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| 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 Panchayat Development Plans in Rajasthan  A Situational Analysis |
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**Gram Panchayats Development Plans in Rajasthan**

**A Situational Analysis**

**By**

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**1. Background and Milestones in Policy[[1]](#footnote-1)**

The first step towards organizing the panchayats in the state took place in 1948 with the promulgation of Panchayati Raj Ordinance. But the Panchayati Raj (PR) system was established on a sound basis of the Rajasthan Gram Panchayat Act, 1953 and the Rajasthan Panchayat Samiti and Zilla Parishad Act, 1959. Rajasthan is the first state to introduce PR in accordance with the recommendations of the Balwantrai Mehta Study Team. The scheme of democratic decentralization was inaugurated by Shri Jawaharlal Nehru on October 2, 1959 at Nagaur. It pioneered the adoption of a three tier PR system with gram panchayats (GP), panchayat samitis (PS) and zilla parishads (ZP) functioning as parts of an interlocked institutional structure. ZP mainly functioned as an advisory body while PS had the functional powers and executive authority. There were provisions for co-option of two women and two members of SC/ ST at each level if members of these categories were not represented in the institutions through election or ex- officio membership.

**Post 73rd Amendment Period**

The Rajasthan Panchayati Raj Act was passed in 1994 in conformity with the 73rd Constitutional Amendment. Apart from incorporating the mandatory provisions of 73rd amendment, the Act provides for few other things like procedure of gram sabha, reservation for OBCs etc. For conducting fair election, the Rajasthan Panchayati Raj (Election) Rules were framed in 1994 and after two years the Rajasthan Panchayati Raj Rules were set up for smooth functioning of Panchayati Raj Institutions (PRIs). In 1999, the Rajasthan PESA Act was enacted.

***Gram Sabha***

The 1994 Act provides for a gram sabha at the GP level. At least two meetings of gram sabha are to be held in a year with a quorum of one-tenth of all adult members. The PSs are entrusted to monitor the gram sabha meetings. Though the gram sabhas are empowered to discuss the activities of panchayats and development programmes to be taken, yet they are not bound to follow the decisions of gram sabha.

***District Planning Committee***

The Rajasthan Panchayati Raj Act 1994 has provided for setting up of district planning committees with the chairpersonship of the zilla parishad chairpersons called zilla pramukhs. The main functions of the District Planning Committee (DPC) are to consolidate the annual plans of the PSs and urban local bodies and to forward the draft district plan to the state government. Section 121 of the Rajasthan Panchayati Raj Act 1994 and Rules 350 to 352 of the Rajasthan Panchayati Raj Rules 1996 deal with the constitution and functions of DPCs. To strengthen the DPCs, the State Planning Board has been revived with the Chief Minister as the Chairperson. Eminent experts from the various fields have been inducted as the members of the Board.

***State Election Commission***

After the 73rd Constitutional Amendment, a separate State Election Commission has been set up to conduct time-bound elections every five years, for PRIs and Urban Local Bodies (ULBs). So far, five PRI elections have been conducted in 1995, 2000, 2005, 2010 and 2015. GP sarpanch and the members of GP, PS and ZP are directly elected while the PS and ZP chairpersons are indirectly elected by the members of PS and ZP respectively.

Direct elections have not only increased the number of elected representatives but have also changed the nature of organic linkages between the three tiers of PR bodies that existed prior to the 73rd amendment. It has also given a wider democratic base and legitimacy to the system.

***State Finance Commission***

The Government of Rajasthan had established the First State Finance Commission (SFC) in April 1994, which submitted report in 1995 for the period 1995 – 2000.

***Panchayats in Fifth Schedule Areas***

The provisions of 1994 Act were also extended to the scheduled areas. But with the passing of PESA Act, 1996, there was a need to bring the said act in conformity with the PESA Act. The state has amended its existing laws through the Rajasthan PR (Modification of Provisions in their Application to Scheduled Areas) Ordinance 1999. The powers of panchayats and specially the gram sabhas also increased after the amendment. Some changes have taken place in the recent years. The Chief Minister in his budget speech for the year 2011-12 has announced state government’s commitment to comply with all legislations related to PESA and also to formulate detailed rules for effective implementation of PESA Act. There are five ZPs and 23 PSs under the PESA region and it has been specially mentioned by the Chief Minister to transfer the sale-income from minor forest produce to the panchayats of PESA region.

1. **State level preparedness for GPDP**

**Present system of Gram Panchayat Planning**

The state Gram Panchayat Act guidelines of Rajasthan recommends to integrate all schemes plans in GPDP. Generally, GP prepare separate plan for MGNREGA and a single plan for the schemes of PR i.e. FFC, SFC, and so on under GPDP. However, there are many GPs in the state who prepares sectoral or scheme wise plans.

**Accounting, Audit and Procurement**

The PR Department need to keep financial accounts of its resource allocation. For which, it is using both manual and online accounting systems. The Standard Books of Accounts are prescribed by the PR Department for accounts keeping at the institutional level. This accounting books are supposed to be followed by all gram panchayats in the state. The department has introduced and is using the PRIA-soft application for online accounting of the activities accomplished by the GPs. Comptroller and Auditor General (CAG) of India and Local Fund Audit Department (LFAD) are responsible for auditing the PRI in the State. Social Audit is suppsed to be conducted by the Directorate of Social Audit, Rajasthan. Procurement is being done according to the General Finance & Accounting Rules GF&AR, Government of Rajasthan (GoR).

**Implementation and Monitoring Mechanism** for GPDP

The state has constituted a State Resource team or State Resource Group (SRG) at the state level. It consists of Government Officers, retired officers having experience in decentralized planning, consultants, NGO/CBO representatives, and representation from State Level Co-ordinating Council (SLCC), elected representatives and academicians. From this team, the BDO and Resource person monitors the progress of GPDP at the Gram Panchayat and reports to Chief Executive Officer (CEO) and Chief Planning Officer (CPO) of the District. Then the CEO and CPO monitors the progress of GPDP at the district level by availing information from the BDOs. Followed by Joint Secretary (JS) District Plan monitoring the GPDP progress at the State level based on the information of CEO and CPO. The progress of GPDP is expected to be shared with the Chairman of SLCC at the State level by the JS District Plan, PR Department.

**Training of Stakeholders**

Content of the training is decided mutually by the State Institute of Rural Development (SIRD) faculties associated with GPDP and members of the SRG. Based on the discussions of the SRG and SIRD members, training module has been developed and approved by the PR Department. SIRD proposes activities of Capacity building programme as per Training Need Assessment (TNA) exercises conducted by the Institution following the suggestions of the various stakeholders associated with training.

Similarly, like the State level monitoring team, there is District Resource Team (DRT) consisting of 10 members per district. Generally, for a duration of 3 days DRT training is conducted followed by one-day exclusive training for Technical Support Group (TSG) using methodology of lecture, PPT, group discussion, experience sharing, field work, etc. Similarly, 3 days training and one day exclusive for Technical Support Group for Block Resource Group (BRG).

Master Trainers at state level are trained by SIRD faculty having experience in Decentralized planning process, officers responsible for the various schemes and flagship programmes, consultants and academicians.

The duration of the training at the state level are as follows:

* State – TOT – 4 days
* DRG- 3+1 (one day especially for TSG)
* BRG- 3+1 (one day especially for TSG- Block)

The training is concluded with the feedback session of the trainees by filling up the feedback forms. These records are kept in order to improve the training sessions.

**Information, Education, Communication and GPDP**

For Information, Education and Communication (IEC) purposes, regular advertisement on Jaipur Doordarshan & AIR has been planned. This is aimed to generate awareness for maximum participation in GPDP preparation in rural areas of the state. Hand booklets and pamphlets developed by SIRD to raise awareness for preparation of GPDP. This is to have a holistic development based on the need-base of the Gram Panchayat. Therefore, after preparation of the IEC, the strategy adopted by the state for awareness generation, dissemination of information, environment building etc. are regular households visit by the Social Mobilisers (Male and Female) for making people responsible towards preparation and effective implementation of the GPDP. Social Mobilisers generate environmental awareness among people of the GP for preparation of the GPDP. For which they are expected to conduct separate meeting with women, children adolescent girls for identifying their issues to be incorporated in the GPDP. Awareness is planned to be generated among youth groups, SHGs and other forums to get them involved with TSGs in need identification, data collection and analysis for identifying the gaps and remedies.

Generally, the IEC materials are developed by SIRD, Jaipur based on the discussions with State resource groups and PR officials. The suggestions received from the elected representatives (ERs) and other stakeholders during and after the TNA and Training Impact Assessment exercises conducted by the SIRD are also incorporated in the IEC materials. IEC plan takes into account the district and regional variations as well. There is a provision of 1% of total amount allocated under Rajiv Gandhi Panchayat Shashaktikaran Abhiyaan (RGPSA) as the fund source for IEC. For the preparation of the IEC Budget, Human Resource Support of Advisor and State Facilitator are given to support and Strengthen Decentralized Participatory Planning process in the state.

Role of UNICEF in Strengthening PRIs

A development schemes and programmes booklet of five devolved department have been prepared as a ready reference material for all Elected Representatives of the Sate (of all three tiers of Panchayat). Social development issues were incorporated in the regular training to build capacity of the elected representatives of PR. UNICEF has also developed training module on the social development issues and trained the Trainer of Trainees with collaboration with SIRD, Jaipur**.**

**Role of UNICEF in GPDP**

The role of UNICEF in GPDP is to provide technical support in developing reference materials, training modules and assisting in organising training of trainers (ToT) on social development issues. It has prepared a development schemes and programme booklet of five devolved departments as a readymade reference material for all elected representative of three tiers of Panchayat in the state. These materials are also used for preparing the GPDP in Rajasthan. It also monitors the training of GPDP right from State to Gram Panchayats for preparation of GPDP in the State. By doing all these, UNICEF is putting efforts to strengthen PRIs at the state level.

**Discussion with Government of Rajasthan and UNICEF**

The study team visited Jaipur in August 2016 for discussion on policy issues related to GPDP. They met Secretary cum Commissioner PRD, Mr. Anand Kumar, Mr. Suman Singh of UNICEF Rajasthan and his team and Ms Anita Brandon of IGPRI.

The key points coming out of the discussions were:

* According to Mr. Anand Kumar GPs in state are suffering from manpower shortage. The problem has been discussed with the Government of Rajasthan but Finance Department is yet to accept the proposal.
* Rajasthan has established SLCC, District Level Coordination Committee and Block Level Coordination Committee to facilitate GP planning. SRGs and BRGs have also been formed.
* Anita Brandon of IGPRI complained that fund release for capacity building was delayed by Central Government and also the budget sanctioned was much below the sought amount. The sanctioned amount was Rs. 4.48 crores, which was sent in January 2016. On the basis of this, training was initiated and training materials were prepared. Trainings were given to CPOs and other key officers. One round of campaign carried out at the GP level. However, it was not possible to train ward members and PS members so, they were not yet trained.
* Once the training is completed the planning process shall start. The plan for 2015-16 was done without any training.
* Mr Suman Singh of UNICEF expressed his displeasure regarding the quality of training. After 2014 election the training of sarpanches took place after one year. In his opinion the training was tokenistic and was also marred by the fact that the sarpanches had gone on strike.
* Mr Singh said that although there are activities at the state level, not much is actually happening at the ground level. Official letters and guidelines do not always reach GPs or takes lot of time to reach GPs. The GP plan also not done in a participatory mode.
* The UNICEF Consultants said that the GPs of the state are low in OSR collection although they could not give precise figures.
* There are five departments who have devolved fund, function and functionaries to the GPs.
* An activity map exists in the state and a copy of which was shared.
* The CPO of the state now belongs to the Rural Development Department, which is a positive development.

**3. Field Visits to Select GPs**

* 1. **Chaukha Gram Panchayat**

Chaukha GP is in the Mandor Panchayat Samiti of Jodhpur district of Rajasthan. It consists of two revenue villages – Chaukha and Badli Ned. There are 20 wards in the GP. The name of the Sarpanch is Shri Govindram Dak. The GP is located approximately 25 km from the Block Headquarter. It is also located close to the city of Jodhpur and falls under the jurisdiction of Jodhpur Development Authority (JDA). The GP has its own spacious office with a large meeting hall and is connected through internet. Recently it has been declared a Dowry Free Gram Panchayat and Open Defecation Free Gram Panchayat.

1. **Basic Information**

**Demography**

Majority of the population of the GP belong to the Other Backward Classes (OBC). The most important castes are Mali, Meghwal, Kumhar and Jogih. There in all 2435 households and the total population is 9006 as per Census 2011. Total male is 5467 and total female is 3599. The female population is significantly lower than the male population.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographic profile** | | | | | | | | | |
| Sl No | Rev Village | SC HH | ST HH | OBC HH | Other HH | Total HH | Total Population | Female | Male |
| 1 | Chaukha | 136 | 12 | 1969 | 82 | 2199 | 7462 | 2877 | 4585 |
| 2 | Badli Ned | 17 | 05 | 214 | 0 | 236 | 1604 | 722 | 882 |
|  | **Total** | **153** | **17** | **2183** | **82** | **2435** | **9006** | **3599** | **5467** |

**Education Infrastructure**

There are 3 Government funded schools and 9 private schools in the GP. There are 524 students in the government sponsored schools and 2601 students in the private schools. Out of the 3 schools in the GP, one school in Badli Ned do not have a good building, water, electricity, toilets and even playing ground. Twenty-six children study in this school. All three schools serve mid-day meal. The private schools are in better condition. All of them have good buildings, water and electricity, toilets and play grounds. All schools, public and private, have adequate teachers.

**Health Infrastructure**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Anganwadi Centres** | | | | | | | |
|  | Village | Adolescent girls | Pregnant mothers | 0-6 children | Condition of building | Toilets | Water/Electricity |
| 1 | Chaukha | 40 | 06 | 18 | Own building | Yes | No |
| 2 | Chaukha | 25 | 07 | 22 | Own building | Yes | No |
| 3 | Chaukha | 40 | 05 | 18 | Rented | No | No |
| 4 | Badli Ned | 28 | 07 | 52 | Rented | No | No |

Apart from 4 Anganwadi Centres, the GP has one Health Sub-centre. As per information from the Gram Panchayat, the Sub-centre has own building, labour room, water and electricity. There is one ANM posted in the Sub-centre.

**Sanitation**

The GP has been declared Open Defecation Free.

**Drinking water**

There is no piped water in the households. Water is usually supplied via the Community Water Tap and public hand pumps.

**Livelihood**

In recent times there has been a shift from agriculture to labour in terms of source of livelihood. Although it is not clear how many of the households are now primarily dependent on labour in urban area. The important crops of the non-irrigated parts are Bajra, Mung, Maut, Jowar and Tilhan. In the irrigated parts of the GP, the principal crops are wheat and raida. The people living in the GP also grow vegetables such as cauliflower, radish, carrot etc.

Apart from agriculture the people living in the GP also earn their living from working on stone factories, working as drivers and mechanics and from animal husbandry.

**BPL**

Out of 2435 households, 1944 have APL ration card, 9 have BPL ration cards, 15 have state BPL ration cards, 13 have Antyodyaya card and 1 have Annapurna card.

**SHG**

National Rural Livelihood Mission is not operational in this GP. There are, according to the GP, 7 SHGs in the GP area. Out of them 3 makes food for Anganwadi Centres.

**Human Resource of the GP**

The following officials are posted in the Gram Panchayat area – (1) Gram Sevak, (2) Kanisht Lipik, (3) Patwari (Chaukha) (4) Patwari (Badli Ned), (5) Gram Rozgar Sahayak, (6) ANM, (7) Prerak (male) (8) Prerak (female), (9) Nodel (school), (10) Pashu Chikitsak (11) Vyavasthapak Gram Sewa Sahkari (12) Ration Dealer, (13) Safai Karmachari, (14) Security Guard.

**Standing Committees**

There are 5 standing committees - (1) Prashashan aur Sthapana, (2) Vitta aur Karadan (3) Gramin Jalpradayayi, Swasth aur Swachata, (4) Vikas aur Utpadan, and (5) Shiksha. There is one meeting per standing committee per month. They are responsible for monitoring and can recommend but do not have any statutory power.

**Fund utilisation**

The GP’s expenditure pattern in the last four financial years was as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenditure of the GP (in lakhs)** | | | | |
| **Fund source** | **2012-13** | **2013-14** | **2014-15** | **2015 - 16** |
| SFC | 21.53 | 16.19 | 16.19 | 33.39 |
| 13 FC | 21.16 | 19.83 | 16.71 | 39.02 |
| VTF | 12.52 | 13.02 | 12.71 | 10.64 |
| NREGS | 30.68 | 30.79 | 11.01 | 20.55 |
| **Total** | **85.89** | **79.83** | **56.62** | **103.6** |

**OSR**

The practice of collecting tax does not exist. There is no data on Non-Tax-Revenue either.

**Previous Planning Experience**

The GP is experienced in planning for various schemes such as Finance Commission, NREGS etc. However, there is no tradition of sector-wise planning.

**Devolution and Linkage with other Departments**

1. Agriculture: The Agricultural Supervisor is posted in the GP. He is responsible for soil testing and advising on which crop to grow. The GP works with the Department but does not have any control over the officer.
2. Education: The Sarpanch plays a monitoring role and is member of School Management Committee.
3. Women and Child: Anganwadi worker selection is approved by the Gram Sabha. Her functioning is supervised by the Sarpanch.
4. Samajik Nyay: Pension beneficiaries are selected by the GP according to criteria set by Government.
5. Health: GP performs supervisory role with regard to the Sub-centre.

**Linkage with Block/Panchayat Samiti**

The technical officials responsible for all schemes are placed at the block level. GP sends proposal to Block with supporting documents. The Block carries out technical verification upon which administrative and financial sanction is given. The GP then executes the project which is supervised by the Junior Engineer (JE). At the completion of the project, the Block issues completion certificate.

**Training**

The Sarpanch and Gram Sevak have received some training from the block. But ward level training has not taken place. The training of the Sarpanch and the Gram Sevak is also a one-time three-day affair. There is no system of continuous handholding support.

1. **Observations**
2. **GPDP in practice:** The following steps are taken to complete the GPDP – (a) At the ward Sabha problems are registered and demands are placed. (b) Prioritisation takes place during Gram Sabha, which is also attended by Block representatives. A Gram Sabha is held for each major Scheme. The GPDP Gram Sabha was held on 26.05.2016, which was attended by 600 people, roughly 25% of which were women. (c) The proposals of the GP are then sent to the Block where the projectisation takes place. (d) Once sanctioned by the Block, the projects are implemented by the Gram Panchayats and supervised by Block level officers like JE, Assistant Engineer (AE) and Executive Engineer (EE). The activities proposed under GPDP are mostly related to roads and sewerage. There is no focus on women and children. Planning is also not sectoral but project-wise with an overwhelming emphasis on infrastructure.
3. **Mismatch between planning guideline and field reality**: The processes and stages suggested under GPDP guidelines does not seem to have been activated in this district. Neither the Sarpanch nor the Gram Sewak had any clue about the Takniki Sahayta Committee or the Gram Panchayat Coordination Committee mentioned in the guideline. The Gram Rojgar Sahayak, they opined, something about it. Mr. Mathur AE observed that there was a severe shortage of technical manpower in the block. There were supposed to be one Junior Technical Assistant (JTA) or a Junior Engineer (JE) for every five gram Panchayats. In fact, for districts like Jodhpur Barmer, etc. there should be one JTA for 3 GPs. Instead in Mandore block one JTA has to take care of about 10 GPs. Entire time of the JTA is spent on processing muster rolls or taking care of NREGA Plans. There isn’t enough technical manpower around to constitute the Takniki Sahayta team.
4. **No OSR**: The GP does not generate any tax or non-tax revenue. They are totally dependent on transferred funds.
5. **Inadequate fund**: The GP functionaries said that the fund they receive can meet only about 10% of the demands placed at the Gram Sabha. This sometimes leads to conflict and politicisation.
6. **Conflict with JDA**: Although the Rajasthan panchayat statute provides for many activities which are taxable by the Panchayats, one reason why this Panchayat is unable to generate funds from them is because of JDA. It is the JDA that collects the revenue, according to the GP. As the GP is located within the geographical jurisdiction of JDA, they have to obtain approval for all land based activities from JDA. This takes a lot of time and requires repeated persuasion. The whole planning cycle goes haywire because of these problems.
7. **Guideline issues**: There was some restriction on the use of central finance commission funds. The GP could use it only for maintenance of roads already constructed. No new roads could be constructor using this fund.
8. **Linkage with NREGA**: There is a mandate from the government that 20% of the fund received under the central and state finance commission are to be used for convergence with MGNREGA. This means materials from these funds, labour from NREGA.
9. **Data**: This GP has been adopted under the Mukhya Mantri Adarsh Gaon Yojana of Government of Rajasthan. Under this programme the GP had received a sum of Rs. 50000/- to conduct a house to house survey using the AWWs. The survey helped the Gram Panchayat to prepare a reasonably good data base for preparing its plans.
10. **Shortage of SHGs**: There are reportedly only five active self- help groups in the GP now. They are involved with the AWCs. This is not a NRLM block and the old SGSY groups have mostly either disappeared or are inactive.
11. **Limitation of NREGS**: The Sarpanch feels that linking various construction programmes with NREGS tends to slow things down. The labourers take a lot of time in doing simple things. Some works require skilled workers – making of roof, ceiling, etc. – but NREGS permits only local people who are usually unskilled.
12. **Limited role in Social Sector**: The role of the gram panchayats in social sector is apparently confined to occasional infrastructural and logistic support.
13. **Shortage of technical human resource at the Block Level**: Mandor block has 7 posts for Junior Technical Assistant. However only 3 posts are filled up at present. These 3 persons are responsible for 35 GPs of the Block. They tend to get heavily burdened in NREGS and does not have enough time for other schemes including 14 FC. The shortage of technical manpower is proposed to be addressed through the engagement of barefoot technicians (BFT). These are village boys and girls who have read up to class ten, who would be recruited as BFT, if they have worked for two years under MGNREGA and trained for three months. Mr. Mathur, the engineer from the block who accompanied us, felt that most of them were poor in understanding basic mathematical concepts, and even if one could train them they would at best be useful for supervision and not for design work.

**3.2.** **Boranada Gram Panchayat**

Boranada Gram Panchayat is one of the GPs of Luni Block, Panchayat Samiti of Jodhpur district. The GP is located at a distance of 20 km from the District Headquarter. There are 13 wards in the Gram Panchayat. The GP is located within the Jodhpur Development Authority. The Sarpanch of the GP is Ms Dhupi Devi.

**Demography**

There are 5024 voters and population is10124.

**Health**

There is one Sub-centre with one ANM and one ASHA.

**Drinking water**

The GP area gets piped drinking water at the household level. During summer additional water is supplied through tankers. There are no tube wells.

**Livelihood**

The principal crops are Bajra, Mung, Gawar and Tili. There is however in recent times a shift towards non-farm activities as lot of people are preferring to be workers in nearby stone mines and real estate industry in Jodhpur.

**SHG**

There is no SHG in the Gram Panchayat.

**Human Resource at GP**

There are in all 8 official posts in the GP – (1) Gram Sevak, (2) Kanishta Lipik – Panchayati Raj (3) Patwari (4) Bhu Abhilekh Nirikshak (5) ANM, (6) Sahayak Abhiyatta, (7) Kanishta Abhiyatta (8) Kanistha Lipik – JBB Department.

**Standing Committee**

There are 5 standing committees - (1) Prashashan aur Sthapana, (2) Vitta aur Karadan (3) Gramin Jalpradayayi, Swasth aur Swachata, (4) Vikas aur Utpadan, and (5) Shiksha. There is one meeting per standing committee. They are responsible for monitoring and can recommend but do not have any statutory power.

**Fund Utilisation**

The fund utilization of the GP is presented below. The highest was 9237114 in 2014-15 and lowest was 3151036 in 2012-13.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scheme** | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| **TFC** | 700308 | 1223989 | 2140392 | 0 |
| **FFC** | 0 | 0 | 0 | 2626014 |
| **SFC (4)** | 981035 | 1262896 | 3762948 | 0 |
| **SFC (5)** | 0 | 0 | 0 | 2818754 |
| **UTF** | 971541 | 486208 | 1623401 | 0 |
| **Samanudeshan** | 72510 | 210841 | 405760 | 0 |
| **NREGS** | 1024712 | 1052816 | 1273413 | 1382759 |
| **OSR** | 31200 | 31200 | 31200 | 31200 |
| **Total** | 3151036 | 4267950 | 9237114 | 6858727 |

**OSR**

The GP accounts show an OSR of Rs. 31200 for financial years 2012-1 to 2015-16. There seems to be very little idea as to how OSR can be collected.

**Previous Planning Experience**

The GP has prepared three-year plan for SHREE Yojana. But that Yojana stands discontinued now, and the activities are to be subsumed under 14th FC. The GP is experienced in planning for various schemes such as Finance Commission, NREGS etc. However, there is no tradition of sector wise planning.

**Linkage with Line Departments**

1. Education: The Sarpanch is a member of the SMC. The GP has a monitoring role but no statutory power as such.
2. Health: ANM attends GP fortnightly meetings. GP also verifies the attendance of the ANM.
3. Women and Child: The GP is responsible for monitoring of ICDS centres. The GP can complain to CDPO on the basis of which action can be taken.
4. Agriculture: Agriculture supervisor sits at the GP.
5. Animal Husbandry: Pashu Dhan Sahayak works in collaboration with the GP.
6. Social Welfare: The GP can recommend beneficiaries to the Block.

**Linkage with Blocks**

The technical officials responsible for all schemes are placed at the block level. GP sends proposal to Block with supporting documents. The Block carries out technical verification upon which administrative and financial sanction is given. The GP then executes the project which is supervised by the JE. At the completion of the project, the Block issues completion certificate.

**Training**

The Sarpanch and Gram Sevak have received some training from the block. But ward level training has not taken place. The training of the Sarpanch and the Gram Sevak is also a one-time three-day affair. There is no system of continuous hand holding support.

1. **Observations**
2. **EWR**: Sarpanch’s name is Dhupi Devi. Her father-in-law Krishna Ram was also present in the meeting as a local opinion leader. The Sarpanch sat diagonally opposite her influential father-in-law, remaining totally speechless throughout the deliberation, covering her face in long *Ghunghat* drawn up to her neck.  She is reportedly quite educated, had completed her MA and B. Ed. When her father-in-law was not present she removed her veil and did some routine work. However, she did not participate in the discussion which was dominated by the men around her.
3. **Standing committees**. None present could recall the names of the committees readily.
4. **Training:** Three days training held to explain the GPDP guideline. Only Sarpanch and Gram Sevak trained. Ward members have not received any training.
5. **Planning process**: Planning begins with Ward Sabha organised by the Ward members. Organised every six months. People express their desire and problems in the ward Sabhas. The demands are listed in the ward Sabhas. Thereafter the lists are placed in the Gram Sabhas. The meetings are controlled by the ward members so that it remains orderly. Officers from the Panchayat Samiti also attend the Gram Sabhas. Gram Sabha doesn't prepare the full plan. They mostly prioritise the activities. The identified activities and then placed with the respective standing committees. The gram Sabha for GPDP was held separately on 26th May 2016. Earlier there used to be only 2 gram Sabhas in a year, but now we are required to hold 8 to 10 gram sabhas in a year, and people are losing interest. Major demand is sewerage followed by interlocking roads above the sewer lines - additional class rooms and infrastructure support - building and maintenance of AWC. The plans are projectised by JE, AE, Executive Engineer depending on the amount of the scheme. The execution of the work is also supervised by the JE mostly who maintains the measurement book. The approval for payment is given by the engineer concerned authorised to depending on the amount. Contract is not given for full work. It is only given for the material supply. The plans they have prepared under GPDP is with the panchayat Samiti. There is reportedly no office copy. They can share a copy only after it is approved.
6. **NREGS**: Separate Gram Sabha is held for NREGA. The main plan is prepared in one and a supplementary plan in other. On many occasions the main plan cannot be taken care of owing to shortage of lands. The GP is compelled to prepare a supplementary plan.
7. **Shortage of Resources**: Only about 10 % of people's wishes can be taken care of under the existing resources.
8. **JDA blocking work**: JDA poses additional problem. For every activity one has to seek their permission.
9. **Unsolved problem**: Drainage and liquid waste management is a major problem, the group told us.
10. **Technical Support**: GPCC and Technical support team has been constituted in this GP and they are providing support to the GP for plan preparation. They have prepared the scheduled lists as per guidelines. But apparently these have not been of much use for planning.
11. **App by ISRO**: ISRO has given them a satellite based map of the gram panchayat. And an app has also been developed, but it does not function in Gram Sevaks I-phone. We did not get the impression that the maps are of much use beyond the decorative purpose.
12. **Routine Meetings**: The GP meets every fifteen days to discuss important issues, especially instructions received from the PS.
13. **Devolution and Link with other Departments**: The powers are mostly recommendatory. The powers to take action are with the departments.
14. **Social protection and GP**: Social protection such as pension is fully with the GP. They decide who should get.
15. **Land Acquisition**: RIICO acquires land (apparently forcibly), paying the peasants a pittance. Most of the Cultivators are turning into labourers.
16. **OSR**: Apparently none of the elected representatives were aware of the taxation provisions. This GP has industrial estates etc. but they don't pay any tax. Nor do they give any importance to the GP.
17. **Land Records**: The first house in this village was built in 1968. Mutation land records etc. are a problem and this land is still recorded to be in the name of the original owner even if they are no longer alive.
18. **Data shortage**: No definite approach to identify the excluded and marginalised. No vulnerability development index.
19. **Resentment against JDA**. All the land is with this organisation but apparently they do not invest in any development activity in this GP.

**3.3 Bhandu Kalan Gram Panchayat**

Bhandu Kalan GP is located approximately 20 kilometres from Jodhpur city. It is one of the GPs of Luni Block. There are 5 revenue villages in the GP. There are 9 wards in the GP. The Sarpanch is Smt. Babina Kanwar.

1. **Basic Information**

**Demography**

The total population of the GP is 4848. The population is distributed in 1126 households. There 2331 females and 2517 males. The caste breaks up is below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **General** | **SC** | **ST** | **Total** |
| Female | 1771 | 236 | 324 | 2331 |
| Male | 1894 | 273 | 350 | 2517 |
|  | 3665 | 509 | 674 | 4848 |

**Education**

The overall literacy rate of the GP is 54%. Male literacy is 68% and female literacy is 40%.

**Sanitation**

This GP is the first GP in Jodhpur district to be declared ODF.

**Livelihood**

The principal crops are Bajra, Mung, Mauth, Till and Gawar. However, in recent times there has been a shift from agriculture to labour. People now prefer to work in as workers in industrial area of Jodhpur which is within 10 km of the GP. As labourers they earn 7000 to 10000 per month. Since this is a single crop area the preference is for labour.

**SHG**

The GP reported that there are 5-7 SHGs in the GP. NRLM is yet to start in the GP.

**Standing Committee**

1. Education: The Sarpanch is a member of the SMC. The GP has a monitoring role but no statutory power as such.
2. Health: ANM attends GP fortnightly meetings. GP also verifies the attendance of the ANM.
3. Women and Child: The GP is responsible for monitoring of ICDS centres. The GP can complain to CDPO on the basis of which action can be taken.
4. Agriculture: Agriculture supervisor sits at the GP.
5. Animal Husbandry: Pashu Dhan Sahayak works in collaboration with the GP.

**Fund Utilisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| TFC | 617308 | 708116 | 131779 | 491293 |
| SFC (4) | 683958 | 539103 | 510376 | 1514313 |
| Untied | 487411 | 537901 | 604285 | 133754 |
| Samunadeshan | 0 | 130493 | 0 | 323278 |
| SFC (5) | 0 | 0 | 0 | 795582 |
| 14 FC | 0 | 0 | 0 | 1136217 |
| NREGS | 749975 | 282783 | 693658 | 3391607 |
| Total | 2538652 | 2198396 | 1940098 | 7786044 |

**OSR**

The GP did not report any OSR to the study team.

**Previous planning Experience**

The GP has experience in planning for NREGS and 13FC.

**Linkage with Departments**

1. Education – Sarpanch and ward member are members of School Management Committee. GP plays a monitoring role. For example: they can complain about teacher absenteeism.
2. Health – ANM attends the fortnightly meeting of the GP which maintains a link with the Sub-centre.
3. Women and Child – Primarily monitoring role for the GP but the GP has also given toys for children.
4. Agriculture – Officer is placed in the GP area. She/he helps in soil testing, seed distribution, crop insurance etc.
5. Social Welfare – GP can recommend beneficiaries.

**Linkage with Block**

The technical officials responsible for all schemes are placed at the block level. GP sends proposal to Block with supporting documents. The Block carries out technical verification upon which administrative and financial sanction is given. The GP then executes the project which is supervised by the Junior Engineer. At the completion of the project, the Block issues completion certificate.

**Training**

The Sarpanch and the Gram Sevak have received one time 3-day training. However, the training was not considered adequate. The idea of year-round mentoring was enthusiastically taken.

**Observations**

1. **EWR**: The Sarpanch is a figure head. Her husband is the de-facto Sarpanch. He attended the meeting while she was absent.
2. **GPDP process**: Priority are decided in the gram Sabha (as in other blocks). Allocations are communicated beforehand. Sectoral allocations are also fixed by the upper tiers. For example: as of now GPs can only spend FFC fund on drainage and drinking water. The fund is hardly untied. 14th FC fund is mostly being used for drainage. Solid waste disposal is being planned under SBM. If conditions were not imposed, the GP would have made cement concrete road with the fund.
3. **Training**: The Ward Panches has also undergone three days training during earlier term. They have not undergone any training during this term.
4. **First ODF GP of Jodhpur**: This is the first GP to be declared fully ODF in Jodhpur district. The then Pradhan said that people used to get only 4000 for a toilet. The major caste is Debasi, professional cattle grazer. Modi Government raised the subsidy to 12000. The Debasi became interested in building their own toilet. The Pradhan thought that if a backward caste as Debasi could do it why not us. We met the collector and said that they want to do it. The official survey was faulty. It said only 200 toilets are to be made, while in reality around 700 houses were without toilet. The collector helped the GP, and they took a vow that we would make this village totally ODF. They constructed 480 toilets in seven days. Water is still a problem though. After construction the collector verified the construction. Oversight committee in all wards – Anganwadi Workers, Ward Panches and School Children to keep an eye on use of toilets. Even people with dilapidated houses gave priority to construction of toilets. A clean Bhandu team of 50 boys have been set up who clean up the whole GP. The boys volunteered for this and each contributed RS. 50 for equipment.
5. **NREGS**: NREGS is necessary for providing employment to women. Here women's participation is around 80 %. Men get jobs in nearby industrial area.
6. **SHG**: There were 5 SHGS in this GP. This is not an NRLM block.
7. **JDA**: The GP resents the JDA intervention. But sometimes JDA is also useful. This GP could make JDA pay Rs. 18 lakhs for constructing a bridge on a nearby river. The GP could never have done it on its own.
8. **Adult Education**: There used to be an adult education programme but that has been discontinued.
9. **Climate Change**: The villagers are feeling the impact of climate change as rains have become unpredictable. This is affecting livelihood. People are giving up agriculture to become workers in nearby industrial areas.

**4. Conclusion**

The study team, based on field visits and analysis of secondary literature, is of the opinion that the following gaps needs to be addressed for effective implementation of GPDP:

1. It has been accepted by the Secretary as well as revealed by field visits that Rajasthan GPs suffer from a shortage of manpower, especially trained man power for technical work. The technical staff at the block level are also, in all probability, stretched beyond their capacity. If this human resource shortage is not met adequately then GPDP may not be successful.
2. Although training has taken place, there is lot of scope for improvement. This has been accepted by both IGPRI officials and UNICEF officials. Moreover, one-off training hardly ever has the desired impact and systems need to be developed to provide long-distance support as well as hand holding support at the local level. For this a dedicated team of professional mentors need to be appointed. They may be financed from the 14 FC funds itself.
3. Although the state has an IEC strategy in place, the study team did not see much evidence of it when they visited the field. Thus IEC needs to be intensified. Radio, TV, posters and local initiatives should be planned so that every household understands the relevance of GPDP.
4. The GPs do not make much of a difference between the way they planned for 13 FC and the way they plan for 14FC. They do not as yet understand the qualitative shift that GPDP is trying to make.
5. During field visits it seems that participation in GPDP was restricted to Gram Sabha only. The study team did not see any evidence of ward-wise participatory exercises leading to the formulation of a plan by the villagers.
6. The GPs visited were not capable drawing inferences on planning needs based on the data that they were collecting. Hence data collection seems to be a mechanical exercise.
7. The GPs were not clear as to how they were to monitor the implementation of the GPDP. The block officials are usually busy with many activities and therefore there is a chance that implementation may not be up to the mark.
8. The activities of the GP under 14 FC is restricted to infrastructural projects. There is little clarity as to how issues related to women and children can be incorporated within the GPDP process.
9. Two out of three GPs visited had women sarpanches. The second one was conspicuous by her absence and her husband took lead in the discussion. The first one was an educated woman but she had to maintain a veil in front of the male discussants, especially her father-in-law. This suggests that a special capacity building package is required for women sapanches so that they can effectively perform their tasks related to GPDP. Otherwise the process will be controlled by the GP bureaucracy and other locally influential people.
10. Rajasthan GPs do not collect much OSR. Field visits have shown that there is lack of clarity on why tax should be collected, how tax and non-tax revenue can be collected and utilised.
11. The GPs visited did not show any understanding as to how condition of women and children can be improved through the GPDP.
12. Rajasthan also seems to be weak in terms of linking NRLM supported SHGs with the activities of the GPDP. However, the GPs visited were in the non-intensive NRLM blocks.
13. The Government of Rajasthan has launched a programme called SHREE Yojana, covering five important public services such as rural connectivity, sanitation, health, education and power supply. The GP has prepared a master plan comprising 287 schemes ranging from 1 lakh to 44 lakhs on these items to be taken up and completed during the next three years. Under the circumstances is there a scope for a fresh planning activity at this stage for funds under 14th FC?
14. With regards to the activities of 5 departments that have been transferred the role of GP is confined to supervision and recommendation. Apparently funds and functionaries have not been transferred to the GP.
15. The linkage between NREGS planning and GPDP needs to be more firmly established.

**Recommendations:**

* 1. Continuous handholding support including funding support for monitoring and facilitation of plan implementation: It has been observed during field visits that the Charge Officer is overstretched and in order to effectively support the GPDP process a team of professional resource persons at the Block level is recommended. The team would consist of 3 persons:

1. Planning, system development and governance (PPG) Co-ordinator: The PPG coordinator will support the GPs in Annual Planning Process, Budget preparation, technical assistance and guidance for conducting Gram Sabhas and documentation related to the same and a range of related issues.

(b) Financial management and procurement (FMP) Co-ordinator: The FMP Co-coordinator will assist in financial reporting and accountability, adherence to procurement guidelines, asset management, audit etc.

(c) Public infrastructure & investment (PI) Co-ordinator: The PI Co-ordinators will support the GPs in engineering design & supervision, infrastructure project management and contract management.

* 1. This system has been effectively tested on a large scale in West Bengal under the ISGP Project supported by World Bank.
  2. Standardisation of procurement and other governance protocols for GPDP is required to avoid audit related confusions.
  3. NREGS and GPDP planning activities should be taken up together. It has to be one planning exercise.
  4. State may provide a list of possible activities per sector to help the GPs to identify possible solutions. However, the list should be illustrative rather than binding.
  5. To improve condition of women and children a GP wise database on women and children issues is necessary first. Then integration with other sources of funding, such as NRLM, should be done.
  6. State must initiate programme to increase OSR.
  7. Role of parastatals like Development Authorities (for example: Jodhpur Development of Authority) need to be precisely defined to avoid conflict and ensure that GPs are able to collect their due revenues.
  8. Special capacity building for Elected Women Representatives need to be developed.

1. This section is based on Buddhadeb Ghosh, Debraj Bhattacharya and Madhulika Mitra, *A Study on Decentralization in Selected States: A Report for UNDP, India*, Institute of Social Sciences, 2012. [↑](#footnote-ref-1)