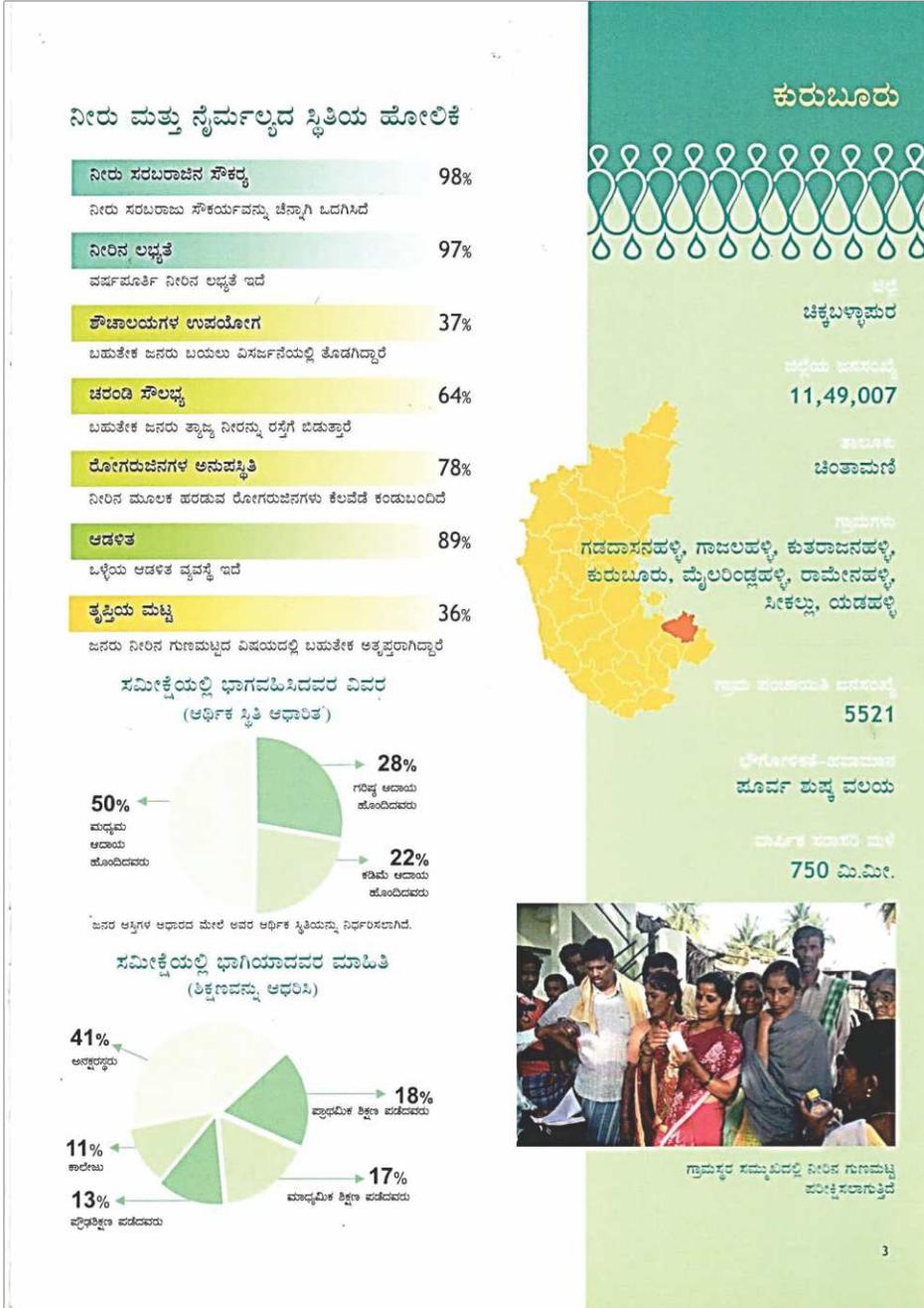
Our learnings and recommendations are based on our present experiences, which are at best a skeletal framework needing to be continuously supplemented and further consolidated.

Mainstream management institutes, corporate organisations, Union and State Ministries of Rural Development and Panchayati Raj, State Institutes of Rural Development (SIRDs), Social Sciences institutes and grass roots NGOs can well embed and further innovate on the GPOD framework as well as develop change agents for building the capacity of this very critical institution and its members. Further, organisations which possess technical expertise in different sectors need to partner with *Gram Panchayats* to develop methodologies which will help in its decision making and appropriate action.



Annexure 1

Sample GP Report, ASHWAS, 2009



| Present Situation of Water and Sanitation | |
|---|-----|
| Provision for water Supply | 98% |
| Availability of Water | 97% |
| Usage of Toilets | 37% |
| Administration | 89% |
| Drainage Facility | 64% |
| Incidence of Diseases | 78% |
| Levels of Satisfaction | 36% |

Kurubooru Gram Panchayat of Chintamani Taluka in Chikballapur District
Gram Panchayat population: 5521
Wards in the Gram Panchayat: Gadadaasanahalli, Gaajalahalli, Kutharajanahalli, Kurubooru, Mylarandalahalli, Raamenahalli, Seekallu and Yadahalli
Annual Rainfall: 750 mm

| Income classification of participants in the survey | |
|---|-----|
| Middle Income group | 50% |
| High Income group | 28% |
| Low Income Group | 22% |

| Educational classification of participants in the survey | |
|--|-----|
| Illiterate | 41% |
| Graduates | 11% |
| High School Educated | 13% |
| Primary School Educated | 18% |
| Middle School Educated | 17% |



Annexure 2

Individuals and agencies with whom discussions were held while conceptualising the GPOD project, 2010

| SI No | Individuals and Agencies |
|-------|---|
| 1 | Dr. Mihir Shah, Member, Planning Commission |
| 2 | Mr. Ravikumar, Secretary, Rural Development and Panchayati Raj Department, Government of Karnataka |
| 3 | Shri V. Ramachandran, Retired IAS officer, member of several bodies such as Administrative Reforms Commission, IRMA, NDDDB etc. |
| 4 | Mr. R. Elango, Managing Trustee, Trust for Village Self Governance, Kuthambakkam GP, Tamil Nadu. |
| 5 | ANSSIRD, Mysore |
| 6 | Gram Panchayat Nademavamapura – Kunnigal Taluka, Tumkur, covered under Gram Swaraj Scheme. |
| 7 | Gram Panchayat Vasana – Davangere district, covered under BRGF |
| 8 | District Training Centre, run by SIRD |
| 9 | Gram Panchayat Hebballi, Chitradurga district, where remarkable work has been done by the Village Water Sanitation Committee (VWSC) towards water management, initiated under project funded by DANIDA. |
| 10 | Communications, Development and Learning, who documented an analysis of 10 Strong and Weak GPs which participated in ASHWAS |
| 11 | Myrada |
| 12 | Department of Watershed, Government of Karnataka |
| 13 | Sachetna Fluoride mitigation - Programme officer |
| 14 | Invited NGOs, elected representatives, members from Planning Commission and Ministry of Panchayati Raj, Govt of India: Consultation at Planning Commission on Nov 24 th 2010 |
| 15 | Series of discussions within Arghyam |



Annexure 3

Before and After ratings of two GPs on Scale II, conducted in January 2011 and March 2013

Scale II: Mapping Processes and Performance of the GP, and competencies of its members: Citizen's Participation and Service Delivery parameters

Red: Rating of O'Mittur and Dibburhalli GPs, January 2011

Black: Rating of O'Mittur GP, March 2013/Green: Rating of Dibburhalli GP, March 2013

| Citizens' participation and Interest in the GP activities | | | | |
|---|--|---|--|---|
| Sub Parameters | Poor (OM) | Average | Good | Excellent |
| 1. Percentage of attendance in WS/GS meetings | Less than 5% of the WS or GS participates.(D) | Participation ranges from 5-10%.(OM) | Participation ranges from 10-20%.(D) | Participation is greater than 20%. |
| 2. Nature of meetings at the Gram Sabha | There is no Agenda, Discussions are not streamlined, and meeting is dominated by a few people. (D) | Meeting has a clear Agenda. Agenda is prepared by the staff, without any inputs from the ERs in the GP. Discussions follow the agenda, People do not get a fair chance to voice their problems. | Meeting has a clear agenda. Agenda is prepared by the staff, with inputs from the ERs in the GP. Discussions follow the agenda, People get a fair chance to voice their problems, but there is no discussion on these problems.(D) | Agenda is prepared by the staff, with inputs from the ERs in the GP. Discussions follow the agenda, People get a fair chance to voice their problems, and there is time allotted for discussion on these problems. Decisions taken during the last meeting are followed up.(OM) |
| 3. Number of social audits | No social audits have been performed (D) | Social audit done once, but report not available (OM) | Social audit done once or twice. Report available for review (D) | Social audits done. Reports available/ Positive comments and in case of improvement areas pointed out, corrective action underway |
| 4. Grievance handling & redressal process at the GP | Citizens do not have faith in GPs, follow their own norms in case of problems such as encroachment (D) | Citizens have interaction with couple of more active ward members, not with the GP as a representative body (D), OM | Citizens go the GP for complaint resolution, Norms to address some issues such as encroachments are made and followed | A complaint register exists and is used, citizens know who to contact for different types of problems. Norms to address some issues such as encroachments are made and followed |
| 5. Interaction of sub committees with the GP | Mandated sub-committees such as School Development & Monitoring Committee (SDMC) and Bala Vikas Committees have no interaction with the GP (D) | Mandated sub committees take part in the Gram Sabha. Interaction with GP more of a formality. (OM), (D) | Sub-committees meeting GP members periodically, to voice and resolve issues | Sub-committees work with GP as a team, pooling in financial resources allocated. |
| 6. Citizens paying taxes to GP | 10-20% citizens pay tariff | 20-40% citizens pay tariff (D) | 40-70% citizens pay tariff | >70% citizens pay tariff (D) |

Continued next page...

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Scale II: Mapping Processes and Performance of the GP, and competencies of its members: Citizen's Participation and Service Delivery parameters

Red: Rating of O'Mittur and Dibburhalli GPs, January 2011

Black: Rating of O'Mittur GP, March 2013/Green: Rating of Dibburhalli GP, March 2013

| Service delivery | | | | |
|--|--|---|--|--|
| Sub Parameters | Poor (OM) (D) | Average | Good | Excellent |
| 1. Knowledge of government departments, rural development programs and services to be delivered | Lack of awareness of different services to be delivered by the GP | GP provides services sporadically as a response to complaints in a fire fighting mode | Delivery of services satisfactory. Citizens are aware of whom to approach in the GP for different services. (OM) | GP is aware of government norms and mandates for service delivery and has prepared plan to deliver the same, or with even better standards |
| 2. Existence of laid down processes to deliver services in the GP (following key principles of equity of access, adequacy of service etc.) | Most issues in the GP addressed through fire-fighting | Some broad processes laid down for key services like supply of water, cleaning the GP. Not followed very effectively. (OM), (D) | Processes laid down for key services to be delivered in the GP such as provision of drinking water, street light maintenance, cleanliness of drains etc., with clear roles of the GP and line departments, if applicable. More details required and adherence still to be improved | Processes and policies laid down and reviewed regularly for service delivery processes such as drinking water, street light maintenance, and for internal processes such as recruitment, training, compensation etc. |
| 3. Quality of service delivery (equity of access and adequacy of service) | Poor service delivery and execution quality due to lack of ownership | Sub-optimal service delivery due to lack of funds and human resources. More vocal and wealthy wards get better service | Delivery of basic services in an equitable manner. Inadequacy and lack of timely funds and human resources still impacts service adversely (OM), (D) | Good service delivery in an equitable manner, meeting process norms in the GP. Citizens are happy with the service delivery at the GP level. |
| 4. Monitoring and record keeping | Monitoring records of execution missing or poorly maintained | Couple of active members take initiative to monitor program implementation. Difficult to access records from the GP on plan and implementation of schemes | 3. Clear responsibilities defined for monitoring. Records of plans, activities and funds utilized, with assigned role holders. (OM), (D) | Records available with respective committee heads, and in a central place at the GP, for access to all. |

Annexure 4a

Case Study 1 - Ensuring equal distribution of water



Head, Production, Mr Manjunath explaining the system for equal drinking water distribution



GP members inspecting the system for equal drinking water distribution

Management of drinking water in Byppanahalli

Dibburhalli Gram Panchayat has 18 villages and 19 elected panchayat members, of which six are women. A Doctor and an Engineer are also part of this elected body.

Foundation For Ecological Security (FES), with support from Arghyam, worked on the Gram Panchayat's Organization Development (GPOD). In this GPOD project, the Dibburhalli GP had the opportunity to be involved in the process of developing its vision and mission with the participation of the community. The use of process mapping, organization restructuring and other reforms in governance, greatly improved the image of the GP within the community. The GP made significant progress in areas of revenue generation and leverage of MGNREGA funds from the state. In the MGNREGA review meeting held at the district level, the Zilla Panchayath acknowledged the quality and quantity of work undertaken by the Dibburhalli GP.

Mr Srinivasappa, Secretary of the GP said that he now had adequate time to focus on administrative matters only because, the GP members and portfolio heads now shouldered their responsibilities and they resolved most of the issues that came up.

The Problem: Unequal distribution of water

Mr Narasimha Reddy, Amenities Head-1, did a survey of the drinking water in the GP area. The survey brought out problems in the water supply, available resources and the condition of the infrastructure in different villages. Byppanahalli village is home to 280 families, who manage with one overhead tank with a capacity of 50000 liters to use for all their needs. Due to damaged pipes and taps, 25 percent of the water was wasted

because of leakages. As a result, the families in Byppanahalli village did not have enough water to meet their daily needs.

The discussion on leakages management of water supply and the unequal distribution of drinking water was discussed at the Gram Panchayat but was inconclusive due to a lack of finances. In earlier years, whenever a financial grant was received, the practice followed was that all the money was distributed among the GP members for their respective wards. But when the GP received the 13th financial grant, Mr Narasimha Reddy, Mr. Manjunath and Dr. Dhanunjaya Reddy (GP members), took an important decision. All the funds received under 13th Finance grant this year, would be used to rectify the drinking water problems faced in the Byppanahalli village, where there was an acute water problem.

Mr Manjunath and Mr Narasimha Reddy spearheaded the initiative to convince all the GP members to undertake measures



to correct the imbalance in the distribution of water in Byappanhalli, which was their constituency.

Actions Taken

To control leakage and ensure equal distribution of water by utilizing the 13th financial grant, a rough plan was made by the GP members and submitted to the Assistant Executive Engineer (AEE) for approval and implementation. The timings for when water supply would be stopped for the whole village, the installation of valves in three appropriate locations and the timings for the release of water by operating the valves, was announced.

Support for the initiative poured in from many avenues. The Gram Panchayat members gave their approvals and their cooperation, as did the community. Financial help for the initiative came from the 13th financial grant.

Budget and sources of funds

1. Total budget: Rs.90, 000.00
2. Budget spent: Rs.90,000.00
3. Source of funds: 13th Finance Commission grant

Benefits to community

As a result of a focused result oriented plan of action, due to a collective need of the community, all the key players together successfully solved the water supply problem in Byappanhalli. Water is now available to the whole community, who also practice water conservation. Funds and resources received by the

Gram Panchayat, were used correctly and the people have stopped applying pressure on the GP to supply them with water.

Challenges

Some challenges faced for this initiative to take off were to convince the GP members break from the earlier practice of allocating money equally to all wards. Also, a few families in this village, who were benefitting from the unequal distribution of water, refused to cooperate.

Sustaining the Initiative

The purpose of this initiative was to ensure equal distribution of water through creation of an asset, in this case the installation of valves. A regular maintenance of these valves by the waterman will result in lessening the financial expenses of the GP. In the event that a valve gets defunct, its replacement would be the only expense. The community members are aware of how much they are benefitting from this initiative. They, along with future ward members and the support of the waterman, should ensure that the hard work put in to streamline supply of water to Byappanhalli village does not go to waste.

Kannada version: S. A. Partha, FES

English version: K. Rajendra Prasad, Avantika Foundation



Annexure 4b

Case Study 2 - Strengthening School Development and Monitoring Committees



Background of Gram Panchayat

Oorukunte Mittur (Omittur) Gram Panchayat (GP) in Mulbagal Taluk of Kolar district was determined to render services that benefit its citizens. This resolve could be seen in the GP member's active participation in meeting and also in the execution of work. OMittur GP has 13 villages with a population of 5,695. There are 13 elected GP members of which five are women.

Grama Vikas with support from Arghyam jointly worked on the Gram Panchayat's Organization Development (GPOD). In this GPOD project, four leaders were given portfolios were to efficiently execute and monitor works for the community. This aspect helped in bringing about visible changes in local governance.

The Problem

The Head of Social Justice, Ms Bharathi who was also the Adhyaksha (President) of the GP, was getting complaints from parents about irregularities in schools and about the midday meals. As part of the plan for Social Justice functions, she did a survey of the schools and the functioning of the School Development and Monitoring Committees (SDMCs). She decided to hold meetings with the teachers to address issues that she had observed during her survey. The teachers declined her invitation to attend the meetings and told her to get permission from their superiors.

Actions Taken

Ms. Bharathi took permission from the Block Education Officer to hold meetings to review the situation and to create awareness. Teachers from 13 schools and Anganawadis and officers from the education department attended the meeting. Shortage of

teachers, problems with the school infrastructure, issues in the mid-day meals and problem related to toilets, were discussed in depth. Teachers, Cluster Resource Persons and officers from the education department responded positively. The Cluster Resource Person from the adjacent Angondahalli GP also attended this meeting to learn more.

During the meeting, she realised that there was a lack of knowledge and understanding in many areas. Some of the areas mentioned were membership to the SDMC, grants received by the SDMC and the roles and responsibilities of the members. The Cluster Resource Person clarified all the doubts that came up. Some other issues that were mentioned were absenteeism and school drop outs, shortage of drinking water, lack of toilets and the lack of nutrition in the midday meals that was being served to the children.

The significance of this meeting was that the ambiguities in the midday meals were discussed thoroughly. In midday meal scheme, supply of LPG is very crucial. Due to cap introduced for supply of LPG to school, refilling of LPG had become an issue, which in turn had adverse effect on midday meals delivery. But after in-depth discussions on the issue, the SDMC members from five villages felt motivated to volunteer their time and efforts for their schools. In Markalghatta village, the GP provided support to renovate the school toilet and arrange for a water connection in the toilet. SDMC members also negotiated with vegetable growers in the village to donate vegetables for midday meals. In Pichhaguntlahalli village, the SDMC members along with the community members, collectively raised money which was used to buy uniforms for the children. On behalf of the SDMC, the Gram Panchayat wrote a letter to the education department to



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deposit funds in the SDMC bank account, to be used to purchase LPG. The education department responded positively.

Benefits to the community

As a result of all the awareness that was created, the community saw many positive results in the functioning of their GP. Government grants started being utilised in a proper manner and the quality of the mid-day meals vastly improved. Both parents and teachers began looking at the GP with more respect and faith with regard to their service delivery.

Challenges

The initiative was met with a some challenges in the form of non-cooperation from a few teachers. A lack of information among the SDMC members was also a huge challenge that was faced.

Sustaining the Initiative

For the initiative to be sustainable, regular meetings need to be conducted by the GP with the SDMC members. Also, open discussions must be encouraged between parents, teachers, SDMC members and other relevant officials on fixed dates.

Kannada version: S. A. Partha, FES

English version: K. Rajendra Prasad, Avantika Foundation



Annexure 4c

Case Study 3 - Improved services from Raitha Sampark Kendra (Farmers Contact Centres)



Background of Gram Panchayat

Oorukunte Mittur (Omittur) Gram Panchayat (GP) in Mulbagal Taluk of Kolar district was determined to render services that benefit its citizens. This resolve could be seen in the GP member's active participation in meeting and also in the execution of work. OMittur GP has 13 villages with a population of 5,695. There are 13 elected GP members of which five are women.

Grama Vikas with support from Arghyam jointly worked on the Gram Panchayat's Organization Development (GPOD). In this GPOD project, four leaders were given portfolios were to efficiently execute and monitor works for the community. This aspect helped in bringing about visible changes in local governance.

The Problem

Mr. Nagaraj, is the Production Head of his Gram Panchayat (GP) and he lives in Oorukunte village. He is very involved in all agricultural activities in his village. Before he became a GP member, he used to help farmers know more about different government schemes and also facilitated their leveraging money from the schemes available. After becoming Production Head in the GP, Mr. Nagaraj continued to use his expertise and work towards executing the well articulated annual plan for Production function of O'Mittur GP.

He commissioned a survey to be carried out on agriculture and allied activities in all 13 villages of the GP. Through the survey he learnt that lack of timely availability of seeds was one of the key obstructions that hindered the production capabilities of the GP and adversely impacted its economy. Mr. Nagaraj found that the Agriculture Department had established the Hobli Raitha Samapark Kendra at Avani Hobli, to give agricultural inputs and

technical support to the farmers. However, the working of the centre were rather unpredictable. Raitha Sampark Kendra is located at the Hobli headquarter and the farmers found it difficult to travel to Hobli due to irregular buses. In fact, availing of any services from these kendras was difficult.

Actions Taken

The first step taken by Mr. Nagaraj was to submit requests and regularly visit the Agriculture and Animal Husbandry departments. However, this did not yield much results. So, he took an appointment with the Assistant Director of Agriculture and explained the problems the farmers in his community were facing. Mr Nagaraj requested him to assign the responsibility of distributing seeds and fertilisers to the GP. He was also requested for information on the distribution of packages of practices, seeds and fertilisers.

Mr Nagaraj made many visits to convince the Assistant Director. Eventually he met with success and Agriculture Department decided to support his cause provided that the GP came forward and raised funds towards the supply of seeds and fertilisers. After a week, Mr Nagaraj informed the Agriculture department that it was time for the farmers to start sowing. The Assistant Director was happy to see the enthusiastic initiatives of the farmers and he instructed his Assistant Agriculture Officer to make a list of eligible farmers from ten villages in this GP and provide them with paddy, Lab, red gram, ground nut seeds and gypsum, potassium and zinc sulphate.

Mr Nagaraj hired a tractor to transport the materials and stocked it in the GP office. The Agriculture department met the tractor hire charges.



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The leveraging of Rs.55,000 worth of Agriculture inputs and distributing it to the farmers through wide publicity with the support of ward members was an exciting moment. A month later, distribution was completed, wherein 411 eligible farmers belonging to ten villages were covered. The whole process was successfully handled in the presence of the Agriculture Department staff. The necessary documentation work was also completed.

Though, the entire taluk had received less rainfall, Nagaraj's GP area had rainfall that was above average. The timely supply of agricultural inputs added to the enhancement of agriculture production. The farmers' opinion of the GP has changed and the women farmers are extremely happy with this particular service provided by their GP. Mr Nagaraj wants to continue to work in this area of intervention and he has kept records of inputs received and distributed. As Head of Production, he will continue to pursue the Agriculture Department to extend their support to the farmers in his GP.

Nagaraj's efforts and perseverance to help the farmers would not have been possible without the cooperation of his GP members. The community also participated to make this venture a success. The timely decisions taken by the Agriculture department also contributed to this initiative's success.

Budget and funds

1. Total budget: Rs.85,000.00
2. Sources: a. Agriculture department
b. Contribution from farmers

Benefits to the community

The farmers in the Oorukunte Mittur GP benefited greatly from agricultural inputs being made available to them in time for sowing. The inconveniences and expenses involved in having to travel long distances to avail of schemes was removed. Moreover, the GP also gained as they were not under pressure any more from their constituency. They also started using their resources judiciously, and giving support in a need based manner.

Enablers and Challenges

Nagaraj's determination to help the farmers avail of government schemes, was a huge enabler in making this intervention a success. The support and suggestions he received from village leaders and the agriculture department made his job easier. However, the lack of cooperation and discouraging attitude of some farmers were a challenge that had to be overcome.

Sustaining the Initiative

To sustain this initiative, constant advocacy and talks with the agriculture department is necessary. Also, there needs to be many more discussions and debates on agriculture across Gram Panchayats. Distribution of agricultural inputs and the leveraging of funds and resources must take place in a transparent manner.

Kannada version: S. A. Partha, FES

English version: K. Rajendra Prasad, Avantika Foundation



Annexure 5

Detailed list of actions identified by Dibburhalli GP members, post the visioning exercise, 2011

Purpose of this exercise was to build momentum and establish credibility of the GP and the GPOD project among citizens. Also, the process of resolving issues would serve in capacity building of the members. Members identified actions that would meet the following 4 criteria:

1. Action should important to the citizens of the ward.
2. Substantial change should be effected in a period of 3 to 4 months
3. GP should be able to leverage government resource (financial/institutional/technical)
4. Skills/knowledge to work on this GP should be present in the GP

| Name of the GP member | Ward Name | Priority |
|--------------------------|---|---|
| Venkat Laxmamma | Bachanahalli Vaddahalli | Providing house |
| | | Cattle pond desilting |
| | | Repairing mini water supply system |
| Manjunath | Baiyappanahalli | Encroachment problem has to be solved |
| | | Provision of transport facility |
| | | Cleaning of drainage |
| D.P Nagaraj | Dibburhalli | Less supply of grains |
| | | Water supply has to improve(Water Tank) |
| Radhamala | Chandaganhalli | Repairing street water taps |
| | | Cleaning drainages |
| Tippanna and Manjulamma | Talakayala betta | Provision of Drainage around Anjaneya temple |
| | | Cattle pond desilting |
| Nataraju | T. Venkatapura | Cleaning of temple surroundings |
| | | Cattle pond desilting |
| Rama | Yalagalhalli Seethahalli Hirayalachenahalli | Providing Janatha Houses(Each village two houses) |
| | | Construction of anganavadi at Seethahalli |
| Manjunathu | V.K halli Jaruga halli | Construction of canals |
| | | Grave yard encroachment has to be solved |
| | | Repairing of roads |
| Vijay kumar | Kondappagarhalli Jarugalli Colony | Grave yard encroachment has to be removed |
| | | Construction of drainage system |
| Venkatarayappa Muniyamma | Gandalchinte | Cattle path has to repaired and encroachment has to removed |
| | | Repairing of roads |
| Muniyappa | Bandahalli Nallacheruvanhalli | Covering of the waste pit in front of the school |
| | | Cattle path encroachment has to removed |
| Narasimha Reddy | Chikka Dibburhalli | Identification of housing sites |
| | | Repairing of Raja Kaluve (Canal repair) |

Annexure 6A

FGD proceeds with small farmers in O'Mittur, 2011

| Page 1 | |
|--|---|
| FGD Number | 17 |
| Date/Time | 01 st June 2011 10.00 A.M.TO 02.00 P.M |
| Name of the group | Small farmers |
| Name of the Facilitator | Mrs. Asha |
| Names of the Resource person(s) | Mrs. Asha |
| Names of the GP members present | Mr. Hiriappa |
| Number of participants | 20 Small farmers |
| Process followed please write Y or N | |
| - Introductions by participants | YES |
| - Sharing group norms | YES |
| - Expectation sharing by participants | YES |
| - Explanation of objective of FGD and process of visioning | YES |
| Explanation of concept of vision, its importance and quality and examples | YES |
| 1. Few examples of individual dreams achieved and not achieved | |
| - Dreams achieved: dig a bore in our house, construct a house, to own a tractor, my son to be a teacher, own land, perform marriage for my son | |
| - Dreams not achieved: To have good yield of crop, to own a two wheeler, my son to become the lecturer | |
| 2. Supporting factors which have helped people realize their dreams. | |
| - Good mind, Strong ambition, interest, bank support and confidence. Support from the family members and friends. | |
| 3. Consolidated list of how GP can help in fulfilling dreams for the village(after summarizing) | |
| - The Grama Panchayat members should work towards village development. | |
| - Unity among the Grama Panchyat members. | |
| - Grama Panchyat members should have a good service mindset | |
| - Regular ward and Grama Sabhas | |
| 4. Success stories narrated by each sub-group | |
| The village people tried and followed up for ten years to get a hospital in their village. | |
| 5. Questions asked by participants. | |
| - Will the Grama Panchayat members will concentrate on the small farmers? | |

Annexure 6B

PRA Report: Chikka Dibburhalli, Dibburhalli GP, 2011

| Chikka Dibburhalli Social Aspects | | | | | |
|-----------------------------------|-------------------------|----------------|---|--|---|
| Sl.No | Particulars | No. in the Map | Problems | Coping Mechanism | How to improve the situation |
| 1 | Road | 1 | Fully damaged with lot of problems during rainy season | Just manage. Do little bit of minor repairs | Cement road needs to be laid |
| 2 | Houses | 2 | Eight Households don't have proper houses. Old janata houses in bad condition, no sites too | People staying in rented houses. In government land people have put up kuccha houses | Sites have to be allotted as also new houses have to be constructed |
| 3 | Panchayat Building | n/a | n/a | n/a | n/a |
| 4 | School | 3 | No playground. No place for expansion too | Somehow managing in what is there | Building has to be constructed in new place |
| 5 | Anganwadi | 4 | Own building not there | Operating out of the school building | Own building |
| 6 | Community Hall | 5 | Building has been partially constructed | | |
| 7 | Water Supply system | 6 | | | |
| 8 | Fair Price Depot | 7 | Very poor distribution of all items | Somehow managing in what is there | One FPS for this village which supplies items in right quantity |
| 9 | Health Sub Centre | 8 | | | |
| 10 | Religious Place | 9 | Road not there. Stone have fell. Stagnant water | Somehow managing in what is there | Cement road needs to be laid |
| 11 | Drainage | 10 | Not there in front of many houses leading to sanitation problem | Water stagnation in the village | Proper drainage network needs to be laid |
| 12 | Toilets | 11 | Some houses have most don't have. They go outside during night time. Day time is a problem | Open defecation. Both men and women have to go to the same place | Toilets need to be constructed |
| 14 | Milk Diary | 12 | Own building not there | Somehow managing in what is there | Land needs to be provided to construct a new building |
| 15 | Waste Collection Centre | 13 | Some people don't have place. Outside the village the waste is dumped | | Land for waste collection centre needs to be provided |
| 16 | Livelihoods | | Not described | Not described | Not described |
| 17 | Caste | | Everyone has one or the other problem | No fight among communities. Managing just like that | Have to see that no fights happen in the future also |

Continued next page...

Annexures

| Chikka Dibburhalli Resource Aspects | | | | | |
|-------------------------------------|----------------------|------------|---|---------------------------------|---|
| Sl.No | Particulars | No. in Map | Problems | Coping Mechanism | How to improve the situation |
| 1 | Village | | | | |
| 2 | Agricultural Land | 1 | Too much moisture. Water stagnation | | Farm bunding needs to be done. Ploughing against the slope of the land needs to be done |
| 3 | Rainfed | 2 | | | |
| 4 | Irrigated | 3 | Main and feeder channels in bad conditions leading to water problem | Whoever gets water does farming | |
| 5 | Water bodies | | Sand mining | | Sand mining needs to be stopped |
| 6 | Grazing land | 4 | | | |
| 7 | Forest | 8 | Very less tree cover | | Plantation needs to be done, protection mechanism to be evolved |
| 8 | Tank bed | 5 | Fully silted up | | Not described |
| 9 | Canals | | Repair needs to be done | | Not described |
| 10 | Groves (Gundu Thopu) | | One acre of land has been encroached upon | | Not described |
| 11 | Burial Grounds | | 3 acre land has been encroached upon | | Not described |
| 12 | Hillocks | | Not described | Not described | Not described |
| 13 | Cattle Path | | Not described | Not described | Not described |
| 14 | Other | | Not described | Not described | Not described |

| Chikka Dibburhalli Well Being Ranking | | | | |
|---------------------------------------|-----------------|-------------|----------------------|--------------|
| Groups | I | II | III | IV |
| Indicators according to the people | 250 gm gold | 5 acre land | Janata House | Kuccha House |
| | Rs. 5 lakh cash | 5-10 sheep | Labour work | Labour Work |
| | 25 acres land | Stone House | 1/4 to 1/2 acre land | |
| | 1 car | | | |
| | Concrete House | | | |
| No Families | | 23 | 29 | 31 |

Annexure 7

List of Participants in Peer reviews of Process maps, 2011

| SL. No | Participant's Name | Designation | Representing |
|-------------------------------------|--------------------|-----------------------|--|
| 1 | D.P.Nagaraj | GP member | Dibburhalli GP |
| 2 | Narasimha Reddy | GP member | Dibburhalli GP |
| 3 | Radhamala | GP Member | Dibburhalli GP |
| 4 | T.C. Manujula | GP member | Dibburhalli GP |
| 5 | Jojo | Team Leader | FES, Chinthamani |
| 6 | Partha | Project Manager | FES, Chinthamani |
| 7 | Bharathi | GP member | O'Mittur GP |
| 8 | Vasanathamma | GP member | O'Mittur GP |
| 9 | Balaji | PDO | O'Mittur GP |
| 10 | Amarnarayan | GP member | O'Mittur GP |
| 11 | K. Rajendra Prasad | Project Officer | Arghyam, Bangalore |
| 12 | Sonali Srivasatava | Project Leader | Arghyam, Bangalore |
| 13 | Radhica | Consultant | Arghyam, Bangalore |
| 14 | MVN Rao | ED | Grama Vikas |
| 15 | Narayanswami | Project member | Grama Vikas |
| Outside Project GPs and team | | | |
| 1 | Shylaja | Resource Person, SIRD | Chinthamani |
| 2 | Madhusudhan | PDO | Annuar (K.K.Halli)GP, Maddur Taluk, Mandya, dist |
| 3 | Ravi | GP Adhyaksha | Kyathaghatta GP, Maddur Taluk, Mandya, district |
| 4 | Vishwanath | AAO (watershed Dept) | Siddleghta |
| 5 | Chenglarayappa | Ex Adhyaksha | Devarayasamudram |
| 6 | Venkatesh | Ex Adhyaksha | Kundalgurki |
| 7 | S. Janardhan | Adhyaksha | Adhyaksha, Maravanthe Gram Panchayat, Kundapur Taluk, Udupi district, Karnataka |

Annexure 8 - Process Map for Drinking Water through Piped Water Supply, 2011-12

| Process for ensuring Drinking Water Supply for all (Public taps) | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------------|----|-------------------|----------------|----------|--------------------|----------------|---------------------------|-------------------|------------------------------|----------------------|--------------------------|-----------------------------------|-------|------|---------|---------|-------------|-------------|------|--------|--------------------|--|
| Starting point of the process: Pipelines are laid, Public taps are put by the PRED and there is water in the tank, this is about installing additional public taps and ensuring water supply from tank to all citizens | | | | | | | | | | | | | | | | | | | | | | | | | |
| S No. | Name of the Process and related roles Type of function (RACI) R=Responsibility A=Accountability C=Collaboration I=Providing Information | Time (in days) | GP Elected members | | | GP Officials | GP Staff | | | | | St Com as in Sec 61, KPR Act | | | Committees under Sec 61A, KPR Act | | | Citizen | | | | | | | |
| | | | Adhyaksha/Upadhyaksha | WM | Head- Amenities I | PDO/ Secretary | Waterman | Plumber (contract) | Bill Collector | Electrician (daily wager) | Computer Operator | Labour (contract) | Production Committee | Social Justice Committee | Amenities Committee | VNHSC | SDMC | VWSC | Citizen | Contractors | Beneficiary | SHGs | Donors | Headmaster/Teacher | |
| | Drinking Water through piped water supply | Section #, if prescribed by the Act: 58 iii- maintaining water supply works either on its own or by annual contract by generating adequate resources | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Get report on Survey of quantity of water available and water quality | 2-3 | | C | R | A | | | | | | | | | | | | | | | | | | | |
| 2 | Get info on population density to decide quantum of water supply. At 1% growth rate, crude pop figs can be arrived at from last census | 1-2 | | C | R | A | | | | | | | | | | | | | | | | | | | |
| 3 | Information gathering on taps, mini water supply tanks etc | 2 | | R | A | R | R | | | | | | | | | | | | | | | | | | |
| 4 | Quality Assessment & Monitoring | 8 | | R | A | R | R | | | | | | | | | | | | I | C | | | | | |
| 5 | Survey on where to put additional taps: Survey on where to place addl public taps: Criteria: 1. Temple or another place, where 10 people can come and fetch water 2. Where there is a drain and, 3. Where more poor people can access water. Modus operandi to ask 10-15 families come together | 1 | | R | A | R | R | | | | | | | | | | R | C | | | | | | | |
| 6 | Formation of VillageWater and Sanitation committee at ward level | 1 | A | R | R | | | | | | | | | | | | | | | | | | | | |
| 7 | Discussion in ward about water related expenditure- recommended by VWSC and approved by the GP | 1 | | R | A | | | | | | | | | | | | R | C | | | | | | | |
| 8 | Formulation of Bye-law/Decision about deposits and tariff in GP* | 1 | R | R | A | R | | | | | | | | A | | R | | | | | | | | | |
| 9 | Estimate preparation for pipes and taps | 7-8 | C | | A | C | | | | | | | | | | | | | | | | | | | |
| 10 | Resource mobilisation (water tariff, government grants, deposits for taps etc.) | 15-20 | R | | A | R | | | | | | | | | | | | | | | | | | | |
| 11 | Procurement | 7 | R | | A | R | | | | | | | | | | | | | | | | | | | |
| 12 | Installation | 1 | | R | A | R | | R | | | | | | | | | | | | | | | | C | |
| 13 | Appointment of waterman for the ward, incl ZP sanction (Only required for installation in a new location- for an additional system, existing waterman takes charge.) Pending approval from ZP, waterman can be appointed on daily wages. Need for confirmation period** (Recommended by VWSC, appointed by the GP) | 60 | R | R | A | R | | | | | | | | | | R | | | | | | | | | |
| 14 | Waterman's orientation to the GP*** | 2 | | C | R | A | R | | | | | | | | | | | | | | | | | | |
| 15 | Water supply in the ward | 5-6 hrs | | R | A | R | R | | | | | | | | | | | | | | | | | | |
| 16 | Testing water quality | ½ hr per day | | R | A | R | R | | | | | | | | | | | | | | | | | | |
| 17 | Repairs and replacements | 2-4 | | R | A | R | R | | | | | | | | | | | | | | | | | | |

* Water tariff is deposited in ward level accounts, which is a practice in D'samudra and O' Mittur - supposed to be the laid down procedure/ PDO Balaji seconds that - maybe linked to DANIDA/JAL NIRMAL GPs- advantage is ward level O&M and waterman salary can be met out of ward incomes - can ensure separate tariff for each ward D'halli + Kundalagurki takes all I and E and then decide water tariff, money goes to Account 1. Shailaja seconds that- D'halli has no ward level accounts- here too, tariff differentials but based on commercial, better off and poorer villages

**waterman salary is different for highland low pop villages to the extent of 5-600/-. If supply is thru MWS, salary is lower than supply thru OHT/ also seniority. For bigger villages, there can be two watermen

Annexure 9

Detailed legal opinion on recommendations on restructuring the GP, 2012

CENTRE FOR LAW & POLICY RESEARCH

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Tel/Fax: +91.80.40912112

21st Nov. 2012

Sub: Legal opinion

This is a note on the queries raised by Arghyam on the constitutionality of some of the reforms suggested by Arghyam to the working of the Grama Panchayats in Karnataka and the powers granted under the Karnataka Panchayat Raj Act 1993, to implement such reforms. Our legal opinion on these questions is given below:

1. Whether elected members of a Panchayat can have executive functions?

1.1 The Grama Panchayat is the lowest order of local government in India and like any other 'government' it has legislative and executive powers. The question as to whether the elected members of the Panchayat can have executive functions and roles can be answered by looking at the provisions of the constitution with respect to panchayats and the Karnataka Panchayat Raj Act, 1993 ("Panchayat Act")

1.2 The Constitution of India under the 73rd Amendment enacted Article 243G, which gives the Panchayats powers for "the implementation of schemes for economic development and social justice" and includes all executive powers to enable them to function as institutions of self-government. Article 243G states as follows: "243G. Powers, authority and Responsibilities of Panchayat: Subject to the provisions of this Constitution the Legislature of a State may, by law, endow the Panchayats with such powers and authority as may be necessary to enable them to function as institutions of self-government and such laws may contain provisions for the devolution of powers and responsibilities upon Panchayats at the appropriate level, subject to such conditions as may be specified therein with respect to:

a. The preparation of plans for economic development and social justice

b. The implementation of schemes for economic development and social justice as may be entrusted to them including those in relation to the matters listed in the Eleventh Schedule."

1.3 The Panchayat Act also provides for exercise of such executive powers. Section 62 (1) states that "The Adhyaksha of the Grama Panchayat shall be the executive head of the Grama Panchayat". In Chapter IV of the Panchayat Act, Section 58 provides for all the functions of the Grama Panchayat, and all the functions are in exercise of its executive powers, such as maintaining water supply works, collecting taxes and revenues, construction repair and maintenance of streets, providing sanitation and drainage and such other functions. In order to carry out its functions and duties, Section 61 provides for the setting up of Standing Committees for carrying out the specific tasks entrusted to them. All these executive functions and powers are thus entrusted to the Grama Panchayat as it is supposed to function as an institution of local self-government at the village level.

1.4 The executive powers of the Panchayats have also been upheld by the courts. The Allahabad High Court in *Pradban Sangh Kshetra Samiti vs State Of U.P.* AIR 1995 All 162, upheld the executive right of Panchayats after the 73rd Amendment and held that "The amendments to the Constitution, in context, permit the village through the villagers who are known as the Gram Sabha (comprising of persons registered in the electoral rolls relating to a village level) to plan, chalk, out and implement their own schemes." The Supreme Court in *M/S Gujarat Pradesh Panchayat vs State Of Gujarat* observed that the executive powers in a Panchayat vest in the elected head stating, "The executive powers of the District Panchayat are not vested in the President of the District Panchayat, unlike the vesting of the executive powers of the Village Panchayat in the elected Sarpanch." Further, the Madras High Court also upheld the power of Panchayats to collect tax in *Kaamabhenu Arts And Science vs. The State Of Tamilnadu*¹ thus reiterating their executive powers. It held that "Therefore, the Panchayats today by virtue of the constitutional backing and the legal provision made thereunder are empowered to collect Property tax (otherwise called as House Tax). Hence, its jurisdiction to levy such tax can never be questioned."

1.5 Thus it is clear that Panchayats and its members have executive powers and thus any executive work done by the Panchayats cannot be unconstitutional.

2. Can co-opted members be made 'Heads' of the Standing Committees and can such Heads be given any compensation for their work?

2.1 Under the Panchayat Act, three Standing Committees for Production, Social Justice and Amenities are to be constituted under Section 61. These Standing Committees can co-opt external members from farmers clubs, mahila mandals, yuvak mandals, other similar bodies and residents of the Grama Panchayat.² However, there is no member accountable for the carrying out of the functions entrusted to the Standing Committees. The Adhyaksha and the Upadhyaksha are the Chairpersons of these Standing Committee, but as the Chairpersons, they do not have the time to get the work entrusted to the Committees done and also are not accountable. Thus, in order to ensure accountability for the work entrusted to each of these Standing Committees, and to impose some responsibility, it is proposed that each Standing Committee appoint a person from amongst its members as a 'Head' or 'In-charge', to be responsible to carry out the functions assigned to each Committee. Such Head or In-charge may then even be a co-opted member of the Standing Committee, who may have technical competence to carry out the functions.

2.2 A more intense participation of the Grama Sabha was one of the objects for the 2003 amendment to the Karnataka Panchayat Raj Act, which stated in its Statement of Objects and Reasons at "(i) to have a Ward Sabha in respect of each Grama Panchayat constituency and a Grama Sabha for the whole Panchayat area and to entrust them with more responsibilities to ensure that participation of people at village level will be more meaningful and intense."

2.3 Thus, it could be said that such appointment of the co-opted members who are residents of the village and members of the Grama Sabha, will ensure their greater and more intense participation and also give them responsibilities.

2.4 The proposed position of 'Head' of a committee can be postulated by way of a notification issued by the government or the Panchayat, and such notification must carry a clause which allows co-opted members of the committee to become 'heads' of the committee. As the Adhyaksha or the Upadhyaksha

¹Available at <http://www.indiankanoon.org/doc/1583370/>

²Karnataka Panchayat Raj Act, 1993, s61(2)(b), s61A(2).

Continued next page...

Annexures

will already be the chairpersons of each of the committees³ and the proposed 'heads' will work under the chairpersons, such a clause can be added and hence co-opted members could be made heads.

3. Can the co-opted members who may be appointed as 'Heads' under the Chairperson of the Standing Committees be remunerated for their duties?

3.1 Under Section 61 (2) (b), there is provision for the prescription of the rights and liabilities of the members who are co-opted into the Standing Committees. Section 61 (2) (b) states as follows:

"Section 61 (2) (b): Each Committee shall be competent to co-opt in such manner as may be prescribed, members of farmers clubs, mahila mandals, yuvak mandals and other similar bodies recognized by the government. A representative of co-operative societies in the Panchayat area shall be co-opted to the Production Committee. The rights and liabilities for the co-opted members shall be such as may be prescribed."

3.2 Thus, under this provision, there is an option for the Panchayat to make provision for some remuneration to be paid for the co-opted members. If the 'Heads' are so constituted that they become employees of the Panchayat then they can be paid a salary for the work being done. The State government can, if it wishes, specify the process of selection of 'heads' and can stipulate a salary.⁴ Section 112, which provides for employment of staff of the panchayat and states as follows:

"S. 112: Staffing pattern and schedule of employees.- (1) The Government may, by order, specify the staffing pattern, the scales of pay and mode of recruitment of staff of Grama Panchayats."

3.3 The Panchayats will have to strictly adhere to such specifications if laid down by the government.⁵

3.4 If on the other hand the heads are not within the score of employees, there is also a provision for engaging technical experts under Section 113 (A), which states as follows:

"113A. Arrangements for additional technical staff for Grama Panchayat:

1. The Government may, if required, pool the officers of the State Civil services including engineers or technical staff and post them to one or more Grama Panchayats

Provided that if there is a dearth of officers or officials for such posting under this sub-Section, the Grama Panchayat may in the exigencies of the services engage the services of technical staff including engineers, not belonging to State civil services on terms and conditions as may be specified by the Government in this regard."

3.5 Thus, under the Proviso to Section 113A, the Grama Panchayat even has the power to appoint external members who not from the state civil services, as technical staff. It may therefore be a possibility for the Grama Panchayat to remunerate experts who may be appointed as such 'Heads' of the Standing Committees, if they have technical expertise, and remunerate them under Section 113 (A), with suitable rules made by the Government in this regard.

4. Can Panchayats sign contracts with government departments to implement state/central schemes?

4.1 The economics of Panchayats has for long been an issue and the lack of funds is the biggest reason for the dysfunctional state of Panchayats around the country. The funds generated by the Panchayats themselves are very meager and the additional burden of having to implement schemes of the State and Central Government adds to the financial troubles. Increased funding of Panchayats is an urgent necessity. The Constitution of India under Article 243H, states that the state governments may provide for funds and grants-in-aid to the Panchayats.⁶ Further, performing the functions listed in the Panchayat Act, which includes implementation of government schemes, is also a duty of the Grama Panchayat.

4.2 The Panchayat Act provides that all Grama Panchayats will have the power of entering into a contract.⁷ *"Every Grama Panchayat shall be a body corporate by the name of the "----Grama Panchayat" and shall have perpetual succession and a common seal, and subject to such restrictions as are imposed by or under this Act or any other enactment, shall be vested with the capacity of suing or being sued in its corporate name, of acquiring, holding and transferring property, moveable or immovable, whether without or within the limits of the area over which it has authority, of entering into contracts and of doing all things necessary, proper or expedient for the purposes for which it is constituted."*

4.3 The courts have recognized the power of a gram panchayat to contract and the Karnataka High Court in *Siddeshwara Industries vs. Commissioner Of Commercial Taxes* 1999 112 STC 486 Kar, has underlined that Panchayats, as corporations, can sign contracts and held that *"The corporation, on the other hand, is an autonomous body capable of acquiring, holding and disposing of property and having the power to contract. It may also sue or be sued by its own name and the Government does not figure in any litigation to which it is a party."*

4.4 Thus, when Panchayats clearly have the power to enter into a contract, it is free to enter into contracts with the State/Central governments to enable them to receive administration and implementation costs for any implementation of State schemes. The state may grant funds to the Panchayat without a contract too and a Finance Committee has been set up under the Act to look into these matters.⁸

5. Can the power of signing cheques be delegated to the Heads of the Committees?

5.1 The Panchayat Act does not talk about powers of signing cheques in the name of the Panchayat. But it gives the Secretary of the Panchayat power to "disburse the Grama Panchayat fund and plan fund to officers concerned".⁹ Thus, the Secretary can give any amount that the proposed 'Heads' may need for the proper functioning of their committees to them and they shall report the expenditure to the Secretary.

Yours sincerely,

Sd/-

Jayna Kothari

Founder and Trustee

³Ibid, s61(2)(a).

⁴Ibid, s112(1).

⁵D. Narayanappa v. State of Karnataka, 2006 (3) KJL 494.

⁶Art. 243H(c), (d), Constitution of India.

⁷Karnataka Panchayat Raj Act, 1993, s6.

⁸Karnataka Panchayat Raj Act, 1993, s267.

⁹Ibid, s111(3)(f).

Annexure 10

Dibburhalli GP Resolution to adopt the augmented GP organisation structure, 2012

*“True copy-Translation from Kannada to English”
Resolution passed in Dibburhalli Gram Panchayat*

Minutes of the General Meeting was conducted on 6-3-2012 in Dibburahalli GP at 11-00 am, points discussed and decisions were made as follows:

| Agenda | Discussion/Decision |
|---|--|
| Under KPR Act 61A formation of Sub committees for Dibburahalli Gram Panchayath organization development project | This point was discussed in greater details in order to bring improvement in the performance of GP and deliver effective services to citizens in Dibburahalli GP. As per KPR act 1993 section 61 and 61A standing and sub committees have been formed, however, to improve their and vi s-à-vis GP's performance a restructuring in the GP was thought of. After a thorough analysis a 5 heads structure has been designed and a Restructured Organogram in our GP would be as below: |
| 1. Production portfolio head 2. Social Justice portfolio head 3. Amenities-I portfolio head 4. Amenities-II portfolio head 5. Capacity building portfolio head | Mr. Manjunath Mr. Venu gopal Mr. Narasihma Reddy Mr. D.P. Nagaraj Mr. Nataraj It has been unanimously decided that as per the portfolios allocated folders are to be prepared and enable the heads to discharge their duties. Further, it has also been discussed that these 5 heads in coordination of GP's standing committee, sub committees, Adhyaksha, Upadhyaksha and Staff ought work with line departments in planning, Implementation monitoring and evaluation of various development programs. |

The other important points discussed in the same meeting:

| | |
|--|--|
| Formation of village institution at habitation level for protection of Natural Resources | |
| Demarcation of common lands at habitation level as decided in the ward level meeting | |
| Strengthening the functions of Gram Mahithi Kendra (Village Resource centre) | |

Signed by:

Adhyaksha
Dibburahalli GP
Siddlaghatta TQ

Panchayath Development Officer
Dibburahalli GP
Siddlaghatta TQ

Annexure 11

2013-14 Scheme handout for O'Mittur GP (Function-drinking water)

| INFORMATION ABOUT PROGRAMS AND SCHEMES RELATED TO DRINKING WATER, O'MITTUR GP (2013-14) | | | | | | | |
|---|---|---|----------------------------|-----------------------------|----------------------------|--------------|--------------------------|
| Drinking Water schemes | | | INR (Lakhs) | | | | INR (Lakhs) |
| S. No. | Name of scheme | Scheme Description | Taluk allocation -Mulbagal | District allocation - Kolar | District - Lump Sum Amount | State Budget | Estimated share - Mittur |
| NRDWP sanctioned works for Mittur Panchayat (NRDWP webiste) | | | | | | | |
| Schemes with allocations at Taluka level | | | | | | | |
| 1 | NRDWP Sanctioned works | PWS Revival scheme for Bandahalli village with a budget of 11 L | | | | | 13,400,000 |
| | | 1 RWH Structure, Percolation, Recharge Pit, PWS revival and Anganwadi WS for Batlabavanahallii with a budget of 1L + 10L + 0.6L + 10L + 0.65L | | | | | |
| | | 1 RWH Structure, MWS revival, Recharge Pit and 2 Anganwadi WS Chitteri with a budget of 1L + 1.5L + 0.6L + 1.3L | | | | | |
| | | 1 borewell drilling, percolation tank, RWH Structure, recharge pit and Anganwadi WS for Marakalaghatta with a budget of 10L + 10L +1+0.6L + 0.65L | | | | | |
| | | 1 RWH structure, PWS revival, recharge pit, School WS for Minjnenhalli with a budget of 11 + 8L + 0.6L + 0.6L + 0.65 L | | | | | |
| | | 1 RWH structure, Recharge pit, MWS revival School WS for Nangasandra with a budget of 1L + 0.6L + 1.5L | | | | | |
| | | MWS Revival, Recharge pit, RWH structure, MWS and BWSS for Kothur.M with a budget of 1.5L + 0.6L + 1L + 5L + 1.35L | | | | | |
| | | Recharge pit, RWH structure, borewell, Anganwadi WS for O.Mittur with a budget of 0.6L + 1L + 15L + 0.65L | | | | | |
| | | Recharge pit, RWH structure, PWS revival for Oorukunte with a budget of 0.6L + 1L + 10L | | | | | |
| | | PWS revival, Recharge pit for Pitchagudahally with a budget of 10L + 0.6L | | | | | |
| | | MWS revival, Recharge pit for Ramenallur with a budget of 1.5L + 0.6L | | | | | |
| | | MWS Revival, Recharge pit, RWH structure, Anganwadi WS for Veerashettihalli with a budget of 1.5L + 0.6L + 1L + 0.65L | | | | | |
| Schemes with allocations at District level | | | | | | | |
| 2 | Block Grants | XIII Finance Commission Grants - Drinking Water | | | 7500 | | 131,764 |
| | | Repairs and Carriages | | 12.65 | | | 8,109 |
| | | New Supplies | | 2.8 | | | 1,795 |
| 3 | NRDWP | Maintenance-Borewells | | 20 | | | 12,821 |
| Other major schemes - Allocations not available at District or Taluka level | | | | | | | |
| 4 | National Rural Drinking Water Program (NRDWP)/ Accelerated Rural Water Supply Program | Central government scheme to provide drinking water in rural areas. Please read below for the program description | | | | 103,095 | 1,811,226 |
| | | a) Components of NRDWP | | | | | |
| | | Coverage: Provide safe and adequate drinking water supply to unserved, partially served and slipped back habitations | | | | | |
| | | Sustainability: Encourage States/ UTs to achieve drinking water security through sustainability of sources and systems | | | | | |
| | | Quality: Provide potable drinking water to water quality affected habitations | | | | | |

Annexures

| Other major schemes - Allocations not available at District or Taluka level | | | | | | | |
|---|---|---|----------|-----------|-------------|----------------|-------------------|
| 4 contd | National Rural Drinking Water Program (NRDWP)/ Accelerated Rural Water Supply Program | Desert development program: Tackle the extreme conditions of low rainfall and poor water availability | | | | | |
| | | O&M: Expenditure on running, repair and replacement costs of drinking water supply projects | | | | | |
| | | Support: Activities to enable the rural communities to have access to assured availability of potable drinking water. Some of the activities are use of water quality monitoring & surveillance programme; IEC; water testing laboratories etc | | | | | |
| | | b) Flexible policy: There will be incentives for States to decentralize and hand over water supply systems for management, operation and maintenance to Gram Panchayat. | | | | | |
| | | c) O&M Fund: Central Finance Commission has recommended separate grants to PRIs, which could be used to partly meet the operation and maintenance expenditure incurred by the PRIs on ensuring potable drinking water supply | | | | | |
| | | d) Provision of Drinking Water in Rural Schools & Anganwadis: All remaining Government rural schools and Anganwadis (located in Government / community buildings) are to be provided with drinking water facilities | | | | | |
| | | e) Public Facilities for Drinking Water: Drinking water is to be provided under NRDWP to every public place, including school, anganwadi, public building, PRI office, community halls, markets etc. | | | | | |
| | | f) Earmarking of Funds for SCs and STs/SCP and TSP Component: Accelerate the assured availability of potable drinking water on a sustainable basis in SC and ST dominant habitations | | | | | |
| | g) Gender empowerment and budgeting: Women should be included in all the training programs and certificate about satisfactory completion of the schemes may be obtained from women groups in the habitations | | | | | | |
| 5 | Rural Water Supply - SDP | | | | 67,834 | 1,191,743 | |
| 6 | Karnataka rural water supply and sanitation project | The KRWSSA/Government of Karnataka is implementing Karnataka Rural Water Supply and Sanitation Project under Additional Financing of the World Bank covering the demand in the same 11 districts. The broad objectives of the Project are: A) Increasing rural communities' access to improved and sustainable drinking water and sanitation services and B) institutionalizing decentralization of RWSS service delivery to Gram Panchayats and user groups. | | | 27,500 | 483,134 | |
| 7 | Provision of Urban Amenities in Rural Area (PURA) | Ministry of rural development scheme to improve drinking water situation in rural areas among other things | | | | | |
| 8 | PWSS | Constructing new drinking water sources | | | | | |
| 9 | PWS Revival | Constructing new drinking water sources | | | | | |
| 10 | MWS revival scheme | Constructing new drinking water sources | | | | | |
| | | Total | 0 | 35 | 7500 | 198,429 | 17,040,592 |

Role of VWSC members as described in NRDWP manual

- 1 Planning, designing, and implementing all drinking water and sanitation activities
- 2 Providing facts and figures to the Gram Panchayat for reviewing water and sanitation issues
- 3 Providing inputs for the Village Water Security Plan
- 4 Ensuring community participation and decision making in all phases of scheme activities
- 5 Organising community contributions towards capital costs, both in cash and kind (land, labour or materials), if any
- 6 Opening and managing bank account for depositing community cash contributions, O&M funds and management of project funds
- 7 Commissioning and takeover of completed water supply and sanitation works through a joint inspection with Line Department Staff
- 8 Collection of funds through a tariff, charges and deposit system for O&M of water supply and sanitation works for proper managing and financing of O&M of the services on a sustainable basis; and empowering of women for day to day operation and repairs of the scheme"

Sources : Ministry of Drinking Water and Sanitation, Ministry of Rural Development, Jainimal.org

Annexure 12A

Health Plan 2014-15, O'Mittur GP

| Annual Planning/Review Document - Preventive Health | | | | | | | | | |
|---|---|--|----------|--------------|----------------------|---|---------------------------|--|--|
| Outcome: Make the GP free from Endemic diseases | | | | | | | | | |
| Outcome metrics | Data source for measuring outcome metrics | Baseline | | | | Target | | | |
| Reduction in the number of people infected from the endemic diseases | 1. PHC records for ward wise details 2. Citizen Forum or Ward Sabha for confirmation 3. ANM | Number of people infected by: Malaria - 16 Dengue - 8 Chikungunya - 20 Typhoid - 0 Common Cold/ others - 92 | | | | 50% reduction in the incidence of listed endemic diseases | | | |
| Activity | Targets | | | | Budget | Source of funds (INR) | | | Explanation notes |
| | Process metric | Data source | Baseline | Target | Funds Required (INR) | GP funds (INR) | Parallel structures (INR) | Funds to be accessed from Government schemes (INR) | |
| 1. Baseline data collection: a. Discussion with Medical officer of the PHC regarding preventive steps to be taken during the year and regarding data collection b. Meeting with CF members and ward sabha to gather figures on the incidence of diseases c. Meeting with ANM for acquiring baseline data | No. of wards for which data has been collected | 1. PHC records 2. Citizen Forum or Ward Sabha 3. ANM | - | 13 | 1300.00 | 1300.00 | -- | - | Travel to PHCs: 4*100=400 CF and Ward Sabha meet: 13*100= 1300 |
| 2. Conducting awareness program for the citizens of the GP as a preventive measure | No. of programs conducted | GP records | 2 | 2 | 2900.00 | 2900.00 | -- | - | Pamphlets (for 2000 Nos): 1600 Tea and snacks: 50*13*2=1300 |
| 3. Ensuring timely health check-up for kids in all Anganwadis | No. of health check ups conducted | PHC records/ ANM | 2 | 4 | 20000.00 | - | -- | 20000.00 | PHC funds Estimated Cost of health check-up in 13 Villages |
| 4. Ensuring timely health check-up for all school children | No. of health check ups conducted | PHC records/ ANM | 2 | 2 | 1000.00 | - | -- | 10000.00 | PHC funds Estimated Cost of health check-up in 13 Villages |
| 5. Visiting villages and enquiring about the health situation and suggesting remedies if there are any problems | No. of visits | GP records | 4 | 5 | 3500.00 | 3500.00 | -- | - | Travel cost: 5*700= 3500 |
| 6. Meeting with ASHA workers (once in 3 months) and enquiring regarding general health of citizens, and services available from the Health department | No of meetings | GP records | 4 | 3 | 600.00 | 600.00 | - | - | Travel Cost: 3*200= 600 |
| | | | | Total | 38300.00 | 8300.00 | 0.00 | 30000.00 | |

Annexure 12B

Animal Husbandry Plan 2014-15, O'Mittur GP

| Annual Planning/Review Document - Animal Husbandry | | | | | | | | | | |
|---|--|--|-------------|----------|--|----------------------|-----------------------|---------------------------|---|-------------------|
| Outcome: Conserving all the cattle in the Gram Panchayat | | | | | | | | | | |
| Outcome metrics | Data source for measuring outcome metric(s) | Baseline | | | Target | | | | | |
| 1. Protecting all the existing cattle in the Gram Panchayat | Animal Husbandry department (Gram Panchayat and Taluk level) | 1. No. of cattle in the Gram Panchayat: 5271 a. Cows - 1317 b. Buffaloes - 113 c. Sheep - 3398 d. Goat - 443 | | | 95% of Cattle population in the GP is maintained | | | | | |
| Activity | | Targets | | | | Budget | Source of funds (INR) | | | Explanation notes |
| | | Process metric | Data source | Baseline | Target | Funds Required (INR) | GP funds (INR) | Parallel structures (INR) | Funds to be accessed from Government schemes (INR) | |
| 1. Baseline data collection: Data collection about GP's cattle from Animal Husbandry department regarding number and current situation of diseases among the cattle | Baseline data collection | Animal Husbandry department records | - | 100% | 100.00 | 100.00 | -- | | Travel and tea = 100 | |
| 2. Collecting information from department officials through meetings and distribution of the same to the citizens of the Gram Panchayat | No. of beneficiaries | Animal Husbandry department records | 0 | 2 | 2100.00 | 2100.00 | -- | | Pamphlet printing and distribution = 1600+500= 2100 | |
| 3. Timely health check-ups for cattle in the Gram Panchayat | No. of health check-ups conducted | Animal Husbandry department records | 0 | 1 | 11800.00 | 500.00 | -- | 11300.00 | Funds from Animal Husbandry dept. Doctor's travel and food = 500; Estimated cost of health check-up in 13 villages | |
| 4. Conducting immunisation camps along with the animal husbandry department | No. of camps conducted | Animal Husbandry department records and daily log of the head | 3 | 4 | 40500.00 | 500.00 | -- | 40000.00 | Funds from Animal Husbandry dept. Travel and tea = 500; Estimated cost of conducting vaccination/immunisation on camp | |
| 5. Monitoring construction of cattle sheds in the GP (Poultry shelter and sheep sheds) | No. of cattle sheds constructed | NREGS records | - | 45 | 1560000.00 | -- | -- | 1560000.00 | NREGS Funds | |
| | | | | | Total | 1614500.00 | 3200.00 | 0.00 | 1611300.00 | |

Annexure 13

O'Mittur GP Report card for the year 2013-14 - Program achievement and funds tracking

| Oorukunte Mittur GP Report card for the year 2013-14 (Program achievement and funds tracking) | | | | | | | | | | |
|---|--|--|---|-------------------------------|--------------------------------------|---|--------------------------|---|---|------------------------------------|
| Plans | | Process Metric | Baseline, Target and Achievement (per Year) | | | | | | | |
| Function | Activity | Process Metric | Baseline (as on 1st April '13) | Target (as on 31st March '14) | Achievement (as on March 31st, 2014) | Source of Info for Process metrics | GP Funds (Actuals) (INR) | Parallel structures funds allocated (INR) | Govt. line depts & schemes funds utilised (INR) | Source of line dept./ Scheme funds |
| Education | Ensuring SDMC meetings are held on monthly intervals in all 13 schools of the GP | No. of schools having SDMC meetings | 60 | 156 | 151 | Proceedings of the meeting of SDMC sent by the SDMCs to the GP | 2101.00 | 135000.00 | | SDMC funds for 13 schools |
| | Providing higher education support for BPL children (2 children by GP and 8 children by Grama Vikas) | No. of BPL beneficiaries | 2 | 8 | 10 | Record of sanctioned applications | 12000.00 | | | |
| | Repair of drinking water and toilet facilities in schools | No. of schools covered with drinking water and sanitation facilities | 12 | 13 | 13 | Visit by Head of Amenities to all villages & schools & SDMC reviews | 10000.00 | | | |
| | Monitoring Government Primary School Compound construction in Nagasandra ward | % completion of work | - | 100 | 100 | NREGS records | -- | | 59856.00 | NREGS |
| | Monitoring development/ levelling of School Playground in Bandahalli Village | % completion of work | - | 100 | 100 | NREGS records | -- | | 49938.00 | NREGS |
| Drinking Water | Conduct discussions with citizen group in 5 villages to adopt meters and drying pits | No. of villages in which water meters are installed | - | 5 | 6 | GP Pilot programme Records | 0.00 | | | |
| | Adopting meters (NRDWP pilot project) | | - | 5 | 4 | | 0.00 | | 2300000.00 | NRDWP |
| | Water quality testing (Chemical) | No. of tests | 2 | 4 | 5 | GP Records | 3450.00 | | | |
| | Water quality testing (Bacteriological) | No. of tests | 0 | 2 | 1 | GP Records | 2500.00 | | | |
| | Construction of rainwater harvesting system at Mittur PHC | % completion of work | - | 100 | 100 | NREGS records | 0.00 | | 59334.00 | NREGS |
| | Construction of check dam in Chiyandhalli ward | No. of check dams constructed | - | 1 | 1 | NREGS records | 0.00 | | 220277.00 | NREGS |
| | Improvement of Kalyanis in the GP | No. of Kalyanis reconstructed | - | 3 | 3 | NREGS records | 0.00 | | 211758.00 | NREGS |
| PDS | Issue new ration cards to families that do not have ration cards, as per new guidelines by the Department of Food and Civil Supplies | No. of new ration cards issued | 282 | 1028 | 527 | List provided by Food and civil supplies dept. | 3280.00 | | | |
| Sanitation | Cleaning of drains in all thirteen villages (once in four months) | No. of times the drains have been cleaned | 2 | 2 | 3 | VNHSC Records | -- | 130000.00 | 260000.00 | VNHSC and NREGS |
| | Constructing individual households toilets in 13 villages | No. of private toilets constructed | 384 | 782 | 769 | GP Records on NBA | -- | | 1257970.00 | NBA |
| | Cleaning of overhead tanks and systems | No. of times the over head tanks have been cleaned in all villages | 3 | 4 | 4 | GP Records/ Watermen meeting minutes | 52000.00 | | | |
| | Conducting Standing committee meetings | No. of meetings conducted | 3 | 6 | 3 | Minutes of meeting | 320.00 | | | |
| | Discussion with citizen forum in 6 villages regarding construction of cement roads | No. of citizen forums met | - | 6 | 6 | Minutes of meeting | 300.00 | | | |
| | Construction of cement concrete roads in 3 villages | No. of metres of road constructed | 350 | 700 | 560 | NREGS records | -- | | 675816.00 | NREGS |
| | Ensuring completion of all drainage works under NREGS | % completion of drainage works | - | 100 | 100 | NREGS records | -- | | 1466472.00 | NREGS |
| | Construction of feeding channel from Chitteri to O'Mittur lake | % completion of construction | - | 100 | 100 | NREGS records | -- | | 148596.00 | NREGS |

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Annexures

| Oorukunte Mittur GP Report card for the year 2013-14 (Program achievement and funds tracking) | | | | | | | | | | |
|---|--|---|---|-------------------------------|--------------------------------------|--|--------------------------|---|---|------------------------------------|
| Plans | | Process Metric | Baseline, Target and Achievement (per Year) | | | | | | | |
| Function | Activity | Process Metric | Baseline (as on 1st April '13) | Target (as on 31st March '14) | Achievement (as on March 31st, 2014) | Source of Info for Process metrics | GP Funds (Actuals) (INR) | Parallel structures funds allocated (INR) | Govt. line depts & schemes funds utilised (INR) | Source of line dept./ Scheme funds |
| Greening the village | Conducting meetings with citizens and watermen in all the villages | No. of meetings conducted | 2 | 6 | 4 | Head's report | 4000.00 | | | |
| | Planting 15000 saplings in the waste land and farmers' land in 5 villages of Grama Panchayat (Watershed department) | No. of saplings planted | 10000 | 15000 | 15000 | Watershed department records | 12000.00 | 0.00 | 600000.00 | Watershed department |
| | Ensuring survival of trees planted through citizen participation | No. of surviving trees, out of total planted last year | 7000 | 12000 | 9050 | Survey by watermen | 0.00 | | | |
| Revenue Generation | Conduct collection drives with wide publicity and participation from all GP members, to improve property tax collections | Total property tax for current year collected | 190,973 | 271,170 | 37,155 | GP Records | 0.00 | | | |
| | Assess property tax for the year, and the arrears for previous years for all properties in the GP, and issue demand notices for collection of arrears to ensure collection | Total property tax arrears collected | 43,357 | 43,357 | - | | 0.00 | | | |
| | Collection of tax from other sources | Total amount collected from auctioning of tamarind and other trees | | | 71,700 | GP Records | 0.00 | | | |
| | | Collection from leasing of movable/ immovable properties, and sale of goods | 385,400 | 100,000 | 7,000 | GP Records | 0.00 | | | |
| Tax collection from other sources | | | | GP Records | | 0.00 | | | | |
| Agriculture | Visit government department offices to collect information about government schemes | No. of visits to the Agriculture office | 8 | 15 | 19 | Log sheet of Production Head | 2400.00 | | 2003400.00 | Agriculture department |
| | Providing seeds, chemical, organic fertilizers and agriculture equipment, pesticides (tarpaulins etc.) to farmers | No. of farmers who have benefitted from the distribution | 247 | 524 | 828 | Raita Samparka Kendra & Agriculture department records | 0.00 | | | |
| | Providing organic fertilizers to farmers | No. of farmers who have adopted organic farming | 15 | 50 | 30 | Citizen forum discussions | 0.00 | | | |
| Agriculture | Construction of Gokunta/Cattle pond in Markalghatta Village | No. of Gokunte/Cattle pond constructed | 0 | 1 | 1 | NREGS records | 0.00 | | 48720.00 | NREGS |
| | Monitoring farm development activities under NREGS | No. of farm development activities taken up under NREGS | - | 18 | 18 | NREGS records | 0.00 | | 392718.00 | NREGS |
| | Improving silk production in the GP | No. of works taken up under NREGS to improve land conditions for silk farming | - | 27 | 27 | NREGS records | 0.00 | | 808578.00 | NREGS |
| Animal Husbandry | Immunization of animals in 13 villages | No. of livestock immunized | 4850 | 6420 | 7560 | Veterinary dispensary at the GP | 0.00 | | 130000.00 | Animal husbandry department |

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Annexures

| Oorukunte Mittur GP Report card for the year 2013-14 (Program achievement and funds tracking) | | | | | | | | | | |
|---|---|--|---|-------------------------------|--------------------------------------|--|--------------------------|---|---|------------------------------------|
| Plans | | Process Metric | Baseline, Target and Achievement (per Year) | | | | | | | |
| Function | Activity | Process Metric | Baseline (as on 1st April '13) | Target (as on 31st March '14) | Achievement (as on March 31st, 2014) | Source of Info for Process metrics | GP Funds (Actuals) (INR) | Parallel structures funds allocated (INR) | Govt. line depts & schemes funds utilised (INR) | Source of line dept./ Scheme funds |
| Health | Health check-up for school children in the GP's schools, across 13 villages | No. of health camps conducted across 13 schools | 1 | 2 | 1 | School records | 0.00 | | 57900.00 | Primary health Centre |
| | Quarterly Health check-up for 12 villages' anganwadi children | No. of health camps conducted across 12 anganwadi | 2 | 4 | 3 | Anganwadi records | 0.00 | | 3600.00 | Primary health Centre |
| | Conducting a health camp for groups of 2-3 villages | No. of health camps conducted | 2 | 2 | 0 | PHC records | 0.00 | | | |
| | Regular meetings with ASHA workers to provide support regarding health issues | No. of meetings/ inspections | 2 | 2 | 3 | PHC records | 900.00 | | | |
| | Increasing awareness among citizens about health along with ASHA workers | No of activities/ events | 2 | 11 | 2 | PHC records | 2100.00 | | | |
| Housing | Track progress of construction of houses approved in 2012-2013 under Basava Housing scheme | No. of houses completed | 42 | 159 | 77 | GP records | 6000.00 | | 12000000.00 | Basava Housing Scheme |
| | Preparing list of beneficiaries requiring homes in 13 villages | No. of beneficiaries identified | 154 | 80 | 130 | Ward Sabha register | 0.00 | | | |
| | Registering the houses in the names of beneficiaries and preparation of documents | No. of houses registered to the beneficiaries | 121 | 80 | 6 | Taluk Panchayat records | 5000.00 | | | |
| Nutrition | Conducting Anganwadi workers' meeting. (To discuss the problems of the anganwadi centre and food) | No. of meetings conducted | 2 | 4 | 3 | Meeting minutes book at the GP | 0.00 | | | |
| | Meeting with Bala Vikas Samiti (To discuss issue relating to nutritious food to children) | No. of Anganwadis having Bal Vikas Samiti meetings | 3 | 144 | 34 | Anganwadi records | 0.00 | | | |
| | Visit to Anganwadi center, checking the documents with details of nutritious food | No. of Anganwadis with rating B & above | 0 | 12 | 8 | Records available with Social Justice Head | 500.00 | | | |
| | Discussion with big farmers to contribute vegetables and nuts for mid-day meal in 5 schools. | No. of schools with rating B & above | 0 | 14 | 2 | Records available with Social Justice Head | | | | |
| Street Lighting | Providing streetlights in all 13 villages | No. of new CFL lights installed | 0 | 173 | 173 | GP records | 175000.00 | | | |
| | Adopting switches for each streetlight to control wastage of power | No. of functional switches | 0 | 32 | 6 | GP records | 0.00 | | | |
| | Maintenance of street lights | No. of Functional street lights | 172 | 173 | 123 | Survey by Amenities Head | 0.00 | | | |
| Complaint handling | Capture grievances related to different functions in the GP | No. of complaints recorded | - | - | 98 | Complaint register at the GP | - | | - | |
| GRAND TOTAL (INR) | | | | | | | 281,851.00 | 265,000.00 | 22,754,933.00 | |

* NREGA, NBA, IWMP, NRDWP

TOTAL FUNDS SPENT/TRACKED BY THE GP (INR)

23,301,784.00

**Centre for Decentralised Local Governance (CDLG), Avantika Foundation,
Bangalore**

Centre for Decentralised Local Governance (CDLG), Avantika Foundation's work focuses on building organisation capacity of urban and rural local self governments. Its work builds on three years of work on the Gram Panchayat Organisational Development (GPOD) project in Kolar and Chikaballapur districts in Karnataka, undertaken by Arghyam, a Bangalore based foundation which works towards sustainable water and sanitation. Through an action research methodology, the GPOD project enabled Gram Panchayat elected representatives and officials to work closely with management and development experts to strengthen the organisational capacity of Gram Panchayats, resulting in tangible improvements in their performance as local self-governments.

CDLG, Avantika Foundation plans to upscale its work towards organisation development in different geographies, in partnership with Panchayats and Town Municipalities, Government ministries and departments and civil society and professionals drawn from diverse sectors and management practices. It is presently working in partnership with Tata Institute of Social Sciences (TISS), Mumbai on a Local Governance Young Professionals program. In addition, CDLG has received a mandate from Ministry of Panchayati Raj, Government of India and Department of Rural Development and Panchayati Raj, Government of Karnataka, to work towards strengthening thirty Gram Panchayats in Mulbagal Taluka, Karnataka, under the Rajiv Gandhi Panchayat Sashaktikaran Abhiyaan (RGPSA).

Avantika Foundation, a Section 25, not-for-profit organisation, was set up in August, 2012, and established the CDLG in furtherance of its object to developing effective leadership amongst elected representatives, officials and other stakeholders in decentralized governance through Panchayati Raj institutions and Municipalities. It has been co-founded by Sonali Srivastava, an organisation development and change management professional and Swaroop Iyengar, a strategy and finance professional, along with a former Indian Administrative Services officer, TR Raghunandan. The latter served as Joint Secretary, Ministry of Panchayati Raj, Government of India and Secretary, Rural Development and Panchayat Raj Department, Government of Karnataka. CDLG has received its initial support from philanthropist in the development sphere, Ms. Rohini Nilekani.





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