



# DEVELOPING GRAM PANCHAYATS IN A BACKWARD DISTRICT:

A Scoping Study on Gaya, Bihar

By  
**SIGMA Foundation**

WITH SUPPORT OF  
**UNICEF, BIHAR STATE OFFICE**



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# Chapter I: Introduction

## Background

1.1 The earliest village republics of India can be traced back to areas which are now in the state of Bihar. The colonial intervention significantly altered the village communities in India and therefore Bihar as well and created a new form of local governance system following the Mayo Resolution of 1870. In 1885 the Bengal Local Self Government Act created district boards and local boards at the district and sub-divisional levels. In 1922 The Bihar and Orissa Village Administration Act created fully elected union boards and also a few elected Panchayats. After independence the Bihar Panchayat Raj Act of 1947 was enacted. By 1957 a total of 7,670 Panchayats were in place in the state. The Bihar Panchayat Samiti and Zilla Panchayat Act of 1961 created the Block and Zilla Panchayats. By 1970 all three tiers of the Panchayats were operational in the state. Following the Ashok Mehta Committee report in 1978 elections were held to the panchayats. However, this election was marred by violence and nearly 10 per cent of the Mukhiyas (Gram Panchayat Presidents) were elected unopposed due to threat to rival candidates. From then onwards Panchayati Raj (PR) in Bihar took a downturn as elections were not held till 2001. In the meanwhile, after the 73<sup>rd</sup> Amendment to the Indian Constitution in 1993 a new Panchayat Act was enacted. In 2006, the new government led by the Chief Minister Shri Nitish Kumar replaced the 1993 Act by the new Panchayat Act of 2006. A Ward Implementation Management Committee (WIMC) has been added as a structure below the Gram Panchayats (GPs) through amendment of the Act in 2017.

1.2 As far as decentralisation is concerned, twenty departments have, on paper, transferred 79 functions to the GP, 60 functions to the Panchayat Samiti (PS) and 61 functions to the Zilla Parishad (ZP)<sup>1</sup>. While the numbers are impressive, the report of the Fourth State Finance Commission has stated that such transfers are more in the form of “delegation” rather than “devolution” and “no substantial responsibility and resource was given to these institutions”. The Departments that have transferred functions are: Agriculture, Revenue and Land Development, Water Resources (Minor irrigation), Animal Husbandry and Fishery, Forest and Environment, Industry, Public Health Engineering, Rural Development, Rural Engineering, Energy, Primary Education, Adult Education, Literacy, Cultural Activities, Medical, Family Welfare, Social Welfare, Welfare of the Handicapped, Public Distribution System and Relief and Rehabilitation.

## Context of the Study

1.3 UNICEF Bihar has partnered with the Department of Panchayati Raj, Government of Bihar, to strengthen local government in Bihar for the past several years. In continuation of the effort, it has formed a partnership with SIGMA Foundation, Kolkata, to provide technical support in terms of research, documentation and capacity building over a period of 15 months from November 2018. An important component of the technical support is to carry out a pilot project at one selected block of Gaya district for strengthening the Gram Panchayats. Prior to the project intervention, a Scoping Study was planned so that intervention can be based on sound understanding of field realities.

## Methodology

1.4 The purpose of the Scoping Study was to understand the institutional processes related to functioning of the GPs of Gaya district. It was considered judicious that the process of institutional functioning like system

<sup>1</sup> Government of Bihar, 2010, *Report of the Fourth State Finance Commission*, Patna, Annexure VII, p. 132

of collective decision making through functioning of the Standing Committees, financial management, planning for development and implementation of the plan, participation of the people and coordination with other departments having their functionaries at the GP level will be better understood through qualitative survey. The team of experts visited selected GPs and the Block offices concerned for interaction with the GP and higher-level functionaries respectively. Experts from different domains namely, governance, financial management, capacity building and ICT, visited selected GPs and blocks for that purpose. The team of experts collected primary data from the Blocks and GPs they visited in order to gain necessary insights on functioning of the GPs. The names of the Blocks and the GPs of Gaya district studied are mentioned in Table 1.

<b>Table 1: Schedule of Field Visits for the Study</b>		
<b>Date of visit</b>	<b>Place of visit</b>	<b>Name of Persons</b>
03.01.19	GP-Shadipur, Block Manpur	Mr. Dilip Ghosh, Mr. Debraj Bhattacharya, Mr. Ganesh Choudhary, Mr. Imtiyaz Ahmad
	GP-Bhore, Block Manpur	Mr. Dilip Ghosh, Mr. Debraj Bhattacharya, Mr. Ganesh Choudhary, Mr. Imtiyaz Ahmad
23.01.19	GP-Rasalpur, Block Gaya Sadar	Mr. Nirmalya Sarkar, Ms. Piyali Roy, Mr. Ganesh Choudhary
	GP-Churi, Block Gaya Sadar	Mr. Nirmalya Sarkar, Ms. Piyali Roy, Mr. Ganesh Choudhary
24.01.19	GP-Gehlor, Block-Mohra	Mr. Nirmalya Sarkar, Ms. Piyali Roy, Mr. Ganesh Choudhary, Mr. Imtiyaz Ahmad
25.01.19	GP-Chetab Kalan, Block Sherghatty	Mr. Ganesh Choudhary, Mr. Imtiyaz Ahmad
28.02.19	GP-Rasalpur, Block Gaya Sadar	Mr. Nirmalya Sarkar, Mr. Imtiyaz Ahmad
	GP-Churi, Block Gaya Sadar	Mr. Nirmalya Sarkar

1.5 The first visit of the study team was on 3-4 January'2019 and the second visit was on 23-25 January '2019. During 3-4 January 2019 the team visited Shadipur and Bhore Gram Panchayat under Manpur Block of Gaya district. In second phase (23-25 January'19). The study team visited Rasalpur Gram Panchayat & Churi Gram Panchayat under Nagar Block, Gahlor Gram Panchayat under Mohra Block and Chetab Kalan Gram Panchayat under Sherghatty Block. During these visits, status and functioning of WIMC was also examined by visiting a few Wards at random. For assessing the status of functioning of the GPs, the following methods were applied:

- FGD at GP level
- Interaction with the key BDOs/BPROs at the block level
- Discussion with the Chairmen/Secretaries/Members of different WIMCs of a Gram Panchayat
- Visit of schemes being implemented and monitored by WIMC

The team also reviewed documents available in the GP for assessment of the functioning of the GPs. Physical observation of the working space in the GP office was also taken into consideration for assessing the

functioning of the GP. This was complemented by studies of the relevant Acts, Rules, Government Orders and other policy documents.

1.6 The Blocks and GPs were selected at random to cover different types of blocks distributed across the district. In addition to said blocks, a visit was made to Manpur block of the district to have in-depth discussion with the line departmental officials about their engagement in the affairs of the Panchayats. these field visits to Gaya district, several consultations were held with Department of Panchayati Raj and officials of UNICEF Bihar Field Officer, to understand the state-level policy issues and support system related to functioning of the GPs. Data available from Plan Plus on schemes taken up under GPDP and progress of implementation of those schemes uploaded in the Action Soft were also studied.

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## *Chapter II: Governance & Collective Functioning*

### Functioning of the Standing Committees

2.1 The GPs as the elected local government have to function through collective responsibility of the elected members. The Mukhiyas in Bihar are elected directly and is not dependent on the support of the Ward Members, who are not associated with the decision-making processes of the GPs. Under Section 25 of Bihar Panchayat Raj Act 2006, Gram Panchayat is to constitute six Standing Committees to guide functioning of the GPs, where, apart from all the elected members, the departmental officers can also be associated in providing technical support in functioning of the GPs. The most important problem observed by the study team was very succinctly summed up by the Principal of the Divisional Panchayati Raj training centre at Gaya, when he pointed out that without making the Standing Committees functional, the GPs cannot be activated as an effective institution of local government. At present there is no rule or guideline on how the Standing Committees would be constituted. As a result, neither the elected members (other than the Mukhiya) nor the officials of the related departments are associated with functioning of the GPs. There are no instructions on the frequency of the meetings of the Standing Committees and the specific tasks to be carried out by the different Standing Committees.

### Need for Specific Order on Standing Committees and Building Capacity

2.2 The Standing Committees can be activated only by making its functioning mandatory and prescribing their roles and responsibilities and the modalities of functioning. The order should ensure participation of the officials of the line departments with concurrence of the department concerned. Thereafter, the Panchayat members as well as the related functionaries of the line departments are to be oriented on their roles in making the Standing Committees functional by performing their prescribed roles related to different devolved activities.

### Opinion of Line Departmental Officials of Block Manpur

2.3 As mentioned before, Manpur block was visited to interact with the officials of the line departments. The views of the officials whom the team met are given below:

2.3.1 The **Block Education Officer** mentioned that that they had no idea of the Standing Committees at the Gram Panchayat level and their role, but one of the major problems the entire school system of the district has been facing is that of double enrolment. The children enrol themselves in government schools for uniform and mid-day meals but pursue their studies in private English-medium schools. This could have been avoided if the Standing Committee on education had kept an eye on both the functioning of the schools and making the parents aware that such double enrolment was illegal.

2.3.2 The **Block Swachhta Mission Coordinators** informed the study team that in the past people of the area were paid subsidy for construction of Individual Household Latrines (IHHLs) in advance but many of them failed to construct the IHHL even after receiving the subsidy. The GPs did not, and still do not, have any role in implementation of the programme. It may be mentioned that the role of the GP, as per the SBM (Gramin) Guidelines, is to be decided by the state government and there was no specific responsibility that was assigned to the GPs except mobilization of the people in general. Consequently, there has been no local-level monitoring system that could have ensured better accountability on the part of all the stakeholders for better implementation of the Swachh Bharat Mission as well as promoting and monitoring behavioural change in sanitary practices and use of toilets in the community.

2.3.3 The **Marketing Officer** of the Food and Consumer Protection Department said that both the Antyodaya Anna Yojana and the programme for priority households would be delivered much better if the Vigilance and Oversight Committee at the GP level is activated, and the Panchayat members are oriented on how to play their role effectively. The Block Level Vigilance Committee, which meets monthly, was not able to create much impact on the grassroots level because the complaints are often against the dealer and such complaints do not directly reach the block office. It is only the GP level committees that can effectively keep a tab on how the system is functioning but the Committees hardly met.

2.3.4 The **Area Coordinator**<sup>2</sup> of Jeevika programme of the block said that the SHG members are involved in making the village ODF, promote literacy and awareness generation on safe motherhood, but there is no structured and regular system of making the SHG members aware of other government initiatives. She felt that there is a need to update their knowledge base on issues such as waste management and some of them could be specially trained to act as resource persons for orienting the community members. She agreed that these objectives could have been achieved through an institutional linkage with an active Standing Committee on Women and Child Development at the GP level.

2.3.5 The **Jeevika Mitra**<sup>3</sup> of the block said that the Panchayats may extend support to the SHGs which are engaged in agriculture and allied activities, whose number is quite large. Marketing is a problem for the SHG groups. Further, there was no place in the GP where the SHGs could meet and the GP could extend help in augmenting their livelihood opportunities by using programmes like MGNREGS, which the GPs implement. It was found during the field-work that the Jeevika Mitra had no connection with the GP. Jeevika functionaries do not have ex-officio linkage with the Standing Committees. The Mukhiya of Shadipur GP informed the study team that there used to be a **Jeevika Saheli**<sup>4</sup> for facilitating development of the SHGs within a cluster of GPs. There were 103 SHGs in the cluster including the SHGs of Sadipur GP and the Jeevika Saheli used to make the SHG members aware of various programmes which could benefit them. This post has been recently withdrawn.

2.3.6 The staff of Food and Supplies Department of the block was not available during field visit but all the other participants who were present to interact with the study team members seemed quite unhappy about the functioning of the Public Distribution System. The problem they mentioned included – (a) Ration was not received on time, (b) entries in ration card were made quite arbitrarily, (c) no one dared to take up issues with the dealer concerned as he was known to be a “*dabang*” (high-handed person of considerable influence), (d) quality of food grains supplied were quite bad, (e) there was no system of lodging complaints against the PDS dealer (it wasn’t clear why they could not think of invoking the Bihar Right to Public Grievance Redressal Act, 2015) and (e) there is a committee set up by the F&SCP department, known as the Samajik Nyaya Samiti, which was supposed to take care of monitoring the functioning of PDS but it never met.

<sup>2</sup> Area Coordinator is responsible for specific assignments which include Micro Planning, Bank Linkages, Community Institution Building, livelihood promotion and social development at block level. Area Coordinator is employed under Bihar Rural Livelihood Project Society (BRLPS).

<sup>3</sup> Jeevika Mitra (also known as Community Mobilizer) act as a facilitator for conducting timely SHG/VO meetings and also maintain their books of Accounts. They work towards building and nurturing of community institutions. Jeevika Mitra is part time staff of Village Organization (VO).

<sup>4</sup> The major task of Jeevika Saheli (also known as Women Outreach Workers) is to identify latent health issues such as reproductive health of women and to suggest ways to mitigate these issues. Jeevika Saheli is SHG member and selected by Village Organization (VO) working with Jeevika.



2.3.7 The Anganwadi Supervisors of Bhore GP stated that Village Health Sanitation and Nutrition Days (VHSNDs) were being observed in the Anganwadi Centres (AWC) but the Ward member and the guardians of the children were not interested in attending those. One of the Ward Members of the GP present protested saying that he was never invited to attend by the Anganwadi Worker (AWW) concerned to attend the VHSND. The Supervisor also did not have any idea of the GP level Standing Committees and their roles. There were 14 AWCs within the GP of which 11 had their own buildings. Only 4 of those AWCs had functional tube-wells and 3 had toilets. Interestingly, the Supervisor's statement was mostly related to infrastructure shortages in Centres; apparently, she didn't have much idea of the state of stunting, wasting and underweight children in the area.

#### **Box No. 1: Problems of a Mahadalit Tola:**

The ANM of Shadipur GP of Manpur block talked about the reluctance of inhabitants of Mahadalit Tola to get their children immunized. The Ward member of the area concerned was a lady who was not present in the meeting. Her husband was participating in the meeting as her representative. Apparently the ANM too did not deem it necessary to bring this problem to the Ward member, as she thought that the member will not be of much help in solving the problem. Another problem she faced was seasonal migration of the families which negatively affected complete immunization. Responding to the query that the NFHS 5 Fact sheet for Gaya district indicated very low consumption of iron tablets by pregnant mothers, she mentioned that there was considerable demand for the tablet and the pregnant women were regular in taking the same. She had problems with immunization as the vaccines didn't always arrive on time. The ASHA of the GP too didn't receive payment on time. The ANM of Bhore stated that her Sub-Centre covers a population of 9,615 having substantial coverage of Mahadalit population. The centre had no electricity and runs from hired premises. She finds herself overloaded with the large population she needs to take care of. Neither of them had any connection with the Standing Committees of the GP. A functional Standing Committee could resolve many of these issues. The Vikas Mitra from Shadipur GP narrated the other side of the plight of being a Mahadalit. Not all children from the Mahadalit areas are able to attend the ICDS centre as they have problem in crossing a road which runs between their habitation and the Centre. The Sub-Centre catering to the Mahadalit area did not have running water supply and water was available from a tube-well. There have been instances of child death immediately after birth in the local hospital which demotivates the expecting mothers of the area to go the hospital for institutional delivery. It was interesting to note that the male Ward member representing the Mahadalit tola looked quite indifferent while these issues were being discussed, probably under the impression that all these issues are not within his purview. Therefore, proper orientation of the elected members on a sustained basis is a critical need.

### **Functionaries**

2.4 It is well-known that throughout Bihar, and Gaya is no exception, GP Secretaries have to remain in charge of more than one GP. Many of the GP Secretaries do not have the desired qualification and training and they severely lack capacity as was found in the field visit. However, the study team found that functionaries such as Gramin Awas Sahayak, Vikas Mitra, Panchayat Rozgar Sewak, Krishi Salahkar and Executive Assistant associated with Gram Panchayat were engaged in development works of the Gram Panchayat. It is possible to utilize their services more effectively for strengthening the activities such as awareness of available schemes at Gram Panchayat and block level, regular follow-up of availing services

especially child development programmes within their respective focus areas, monitoring the barriers faced by the people in getting due benefits for taking up those issues by the GPs with the appropriate authorities, preparation and implementation of the Gram Panchayat Development Plan (GPDP) of the GP etc.

### Engagement of the Community Members

2.5 Interactions with members of the public and community-based organizations such as the SHGs revealed that there is inadequate understanding of the system of governance and of the roles and responsibilities of the Panchayats. This is a major impediment in people's participation in GP activities. There has been little devolution of functions by the state government for which the GP will be responsible except activities like mobilizing the community for taking benefit of the government programmes. The GPs can mediate improvement of service delivery with the officials concerned of the department for which they lack capacity, as was found through interactions with the GP functionaries. There is lack of coordination with various departmental activities as observed on the ground. For example, the SHG movement, especially of the women, has gained a lot of momentum in the State and the SHGs are being organized in to Clusters within every GP. However, there is little coordination between the Jeevika functionaries or the SHG office bearers and the GP. A representative of SHGs has been made an ex-officio member of the WIMC but the SHG Cluster leader who participated in the discussion with the study team at Shadipur GP was totally unaware of the role of the SHGs in the WIMC. Special drive needs to be taken up to improve the understanding of the GPs and SHGs on how there can be synergy in their functioning and how the SHG members as well as the entire society can be benefitted through proper implementation of all the development programmes within their areas. The government needs to also outline the procedural aspects of how the SHGs can be made an active associate of the GPs and the WIMCs for their better functioning.

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## *Chapter III: Financial Management*

### **Introduction**

3.1 This chapter analyses the financial management in the Gram Panchayats of Gaya District. It presents both the findings from the field-visits and, based on the analysis, recommendations on what is to be done for improving financial management of the GPs. Financial management and related issues were studied in three GP and the findings are placed below.

### **Study of GP Rasalpur under Nagar Block**

3.2 GP Rasalpur of Nagar block of Gaya district was visited by the study team on 23<sup>rd</sup> January and 28<sup>th</sup> February, 2019. The GP Secretary was working there for three years in the same capacity and was also in charge of three other GPs. The number of personnel working in the GP was seven, viz., Gram Panchayat Secretary, Krishi Salahakar, Panchayat Rozgar Sevak, Gramin Awas Sahayak, Vikas Mitra, Revenue Clerk and Executive Assistant (EA). Recently, one Data Entry Operator (DEO) and one Accountant have been posted in the GP on contractual basis by the Block, who will be responsible for providing support to other four nearby GPs as well. In respect of other posts, though there should be one such person in each GP but most of the employees were in charge of more than one GP, resulting in huge workload on each of them. Out of these employees, the posts of GP Secretary and Revenue Clerk were permanent and the rest were contractual. The posts of EA, VM and KS are engaged directly by the District Magistrate's Office while the post of PRS, AS, DEO and Accountant are filled up by the District Magistrate's Office through Bihar Gram Swaraj Yojana Society. Further, one Block Facilitator for the whole Block has been recruited and he is now working from this GP. His duty is to supervise the proper functioning of the Panchayati Sarkar Bhawans in the Block, including attendance of the GP staff.

3.3 The GP has not received any job allocation order for its employees though the BPRO confirmed the presence of such an order. She was requested to forward the same to the GPs at the earliest but the GPs were yet to receive such an order till end of February 2019. The GP looks after the implementation of works under taken out of funds recommended by the Fifth State Finance Commission (SFC) and Fourteenth Central Finance Commission (CFC). Most of the amount received under those two grants, are earmarked for implementation of the Mukhyamantri Saat Nischay Yojana by the Ward Committees within the GP. The GPs do not have any own income other than grants from the Finance Commissions. Funds released under the Fifth SFC, the Fourteenth CFC and Kabir Antyeshti Anudan Yojana are credited directly to the bank account of the GP. Separate Bank accounts are maintained for each stream of funding.

3.4 Land Revenue is collected by the Revenue Clerk and deposited directly in the Block office. As a result, no detailed list/register of the households are maintained by the GP. The GP does not have any source of non-tax revenue. Lack of own funds is a major barrier in developing the GPs as local government and to bring them out of their perception as an agent of the government.

3.5 The study team was informed that in the GP, written Supply Orders are issued for purchase of materials (for civil works or for office stationaries) but the labourers for the works are engaged through verbal communication. The GP Secretary looks after these works. Advances, when required, are given to him by the Mukhiya for making payment of wages and purchasing materials. Bills are processed through files and placed to the Mukhiya for approval. After approval, payment is made by cash/cheque. However, no such supply order or file was available in the office. Neither any Government Order was available in the office. When enquired,

it was informed that as there was no night watchman in the GP office, all important records and documents are kept in the personal custody of either the Mukhiya or the GP Secretary. No cash balance is held by the GP. When cash is required for payment of wages to the labourers, it is withdrawn from the Bank and disbursed on the same day. If the funeral expenses of Rs 3000 is required to be paid to the eligible villagers (under Kabir Antyeshti Anudan Yojana), it is generally paid by the staff of the GP either individually or collectively which is reimbursed later by withdrawing cash from the Bank. Thus, the situation of holding cash in the office never arises. The sweeping charges and other petty miscellaneous expenses are borne by the staff of the GP as there is no specific fund available for the purpose.

3.6 An advance is to be released after adjustment of the earlier one, if any. But from the discussions, it appeared that the procedure was not followed rigorously. There was no specific time or format for furnishing adjustments of the advances taken, which increases fiduciary risks.

3.7 Separate Cash Books are maintained for each stream of fund. Cash Books are written and signed by the Secretary daily and countersigned by the Mukhiya, but not on a regular basis. Interest credited in the Saving Bank Account are utilized if there is a specific Government Order in this regard, otherwise these remain unutilized. Similarly, when a Government programme is closed, the relevant Bank Account is closed if there is a Government Order to do so; otherwise it remains alive but non-operational. Presently, there are seven Bank Accounts of the GP, of which four are operational, viz., Fifth SFC, Fourteenth CFC, Mukhyamantri Saat Nischay Yojana and Kabir Antyeshti Anudan Yojana. The rest three, viz. Fourth SFC, Thirteenth CFC and BRGF are non-operational. The tenure of the earlier SFC and CFC are over and there should not be any balance out of those and the accounts should be closed. Similarly, the BRGF programme has been closed long ago and the account should be closed. These reflects lack of routine monitoring and guidance to the GPs. The GPs prepare Bank Reconciliation Statements as and when required but not routinely at the end of each month. Stock Register (for office assets and stationaries), Letter Receipt and Issue Register, Gram Sabha Panji, Cheque Register are the other registers maintained by the GP.

3.8 No payment other than salary is made to the staff. The salary is drawn and disbursed by the Block office on the basis of Absentee Statement furnished by the GP. Monthly Accounting Reports are sent to the Block and the study team was told that the format was developed by the block. Annual Accounts are prepared by the GP and audited on a regular basis by CA firms. AG audit is carried out as per their schedule, which is generally conducted much later than the closure of the financial year. There was no system of Internal Audit.

3.9 In respect of the works taken up by the WIMCs, the concerned Committee approves the purchases and place Purchase Orders, both in specific formats. The WIMCs are released funds which are to be adjusted against expenditure made by the WIMCs. No such adjustments were being submitted and the entire amounts released to the WIMCs remained as unadjusted. The audit will be conducted at the end of the GP and before that all adjustments should be received by the GP. The study team was told that the GP was persuading the WIMCs to submit adjustments. It has also started meeting the WIMC functionaries on each Wednesday to monitor progress of work and to also follow up on submission of adjustments.

3.10 It was gathered from the discussions that preparations of Budget had been abandoned since couple of years ago since the BDOs stopped asking for that. The BDO, when asked mentioned that the GPs should use PlanPlus software to reflect their budget. However, the GPs were not using the PlanPlus and did not have capacity to do so in absence of both infrastructure and training. The study team was told that for the year 2019-20, the GP would request the Government through Gram Sabha to enhance the allotments by 25% over



the current year's allotment. However, the BPRO informed that the PlanPlus Software was being used to serve the purpose of the Budget for the last couple of years.

### GP Churi under Nagar Block

3.11 The financial management followed in this GP was similar to what was followed in Rasalpur. However, there was some difference in financial management and other aspects of functioning of the GP, as mentioned below.

- i. All the employees other than the Secretary were attached to this GP. Sanctioned strength was similar to Rasalpur with the exception of the DEO and Accountant (one post has been created for every four GPs). No furniture other than some chairs and tables and a computer could be seen in the office. The computer, as it appeared to the study team, was not being used by anybody.
- ii. Civil work related expenses like purchase of bricks, cement, sand etc. and payment of wages were made on the basis of verbal order; as informed, written approval was accorded by the Mukhiya before payment of any bill.
- iv. No record related to financial transactions and minutes of meeting of the GP was available in the office from which the GP was functioning and all the records were kept by the Mukhiya and the Secretary in their residences.
- v. The GP had no idea about Bank Reconciliation Statements. Bank transactions were entered in the Cash Book on the basis of Bank Statements. Out of its eight bank accounts, four were operational (same as in Rasalpur), the non-operational bank accounts were for Fourth Finance Commission, Thirteenth Finance Commission, BRGF and Mukhyamantri Gramodaya Yojana. As learnt from the Secretary, the GP had no problem with the Wards though no adjustment from any of the wards had been received so far against the Advances made to them by the GP. Thus, the employees were not even able to appreciate the problem of non-adjustment of advances, which will be a major problem in future. As informed, Ward Committee were meeting to manage the Ward related activities but the meeting was not regular.
- v. The GP was not aware of any system of budgeting. As mentioned earlier, the preparation of the budget was discontinued and the GP functionaries had little idea of why preparation of budget is necessary, how that helps to control expenditure authorization and maintaining financial discipline. In a nutshell, no institutional approach for management of finance or other activities were found in this GP. There is need for training of the GP functionaries on importance of budget and how the same has to be prepared. Government should also issue order that it is mandatory to have the budget prepared and approved before beginning of the financial year and the GP will not be authorized to make any expenditure without an approved budget and expenditure can be made on activities as approved in the budget.
- vi. Further, the GP did not have its own building, it was functioning from the Kishan Bhavan in the GP area. Land has been reportedly identified for construction of the GP office building.

### GP Gehlor under Mohra Block

3.12 The important features of functioning of this GP are briefly narrated below:

- i. The GP Secretary was under reemployment after retirement on superannuation and was in charge of three GPs. The employee strength was same as that in Rasalpur GP. The EA looked after the Ward level activities and had to upload the details on the basis of a specified format. He also looked after other programmes like GPDP, PRD Mission Antyodaya Yojana, DDU Sashaktikaran Purashkar, ND Purashkar, RTPS, etc. The Accountant had to maintain the accounting software (GPMS) prepared by BGSYS. The software was yet to be installed in the GP. It was informed that after installing the

software, the Society would arrange for a handholding training for six/seven GPs at a time to make it operational.

- ii. Out of the eight Bank accounts, four were operational and four non-operational (same as in Churi GP mentioned above). Bank Reconciliation Statements were not required as entries for Bank transactions were made on the basis of Bank Statements. This process is an improper one as it not only delays the writing of the cash book but also makes the updation of cash book dependant on outside (i.e. bank's) records rather than entrusting the inhouse records and documents.
- iii. Work/Supply order were issued verbally, written approval was obtained before payment was made.
- iv. No advance was being given to anyone other than to the Wards.
- v. Documents and records were generally kept in the office, i.e., the Panchayat Sarkar Bhawan. Asset Register only for the office furniture and equipment were maintained. Neither was there any stationary register nor were there any details about the household in the GP.
- vi. There was no problem faced by the GP in dealing with the Wards, though it was yet to receive any adjustment from any of the Wards against the advances made. Around Rs. 75 lakhs in total have so far been advanced to nine out of 12 Ward Committees in the GP during the last eighteen months.
- vii. No Rule, Regulations or Government Order on the financial management practices including procedure to be followed for making payment in advance and how those should be adjusted were available in the GP office. The Cash Books and Audit Reports of the GPs shown to the study team were updated. The GPs were following the procedures which they thought would meet the requirement for audit. There was no supervision to check whether the procedure was acceptable or not. There is need to notify the Financial Rule for the GPs, which as informed by the Principal Secretary in an interaction, was being prepared..

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## Chapter IV: Ward Implementation and Monitoring Committee (WIMC)

### Background

4.1 Ward Implementation and Monitoring Committee came into being after insertion of a new Section 170B in the Bihar Panchayat Raj Act, 2006, in 2017. By this amendment, a Ward Sabha has been empowered by the Act to constitute the Ward Implementation and Monitoring Committee in its Ward. Subsequently, The Bihar Ward Sabha & Ward Implementation and Management Committee Conduct of Business Rules, 2017, was framed to transact the business and activities in the Ward Sabha as well as Ward Implementation and Management Committee (WIMC). Out of top prioritised seven commitments (Saat Nischaya) of the Hon'ble Chief Minister, Bihar, the task of implementation and monitoring of two Nischaya Yojana, namely *Mukhyamantri Grameen Peyjal Nischaya Yojana* and *Mukhyamantri Grameen Gali Nali Pakkikaran Nischaya Yojana*, were assigned to WIMC by Lt. No. 5751 dated 30.06.2017 and Lt. No. 5752 dated 30.06.2017, respectively. While *Mukhyamantri Grameen Peyjal Nischaya Yojana* aims to provide clean and secured drinking water to every household with pipeline connection, on the *Mukhyamantri Grameen Gali Nali Pakkikaran Nischaya Yojana* is meant for construction of pucca road in the village with the networks of pucca drains.

### Study of the WIMCs

4.2 The status of functioning of the WIMCs was also examined through conducting FGD and discussions as well as physically inspecting the schemes implemented by the WIMCs, as mentioned in Chapter II. The findings are mentioned below:

### Findings from the FGD at GP level

4.3 In course of visits to the above-mentioned Gram Panchayats, the study team conducted FGD covering various issues. Views of the GP level functionaries on the functioning of WIMC were also ascertained separately. The following facts surfaced –

- i. All Gram Panchayats had released the fund for two Nishchaya Yojana to the respective WIMC accounts.
- ii. WIMCs were waiting for next allotment.
- iii. All Mukhiyas said that they monitored the implementation of the schemes.
- iv. However, the Public Works Committee of the GP, which has been made responsible for monitoring functioning of the WIMCs were found to be non-functional. It is worthwhile to mention that this Committee consists of all Gram Panchayat Members (Ward Members). Activities of all WIMCs can be reviewed periodically if the Public Works Committee functions properly.

### Discussion with the Chairmen and Secretaries of Different WIMCs

4.4 The study team held discussions with Chairmen and Secretaries of six WIMCs of Churi Gram Panchayat under Nagar Block. The following facts came to the fore:

- i. Secretaries were found to be competent.
- ii. All of them brought two resolution books: one for Ward Sabha where schemes were selected for two Nischaya Yojanas and another was to record the proceedings of WIMCs.

The Secretaries expressed their need for training covering all aspects, like maintenance of accounts and other activities, which have been assigned to a WIMC under the Bihar Act and Rules.

### Discussion with the Members of a WIMC

4.5 The study team held a discussion with the members of a WIMC in GP Gehlor under Mohra Block and tried to assess the extent of their roles in the functioning of the WIMC. Except Chairman and Secretary, all other members were found to be unaware about roles and responsibilities of a WIMC.

### Visit of Schemes Being Implemented and Monitored by WIMC

4.6 The study team visited schemes in Chetab Kalan Gram Panchayat under Sherghatty Block as well as in Gehlor Gram Panchayat under Mohra Block. The key findings are:

**(a) Ward No 4 of Chetab Kalan Gram Panchayat under Sherghati Block:**

- Both schemes were successfully completed.
- Quality appears to be good and common people were found satisfied.
- Residents of Dalit Tola are waiting for the construction of pucca road in their Tola.

**(b) Ward No. 9 Gehlor Gram Panchayat under Mohra Block:**

- Quality of road was found satisfactory but the drain was not constructed by the side of the road.
- The WIMC has failed to execute Peyjal Nischaya Yojana because the available boring machine fails to penetrate beyond 100ft, whereas boring up to 300ft is needed here.
- Secretary of WIMC informed the study team that there are four Government-owned hand-pumps functioning for about 100 families. People are experiencing trouble due to inadequate source of water.

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## *Chapter V: Decentralized Planning*

This chapter focusses on the problems faced by the Gram Panchayats of Gaya district in planning for the development of the people of the GP. While participatory planning is an excellent idea in theory, it is often seen that that GPs in backward areas do not have sufficient capacity to implement participatory plans. Hence the chapter has tried to analyse the strengths and weaknesses of participatory planning in the district.

### Field Studies

5.1 Panchayat Sachiv of Shadipur GP shared that the preparation of GPDP (FY 2019-20) was under process when the GP was visited on 03.01.2019. GP-level planning was being done for the first time in the GP. During discussion, it was found that they were unaware about the 8-page GPDP format issued by the Panchayati Raj Department of the state (PRD). Gram Sabha relevant to GPDP was conducted on 25th October, 2018 and functionaries of the GP did not share the copy of Meeting Minutes of the Gram Sabha with the team. Public Information Board (PIB) was available in the premises of Panchayat Sarkar Bhawan. It was found that registration of facilitators of Gram Panchayat Planning Facilitation Team (GPPFT) has been done and there were two facilitators for the GP: one was Indira Awas Sahayak and other was from Jeevika to facilitate all the steps of planning exercise right from the stage of environment creation to the final stage of plan approval including implementation and monitoring. Gram Sabha meeting was held on 25.10.2018 and facilitator (Indira Awas Sahayak) submitted facilitator report. According to the uploaded facilitator's report, 70 people were present and out of these 70 people, 28 participants from SC, 2 SHG members and 10 women participated in the meeting. They discussed about the status of current year activities and fund utilization, gaps as emerged from Mission Antyodaya. Image of PIB and photos of conducted Gram Sabha have been uploaded on the GPDP site. The copy of approved GPDP plan of GP Shadipur has been uploaded on 2nd February, 2019.

5.2 Preparation for GPDP (FY 2019-20) in Bhore GP was also under process when the GP was visited on 03.01.2019. This GP also was not aware of the GPDP planning format issued by the PRD. PIB was available in the premises of the Panchayat Sarkar Bhawan. After study of data uploaded in the website <http://gdpd.nic.in>, it was found that, registration of facilitators of Gram Panchayat Planning Facilitating Team (GPPFT) for the GP was done and there were two facilitators: one was Indira Awas Sahayak and other was a member of the Jeevika. A Gram Sabha meeting on GPDP was held on 27.10.2018. According to the uploaded facilitator's report, out of total 207 people who participated in the Gram Sabha, 185 participants were SC, 95 were women and there was representation from 2 SHGs. Photos of Gram Sabha and the PIB have been uploaded on the site. The copy of approved GPDP plan has been uploaded on 2<sup>nd</sup> February 2019.

5.3 During discussion with block-level Executive Assistant of Manpur block on 04.01.2019, the study team was informed that registration of facilitators, Gram Sabha meeting and listing of frontline workers of Line Departments associated with planning process were under process for GPDP for the fiscal year 2019-20. Images of the Gram Sabha meeting and the PIB (Public Information Board) have been uploaded on the web portal of GPDP (<http://gdpd.nic.in>). During discussion at the block level, it was found that the BPRO and the block level EA were unaware about the GPDP planning format issued by PRD, GoB. No format for GPDP was filled up in the GP. Executive Assistant of block Manpur could not share the hard copy of approved Action Plan for the financial year 2019-20, passed by the Gram Sabha. As on 04.01.2019, the approved copy of GPDP (FY-2019-20) was not uploaded on PlanPlus ([www.planningonline.gov.in](http://www.planningonline.gov.in)), within given timeline from MoPR, GoI, which was 31<sup>st</sup> December, 18. The status of uploading of 2018-19 and 2019-20 for all the



GPs studied as on 14<sup>th</sup> August is given in the Table 2. As the Table shows, there has been improvement over the years and all the Annual Plans for the year 2019-20 were uploaded before the beginning of the year.

<b>Table 2: Status of uploaded GPDP of the studied GPs in last two financial years as on August 14, 2019</b>		
<b>Place of visit</b>	<b>GPDP uploaded on PlanPlus for FY 2018-19</b>	<b>GPDP uploaded on PlanPlus for FY 2019-20</b>
GP-Shadipur, Block Manpur	15.03.2018	02.02.2019
GP-Bhore, Block Manpur	15.03.2018	02.02.2019
GP-Rasalpur, Block Gaya Sadar	16.04.2018	02.02.2019
GP-Churi, Block Gaya Sadar	16.04.2018	04.02.2019
GP-Gehlor, Block-Mohra	02.02.2018	15.03.2019
GP-Chetab Kalan, Block Sherghatty	Not uploaded till 14 <sup>th</sup> August	16.02.2019

5.4 It can be said, therefore, that planning at the Gram Panchayat level is in its infancy at the moment. Strong facilitation is necessary to equip the GPs to carry out participatory planning exercises and there is also need for close monitoring of the same.

#### Analysis of PlanPlus and ActionSoft data

5.5 Status of planning of 24 GPs of Gaya, one identified at random from each of the district's 24 blocks, was studied from the approved action plans uploaded on the web portal of PlanPlus. The status of work execution including fund monitoring in three financial years, namely 2017-18, 2018-19 and 2019-20, were also studied for the identified GPs.<sup>5</sup> The findings are presented below.

**FY 2017-18:** Out of identified 24 GPs, 20 GPs uploaded approved action plan for 2017-18 by March 2018, but 4 GPs had not uploaded action plans till April 4, 2019. Information related to beneficiary-oriented programme was not found in any action plan. The numbers of activities planned by the GP belonging to Roads, Drinking Water and Cultural Activities were 77, 3 and 3 respectively. Thus the planning was heavily in favour of construction and not much on human development. On web portal of ActionSoft, work status of only 1 GP, namely Amas of block Amas, was found and rest 23 GPs didn't port the plan on ActionSoft from the PlanPlus, which is a prior step for entering data in ActionSoft<sup>6</sup>.

**FY 2018-19:** Out of selected 24 GPs, 10 GPs had not uploaded action plan till 05.04.2019 and rest 14 GPs uploaded approved action plan between February to May 2018 for FY 2018-19. Information related to beneficiary-oriented programme was not found in any action plan. The numbers of activities planned by the GP were 83, 1 and 5 under Roads, Drinking Water and Social Welfare sectors, respectively. On web portal of Action Soft, work status of only 1 GP, namely Amas of block Amas, found and rest 23 GPs didn't port the plan on Action Soft.

**FY 2019-20:** 23 out of 24 selected GPs uploaded approved action plan from January 2019 to March 2019 and rest one GP had not uploaded any plan till April 5, 2019 for FY 2019-20. Information related to beneficiary-oriented programme was not found in any action plan. The numbers of activities planned by the 23 GPs were

<sup>5</sup> The data were downloaded on 5<sup>th</sup> April, 2019.

<sup>6</sup> Plans uploaded in the PlanPlus is to be ported in the ActionSoft application so that progress of implementation of the plans can be monitored. The user has to make a request online for porting such data.

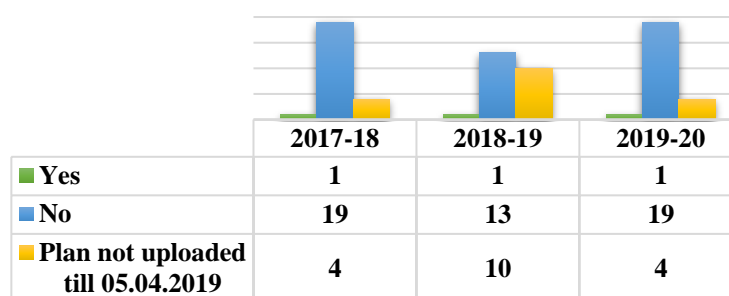


219, 34, 42, 1, 8, and 1 under Roads, Drinking Water, Health & Sanitation, Maintenance of Community assets, Rural Electrification and Social Welfare sectors, respectively. On web portal of ActionSoft, no GP requested to port the approved action plan from PlanPlus to ActionSoft, which is a prior requirement for uploading progress of implementation in the ActionSoft.

5.6 Thus, in general the GPs have exhibited poor capacity in using the PlanPlus and the ActionSoft portals for planning and monitoring. What has been reported on PlanPlus has not been always on time, indicating that the software was not used for guiding the planning process but the data was uploaded later, as desired by the government. More importantly, the plans are heavily in favour of constructing roads with very little attention for human development including issues related to women and children. This calls for due efforts to sensitize the Mukhiyas and the GP functionaries to pay due attention to the social and productive sectors for strengthening livelihoods. There is also an urgent need to develop their capacity in planning and implementing social sector and productive sectors interventions.

5.7 As mentioned earlier that ActionSoft, which has been designed to monitor progress of implementation of GPDP can be used only after the approved plan is ported to that software from the PlanPlus software, where the annual plan is uploaded. The status of uploading annual plans in PlanPlus and activation of ActionSoft by porting data is shown in Graph 1. It shows that in each year only one GP's plan has been ported in the ActionSoft to enable monitoring progress of implementation. The rest of the GP plans were not ported in ActionSoft and in some cases, as could be seen from the graph were not even uploaded in the PlanPlus. It can be concluded, therefore, that GPs do not have adequate capacity to utilize the said two software for preparation of the annual plans and monitoring progress of implementation of the same.

**Graph 1: Status of Uploading Plans in PlanPlus and Porting those to ActionSoft for FYs : 2017-18, 2018-19 & 2019-20**  
(status as on 05.04.2019)

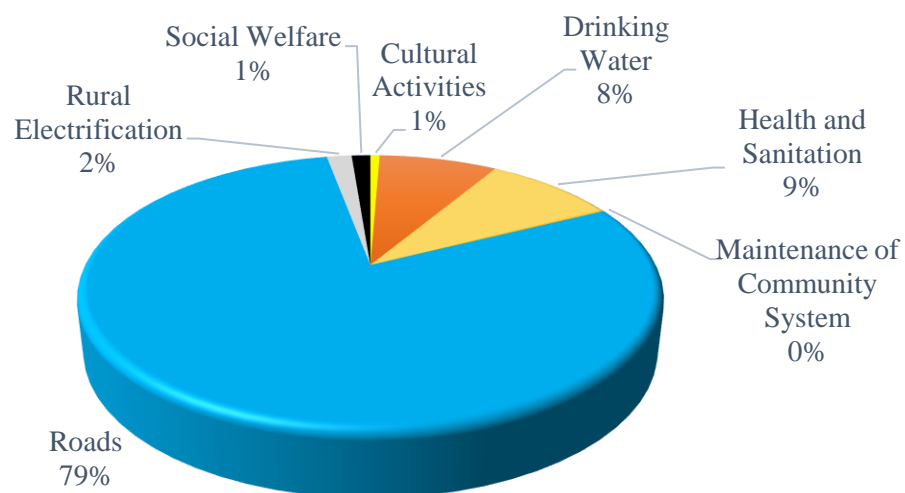


5.8 Plans have been prepared for development in different sectors. The sector wise number of schemes taken during the three financial years 2017-18 to 2019-20, as retrieved from the plans uploaded in the PlanPlus is shown in Table 3. It clearly shows high bias on the road sector (129 out of 159 schemes, i.e., 79% of the schemes were in the road sector) against only 1% schemes being in the social welfare sector. The data shown in Table 3 is also shown in Graph 2 for better appreciation of the high bias on construction of roads by the GPs.

**Table 3: Status of Sector wise Planned Activities in last three FY : 2017-18, 2018-19 & 2019-20**

Sl. No.	Sector	Average No. of planned activities in last three financial years
1	Cultural Activities	1
2	Drinking Water	13
3	Health and Sanitation	14
4	Maintenance of Community System	0
5	Roads	126
6	Rural Electrification	3
7	Social Welfare	2
Total		159

**Graph 2: Status of Sector wise Planned Activities  
in last three FY : 2017-18, 2018-19 & 2019-2  
(status as on 05.04.2019)**



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## Chapter VI: Information and Communication Technology (ICT)

### Critical Need for Use of ICT in Improving Governance

6.1 One of the essential steps for improving governance is to use ICT in carrying out day to day operation of the GPs. Adoption of ICT improves capacity, transparency, objectivity and accuracy in all the processes and there is also an audit trail to fix accountability. The MoPR has developed several application software for making functioning of the GPs including reporting of their performances easier. Application of ICT will also help to meet the gap in manpower because the tasks of the GPs are increasing at a rapid pace and there is a rising demand for extensive use of ICT by the GPs. This chapter analyses the field reality of use of ICT by the GPs of Gaya district and makes suggestions as to what is feasible in the short run.

### Existing Status of ICT-Information and Communication Technology at GP Level

6.2 The study team visited three GPs to know the existing status of ICT at GP level. These three GPs were:

1. GP Gehlor of block Mohra
2. GP Chetab Kalan of block Sherghatty
3. GP Rasalpur of block Gaya Sadar

Proper use of ICT not only depends on software developed but also ICT infrastructure and capacity of the employees to use the applications. The capacity building for use of ICT is being supported by the Bihar Gram Swaraj Yojana Society (BGSYS), which has been established by the Government of Bihar to implement the World Bank funded Bihar Panchayat Strengthening Project (BPSP). The project is under implementation in 12 districts of Bihar including Gaya. One of the activities of the BPSP is construction of Panchayat Sarkar Bhawans (PSBs)<sup>7</sup>, which is also an essential infrastructure for putting in place required computer hardware.

### Capacity Building for Application of ICTs in GPs

6.3 BGSYS has established a unit at block-level as the Block Project Management Unit (BPMU) for the purpose of capacity building of Panchayats in the field of planning, implementation, monitoring, hand-holding for computerized accounting. Using PlanPlus and PRIASoft software are also the priorities of the BPSP. BPMUs exist in the respective blocks of the three visited GPs. The BPMUs are located in one of the PSBs of the block and a separate room has been provided to the Unit for providing capacity building for ICT and other supports to the GPs. All appointed staff members of the BPMUs were working from the PSBs. The visited PSBs had their own electricity connection. According BGSYS letter No. BGSYS/BPSP/F.PSB/432/2017/8025, dated 12.12.2018, 204 BPMUs have to be established under the project but 152 BPMUs were established till December 2018. Functional PSB including BPMU was available in all the three visited GP namely, Gehlor, Chetab Kalan and Rasalpur.

6.4 In each block, approximately Two/three PSBs are available as per reference book for Panchayat Sarkar Bhawan, PRD, GoB. Besides this, GP- level Executing Assistants (EAs) were working in existing old model Panchayat Bhawans. As and when needed, GP- level EAs visit PSB to utilize the available technical facilities and support from BPMU.

<sup>7</sup> This was shared by the state level officials of the PRD Bihar during interaction with them that around 2800 of Panchayat Sarkar Bhawans have been sanctioned so far and construction of around 1,100 was completed till June 2019. As per project objective of BPSP, BGSYS has to construct 330 PSBs in 12 project districts as per existing model and design of state government.



## HR Status Related to ICT

6.5 The post of EA has been created in each GP by the Government of Bihar to provide assistance in entering data and other ICT related support to the GPs. However, all the posts have not been filled up and the first batch of EAs have been posted in selected GPs, mostly which have functional PSBs. The status found in the blocks where the three visited GPs are located is mentioned below.

6.5.1 **Block Mohra:** In block Mohra, there are nine GPs and GP Gehlor was visited for the study. There were two PSBs in block Mohra, one in GP Gehlor and other in GP Dariapur. There was one Executive Assistant posted at GP Gehlor from November 2018 and he was in charge of two other GPs, namely Tetar and Jethiya. As per Roster prepared by Block Development Office, Mohra, Gaya and circulated vide letter No. 1261, dated 26.12.2018, two other EAs were working in the block and covering three GPs each. EAs were found responsible for the execution and monitoring of activities related to Panchayat Nischay Yojana (Peyjal and Gali-Nali Pakkikaran). They were engaged to support planning and data uploading of GPDP, Mission Antyodaya (MA). They were also associated with issuance of birth, caste and income certificates.

6.5.2 **Block Sherghatty:** There are nine GPs in that block and one of those namely Chetab Kalan was studied during the visit. There was one Executive Assistant engaged for GP Chetab Kalan from November 2018 and he was covering two other GPs, namely Bela and Srirampur. EA of the GP was found to be responsible for the execution and monitoring of activities related to the two Nischay Yojana (Peyjal and Gali-Nali Pakkikaran Yojana). They were responsible for supporting the preparation of planning and data uploading of GPDP, MA activities, manning the RTPS counter for delivery of various services covered under the RTPS and was also associated with delivery of residential, caste and income certificates.

6.5.3 **Block Gaya Sadar:** GP Rasalpur has one Executive Assistant who was found responsible to upload data related to GPDP and monitoring implementation of the Mukhyamantri Gramin Peyjal Nischay Yojana and Mukhyamantri Gramin Gali-Nali Pakkikaran Nischay Yojana on the portal of PRD Nischay Soft, online reporting of all Applications pertaining to Panchayat Enterprise Suite (PES) and online reporting of Central and State Government schemes. He was also manning the RTPS counter and handling the activities related to issue of caste, income and residential certificates.

6.5.4 **BPMU Staff:** Under the team of BPMU, Block Project Manager (BPM) and two other posts namely, Data-Entry Operator (DEO) and Accountant, were recruited. In GP Gehlor of Mohra block, BPM has started providing various supports to Gehlor and other GPs from October 2018. Both the DEO and Accountant were appointed in the month of January 2019. BPM were provided with three days of induction training during 23-25 October, 2018, while training was yet to be provided to the DEOs and Accountants. On interacting with the DEO and the Accountants it was found that they were unaware about their roles and responsibilities.

6.5.5 Similarly, for GPs Chetab Kalan and Rasalpur, the BPMs, DEOs and Accountants were appointed for their respective blocks in the month of October 2018 and the BPM was given induction training in same month. BGSYS has invited applications for appointment against two other positions namely, Block Facilitator and Panchayat Accounts Facilitators for BPMUs under BPSP. Block Facilitator and Panchayat Accounts Facilitators were not appointed till January 2019. The Block Facilitator is responsible for overall In-Charge of Capacity Building activities related with Water and Sanitation, Nutrition and Social & Institutional mobilization in the block. The Panchayat Accounts Facilitator is responsible for capacity building and handholding of Mukhiyas, Panchayat Sachivs and Accountant for computerized accounting and planning. Addition of these professionals will be much helpful in strengthening the functioning of the GPs.



### Availability of Computer Facility with Internet and Power Back-up

6.6 As per work plan of the BPSP and communication made vide Letter No. BGSYS/BPSP/F.PSB/432/2017/805, dated 12.12.2018, BGSYS has to provide two sets of computers and peripheral devices, one for the PSB and other for BPMU. BGSYS has provided computers and peripherals to 345 functional PSBs (two units each) and 152 established BPMUs (one unit each). The status of availability of computers and peripherals in the PSB and BPMU of the three visited GPs is given in the Table 4.

Table 4: Status of Availability of Computers and Peripherals in the PSB & BPMU				
Sl. No.	Description	Brand	Quantity (in Unit)	
			PSB	BPMU
1	ACER Monitor	Acer-Veriton M200-B350	2	1
2	ACER CPU	Veriton M200-B350	2	1
3	Scanner	EPSON-V39	1	-
4	UPS	Cyber Power UPS –UT1000EIN	2	1
5	Printer (Inkjet)	EPSON Inkjet Printer – M100	1	1
6	Printer (Laserjet)	Canon 162DW	2	1
7	Webcam	i-Ball – CHD20	2	-

6.7 The above-mentioned computer system, were not yet installed till January 2019. For internet connectivity, EAs of all the visited GPs, i.e., Rasalpur, Chetab Kalan and Gehlor and BPMU staff of Gaya Sadar, Sherghatty and Mohra blocks were using mobile hotspot, which was not reliable due to poor internet connectivity. According to them, there is a need to provide better internet connectivity for smoother online work. They are unable to perform better due to poor connectivity. One set of 5 KVA online UPS with 20 batteries of 100 AH, including one rack, have been supplied and installed in all visited PSBs by BGSYS. The power back-up facility was available in PSB of each visited GP. Beside this, as per contract of engagement of the EAs, they had to bring their own laptop computer, Laserjet printer, UPS and internet connectivity on their own. The EAs of the visited GPs did so and faced similar difficulty in using online application due to poor internet connectivity.

### Training Provided on ICT-related Applications

6.8 **GPDP and PlanPlus:** The block level EA of Mohra shared that the Department of Panchayati Raj, GoB, provided training to block-level EAs on GPDP and PlanPlus at district level through Video Conferencing in January 2019. According to block EA of Sherghatty, there is a need for more in-depth training on the PlanPlus application. Panchayat Sachivs and GP-level EAs were yet to be trained and they had little idea about GPDP and PlanPlus. They were unaware about the use and application of these sites and software. Sachiv and GP-level EA of Gehlor informed that they shared the information and data of the GP with block EA for the purpose of GPDP but the concept of GPDP and the planning process were not explained to them in detail. No orientation and training was provided to them.

6.9 **PRD NischaySoft:** The block-level EAs have been assigned the responsibility of online reporting on PRD Nischay Soft for Peyjal Nischay Yojana and Gali-Nali Pakkiran Yojana at block level. No such training has been given the EAs of the GP and the block-level EAs were guiding them about NischaySoft and various related reporting and monitoring formats (eight in total). The block-level EAs also explained how the relevant scheme related information should be filled and uploaded.

**6.10 Mission Antyodaya (MA):** According to Panchayat Sachiv of Gehlor, training on MA was provided to block-level EA and they were entering even GP level data. GP Sachivs and GP-level EAs of Gehlor and Chetab Kalan informed that they had shared the data of the GP on MA with block EA for uploading the same. The Sachivs of Shadipur and Bhore GPs mentioned that data of baseline survey on MA done in 2017 was uploaded for all the five villages and ten villages of the GPs respectively, on the portal of Mission Antyodaya through the block office. However, the Sachivs were not aware of the concept and purpose of MA in absence of any orientation on that subject.

### RTPS (Right to Public Services) Counter and Available Facility at GP-level

**6.11** Services under RTPS is being provided in Bihar through the portal [www.serviceplus.bih.gov.in](http://www.serviceplus.bih.gov.in), which has been developed under e-district Mission Mode Project. On the day of visit, the counter for Right to Public Services of Gehlor GP was inaugurated by BDO Mohra. Such counters in other two GPs were already functional. The block-level EAs have oriented the GP-level EAs in January 2019 on use of RTPS for delivering available for the rural people. There was no hands on training and GP-level EAs were not satisfied with the training. Therefore, knowledge of GP-level EAs on RTPS was limited though the EAs were using the RTPS portal (<http://210.212.23.51/rtps/Home.aspx>) to deliver services related to issuance of birth, caste and income certificates. As per latest information shared by Block Project Manager (BPM) of BPMU Gaya Sadar, RTPS of GP Rasalpur started on 16<sup>th</sup> January, 2019 and issued total 45 certificates related to residential, caste and income till 27<sup>th</sup> February, 2019 and total about 150 clients had been benefitted. However, there are two major difficulties which the EAs were reportedly facing. The web portal of RTPS was very slow in its response and server was frequently down hampering delivery of services. The portal can be accessed either by logging in using log in ID and password or by generating OTP using the Aadhar number, which takes long time and is not so convenient. The EAs were yet to receive their User ID and, therefore, they are having difficulty in using the portal. There is need for providing thorough training to the EAs and giving them User IDs for direct logging in.

**6.12 BPMU Staff Training:** As mentioned above, BPMs of BPMU were oriented during induction training in October 2018. According to the BPM of Gehlor the induction training was not sufficient to understand the purpose of the BPSP project. No training of existing Accountant and DEO of BPMU was done till date and they had no knowledge about roles and responsibilities pertaining to the project. According to Accountant of Gehlor, BGSYS has developed own financial software GPMS (Gram Panchayat Management System). On the spot training on GPMS was found continuing in small batches of 4-5 Accountants of GPs. Accountants of visited GPs were not trained till date but they are also expected to be trained in due course.

### Online Reporting Status

**6.13** Bihar has adopted 6 out of 11 applications of the Panchayat Enterprise Suite (PES) developed by the MOPR, Government of India. These are, i) Local Government Directory (LGD), ii) PlanPlus, iii) ActionSoft, iv) PRIASoft, National Panchayat Portal (NPP), National Assets Directory (NAD) and the Area Profiler. Two other national-level web portals for planning and Mission Antyodaya are also being used in Bihar. Besides this, Bihar developed its own [serviceonline.bih.gov.in](http://serviceonline.bih.gov.in) web site as ServicePlus and PRD NischaySoft for implementation and monitoring of the two Saat Nischay schemes namely, Mukhyamantri Peyjal Nischay Yojana and Mukhyamantri Gali-Nali Pakkikaran Nischay Yojana.



### MoPR Online Reporting of Planning Made under GPDP

**6.14 GP Gehlor:** As per the EA of GP Gehlor, the block officials provided a brief format to fill up information related to proposed activities for Annual Plan made by the GP. The same was filled up. However, the GP did not retain any copy of the format. According to the EA, planning data was entered in the PlanPlus website at the block level by the block EA and neither the EA nor the Secretary had any further knowledge about use of PlanPlus. The study team examined the data available in the PlanPlus website and found that registration of GPPFT has been done and uploaded on the GPDP portal. However, only one GP-level facilitator<sup>8</sup> i.e., the Gramin Awas Sahayak has been shown in the website. Two photos of the Gram Sabha held on October 26, 2018, which discussed the plan, were also uploaded after the deadline (December 31, 2018). Five participants from Line Departments (Rural Development, Education, Agriculture, Social Welfare and Cooperative Department participated in the Gram Sabha on 26<sup>th</sup> October, 2018. Final copy of the approved GPDP after special Gram Sabha was uploaded in PlanPlus on 15.03.2019.

**6.15 GP Chetab Kalan:** The EA mentioned that a 6-7 pages format related to GPDP for FY 2019-20 was submitted to the block by them. GP has not retained any copy of the format. Block-level EA of Sherghatty block explained that all data on GPDP collected from the GPs were uploaded by the block office. He was also unaware about GPDP planning format and its background issued by the Department of Panchayati Raj. Two facilitators one the Panchayat Sachiv and second from Jeevika were identified as facilitators and their details were uploaded on PlanPlus. Two photos of the Gram Sabha held on November 22, 2018 which discussed the plan were uploaded. However, the same was done only after the deadline of 31<sup>st</sup> December, 2018. Final copy of the GPDP approved by the special Gram Sabha has been uploaded in PlanPlus on February 16, 2019.

**6.16 GP Rasalpur:** Registration of facilitators has been done and uploaded on the GPDP portal. There was only one facilitator, namely the Gramin Awas Sahayak. Two photos of the Gram Sabha held on 29.10.18 pertaining to planning have been uploaded. 463 participants were present in the Gram Sabha. 357 of them were SCs, 9 represented SHGs and total 213 women attended the Gram Sabha. Four participants from Line Departments (Education, Agriculture, Rural Development and Public Health Engineering) attended the meeting according to the EA. The GPDP approved in the special Gram Sabha was uploaded on PlanPlus on 15.03.2019.

**6.17 Overall,** all the visited GPs have uploaded Facilitators Feedback Reports (in which facilitators mentioned details of how the Gram Sabha was conducted, including attendance and social composition of the participants). Mission Antyodaya data was presented and validated during the Gram Sabhas. The Gram Sabhas also discussed the availability and utilization of funds during the current year and the gaps as emerged from Mission Antyodaya data. Two photos of Gram Sabha and photo of PIB were also uploaded in the PlanPlus portal, though the approved plan could be uploaded only after the timeline (31<sup>st</sup> December 2018) was over. The plans were uploaded between 1<sup>st</sup> week of February and middle of March and, therefore, the plans were available before the beginning of the next financial year. The sector wise plan summary as reported in the website is shown in Table 5.

<sup>8</sup> The role of facilitators is to facilitate all the steps of planning exercise from environment creation to the final stage of plan approval including implementation and monitoring.



**Table No. 5: At a Glance: Approved Annual Plan for FY 2019-20 Uploaded on PlanPlus**

Name of GP	No. of Schemes	Sector wise Plan Summary (Amount in Rs lakh)				
		Sector	Source of funds	Sector-wise Activities	Amount Allotted	Planned Outlay
Rasalpur	24	Roads	FFC	23	72.39	83.87
		Health and Sanitation	FFC	1		3.00
Chetab Kalan	21	Roads	FFC	21	83.55	99.90
Gehlor	26	Health and Sanitation	FFC	25	69.67	82.26
		Rural Electrification	FFC	1		65.00

**6.18 Mission Antyodaya (MA):** The GPs had shared the required data related to MA with the blocks but they were unaware as to why the data was asked and they simply filled up the formats. MA data was uploaded at block level after receiving those from the GPs. It may be mentioned that the data on MA is to be uploaded by the GP and the data has to be verified by the block using its user ID. Uploaded MA data on the web site (<https://missionantyodaya.nic.in/>) was analysed on 24<sup>th</sup> April, 2019 and shows that data related to the year 2017 of 253 GPs of Gaya district have been uploaded. However, data of only 79 GPs for 2018 have been uploaded till March 2019. Uploaded data of 216 villages in 2017 and 17 villages in 2018 have been verified. GP-level information related to MA are as follows:

**6.18.1 GP Rasalpur**– MA data of 5 villages of the GP have been collected for baseline in 2018 and uploaded with the help of the block office. Data of these 5 villages have not been verified by the block (Gaya Sadar) till 27.02.2019. For the block as a whole, data for total 87 villages of 16 GPs have been uploaded. Out of 16 GPs, the data of 2 GPs have been verified the data in 2017.

**6.18.2 GP Gehlor**– MA data of 17 villages were uploaded in 2017 and data of all 17 villages have been verified. At block level, out of total uploaded data of 9 GPs, data of 8 GPs were uploaded in 2017 and that for the remaining 1 GP was uploaded in 2018. The uploaded data of all GPs were verified by January 25, 2019.

**6.18.3 GP Chetab Kalan**- MA data of 7 villages were uploaded in 2018 and the uploaded data of all 7 villages has been verified. For the block as a whole, data of 86 villages of 9 GPs have been uploaded in 2017 and collected data of all 9 GPs have been verified by the block. Block-level officials didn't share the verified copy of Mission Antyodaya Baseline Survey Report, including GP Score Card, with the GPs. Hence GPs do not have village-wise MA Baseline Survey Report with them. Therefore, they were not aware of the score and ranking of the individual GPs

**6.19 PRD Nischay Soft:** PRD Nischay Soft has been developed by the state government specially for management and monitoring of the Mukhyamantri Peyjal Nischay Yojana and Mukhyamantri Gali-Nali Pakkikaran Nischay Yojana. There are eight formats related to the above two Nischay Yojana, which are mentioned below:

- Form A- Ward profile: It contains details of ward, including contact details of Sachiv and Ward member, and details of bank accounts of the Ward.
- Form B– Yojana Profile: It covers details of the plans made under the Yojana and details of expected expenditure with technical approval. Contact details of the person in charge of the Nischay scheme and Junior Engineer (JE) are also available.

- iii. Form C– Fund Transfer from GP to Ward: It contains details of scheme-wise fund transfer to particular/individual Ward.
- iv. Form D– Payment Voucher of Schemes: It covers details of scheme-wise payment details with receiver's information.
- v. There are also two different formats of Physical Status Profile for Peyjal Nischay Yojana & Gali-Nali Pakkikaran Nischay Yojana and two other formats of Physical Inspection Profile for Peyjal Nischay Yojana and Gali-Nali Nischay Yojana.

6.20 As per instruction from the district, all three GPs have entered the data online in the formats for Ward Profile and Yojana Profile. The remaining three reports of fund transfer, payment voucher and physical status and inspection has not been uploaded by any GP. According to Panchayat Sachivs of Gehlor and Chetab Kalan, necessary information has been collected by the GP- level EAs. The Sachivs of the visited GPs have provided the bank passbooks to their respective block EAs for online entry of the UTR (Unique Transaction Reference) Numbers of fund transfer from GP to WIMCs for FYs 2017-18 and 2018-19. EAs were already engaged in entering this information to complete the online reporting of the previous year's fund transfer. Entry of profiles of Form D, Physical Status and Physical Inspection of both schemes were yet to be started during the visit and the GPs were waiting for instruction from the district. Status of data entry in respect of the other formats is mentioned below:

6.20.1 **GP Gehlor:** There are 12 wards in GP Gehlor and 3 Ward Profiles have been uploaded. The GP has also uploaded 6 Yojana Profiles of 3 Wards, which cover details of planned schemes (yojana) and the expected expenditure as per technical approval.

6.20.2 **GP Chetab Kalan:** There are 14 wards in GP Chetab Kalan and 7 Ward Profiles have been uploaded in the prescribed format. The EA shared that total 4 Yojana Profile had been uploaded till 27.01.2019. As per the data uploaded in the website, the GP uploaded details of two schemes of Gali-Nali till 18.02.19 and four schemes of Peyjal till 22.02.19. No scheme had started till the time of visit. Ward 2,3,4,5,9 and 12 submitted Yojana Profiles of both schemes and these were being entered on the web portal of Panchayat Nischay Soft (<http://nicapp.bih.nic.in/nischaysoft/Default.aspx>). Total 6 Yojana Profiles of both schemes of Ward 2,3,4,5,9 and 12 were entered. However, data on fund transfer from the Department of Panchayati Raj was not entered till 22<sup>nd</sup> February , 2019.

6.20.1 **GP Rasalpur:** As per EA of the GP, there are 15 wards and 13 Ward Profiles have been uploaded. Rasalpur had uploaded 1 Yojana Profile of Peyjal and 13 Yojana Profiles of Gali-Nali Yojana till 03.01.19 and no scheme was started till February 2019. Rasalpur entered Peyjal Yojana fund transfer details for an amount of Rs 12.42 lakh in one transaction on 03.01.19 and of Rs 48.00 lakh for Gali-Nali Yojana in 24 transactions till 03.01.19. The total fund transfer amount for both schemes was Rs. 60.43 till 03.01.19.

**6.21 PlanPlus:** PlanPlus is used for decentralized planning and the action plan is to be uploaded in the PlanPlus website. By studying the website it was found that Action Plan for FY 2019-20 of two GPs (Chetab Kalan and Rasalpur) were uploaded by January 2019. GP Gehlor had not uploaded Action Plan (2019-20) till January 2019. The activities taken up by the GPs are briefly mentioned below:

6.21.1 **GP Gehlor–** Total 10 activities were approved by the GP for Annual Plan (FY-2018-19) and those were uploaded on 09.03.2018. For FY 2019-20, the GP approved 26 schemes under the Annual Plan (25 schemes for Health and Sanitation and 1 scheme for Rural Electrification) and uploaded the same on



15.03.2019. For the block (Mohra) as a whole, Annual Plans of all the GPs for FY 2019-20 were uploaded by 20.03.2019.

**6.21.2 GP Chetab Kalan**– In FY 2018-19, the GP did not upload the Annual Plan in the PlanPlus website. The GP had approved 21 schemes (related to Roads sector) in the Annual Plan for FY 2019-20 and had uploaded the same on 16.02.2019. For the block (Sherghatty) as a whole, Annual Plans (FY: 2019-20) of all the 9 GPs were uploaded by 18.02.19.

**6.21.3 GP Rasalpur**– In FY 2018-19, the GP approved 5 schemes in their Annual Plan on 16.04.2018 and they did not upload the plan on the PlanPlus. For FY2019-20, there were 24 schemes as per the approved plan those were uploaded in the PlanPlus on the 2<sup>nd</sup> February 2019. For the block (Gaya Sadar) as whole, Annual Plans of all the 16 GPs were uploaded by the 11<sup>th</sup> February 2019.

**6.22 PRIASoft:** PRIASoft facilitates maintenance of accounts, ensures monitoring of allocated funds, expenditure incurred, inter-PRIs transfers and automatic generation of desired reports, registers and other financial statements just by making basic transaction entries from the vouchers. Receipt and expenditure details are not being maintained through voucher entries in PRIASoft in all visited GPs. So, cash book, ledgers, and other books of accounts were not generated digitally or automatically. BGSYS has developed software, namely Gram Panchayat Management System (GPMS) for financial management of the GPs and the same is in the process of being installed in the GPs along with organizing required training.

**6.23 ActionSoft:** ActionSoft is web-based Application to monitor the physical and financial progress of schemes under the Annual Plans by various Rural Local Bodies (RLBs), Urban Local Bodies (ULBs), and Line departments. The software requires the approved annual plan showing scheme wise planned expenditure and that has to be ported from the PlanPlus website through online request. Although the GPs were found to have started using PlanPlus but almost all the GPs were yet to start using ActionSoft as a tool for monitoring progress of implementation of their Annual Plans.

**6.24 National Panchayat Portal (NPP):** NPP is designed, as a part of the PES of the MOPR, for sharing basic information on the Panchayats and the services they provided to the citizen and businesses who can easily access the information. BPMs of all the three GPs prepared the Panchayat profile but they were unaware about the National Panchayat Portal and how the profiles could be published in the NPP for anyone to view. The documents were, however, shared with the respective blocks as well as the district.

**6.25 National Assets Directory (NAD):** All Panchayats are to maintain their Asset Registers. In order to make the process easier the National Assets Directory was developed as a part of the PES. However, the Sachivs, EAs and BPMs have not heard about the NAD and have not been using the same. There is need to orient them about NAD and how that can help them in maintaining their Asset Registers.

**6.26 Area Profiler:** The Area Profiler application is aimed at capturing geographic, demographic, socio-economic, natural resources profile, public infrastructure and amenities, family register, information on election and elected representatives, and employees working in a Panchayat. This application is also a part of the PES. The same was also not being used by the GPs visited.

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## *Chapter VII: Capacity Building*

### *An Overview of Training Policy*

7.1 The training strategy and interventions cannot be planned separately for Gaya district alone. Therefore, this chapter deals with the issues of capacity building for the state as whole. Located in Patna, the Bihar Institute of Public Administration and Rural Development (BIPARD), the erstwhile State Institute of Rural Development, is an apex Institute of Training and Research in the field of Rural Development, Public Administration, Panchayati Raj and other related issues. It is envisaged as a centre of excellence to provide the necessary support to the National and State governments and other agencies, in the areas of policy formulation, programme management, implementation strategies, training, research evaluation, documentation and dissemination of information. The institute is mainly responsible for overall policy-making of training and capacity-building matters related to Panchayati Raj and rural development of elected representatives and government functionaries. It focuses on the Training of Trainers (ToT) programmes for state-level officers, who act as Master Trainers in the institutional training programmes of elected representatives and functionaries at district-level. Apart from the apex institute, Bihar has nine Division-level training centres, known as Extension Training Centres (ETC), to address the learning needs of elected representatives and functionaries of the three-tier Panchayats. In respect to human resources in the Divisional-level training institutes or ETCs, the positions of Principal, Lecturer, Clerk and Peon were found mostly lying vacant during the field-visits. Inadequate physical infrastructures along with lack of human resources have made the training centres almost non-functional. In view of this, no regular training was being conducted by these centres.

7.2 After every Panchayat General Election, elected representatives are to undergo phase-wise training on various issues of Panchayats and rural development in order to understand their roles and responsibilities and get acquainted with the various Acts, Rules and procedures and related orders for proper functioning of the Panchayats. The training should also cover the roles and responsibilities of the Panchayats and the schemes they are responsible to implement. Since the ETCs were non-functional, the training was organized as a one-time effort by building up a team of Master Trainers at state, district and block level and organizing the training in a cascade mode. Because of lack of proper training infrastructure, make shift arrangements were made by using the premises of Zila Parishads and Block Panchayats, which are likely to affect quality of training.

7.3 The first step of organizing the training in cascade mode was to build up a team of Master Trainers. In June 2016, a five-day training of trainers<sup>9</sup> (ToT) was organised for State-level Master Trainers, who were all state level officials, by the BIPARD on different intuitional aspects of the Panchayati Raj system, including important areas of the Panchayat Acts and schemes for social and economic development. The State-level Master Trainers then conducted ToT for district-level Master Trainers, drawn from the officers of the Departments of Panchayati Raj. Separate ToT programmes were organised for District-level trainers also, who were mainly hired from different institutions/organisations on a contractual basis. A three-day orientation programme was organised for the elected representatives at different tiers. District level elected representatives of Zila Parishad were oriented by State-level Master Trainers and elected representatives of Panchayat Samiti and Gram Panchayat were oriented by District-level Master Trainers at block. All the above-mentioned training programmes were non-residential in nature. The programme mainly focused on institutional aspects, covering aspects of the Panchayat Acts, office management, and social security and

<sup>9</sup> Source: Department of Panchayati Raj, GoB issued Letter No. 24/प्रशिक्षण-7-08/2016/4500/प०रा०, dated 29.06.2016

development schemes. However, there was no training need assessment before preparing the training curriculum, as informed by the Faculty Members of the Divisional Level training centres.

7.4 Separate learning materials were designed for the elected representatives of three-tiers Panchayats, catering to the specific learning needs of the participants. Training modules included five handbooks of various aspects of Panchayat Acts, office management, financial management, social security and development schemes. These handbooks were published in the vernacular language. Mainly lecture method was used to deliver the sessions. It was found that there was no transaction manual to guide the classroom transactions for making communication more effective, which could help to maintain quality of learning. There was no dedicated pool of Master Trainers who imparted the training programme on a regular basis and the Master Trainers who had also other responsibilities participated in the training programmes when convenient. No refresher training or special training programmes were organised thereafter for the elected representatives after till the time of conducting the study.

### Major Findings of the Training Programme of Elected Representatives of PRIs

7.5 There was interaction of the study team with the Principal/ Lecturer of the ETCs, DPRO and the BPROs of the district, who participated in the said training programmes. Feedback was also obtained from the elected representatives and the major findings were as mentioned below:

- i. The trainees generally failed to recall what topics were covered, indicating poor effectiveness of the programme. However, almost all of them mentioned the need for more training.
- ii. Only lecture mode of communication was followed. No participatory tools suitable for adult learning was used to make the learning more effective.
- iii. Dedicated trainers were not found. Trainers, particularly for the block level training for the GP functionaries, were persons hired for that purpose. Training imparted to them to become a trainer was not adequate. They also lacked the dedication with little focus on learning outcome.
- iv. There was no follow-up mechanism like refresher training or field-based handholding for reinforcement of learning of the participants.
- v. The premises used for training did not have essential training infrastructure, which also affected quality of training.

7.5.1 **Poor management:** The trainings were organized as a special drive and not based on institutional arrangement by the Training Institutes and, therefore, maintenance of record of communication to the trainees and their attendance was poor. The participants were not communicated about the training programme well ahead which led to some of them not being able to attend. There was no mechanism to identify who failed to attend and to organize training for those who were left out.

7.5.2 **Inadequate Coverage:** Attendance of elected members in training programmes was low. Participation of the female members was much lower. This was based on recall of the officials who organized the training and there was no record of who all attended or their composition. Thus, overall coverage was low and many elected representatives remained untrained.

7.5.3 **Lack of Training Need Assessment:** Training programme should be designed according to the need of the participants so that their learning needs can be satisfied. The training need was not assessed systematically to design the course curriculum.



**7.5.4 Heterogeneous Nature of Clientele:** Participants were from different socio-economic backgrounds and had widely different levels of education and even some of them were likely to have limited literacy. The training methodology suitable for the members who had limited literacy, such more use of pictures/ video/ discussion in small groups etc. was not adopted. Due to the heterogeneous nature of the clientele, little attention was paid to the needs of the functionaries belonging to the backward classes and women, because their issues are superseded and suppressed by those of the influential, the vocal and the elite.

**7.5.5 Inappropriate methodology of training:** Most of the subject matter could not penetrate the cognition level of the participant due to lecture-based training method adopted. Most of the participants were unable to participate in the process, unable to express their ideas and opinions on the content and this created an unfavourable learning atmosphere. Application of adult learning principles were not followed throughout the training process, which became barrier for the participant to actively participatory in the process. There was a lack of participatory methods like group work, discussions in small group, and brainstorming, which enable the participant to feel free to clear their doubts and to open up with their own ideas and concepts in a learner-friendly atmosphere.

**7.5.6 Lack of refresher training and follow up:** Lack of follow-up mechanism about the learning outcome and the gaps and arranging refresher training for bridging the gaps have been identified as a shortfall of the programme. Many issues remained untouched for the participant. No refresher course had been planned to reinforce the knowledge, skill and understanding of the subject matter and the attitude towards the job. Training were organized in a very irregular way to just meet the target of conducting the training.

**7.5.7 Content and communication was not user-friendly:** Many of the participants were elected as Mukhiya or Ward Members for the first time. The training should have focused on issues which can be categorized as *must know* to be followed by those which they *should* know. Some of the contents which come under the category of *could know* are normally not to be included in the first training to lose focus on what the elected functionaries/members should know. Communication tools followed lacked appropriateness by not using various modes based on the content like video clips, photographs, Power Point presentations and handouts for further reference. Most of the training materials prepared and used in training (including the language used) do not uniformly suit the needs and levels of all the functionaries, particularly those with limited literacy.

**7.5.8 Low Impact of Training:** As described above, the visibility of the impact of training was hardly found among the participants. They were unable to effectively describe their roles and responsibilities. They lacked in conviction to perform their assigned roles and they still have to depend to a large extent on officials for decision-making and understanding of subject matter. At the end of the day, they were unable to execute their functions independently as the representative of the people.

**7.5.9 Shortage of competent trainers:** The trainers were mobilized as one time exercise and most of them did not orientation on training methodology and capacity to facilitate learning. A huge deficiency was there of competent trainers, who possess the right knowledge and attitude to conduct training. The trainers, many of whom were officials, had dominated the participants because of their positions and power which failed to create an ambience of learning through exchange of views and listening more on the views and doubts of the participants. They mainly imposed their knowledge and understanding on the participant and this has created distance between the trainer and learner through the emergence of an unhealthy training environment for the



participant. Quality of training suffers due to lack of proper attitude to training, lack of incentive on the part of the trainers and weak and conventional methodologies leading to monotony.

**7.5.10 Poor training infrastructure and logistics:** A systematic training programme can fail due to proper training infrastructures and logistics. Trainings were organized at Block and Zila Parishad halls which did not have residential facilities to conduct training programmes, whereas intensive training demand residential arrangements. As a consequence, the participants left early to go back to their home, which concurrently increased the participant drop-out rate. The effective training hour got substantially reduced. Modern training equipment/tools/facilities like projectors, white boards, flip charts/ space for group work were not available and only lectures method was followed, which is not an effective tool for such training.

**7.5.11 Lack of right attitude to training:** One of the major components of the capacity-building programme is development of the right kind of attitude towards serving the people among the participants. Capacity building is not taken as a serious activity to help improve service delivery to the rural people by strengthening the Gram Panchayat, Block Panchayat and Zilla Parishad. Building capacity has not been considered as a priority intervention area although it has been stated that after every Panchayat General Election, respective functionaries would be given training on effective and efficient functioning of the Panchayats. However, it has been found that a conducive approach and deployment of more resources for building capacity had been missing among the officials in charge of managing the training. Majority of the authorities had perceived the training as a routine matter and some of them even expressed that there was little benefit of organizing training. Many of those who were in charge of training were themselves not trained and had little understanding of why training is essential for the PRI functionaries and how such training can be imparted<sup>10</sup>. Therefore, a casual attitude to training prevailed and a similar perception was reflected in the attitude of the participants, who visualize the programme casually. Little learning attitude were found among the participants although they generally mentioned that they lack adequate knowledge on their roles and responsibilities.

**7.5.12 Lack of training of the officials:** The officials at district, block and GP level were hardly trained. A well trained bureaucracy could, to some extent, bridge the capacity gap of the elected functionaries and help them to let the institution function following rules and regulations. In absence of any training for functionaries like the GP Secretary<sup>11</sup>, there was huge capacity gap for particularly the GPs as an institution.

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<sup>10</sup> Views expressed by the officials of the department who were deputed to receive training as trainers by SIGMA Foundation in June 2019.

<sup>11</sup> During interactions at the GP offices, the Secretaries told they did not receive any training.

## *Chapter VIII: Way Forward*

8.1 The discussions above call for appropriate interventions for strengthening the institutional functioning of the GPs. The same should be done keeping an eye on the capability of a GP to plan and intervene to enhance the well-being of the people, particularly children, women and socially and economically marginalized groups. The way forward is briefly narrated below.

### **Governance and collective functioning**

8.2 There is an immediate need to prescribe the processes and protocols to be followed by the Standing Committees for democratic functioning of the GPs and involvement of the village level functionaries of the government to be a part of the GPs. In addition, clear assignment of responsibilities of the GPs in monitoring and supervision of various developmental programmes including child-focused programmes being delivered through village level institutions like schools, ICDS centres and health centres etc. or otherwise by the line departments concerned is also necessary. These have been detailed out in the draft advisories shared with the Government of Bihar and UNICEF. It may be mentioned that Gaya is one of the Aspirational Districts of the country, where progress related to 81 indicators related to SDG indicators and the goals related to the Aspirational districts. The GPs are not at all aware of the same and, without improving people's engagement and involvement of the GPs, it may be difficult to attain the goals as well as to ensure equity and well-being of the rural people.

8.3 Policy guidelines for activating the Standing Committees need to be issued, outlining the details of the structures and functions of each Committee. Service delivery would be enhanced with the inclusion of GP-level functionaries of line departments in the Standing Committees, where they can provide technical support to GPs as well as voice their own needs for community support in programme implementation. The institutional processes to be followed in functioning of the Standing Committees are also to be put in place and all concerned need to be trained on those processes.

8.4 The experimental initiative to develop a model block in Gaya district will need to adopt a "process" approach in two senses. First, it would require some reengineering and institutionalizing of the processes of decentralization being followed in the state of Bihar at present. Secondly, the programme objectives will have to emerge through the project cycle and not be stipulated rigidly defined as a blueprint at the outset. In short, it would be an evolutionary programme, based on broad consultation with the community, GP functionaries and informed by ongoing performance, policy changes, institutional environments and other emerging dynamics. There is also a need for change in mindset through appropriate training and supporting policy (e.g., Government Orders) to adequately focus on the promotion of livelihoods and social sector development while planning. Furthermore, there is great scope to use SHGs as a positive force for community engagement in the entire process. The state government may also put a restriction on the total expenditure that can be made for the road sector or earmark certain percentage of human development/ wellbeing of the women and children as done by some states like Maharashtra.

8.5 To set this state of affairs in order, there should be appropriate policy to have proper structural and institutional arrangements for carrying out certain functions at the GP level, which may include:

- i. Oversight bodies/committees at ZP and block level for driving and monitoring the functioning of the GP-level Standing Committees.



- ii. Templates for activities to be monitored and action proposed to be taken developed and introduced for each of the Standing Committees.
- iii. A team of trained professionals placed at the Block/Sub-divisional level for extending mentoring and hand-holding support for the three to five years.
- iv. A dedicated unit established within the ZP to support both the planning and institutional processes proposed to be introduced.
- v. A sound monitoring system to assess functioning of the Standing Committees and other institutional processes.

## Financial Management

8.6 Sound financial management is essential for building any institution. There are several problems like inadequate human resources, lack of rules and regulations for standardisation of the processes to be followed, lack of capacity, no effort to mobilize revenue, poor monitoring and supervision etc. which needs to be addressed urgently. The key areas requiring attention are mentioned below.

- i. The GP Secretary is in charge of accounting along with other administrative tasks of the GP. The Secretaries of all the visited GPs were in charge of two or more GPs. Having an exclusive GP Secretary is an urgent need for each GP. Those who are already there need to be trained well.
- ii. Financial and other records are to be maintained in the GP office for convenience and inspection but in almost in every office that was not being followed. This reason cited was that no night-watchman has been engaged to protect the records of the GPs and as a result all the records and official documents were being kept in the personal custody of the Mukhiya or Secretary. In other states also there is hardly any night watchman to protect the records. The state government may take a view whether to issue a Government Order that all papers are to be kept in a secured manner in the GP office and enforce the same through close monitoring. Certain class of records may be kept xeroxed/scanned and uploaded on a suitable website.
- iii. It is not sound to make the employees spend out of their pocket for any emergency and then seek reimbursement. There should be a system of maintaining petty cash. The risk of keeping petty cash may be reduced by proving a system of double-lock chest/safe and having insurance coverage. Also, specific guidelines are required for incurring petty expenses, including sweeping charges. To avoid the payment towards funeral expenses being made out of pocket by GP employees that are reimbursed later, the Mukhiya/Secretary may be allowed to carry a cash balance of up to Rs. 6,000/- for the purpose.
- iv. Immediate action is required to be taken for closure of the non-operational bank accounts. There should be a stock-taking of all the non-operational accounts and the amount lying unused for taking a view by the state government. Specific instructions regarding utilisation/refund of the interest accrued in the operational bank accounts are also needed.
- v. As far as practical, written Work/Supply Orders should be issued (if possible, on a prescribed format) on the basis of lowest Spot Quotations from three agencies. Some specific standardised formats have already been developed for the WIMCs and it will not be difficult to do so for the GPs.
- vi. Financial management practices of the Ward Committees are to be closely monitored and, for this purpose, Manuals are to be prepared immediately. As all the Ward Committees are maintaining several bank accounts with specific signatories, the situation may get out of hand if the issue is not given proper attention on an urgent basis. The position of advance issued to the Committees should be reviewed in the office of the GP on a fortnightly basis.
- vii. The system of Internal Audit by Designated Officer(s) of the Block should be introduced.



- viii. The yearly Audit Report by CA firms of the accounts of the GPs is not comprehensive. It contains only a stamped signature on the statement of receipts and payments of the GP without any comment on the quality of maintenance of accounts and the lapses observed. Advances made to the WIMCs are treated as expenditure in the said statement and, in most cases, not supported by any annexure/schedules. The financial picture of the WIMCs does not find any place in the Audit Report. A comprehensive format for the Audit Report that incorporates the financial status of the WIMC, along with necessary Schedules, should be devised.
- ix. The procedure for preparation of budget should be introduced from the year 2020-21 and for the purpose a separate GP Budget Rule should be framed.
- x. It appears that there is neither any specific Rule for maintaining the accounts in the GPs nor any standard format for keeping the records. Hence drafting a rule with standardised formats for the GPs is of utmost importance. The same is to be prepared keeping in mind the development of a software in the near future for maintaining the GP accounts online. It was learnt that the GPMS Software developed by BGSYS does not provide for the maintenance of accounts under Double-Entry System and it appears that there is no scope for presenting the total annual financial picture of the GPs in a summarised format. The software should present monthly/annual financial position of each GP, showing the opening and closing bank balances (and cash, wherever necessary), as well as monthly/annual receipts and payments on various accounts. It should be based on Double-Entry System of account maintenance, ensuring close supervision and monitoring the GP funds in a systematic way.
- xi. It appears that training of GP employees is given no importance at all. This aspect is to be taken care of so that the GP employees are properly trained on financial discipline and accounting issues. The employees should also be trained on accounts and book keeping and to handle computers and provided with handholding support for implementation of a sound system of computerised financial management.
- xii. There has been little monitoring of the financial status of the GPs and the Ward Committees. A sound monitoring framework that can be developed based on adoption of GPMS in all GPs should be in place as soon as possible.
- xiii. Hardly any revenue is mobilized by the GPs. The rule guiding collection of property tax is yet to be issued by the state government, which needs to be expedited. There is need for devolving more sources of revenue to the GPs so that they collect their own revenue. There should be also focus on collection of non-tax revenue for which the GP functionaries need to be trained. There is need for monitoring revenue collection by the GPs along with facilitations so that they can collect their revenues as per demand.

### Functioning of the WIMC

8.7 The WIMCs are new institutions which are handling good amount of funds for implementing the programmes assigned on them. The following steps need to be taken for strengthening their institutional functioning.

- i. There is a palpable need of orientation/training of the GP-level functionaries and Chairpersons and Secretaries of different WIMCs.
- ii. Mechanisms for operation and maintenance need to be developed so that the WIMCs can manage the drinking-water supply system when it is handed over to them.
- iii. Monitoring of the WIMCs need to be strengthened and the same should be regularly reviewed at the block, district and state levels.

## Decentralized Planning

8.8 Decentralized planning for economic development and social justice is a part of the mandate of the Panchayats. The process being followed now is very weak and the same should be strengthened. The recommended interventions are:

- i. GPs need orientation on how to make planning more holistic, covering different sectors and not just focus only on roads. The issues of women, children and adolescents need to be given special focus.
- ii. GP functionaries need handholding support to make the planning process more participatory. The procedural aspects of the planning process and engagement of the community need to be well-defined. The capacity of the GPs needs to be enhanced in order to be able to follow the same.
- iii. There is need for convergence of functioning of the GPs and the SHGs for strengthening livelihoods as well as utilizing the organized women groups for improving participation of the women in their own development as well as development of the community.
- iv. There is need for issuing instruction to the GPs so that only a limited share of the resources are utilized for road sector and whatever can be taken up under the MGNREGS should not be taken up using untied funds.
- v. There is need for including the plans under MGNREGS as per the labour budget to be a part of the GPDP. There should be enough focus on individual benefit for providing sustained source of income.
- vi. There should be adequate focus on taking up no cost and low-cost activities for improving delivery of various services by the village level institutions like the schools, AWCs and the Health Sub-centres.
- vii. GP functionaries need more training to upload data to PlanPlus, ActionSoft and other relevant software.

## Information and Communication Technology

8.9 Improving governance will require appropriate use of ICT. The same was found to be very poor due to lack of infrastructure, manpower and capacity. The recent initiative to engage EAs at the GP and block level will help to improve use of ICT in functioning of the GPs. The required interventions are:

- i. All the posts of EAs need to be filled up and they need to be trained intensively.
- ii. GP should register the Bank Details on the Public Fund Monitoring System (PFMS). The EAs should be provided with login facility for PFMS for real-time payments.
- iii. The internet connectivity needs improvement urgently.
- iv. The GPs and the blocks should be given log in ID for accessing RTPS. Server of RTPS is very slow due to heavy load. High speed server is required for smooth functioning at the GP-level.
- v. Induction training of Mukhiyas and Panchayat Sachivs on ICT is required.
- vi. Vendors/Service Providers associated with GP should be registered on PFMS.
- vii. The Secretary and the GP-level EAs need to be oriented on the activities of the BPMU so that they are aware what support will be available from the BPMU for improving functioning of the GPs
- viii. Block officials should sensitize the GPs on the basic aspects of Mission Antyodaya, GPDP or other activities for which they ask the GPs to capture data for use at the block-level.
- ix. Executive Assistants of both GP and blocklevel should maintain hard copies of the documents they upload or share with the blocks for their own reference and use. These should be maintained in proper files. These data should also be stored in a hard drive or CD for future reference and use.

## Capacity Building

8.10 Capacity building for the district Panchayat functionaries is to be a part of the state-wide initiatives. The infrastructure so far created for training of the functionaries of PRIs is inadequate; which comprise of one



BIPRD at Patna (engaged mostly in programme specific training and training of functionaries of upper tier PRIs, district and block level government officials) and nine not-so-equipped divisional level training institute dealing mostly non-residential training. These can hardly cater to the needs of the huge clientele.

8.11 Against this backdrop, in order to meet the shortfall in training infrastructure, the following measures may be taken in order to cover the huge clientele with regular training:

- i. There would be a **State Panchayat Resource Centre (SPRC)** at the State level to provide resource support to the Panchayati Raj Department, the DPRCs, the PRIs and all others concerned to sustain, accelerate and upscale capacity building interventions for institutional strengthening of PRIs, integrated PRI planning, research and studies and innovations for improving rural local governance. The faculty members should be well capacitated to steer the capacity building of the PRIs across the entire state with support of other institutions mentioned below. It is understood that the state government is in the process of setting up the same, which needs to be expedited.
- ii. **District Panchayat Resource Centres (DPRC)** may be planned at each district head quarter to address the training needs of the GP level functionaries and the block level functionaries of the district. The DPRC may function under supervision of the District Panchayati Raj Officers. These DPRCs must have facilities for residential accommodation for 40-50 participants and two training halls to accommodate 40-50 participants in each hall to facilitate one residential training programme and one non-residential training programme simultaneously. There should be provision for creating residential facility for another 40 participants in future keeping in mind that large number of ladies will be participating in various trainings and they may require separate accommodation with facilities for baby care. It is understood that the state government is in the process of setting up such centres in all districts in phases, which needs to be expedited. The divisional level training centres to be converted into respective DPRCs.
- iii. **Block Panchayat Resource Centres (BPRC)** may be established at each block of the state. The facility should consist of one well equipped training hall to conduct training using adult learning tools and a Training Officer, who may be outsourced and paid based on number of days training is conducted at the facility. It should be ensure that he/she remains engaged in organizing/ conducting/ follow up training so that there is adequate earning of the person without being a regular employee.
- iv. There may be two types of training interventions, usual face-to-face classroom-based training for institutional strengthening and 'action-oriented field work-based training, mainly for GPDP. However, training is not the only intervention for capacity building of the elected representatives and functionaries of GPs. Indeed, their capacity can be developed through a combined effect of properly designed training and non-training interventions.
- v. Based on the above-mentioned principles, a concrete Plan of Action for all the components for training and non-training interventions along with a district-wise calendar of training programmes for elected representatives and functionaries of GPs may be prepared every year by the Panchayati Raj Department with support from the SLMTT and the DLTTs.
- vi. The state may develop a plan for training the faculty members of the proposed institutes intensively. The ToT should be conducted in several phases with adequate focus on training methodology as well as knowledge of the subject of specialization of the faculty members. That will be necessary to develop required competency in order that they may conduct trainings confidently and effectively. The state may also develop a team of Master Trainers at the state and district level to supplement the capacity of the institutions in conducting the required large number of training. They should be trained on participatory training methodology and participatory planning methodology. A sizable portion of them



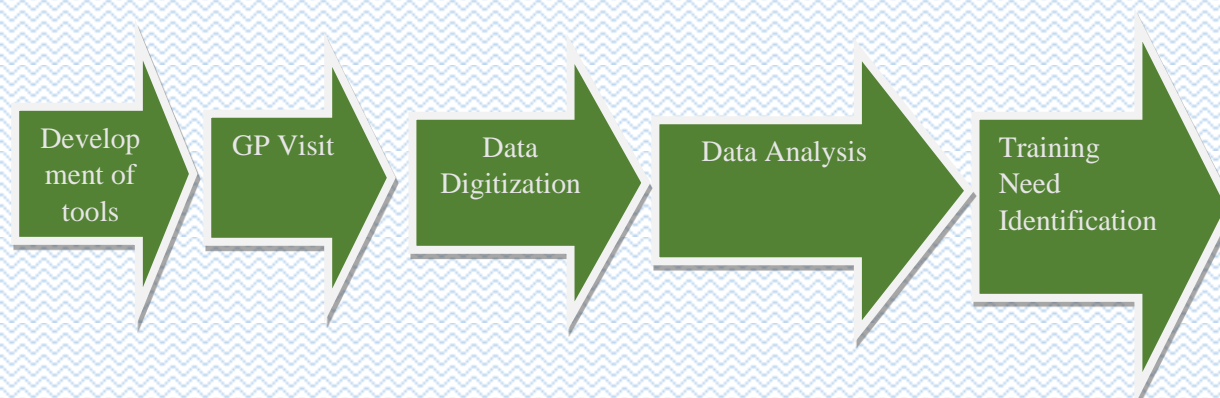
may be officials associated with the Panchayats at various levels so that they could function as facilitators in addition to their functioning at respective posts.

- vii. **Contents of Institutional Training:** The major contents of institutional training programmes for all three tiers of Panchayats should centre around the following themes: (a) institutional strengthening of panchayats; (b) financial management and resource mobilization; (c) procurement procedure; (d) audit & accounts; (e) issues of economic development and social justice (issues of protection, prevention of atrocities against SC/ST/minorities, equity and inclusiveness in development), (f) gender aspects of development and issues related to right of the children, (g) related programmes on employment generation, women and child development, public health, water supply and nutrition & sanitation; (h) education for all; strengthening livelihoods of the poor; (i) various schemes implemented by panchayats (*Mukhyamantri Gali-Nali Pakkikaran Nischay Yojana and Mukhyamantri Gramin Peyjal Nischay Yojna*); (j) Right to Public Services, (k) various aspects of RTI relevant to panchayats; (l) development of rural infrastructure; (m) disaster management; (n) environmental & social safeguard, (o) attainment of SDGs; (p) participatory planning & budgeting; (q) social audit, monitoring and reporting. These are illustrative but not exhaustive.
- viii. **Special focus on training for GPDP:** Building capacity of the GP for taking up GPDP, both participatory planning and implementation is another urgent need. The officials at the block and district level who are associated with implementation of various programmes requiring convergence with functioning of the GPs also needs to be oriented for providing necessary support to the GPs. There will be field-based training for capturing primary data and compiling available secondary data for envisioning and assigning priorities to different needs as will be raised by the community for matching the available resources. The GP Facilitating Teams should be trained Participatory Learning & Action (PLA) tools to develop skill for taking up all planning related activities at the GP level.
- ix. **Exposure Visit:** Exposure visits, both inside and outside the state, to successful good practices on the ground is very helpful for building capacity as well as motivating the functionaries to improve their performances. So, the elected representatives and functionaries of GPs need to be brought under well-designed exposure visits so that they can see and believe that they can also perform well.
- x. **Development of Learning Materials:** A very important aspect of planning for capacity building and training for GPs is to develop appropriate learning materials for each category of the stakeholders. Experience shows that it becomes easier for trainees to imbibe new learning if learning materials are prepared in simple vernacular on FAQ mode. Besides, Power Point presentations, embedded with video clips, attracts learners and becomes helpful to them in learning the relevant issues attentively deeply and sustainably. Moreover, for the sake of uniformity in use of standardised learning materials by the trainers, Transaction Manuals need to be prepared for use in both institution-based training and field works for GPDP. The Transaction Manuals need to clearly indicate the communication strategy and the sequence of inputs to be given along with the methods and tools to be used in each part of any session of training.
- xi. **Training Needs Assessment (TNA):** TNA to be conducted for different learner categories, viz. Mukhiya, Ward Members, Secretary, Executive Assistant and Data Entry Operator (on contract basis). In order to identify training gaps given their roles and responsibilities framework, questionnaires need to be developed. In order to observe the training delivery and to interact with the various learner categories and trainers should visit to the Gram Panchayats. A mix of respondents from good performing and less performing GPs may be planned for capturing the responses. Secondary data may also be collected on various aspects in relation to the roles and responsibilities of the elected representatives and functionaries from the DLTTs/ Block level Extension Officers. The analysis of this data is to be presented in the TNA report.

8.12 The aspects of training that may be covered in the questionnaire as well as the Focused Group Discussion conducted is demonstrated below:



Data captured through interviews using questionnaires and Focused Group Discussions (FGDs) with the respondents will be recorded. These will be further analyzed to draw the observations and key gaps in training system along with training needs to identify the subjects/ topics to be covered. The methodology of the TNA exercise is illustrated below:



8.13 **Funding for Capacity Building and Training:** The MoPR, Gol provides fund for two streams of capacity building and training of the elected representatives of Panchayats under RGSA: (a) for Non-GPDP interventions (i.e. for institutional functioning of Panchayats); and (b) for GPDP interventions. The resources available by the said Ministry is adequate to organise the training programmes, manage all the activities related to capacity building & training, including deployment of human resources for training institutions at the state, district and block level. The state may come out with an appropriate plan for approval of the MoPR for possible funding out of RGSA.

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