|  |
| --- |
| Close-up image showing the leaf-sides of two oversized books side-by-side on a bookshelf, with additional books in soft focus background |
| Gram Panchayats Development Plans in Madhya Pradesh  A Situational Analysis |
| |  |  |  | | --- | --- | --- | | User1 |  |  | |

**Gram Panchayats Development Plans in Madhya Pradesh**

**A Situational Analysis**

**By**

**Dr. MN Roy**

**Dilip Ghosh**

**Debraj Bhattacharya**

**C:\Users\User1\Pictures\RF_Logo.png**

**Acknowledgements**

This study of Panchayati Raj in Madhya Pradesh was done within a short period of time, which posed a special challenge to the researchers. Without the cooperation of a large number of people it would not have been possible to finish the study on time. The study team would particularly like to thank Government of Madhya Pradesh for the excellent support that they provided throughout the study. UNICEF Madhya Pradesh was all along with the study team and supported the team with insights and documents. UNICEF India via Intercooperation India provided financial support to the study. Finally, the study team would like to thank the functionaries of the Gram Panchayats visited who gave their wonderful insights which made the study possible.

**1: Background**

The present state of Madhya Pradesh came into existence on 1st November 1956 as a result of the reorganisation of states on a broadly linguistic basis on the country in that year. Before it was named Madhya Pradesh, the region was used to be known as Central Province, which has a long experience of Panchayat Raj system. In Central Province, the panchayats were set-up with the enactment of the Central Provinces Village Panchayats Act 1920, which came into force in May 1922 in order to establish village panchayats to assist in the development of local self-government in rural areas and in the administration of Civil and Criminal Justice. This panchayat system was followed by a committee appointed by the provincial government in 1926. In 1935 then the British government appointed another enquiry committee to examine the working of the Local Self-Government Act 1920, Municipality Act 1922 and the Village Panchayat Act 1920 and for providing recommendations for improvements.

**The Central Provinces and Berar Panchayat Act**

The Central Provinces and Berar Panchayat Act was enacted in 1946 and came into force in 1947. Under it Village Panchayats were to be established in each village with a population of one thousand or more, which was later modified to five hundred. These were given municipal functions, while judicial functions were entrusted to *nyaya* panchayats. Then, the Local Self-Government Act of 1948 introduced the scheme of *janpadsabhas* at the tehsil level for decentralisation of powers and functions and promotion of local self-government on a wider basis. The working of the scheme has left its lasting impact in the development and working of local self-government at the sub-district level in the old Central Province areas.

**Panchayats between 1957-1993**

By an amendment of 1946 the Central Provinces and Berar Panchayat Act in 1950, government took powers to exempt tribal majority areas from the normal constitution of panchayats and establish a special structure of Tribal panchayats and Pargana Panchayats in such Tribal areas as may notified. The Act of 1962 included section 90 on the lines of earlier act for setting up of tribal and paragana panchayats[[1]](#footnote-1) in the tribal majority areas of the state. The Panchayat Acts of 1981, 1990 and 1993[[2]](#footnote-2) made no exception for tribal areas or provided for such exception. The state did not make any special provisions for the panchayat structure in Schedule V areas in its post 73rd Amendment Legislation of 1993 despite their exemption from the mandatory provisions of the 73rd Amendment. In 1997, the state law was finally amended to conform to the 1996 central act by which 73rd Constitutional Amendment was extended to these areas with some modification.

**Post – 73rd Amendment Act**

After the Constitution Amendment became effective in 1993, a new panchayat act, the Madhya Pradesh Panchayat Raj Adhiniyam, 1993 was passed by the state legislature on 30th December 1993 and came into effect on 25th January 1994 replacing the earlier Panchayat Act of 1990. Although the act was passed in one day without any debate, however it was amended eight times between 1994-1999; twice in 1994 and four times through ordinance. Among the two ordinances, one was issued during the on-going process of the first elections. The new state act as originally enacted was substantially a reproduction of the earlier law except for the inclusion of reservations for women and OBCs, provision for gram sabhas and control of zilla panchayats over the DRDA[[3]](#footnote-3)’s and of *janpad* panchayats over the blocks. It included provisions for co-option of members to represent cooperatives and SCs and STs, which had to be removed by an ordinance in 1994 itself since co-option was no more permissible after the 73rd amendment.

**Amendments of State Panchayati Raj Act after 2000**

Between 2000 and 2010, the State Panchayat Act has seen further amendments. In the year 2000, the state made a major change in the structure of PRIs including the gram sabhas. Even the name of the Act was changed to Madhya Pradesh Panchayati Raj Awem Gram Swaraj Adhiniyam. It came into force in January 2001. In this amendment, gram sabha was created for each village of the gram panchayat and it was to have eight standing committees each with seven members. Each gram sabha was to have a fund called Gram *Kosh* consisting of four types of funds[[4]](#footnote-4). Further amendment was done in 2000 to introduce the two-child norm in panchayat for disqualifying any person from contesting or continuing as chairperson or member of panchayat is he/she has more than two living children one of them born on or after 26th January, 2001[[5]](#footnote-5). In 2004, the state made another amendment for disqualifying elected representatives for not having flush latrine in their houses within one year of being elected.

***Gram Sabha***

From 1st January 2005 following the amendment of 2004, gram sabha were expected to be held every year at least in January, April, July, and October; along with additional meeting were to be held if required. The district collector would nominate a government officer for making suitable arrangements for the gram sabha meetings, ensure circulation of agenda and notice of the date, time and the place of meeting. The amendment of 1996, the quorum of one-tenth of the membership for the gram sabha meeting was also expanded to include at least one-third women within it. This provision was deleted in 2005 after the provision was successfully challenged in the State High Court. Further in 2007, the quorum itself was made one-tenth of gram sabha member or 500 members.

***No Confidence Motion***

By an amendment to Section-21, Sub-section (3) (i) the period of wait for bringing a no confidence motion was changed to two and a half years from the date on which the sarpanch or Upa-sarpanch entered office. The same change was also made in Section 35 for no confidence motion against the president and vice-president of zilla panchayat and in Section 28 for a similar motion against the president and vice-president of *janpad* panchayat.

**Third Finance Commission recommendations[[6]](#footnote-6)**

The third State Finance Commission gave its recommendations in 2008 which was accepted in 2010. The key recommedations which were accepted are:

1. Distribution of 5 per cent of the divisible pool to the local bodies – 80% to the panchayats and 20% to the urban local bodies.
2. GPs which impose tax and also recover it be given an additional Rs 25 per person per year. This was accepted by the government specifying that that it will be 50 % of tax collected in GPs in general blocks and 100% of tax collected in tribal blocks.
3. A general purpose grant of Rs 20 crore per year was allocated for the janpad and Rs 6 crore per year to district panchayats and Rs 50 crore to the GPs for maintenance of assets and carrying out their duties.
4. Continue payment of honorarium, salaries, and allowance of elected representatatives and employees of the PRIs.
5. GPs running pipe water services and imposing and regularly recovering water tax be given full reimbursement of electricity charge. This was accepted by the government with the clarification that more than 80% recovery will be treated as full recovery.
6. Continue distribution of land revenue receipts and additional stamp duty to the PRIs.

**Overview of decentralised planning in Madhya Pradesh**

Madhya Pradesh was one of the earliest states to have attempted to prepare decentralised plan shortly after the constitutional amendment. The State Government had passed the Decentralised Planning Committee Act in 1995. In 2000-01 the state had allocated over 30% of the of state funds towards district sector schemes. The State had constituted a state Steering committee headed by the Honorable Chief Minister to oversee the decentralized district planning. The operational details and overseeing of the implementation was to have been done by the Working group headed by the Member secretary of the State Planning Commission (SPC).

In 2006, the MP State Planning Commission (SPC) had established a partnership with UNICEF as part of its integrated District approach (IDA) in the pilot district of Guna and Shivpuri. The objective was to “seek active engagement of the communities in planning and monitoring of interventions, as well better target district response plans to meet locally-determined needs.

In 2007-08 The state had issued a guideline following a consultative process supported by UNICEF, containing description of key components, such as the five-day village planning process, formats and tools for district response plans, setting up of Technical support groups etc. In the same year the Government of Madhya Pradesh (GoMP) with support from Department for International Development (DFID), Government of UK, embarked on a three year reform programme, the Madhya Pradesh Strengthening Performance Management in Government (SPMG) programme, with the goal of enhanced use of public resources for poverty reduction and human development. In pursuance of these objectives

1. District level workshops and TOT on decentralized planning had been conducted in all 50 districts of the state with the technical support of Poverty Monitoring and Policy Support Unit of the State Planning Commission,
2. Improved Website was launched (***http://mpdecentralizedplanning.in/spc)*** facilitating further analysis, planning and monitoring in online mode,
3. The IT application envisaged for the Decentralized Planning to furnish not only for the planning but also for monitoring, evaluation & social auditing purpose,
4. The IT application was scheduled to have been integrated with newly developed “Integrated Financial Management Information System”,
5. A mobile GPS enabled GIS application was launched to capture the progress of the worksites which will help in monitoring aspects like how many works had been started against approved work plan and what is the current status.

In 2009-10 The Government of MP received a fund from the National Planning Commission to facilitate roll out of Decentralised District plan

In 2009-10 DDP was piloted in five UN joint programme of convergence (UNJPC) districts. Piloting involved a major capacity development exercise for district officials and Technical support members.

In 2010 the State Planning Commission of MP ordered a state-wide scale up of DDP. All 50 districts, covering approximately 55000 villages were given the go-ahead in district level plans.

**2: State Level Preparedness for GPDP**

**Present planning system**:

In reality there are multiple plans for different schemes. The GPs have recently prepared the GPDP plans for the year 2016-17 in *Gram Uday se Bharat Uday* program launched by the Central Government. The state has a system of decentralized district planning and all GPs are supposed to plan in conformity with the guidelines prescribed for such planning. Physical mapping of assets has started in the state and the State Planning Commission. Reportedly extensive work has been done in this regard in Bundelkhand region and Hoshangabad district. However, the process is yet to be completed across the state. GPs have faced technical difficulties in this regard. The GPs do their planning related to GPDP as per the manual for planning prepared by the state government. The manual gives a step-by-step description of the planning process including formats to be filled by the GP.

**The GPDP Guideline**

Given its fairly persistent effort to operationalise decentralised district planning, we found detailed guidelines on integrated decentralised planning covering all levels of governance in the SPC website. There was also a detailed FAQ on the various aspects of decentralised district plan issued as far back as 2010 (YM/SPC/PMPSU/10/2010), a detailed manual of decentralised district planning in Hindi issued in 2012 (2259/2012/ Yo Aa Sa/ GO dated 13th August 2012), and a booklet on Gram Panchayat Planning named “Smart Gram, Smart Panchayat” forwarded under No. Panch/FFC/2015/15524 dated 23/10/2015 of the Panchayat and Rural Development department of the Government of Madhya Pradesh.

The manual and the guideline on decentralised district planning lays down elaborate procedures on various stages of the planning process beginning with the Gram Sabha or the Ward committee (for the urban local bodies). It prescribes various mechanisms as to how the line departments who used to handle the bulk of the fund at the district level would respond to the needs of the common people identified during the participatory planning process. The procedures are clear and there are sector wise formats for structuring the information generated through the planning process and action proposed on the identified issues.

Given the availability of such elaborate guidelines the booklet “Smart Gram Smart Panchayat has focussed mostly on the broad approaches and thrust areas under GPDP and has not laid down the procedural details for which the panchayats were perhaps expected to follow the planning manual already in use. This guideline talks of the importance of investing for livelihood generation and human development. But when it comes to investing the fund receivable under the recommendation of the 14th FC it specifically lists out the construction activities. This is of course in conformity with 14th FC recommendations that had specifically recommended for placement of funds for basic services the panchayats have been made responsible for. The listed items therefore are mostly infrastructures for basic services. Here is a summary:

1. **General Infrastructures** such as a) Panchayat office, b) extension of Panchayat office, c) e – room, d) Anganwadi building, e) community hall, f) Market complexes, g) concrete roads, h) other administrative constructions such as boundary wall of burial or cremation grounds, i) kitchen sheds or dining halls (of schools etc?), j) passenger shed, k) footpath and road dividers , l) day care centres and shelters for the aged, j) street lights and illumination for common places etc.
2. **Infrastructure for Drinking water** – pumps and storage places
3. **Environmental sanitation** – drains, public toilets and urinals, cleaning of roads and common places
4. **Water conservations** – check dams, rain water harvesting arrangements on public buildings etc.
5. **Payment of bills** related to recurring expenses for public services – electricity, telephone, wifi bills, and bills for any other services procured by the GP.

**Accounting, Auditing and Procurement**:

GPs of the state maintain their own accounts for the funds. There is a double entry system in the GPs. Secretary and Rojgar-Assistant are responsible for maintaining accounts. Auditing is done by Department of Local Fund Auditors (Sthaniya Nidhi Samparikshak). There is formally a social audit committee in every GP. The procurement norms of the GP have been fixed by the state government.

**Implementation and monitoring of GPDP**:

The state has formally constituted a State Resource Team for steering the planning process . Heads of various key development departments are members. Circulars/orders have been issued to the departments concerned. There is Disrtrict Resource Group in each district dedicated to support the planning and the concurrent monitoring of the GPDP planning. Nodal officers have been appointed for hand-holding support to the GPs. Every district now has a district monitoring team consisting of 8-10 members. However, monitoring of GPDP is an additional activity of the government officials in addition to their assigned duties.

**Training:**

A series of workshops were held at the state level involving key stakeholders to finalize the content of the training. The content has been developed in conformity with the guidelines of the GPDP programme issued by GoI. Training Needs Assessment was carried out by the SIRD, Jabblpur to finalize content of the training. 1 day training was provided to various Heads of Departments. It used traditional lecture method mostly. The state level Master Trainers were trained by SIRD. The Master Trainers at the district level consist of CEO-ZP, Additional CEOs and CEO (Block level). At the cluster level the MTs consist of PCOs, REOs, PRs and persons from NGOs. District level training was for 3 days with a field visit included. At the Block level training was provided only for one day, that too in lecture method. There was no scope for field visit during that training.

**IEC:**

The state has developed an IEC strategy. A special agency has been appointed through the Panchayati Raj department. The executives of the agency are preparing the IEC materials for GPDP. There is no district specific strategy to take note of regional variations. The funding of the IEC is 1% of the total training budget. This does not seem to be adequate.

## **3: Field Visit**

## **Interaction with the Block**

## The research team initiated the exploratory visit with a discussion with the functionaries of MhouJanapad Panchayat. The CEO, the AE, the District Panchayati Raj Adikarik and some other functionaries of the Janapad Panchayat have participated in this discussion. CEO narrated the steps taken to mobilise people and ensure participation, which is more or less a summary of the GPDP guidelines. Though MP has a long tradition of decentralised planning, the only difference GPDP has with it is being more structured and elaborate.

According to the Assistant Engineer of the block, increase of funds has brought in new challenges and a major one among them is the problem of technical assessment. He explained that there are Junior engineers for a cluster of 10 GPS as an example. Given the workload these engineers can only check the mathematical accuracy of the estimate but cannot technically vet them. Therefore, the Assistant Engineer has to accord technical approval of all projects up to the limit of 15 lakh each of all 73 GPs within the Janapad Panchayat. The untied funds allotted to the GPs in MP include, apart from the usual ones of SFCs and CFCs, the MPLAD, MLA LAD, ZP MEMBER-LAD of Rs.5 Lakh each and the Janpad[[7]](#footnote-7) Member LAD of Rs. 2.5 lakh each. On an average a GP has to spend around Rs. 50 lakh per year.

The second problem as per the CEO is that of monitoring. The CEO has no control over the funds, which are sent directly to the accounts of the GPs concerned. In case any irregularity comes to notice of the CEO - he/she can only file a complaint to the SDM, who has the powers to remove a Sarpanch.

The third problem is that of disputes over land required for implementing a planned activity. Planned schemes sometimes are stalled because people raise disputes over the land on which the scheme is required to be implemented. These include commons that has been encroached upon and not returned to state even when required for public purposes.

**GP-1: Kodaria GP[[8]](#footnote-8)**

This GP has a female Sarpanch, SmtAnuradha Joshi. She has been a Sarpanch for 2 years now, elected to panchayat for the first time.

The Gram Sabha election took place in several phases. The first Geam Sabha was held on 14thApril 2016. The second series was from 12- 14th May 2016. On 12ththey discussed Gram Vikash Karya Yojana, on 13th - Hitgrahi Mulayam KaryaYojna, on 14th – Krishi KaryaYojna. Another Gram Sabha was convened on 25thMay 2016 to finalise the HitgrahiKaryaYojna. (picture).

There are 20 wards, of which 3 have concentration of ST population.

The GP has 26 employees. Safari karmachari - 9, water carrier - 6, Tax Collector - 2, computer operator - 1, Driver for Garbage collection Van - 1, Helper for Garbage collection Van - 1, Sachib - 1, Lipik - 2, Peon - 2.

This GP is quite urbanised, the total amount they receive is about Rs.50 lakh plus. The OSR is about Rs30 lakh. The GP being highly urbanised the demand for MGNREGS work is not much. There are only about 19 beneficiaries registered under NREGA. The GP seemed quite strong as an institution. The records were well maintained, office space well laid out and fairly neat for a GP office. The Sarpanch pointed our attention to the ISO 9001: 2008 certificate issued in favour of the GP in June 2015 and is due for renewal in May 2017. The routine functions of rendering basic crevices seemed to be quite well performed. The garbage truck of the GP that collects the garbage and solid wastes from all over the GP every morning was shown to the study team by the panchayat functionaries with considerable pride.

The GP had prepared five year plans under GPDP following the procedure prescribed under the Guidelines but are being compelled to revise all estimates as the CSR[[9]](#footnote-9). The GPs are now busy revising the plans and estimates of works to be taken up. However, in-spite of the plan, they reported to have not received any fund from the government yet.

The priority in the GP plan was accorded to :(1). Sanitation, (2). Street light and (3). water supply. The source of water is from Narmada water supply scheme. The GP has to pay a monthly amount Rs. 1,80,000 for this water and can collect only about Rs. 80,000 per month for this work. Obviously, there is a huge arrear accumulating every month.  To maintain transparency, accountability and right to information, a board displayed on the wall of the GP office stating the following Government schemes, which are currently being implemented by the GP. These are, 1) Vriddhabastha pension Yojna, 2) Widhwa/ Parityakta pension Yojna, 3) Indira Gandhi pension Yojna, 4) Mandbuddhi/ Mansikvikalang pension Yojna, 5) Indira AwasYojna, 6) Mukhyamantri AwasYojna, 7) Mukhyamantri Kanyadaan Yojna, 8)  BhawanKarmakarMondalYojna, 9) MukhyamantriMajdur Suraksha Yojna, 10) Aam Aadmi BimaYojna, 11) Janashree BimaYojna, 12) Panch ParameshwarYojna (since discontinued), Sansad Nidhi Yojna, 13) Bidhayak Nidhi Yojna. 14) Samagra Samajik Suraksha Yojna, 15) Hariyli mahotsabYojna, 15) Pradhan Mantri Jeeban Beema Yojna, 16) Pradhan Mantri Jeeban Jyoti Beema Yojna and 17) Atal Pension Yojna.

**Women and Child Centric GP Plan**

The study team’s exploration of women and child centric component of the GP plan started with a discussion on the ICDS scenario in the GP.  The GP at present has 6 ICDS centres catering to a population of 16000[[10]](#footnote-10). The board on the ICDS centre adjacent to the GP office premises states that it caters to a population of 2858, and currently 25 pregnant mothers and 112 children are enrolled with the GP. The Sarpanch and other functionaries stated that majority of the people here prefer to send their children to private play schools and hence there was not much of a demand for new ICDS centres. Besides the GP cannot start an ICDS even if it wants to. The approval has to come from the Government. The GP functionaries, including an AWW worker also claimed to have no malnourished children. However, in this particular centre there is a daily average attendance of 40 children out of 112 supposed to be catered to. (Picture of the ICDS board can be appended to the report). Given such limited coverage it would be difficult to ascertain the actual status of malnourishment, since the majority of the children are not being regularly weighed.

There are 2 primary and 2 middle schools in the GP. The plan document for sanitation however mentions 15 schools whose environmental sanitation needs have been taken into account in the sanitation plan. The rest of the schools are private including the play schools mentioned above, explained the sarpanch and all of them generate waste which the Gram Panchayat has to clean up.

The planning process did generate some data on the status of women and children in the GP. Apparently, the general thinking has been that these are matters to be dealt with by the departments concerned, Health, WCD, Education etc. The GP passed on the data to the upper tiers of Panchayat bodies for onward transmission to the departments.

The study team tried to ascertain the extent of poverty in the GP. The full details of SECC data were yet to be made available. Only the list of those who are with adequate housing has been made public so far. The GP is otherwise functioning with the BPL list prepared in 2002 with some modifications as have been effected by the Tehsildar time to time.

The activities identified under the planning process have been approved in the Gram Sabhas, but it would be difficult to comment without supportive evidence as to extent these are addressing equity issues, and fulfilling the real needs of vulnerable and excluded section of the population.

Even though the state’s decentralised planning guidelines mentioned actions on the data related to social sector, it seemed these are acted upon only to the extent of addressing some infrastructural issues by the GP. Apart from those, no other activities have been put in place to redress the issues identified during the preparation of the plan, has not been specified.

**GP 2: Gaoli Palasiya[[11]](#footnote-11)**

It is a located in the Janapad Panchayat of Mhou in Indore District. This too is an ISO 9001:2008 certified GP. The area surrounding the GP office in quite urbanised and prosperous. The GP has 12 members including the Pradhan. Sri Ganesh Patidar (Sahawal) is the Sarpanch, a first time representative, elected 2 years back.

There are 13 employees in the GP including the Sachiv. The monthly salary bill is around Rs. 40, 000 (excluding the Sachib who is paid by the Government). The GPs own source revenue is around Rs. 15 lakh. Roughly about 40 to 50% of the demand is realised.

The planning process here too followed the pulse mode of three fixed day (and date) exercise narrated like everywhere in the state. The activities were prioritised following the formats prescribed in the guidelines. The priorities of this GP for GPDP are:(1). Drinking water, (2). Water for irrigation and (3). waste management. However, two major problems the Sarpanch faced in implementing the plan are 1) revision of the schedule of rates (CSR) by the RE department which compelled him to recast all his estimates, and 2) the lack of authority to include or exclude people from the list of beneficiaries for the individual benefit

This GP has had a rather old piped water supply scheme running since 1974. PHE Department has estimated that a sum of Rs. 2. 98 crores would be required to revamp the system, and this has been included in the GPDP. The fund is yet to be allotted. In fact, the total plan prepared by this GP for 2016-17 is for Rs. 4.36 Crore, including the amount required for revamping the water supply. As against that the GP has received about Rs. 50 lakh so far, that is the amount they are entitled to under the State and Central finance commission grants and other grants for the Panchayati Raj or RD Department. They have no clue whether the amount proposed for revamping the water supply scheme will be at all paced, and if so when?

No separate analysis of the status of the vulnerable population was apparently made. But the Sarpanch took the research team around a concrete road under construction that would be connecting to the Adivasi Bustee with the centre of the town. The team could speak to one of the beneficiaries of the Pradhan Mantri Awas Yojna within the Bustee was identified who has just started constructing his house.

**Women and Child Centric GP Plan**

Here too there seemed to be a shortage of ICDS centres. There are only 5 centres catering to a population of 12000 people. Possibly because of a rather urbanised and prosperous population there isn't much of a demand for more centres, suggested the Sarpanch.

**GP 3 - Anarad[[12]](#footnote-12)**

Anarad Gram Panchayat is located in the JanapadPanchyat Dhar in Dhar District. This is a tribal district and the Sarpanch has to be elected from the tribal community. The CEO of the Dhar Janapad panchayat facilitated the discussion. Narayan sing Pawar, Asaram Yadav. Husband of the Sarpanch also attends, but Sarpanch is out.

The GP is still working on the old BPL list of 2002, which have been reportedly updated by the Tehsildar. The Panchayat cannot make any changes in it.

The planning process here too followed the pattern described earlier. In the first day, they created an asset map of village through transact walk and some PR exercise. The secretary was trained for a day in the block for all 52 GPs. The CEO felt that apart from the theoretical training there should have been a training on the field.

Main problems of the GP are:(1). drinking water, (2) Education - only a middle school, girls cannot continue education beyond class eight, (3). Nutrition – There are 75 children in one centre of which 3 are severely malnourished, in another centre, there are 105 children of which 3 are SAM. Some Anganwadis have water problem. There are One primary school, one madhyamik school, three ICDS centres and one health sub centres in the GP.

Responding to the study teams request for narrating the problems faced in preparing the plan the secretary of the GP stated that prioritisation is a problem. Everyone insists on higher priority to the activities proposed by him or her. Generally, this is resolved by voting.

The data that they generate through the planning process is just send to the departments concerned. No further use of the data is made by the GP. The monitoring mechanism is also stressed. According to the engineer attending meeting, vetting, etc. takes lots of time and therefore it is not possible to physically monitor the programme

In the available plan outlines of FY 2016-17 the total amount Rs 34 crore for 5 years has been suggested. Most of it is for concrete road or drains. There is not much fund planed for education health or nutrition.

**Women and Child Centric Plan**

ASHA said that the immunisation is 100 percent. There have been no maternal deaths ever since she joined six years back, and only one child died during the period. She has received trained in 6th and 7th module of ASHA training course and is competent to provide home based neo natal care.

The ASHAs, AWWs and the ANM said that they receive all support from the Panchayat. The problem with institutional NRC is that the mothers are required to go along with their child, which is difficult for most mothers. Besides not all SAM children require admission in NRC. They would rather have a community nutrition rehabilitation centre, so that feeding regimen of the malnourished children could be rigorously enforced without the mother being compelled to leave her home and other responsibilities. Wage compensation to mothers for attending the NRC is Rs. 2200 for 14 days.

Statistics maintained by the Health seb-centre was not readily available. But if the status of malnourishment is any indicator it seemed that not everything is fine so far as women and children are concerned in this GP.

**District level interactions**

We had interactions with the CEO and other officers of Indore Zilla Parishad and the Addl CEO of Dhar on the issue of planning. Officers in both the Parishads informed us that

1) they are trying to accommodate as many of the proposals sent by the GPs as possible in the plan and budget of the higher tiers, but given their limited resources not all the demands can be accommodated every year;

2) the activities which are in the domain of the line departments are being sent over to them, but they too have financial limitations;

3) The resources available for a particular GP under departmental budgets can not always be determined beforehand, and hence could not be communicated in advance to the GPs,

4) They agreed that the capacity building need to be strengthened. The Additional CEO Dhar ZP informed us that an elaborate CB structure has already been designed at the state level and is likely to be implemented from the following year.

5) The impression gathered from the interaction with the officials was that the institutional ownership of the decentralised planning process was not very strong across the various departments exercising control over funds, functions and the functionaries to be utilized for implementing the plan. That is why, they could not be subsumed under the decentralised district planning exercise which was being implemented by the state planning commission.

## **4.Gaps and Recommendations**

***Gaps***

The purpose of this section is to point out gaps and suggest ways of improvement. This does not however mean that Panchayati Raj in MP does not have anything to feel proud of. The institution has clearly stuck deep roots within the society and there are many outstanding achievements. When “gaps” are pointed out, the strengths are assumed. Having said this, the following gaps may be pondered over.

What seemed somewhat puzzling to the research team was the apparent absence any functional mechanism within the system that seamlessly integrated the planning process at the GP level with those of the plans prepared at the upper tiers of the PRI bodies or by the departmental offices at block and district level.

The impressions received in the free-flowing discussion with the Addl. CEO of Dhar and the CEO and other officers of Indore districts narrated above was that since GPDP is a relatively new initiative many of the systems are evolving. Apparently the decentralised planning process has not been institutionalised to the desired extent.

This conjecture received considerable support from a study undertaken by the Poverty Monitoring and the Policy support unit of the State Planning Commission of Madhya Pradesh conducted in 2013 which lists the following explanations for the ineffectiveness of the Decentralized District Planning process.

1. Lack of clarity in GoI guidelines of planning schemes like MGNREGS, BRGF, NRHM, SSA, RKVY and coherence between sectoral guidelines documents. Departments are unsure about whether to follow the standard grassroots planning process led by SPC or stick to the method prescribed by the programme guidelines and departmental practices.
2. Lack of guideline on service delivery performance standards;
3. MPSPC also does not have special window for capacity building of PRI Members, NGOs or other key stakeholders like media representative.
4. The process was overly dependent on the individual performance of particular District Collector or CEO-ZP.
5. Block level planning teams/ units or sectoral planning group was not formed or wherever formed, they did not give impetus to the planning process.
6. Grass-root level officials perceived the DDP as another isolated government scheme. This problem also appeared at the PRI level.
7. DPC’s and team of District level officers are also lacking the conceptual abilities and institutional capacities for local area developments planning.
8. District level officers interpreted the rules and guidelines for carrying out decentralized planning in their own way.
9. Lack of data pertaining to budget allocations below district level in each sector hampered effective planning.
10. Departmental officials and planners did not have the wherewithal for preparing resource envelop at district and block level.
11. The officials responsible including members of TSG were preoccupied with other works.
12. Participation of all the stakeholders in the planning process was difficult and burdensome.
13. Ownership of the planning exercises was unclear as officials were reluctant to engage with the process.
14. Monitoring mechanism at district level is not present.
15. Logistic arrangements at block and districts level are not in place for TSG trainings.
16. Government official especially block level are very slow in providing data.
17. Quality of plans submitted by planning teams was not good.
18. Lack of IT skill is also a constraint.
19. Errors in data entry.
20. There was hardly any active involvement of DPC members.
21. Planning units do not formally exist and even if they hardly into functioning mode.
22. The plans were prepared by the technical support groups (TSGs). These plans have failed to reflect the felt needs and aspirations of the community and the local people.Thereby, the plans have become wish-list of local leaders and development functionaries.
23. Activities proposed in these plans were not properly linked with the resources, programmes and schemes.
24. The functioning of gram sabha has not been effective.
25. Time lines for capacity building workshop are usually not being followed.
26. Technical Support Agencies assigned by PMPSU with the role of capacity building are not delivering.
27. Lack of involvement of PRIs.
28. State HoDs are not actively involved.
29. State HoDs did not take much interest in coordination.
30. Lack of authority for enforcing guidelines over PRIs.
31. No Significant support and follow-up mechanism at state level[[13]](#footnote-13).

Another study undertaken by the summer interns of UNICEF had also taken a look at the Technical Support Group set up to facilitate village level planning and had observed as follows:

1. Elimination of gender gaps within the DDP and TSG process is very essential.
2. For TSG members, additional incentives such as increased monetary compensation, transportation, food, etc. should be given to raise their working capacity and interest in the process. Incentives should also be given to communities to ensure active participation in the GS and DDP process.
3. TSG members should also receive a longer period of time to carry out the planning process.
4. The training of TSGs can also be improved by providing longer training periods, and setting aside dates for refreshing the TSG members on their training.
5. Block level staff can make efforts to ensure that adequate staff is selected for the TSG.
6. There can be an improvement in the budget allocation process. This means making sure the villagers are aware of the budget amount so they do not plan activities that would not be possible to complete[[14]](#footnote-14)

We asked Mr. Jitendra Pandit, who is presently a consultant with UNICEF MP but was earlier the District Facilitator of Decentralised Planning process in Mandla district, as to why in spite of a rather vibrant and elaborate planning structure there has been He too felt that even though the decentralised planning process had an elaborate structure it did not really work out because of the following: -

1. The village level technical support group (TSG) consisting of functionaries like ANM, teachers, AWWs etc. did collect the data required. The panchayats functionaries generally participated in this process but in a mechanical manner. They are not competent to interpret or act upon the data.
2. All the data collected are put into software and gets disaggregated into sectors at block level.
3. Most of the data collected should be available in MP planning commission website.
4. Responding to the activities identified through the planning process was not agreed to by the departments who considered this to be a duplication of the work they are doing departmentally. They were preparing their own plans following their own methods which were not necessarily what the decentralised planning process called for.
5. In this scheme of decentralised planning, however GP plan was not included. The process of decentralised planning stopped at the block.
6. The response plan is the plan with which the line departments were supposed to respond to the needs identified on the interpreting the data collected at the village level. The village level data was compiled at the block and later at district level. The software linked the activities to schemes. The department could respond by:(a) accepting the proposed activities, (b) accepting the activities but modifying the estimates, (c) by transferring the activities to other departments and (d) rejecting the proposal outright.
7. One disadvantage of the system used to be that activities that could not be linked to any scheme would get lost. The software also did not have the provision of assigning activities to panchayats. The system did not provide any log in id to PRIS. The PRIs therefore did not get a chance to respond to these activities. Therefore, the untied funds available with the PRIs did not really come to be invested in redress problems.
8. Politicians were not involved in the planning process. So MPLAD and MLALAD funds could not be utilised for activities identified through this system.
9. The decentralised planning approach was basically department centric. But even the departments such as RD did not always respond to the demands compiled through the decentralised planning process. The departments preferred to stick to their own planning systems.
10. Earlier even the untied funds used to get directly or indirectly tied. The activities that could be taken up from these funds were specified to a large extent by the state.
11. The decentralised planning process was scaled up without adequate trial.

To conclude, the Gram Panchayats were preparing the plan following a participatory process by consulting the Gram Sabhas. The focus of the GP was on providing basic civic services, which is in conformity with the recommendations of the 14thCentral Finance Commission. The data available on social sectors, especially those related to women in and children were:(1) of indifferent quality[[15]](#footnote-15), and (2) even this data was apparently not being acted upon by the PRIs themselves or the departments concerned. There is no standard mechanism built in the system to identify the needs of vulnerable groups and to what extent the infrastructures being in are coming to their aid.

***Recommendations***

1. Development of roadmap for improving planning skills of Gram Panchayats within a fixed timeframe.
2. Development of a baseline on the following:
3. gender disaggregated data at GP level
4. Nutrition intake of malnourished infants through AWCs and VHSNC.
5. Status of ODF including schools, ICDS centres and all other public places.
6. operation and management of School and Anganwadi toilets
7. general cleanliness Index of all GPs
8. Village wise mapping of vulnerable children by age/gender/social categories/children of families migrating under distress
9. children not attending schools
10. Child migration, child marriage, children without Birth certificate/issuance of Birth Certificate
11. Social status and location of the vulnerable section of the population
12. Develop a Vulnerable Group Development Index and Environment Framework for filtering all identified activities through lenses of the index and the framework.[[16]](#footnote-16)
13. Enabling GPs to take other works beyond infrastructure, e.g. supplementing the nutrition of the vulnerable children and setting up community based nutrition rehabilitation centres.
14. Strengthening the capacity building framework, for example, give more time to the block level training of GPs on GPDP.
15. Making arrangements for sustained handholding during planning and implementation through a mentoring system.

**Appendix 1**

**Name of the GP: Kodria**

|  |  |  |  |
| --- | --- | --- | --- |
| Distance from Block Headquarter | Building | Name of President | Number of wards |
| **2km** | **Yes** | **Anuradha Joshi** | **20** |

**Demography:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SC HH | ST HH | OBC HH | Other HH | Total HH | Total Population | Female | Male |
| **878** | **471** | **1499** | **622** | **3470** | **18000** | **8560** | **9440** |

Important Castes: **SCs, STs, OBCs, others**

Health: **Primary Health Centre**

Anganwadi: **06**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adolescent girls | Pregnant mothers | 0-6 children | Condition of building | Toilets | Water/Electricity |
| **561** | **70** | **754** | **Good** | **Available** | **Available** |

**Education:**

Government Schools – 5 Higher Secondary (2 Primary, 2 Middle. 1 Higher Secondary)

Number of Students – M/F: 404 – M, 1221 -F

Toilets: 15

Play ground: 1

Electricity: Yes

Number of Teachers – adequate or not – number 35

Private Schools - 22

Number of Students – M/F: 1831-M, 1799 -F

Toilets - Yes

Playground – Yes

Electricity – Yes

Number of Teachers – adequate or not – numbers: **Not adequate, require more**

**Sanitation**

2012 baseline: 118

Present situation: 100%

**Drinking water**

Sources of Drinking Water: Narmada line, Well, Tube well and Hand pump

Adequate/Inadequate: N/A

Present Coverage: N/A

Problems: Taxations, Water Supply in 4-5 day

**Livelihood**

Major crops: Potato, Soyabean, Onion

Non-farm professions – N/A

Problems: N/A

**APL/BPL**

Numbers: 2850 – APL; 620 - BPL

Data problems: N/A

Poverty factors: N/A

**SHG**

Numbers10

Strengths/ Weaknesses: N/A

**Human Resource at GP**

Various posts: 26

**Standing Committee: 3**

Names; Activities: Nirman and Vikas, Siksha and Swasth, SamanyaPrajmam

**Fund Utilization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Scheme | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| PanchParmashwer Yojana | 1883745 | 2963215 | - | 1346647 |
| Swakardhan | - | - | 800000 | - |
| AnganwadiBhavan | - | - | 175200 | 876000 |
| Performance Grant | - | - | 59200 | 500000 |
| 14th Village Ayog | - | - | - | 3773220 |
| Jan Bhagidari | - | - | - | 500000 |
| Vidhayak Nidhi | - | - | - | 120000 |

**OSR**

|  |  |  |  |
| --- | --- | --- | --- |
| 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| 1657594 | 1922091 | 2422559 | 3112881 |

**Previous Planning Experience**

Schemes, Type of planning, gaps: N/A

**Link with other Departments**

Departments, activities, powers: N/A

**Link with Block**

Specific powers of the block over the GP regarding GP planning; officials involved; who are responsible for monitoring: N/A

**Training**

Who has received; comment on quality; what is required: N/A

**GPDP**

What are the steps; who are involved; gram sabha attendance; prioritization; what works are taken up; how is it monitored; problems faced:

1. Gram Sabha
2. Format tilled
3. Detail Plan
4. Coordination with other departments for follow-up
5. Privatization of activities as per the funds and need
6. Compiled Plan
7. Uploaded on Panchayat-Darpan website
8. Government issued funds in 14th FC for workers
9. Funds of other schemes like Performance Grant, MP, MLA are being used for GPDP workers.

**Appendix 2**

**Name of the GP: Gwalior Palasiya**

|  |  |  |  |
| --- | --- | --- | --- |
| Distance from Block Headquarter | Building | Name of President | Number of wards |
| **-** | **Yes** | **Ganesh Patidar** | **20** |

**Demography:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SC HH | ST HH | OBC HH | Other HH | Total HH | Total Population | Female | Male |
| **533** | **495** | **1280** | **230** | **2538** | **12164** | **5952** | **6212** |

Important Castes: SCs, STs, OBCs, Others

**Health:**

Anganwadi: 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adolescent girls | Pregnant mothers | 0-6 children | Condition of building | Toilets | Water/Electricity |
| 320 | 33 | 600 | All New Building | Yes | Yes |

**Education:**

Government Schools – 6

Number of Students – M/F: 491-M; 417-F

Toilets: Yes

Playground: Yes

Electricity: Yes

Number of Teachers – adequate or not – numbers: 44

Private Schools - 6

Number of Students – M/F: 772-M; 690-F

Toilets: Yes

Play ground: Yes

Electricity: Yes

Number of Teachers – adequate or not – numbers: 70

**Sanitation**

2012 baseline: 143%

Present situation: 100%

**Drinking water**

Sources of Drinking Water: Narmada Line, Well, Tube well, Hand pump

Adequate/Inadequate: N/A

Present Coverage: All Households

Problems: Less income from taxes – Rs. 150/HHs. Whereas, GP has to pay Rs. 5,50,000/month to the authority. Managing HRs and maintenance.

**Livelihood**

Major crops – Soyabean, Potato, Onion, Pumpkin, Garlic

**APL/BPL: 1810-APl; 369 - BPL**

Numbers: 328 BPL cards are there

Data problems: Yes

Poverty factors: Unemployment, Alcoholism

**SHG**

Numbers: 7

**Human Resource at GP: 12 (4 Sweepers, 4 for water supply and 4 clerks/operators)**

Various posts

**Standing Committee: 3**

Names; Activities: Nirman and Vikas, Siksha and Swasth and SamanyaPrasashan

**Fund Utilization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Scheme | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| Panch Parmeshwar | 8783810 | 2672955 | 261079 | 563118 |
| Swakaradhan | 250000 | - | 2421785 | - |
| School Building | 163666 | 1148230 | 1010458 | - |
| MGNREGA | 598400 | - | - | 33549 |
| Janpad Performance | 120860 | 396000 | - | - |
| Zilla Performance | - | 792000 | - | - |
| Vidhayak Nidhi | 198000 | - | - | - |
| TSC | 366424 | - | - | - |
| Anganwadi Bhawan - 4 | - | - | 1734480 | - |
| School Swachalay | - | - | 100000 | - |
| Kitchen Shed | - | - | 198000 | - |
| Samudayak Bhawan (Ravidas) | - | - | 601100 | - |
| Samudayak Bhawan (Chota Gaya) | - | - | - | 734207 |
| Anganwadi Bhawan - 1 | - | - | - | 86830 |
| NaliNirmanJanpad Performance | - | - | - | 199711 |
| School Swachalay | - | - | - | 121658 |
| 14Vitta | - | - | - | 874550 |
| C.C.RoadZilla Performance | - | - | - | 156800 |

**OSR**

|  |  |  |  |
| --- | --- | --- | --- |
| 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| 1908105 | 1654578 | 2077470 | 3218979 |

**Link with Block**

Specific powers of the block over the GP regarding GP planning; officials involved; who are responsible for monitoring:

**Appendix 3:**

**Name of the GP: Anarad**

**Demography:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SC HH | ST HH | OBC HH | Other HH | Total HH | Total Population | Female | Male |
| **59** | **59** | **54** | **188** | **360** | **1567** | **735** | **832** |

**Health: Sub-health Centre**

Anganwadi: 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adolescent girls | Pregnant mothers | 0-6 children | Condition of building | Toilets | Water/Electricity |
|  | 5 | 75 | ok | 3 | Yes |

**Education:**

Government Schools – 2

Number of Students – M/F: N/A

Toilets: 2

Play ground: 1

Electricity: N/A

Number of Teachers – adequate or not – numbers: 7

Private Schools - 2

Number of Students – M/F: 85

Toilets: 2

Play ground: N/A

Electricity: N/A

**Sanitation**

2012 baseline: 81

Present situation: 50%

**Drinking water**

Sources of Drinking Water: Water line

**Livelihood**

Major crops – Wheat/ Rice

**APL/BPL: 232 – APL; 128 - BPL**

**Fund Utilization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Scheme | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| BRGF | 40085 | 530447 | 44210 | 5637458 |
| MGNREGS | 5.34 | 9.08 | 13.14 | 3.16 |
|  | 621826 | 1077726 | 324957 | 748427 |
|  | 355109 | 642617 | 658591 | 660779 |

**OSR**

|  |  |  |  |
| --- | --- | --- | --- |
| 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| 0 | 0 | 0 | 0 |

1. Later named as Kshetra Panchayats [↑](#footnote-ref-1)
2. 72nd Amendment Act, 1993 [↑](#footnote-ref-2)
3. DRDA - District Rural Development Agency is an agency to implement Centrally Sponsored Schemes of Ministry of Rural Development, Government of India, set up under Society Registration Act 1860.Rural Poverty alleviation is the mandate of the DRDA. [↑](#footnote-ref-3)
4. Four Kosh – *Anna Kosh, Shram Kosh, VastuKosh and Nagad Kosh* [↑](#footnote-ref-4)
5. 26th January, 2001 was the date on which the new amendment came into force. [↑](#footnote-ref-5)
6. Nirmala Buch, ‘Madhya Pradesh’ in George Mathew (ed.) Status of Panchayati Raj in the States and Union Territories of India, Concept, 2013, pp. 358-59. [↑](#footnote-ref-6)
7. Janpad - Block [↑](#footnote-ref-7)
8. See Appendix 1 for basic data on the GP. [↑](#footnote-ref-8)
9. Nobody of the GP members present there could tell the full form of CSR. The guess is it could be to do something with the schedule of rates. [↑](#footnote-ref-9)
10. Or going to be 25000 as estimated informally by the GPs. [↑](#footnote-ref-10)
11. Please see Appendix 2 for basic data. [↑](#footnote-ref-11)
12. Please see Appendix 3 for basic data. [↑](#footnote-ref-12)
13. *Working Paper on District Decentralised and Integrated Decentralized and Integrated Planning, Madhya Pradesh.* Poverty Monitoring and Policy Support Unit (PMPSU) MP-State Planning Commission, Vindhyachal Bhawan, Bhopal, Madhya Pradesh. (August,2013) [↑](#footnote-ref-13)
14. Leena Gaikwad, Mika Iwaoka,SaloniTandon, Sereena Singh; Role of Technical Support Groups in Decentralised District Planning in Madhya Pradesh; Summer internship Programme 2013; UNICEF India. [↑](#footnote-ref-14)
15. Example: The GPs will not be able to gather data on malnourishment properly if the number of ICDS centres are disproportionately few, and less than 40 percent of the children of the appropriate age group come to the centre. [↑](#footnote-ref-15)
16. As is followed by the World Bank sponsored ISGP project in West Bengal. [↑](#footnote-ref-16)