Gram Panchayat Development Plans in Bihar

A Situational Analysis

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By Dr. MN Roy Dilip Ghosh Priyanka Dutta Debraj Bhattacharya



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1. Background and Milestones in Policy¹

The earliest village republics of India can be traced back to areas, which are now in the state of Bihar. The colonial intervention significantly altered the village communities in India and therefore Bihar as well and created a new form of local governance system following the Mayo Resolution of 1870. In 1885 the Bengal Local Self Government Act created district boards and local boards at the district and sub-divisional levels. In 1922 The Bihar and Orissa Village Administration Act created fully elected union boards and also a few elected panchayats. After independence the Bihar Panchayat Raj Act of 1947 was enacted. By 1957 a total of 7670 Panchayats were in place in the state. The Bihar Panchayat Samiti and Zilla Panchayat Act of 1961 created the Block and Zilla Panchayats. By 1970 all three tiers were operational in the state. Following the Ashok Mehta Committee report in 1978 elections were held to the panchayats. However, this election was marred by violence and nearly 10 per cent of the Mukhiyas (GP Presidents) were elected unopposed due to threat to rival candidates. From here onwards panchayati raj (PR) in Bihar took a downturn as elections were not held till 2001. In the mean while however, after 1993 a new Panchayat Act was enacted. In 2006, the new Government led by Shri Nitish Kumar replaced the 1993 Act by a new Panchayat Act of 2006. As per the Bihar Panchayat Act 2006, twenty departments have on paper devolved functions to PRIs.

Present Status of Devolution

The report of the Fourth Finance Commission of Bihar (2010) has discussed the status of devolution in the state. We summarise below the main arguments.

• The Third Finance Commission (2004) recommended that an amount not exceeding 3 per cent of the State's total tax revenue shall be devolved to the Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs) together. The share of each PRI or ULB will be limited to the resources raised by the respective ULBs or the Zilla Parishads (ZPs) (including the Panchayat Samities (PSs) and Gram Panchayats (GPS) within the ZP) as a

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.

matching contribution. The fourth State Finance Commission (SFC) (2010) has noted that a disproportionately large share has gone to the ULBs. It also noted that the devolved amount of Rs 59 crore was less than the 3 per cent suggested by the Third Finance Commission.

- The report has also noted that the Own Source Revenue (OSR) of the PRIs is negligible. It says, "Gram Panchayats and the Panchayat Samitis have not augmented their own sources of revenue so far, because the state government have not yet notified maximum rates of taxes, tolls and fees, etc. to be imposed by them. Broadly speaking, the PRIs failed to raise their own resources and mostly thrive on Central and State Government grants" (p.35). Thus revenue assignment – one of the hall marks of local government's autonomy – works out almost to zero for Bihar's panchayats. What is more, the situation is not improving.
- Twenty departments have transferred 79 functions to the GP, 60 functions to the PS and 61 functions to the ZP. While the numbers are impressive, the SFC report also says that such transfers are more in the form of "delegation" rather than "devolution" and "no substantial responsibility and resource was given to these institutions" (p.26). The Departments which have transferred functions are: Agriculture, Revenue and Land Development, Water Resources (Minor irrigation), Animal Husbandry and Fishery, Forest and Environment, Industry, Public Health Engineering, Rural Development, Rural Engineering, Energy, Primary Education, Adult Education, Literacy, Cultural Activities, Medical, Family Welfare, Social Welfare, Welfare of the Handicapped, Public Distribution System and Relief and Rehabilitation.

An assessment of activity mapping

In effect this detailed exercise on activity mapping has been less than effective. As 4th SFC reports, 'the transfer of functionaries to PRIs was not done ...Devolution of funds by the State Government was not effective as the departments concerned continued to receive budgetary allocations in respect of transferred functions'. Thus, the proposal to transfer functions, functionaries and funds to PRIs, as indicated in the activity map, still remains largely on paper. Apart from this, the way the activity map has been drafted is far from satisfactory. Let us look at the following instances.

- In agriculture, panchayats are asked to do a lot of things, but without any guarantee for funding and staff. Some controlling power over the existing staff of the department is proposed to be given, but it is not substantive. In minor irrigation, it is not made clear whether the existing schemes of the department would be handed over entirely to the panchayats. If not, what will be the division of responsibility between the department and the panchayats? This is not made clear. In some sectors, responsibility given is only for beneficiary selection. In some other cases only agency functions have been given. These do not count as devolution. In Health department, there is no mention about the transfer of the management of sub centres, PHCs, etc. to the PRIs. Only some administrative control (for example: granting casual leave) over health staff including medical officers has been given to the panchayats. Without the former, the latter does not carry any sense. Same thing has been done in respect of Anganwadi centres, where management control remains with the department, but panchayats have been given some administrative powers over some staff. This type of decentralisation creates only confusion.
- The sector that urgently calls for decentralization is water supply. Here panchayats have been given minor powers of repair of hand pumps. For piped water supply scheme, they can at best fix the priorities of the schemes to be taken up by the department. More powers should have been given in this sector. Similarly, PRIs should have been given more powers in implementing poverty alleviation schemes, as in other states. Substantial powers have been given to all the tiers in the sector roads, culverts and bridges. But funds are not assured. More importantly, the role of Rural Engineering Organisation vis-à-vis PRIs in the matter of district and sub district level roads has not been clearly defined.

2. State level preparedness for GPDP

GP Planning at present

In the State of Bihar, the GPs prepare multiple plans concerning different departments and as per their needs. There is no practice of preparing holistic plans.

Accounting, Auditing and Procurement

The State is in the process of installing a software named GPMS. This system of accounting is adopted from West Bengal. Generally, the Audit and Accounts Department is responsible for auditing of GPDP. Whereas, social audit is supposed to be done by the GP itself through the Nigrani Samiti, which is a vigilance body of Panchayati Raj Department constituted under Section 10 of the Panchayati Raj Act, 2006.

Implementation and monitoring

For implementation and monitoring of GPDP, the state has constituted a State Resource Team (SRT) and provided training to it. The team is entrusted with the task of further training the District Resource Team (DRT). This SRT consists of Program Officer, MGNREGS, Jeevika Representatives and CSO members.

To monitor GPDP planning and implementation the state has constituted the Block Planning Team (BPT) and trained it to do the planning exercise. Program officer, MGNREGS of each Block was made officer-in-charge to monitor and coordinate different activities.

Training

To provide training for GPDP, a module has been prepared. The content of that training module is decided by Ministry of Rural Development (MoRD). The training session is generally scheduled for four days and the methodology adopted to train are classroom study, field visit, case study, group activities and presentations. This process of capacity building is not supposed to end with one-off training and is expected to continue with providing handholding support to the GPs by constituting the BPT.

At the state level also, the Master Trainers are trained by the representative of MoRD. The composition of the Master Trainers Team is of representatives from MoRD, PRADAN and others. The DRT consists of 6-8 members per districts. Similarly, like the state-level, district team also receives training using the methodology of classroom training, field visit, group

activities and presentation. The DRT and BPT are also assigned with the task to supervise and help GPDP preparation in their respective areas.

Information, Education and Communication

Like the other states, state of Bihar has also developed its own Information, Education and Communication (IEC) strategy. IEC strategy is supposed to be used for awareness generation, dissemination of information, environment building, etc. by undertaking an exercise at the ward level. This planning exercise is expected to be conducted for three days. First day of each exercise has major thrust on IEC. It is mandatory to have IEC before undertaking any planning exercise. The IEC also takes into account district and regional variation. A general format is required to provide IEC training. Therefore, IEC materials in Bihar is prepared by Jeevika. IEC consist of newspaper advertisement, frequent radio messages, mobile message, printed pamphlets, SHG orientation, and so on.

Strategy for implementation of GPDP

The strategy adopted by the Government of Bihar for implementation of GPDP was laid down in Government of Bihar's GO No. 257035 RD dated 31/12/2015, which detailed the procedure for convening Gram Sabha and Ward Sabhas for IPPE – II of MGNREGA, SRDP and GPDP. The approach was that of holistic spatial and sectoral planning. The important issues and processes covered in the guidelines are as follows:

- The GPs of Bihar are scheduled to receive Rs.18919.05 crores as basic grant and Rs 2101.78 crore as performance grant under 14th FC for the period 2015-16 to 2019-20. The total flowing in to the GPs under 14 FC would therefore be around Rs.21017.83 crores.
- b) sanitation) ,a) water supply) :Activities permitted under the funding from 14th FC are
 d) storm water drainage and solid waste) ,c) sewerage) ,including septage management
 i) play) ,g) parks) ,f) local body roads and footpath) ,e) street lighting) ,management
 .j) burial and cremation grounds) ,grounds

- The Ministry of Rural development had decided that in about 300 backward blocks of the state there would be connvergence between NRLM and MGNREGA IPPE 2 process for preparation of the labour budget of MGNREGA and State Rural development Plan. The state Government had decided that this IPPE 2 process would be taken up in all 534 blocks and will constitute the GPDP process.
- GPs will prepare a long-term plan covering 2015-2020 and detailed annual plans for the year 2015-16 and 2016-17 following the IPPE 2 methodologies. The data and guidelines of Public Health Department, Social Welfare as may be available up to ward and GP level will also have to be collected and utilized for planning.
- A Block planning team to be constituted with (a) Panchayat Technical Assistant. (b) Panchayat Rozgar Sevak, (c) Gramin Awas Sahayak, (d) Agricultural Advisers (e) Community Coordinator and Mobilizers (f) Bikash Mitra, (g) Community Resource Persons, (h) Anganwadi Workers, (i) two members from the civil society organisations.
- The block planning teams will split into two groups as mentioned in the IPPE guidelines, will hold a three-day planning exercise and shall prepare the ward-wise: (a) activity plan in conformity with the labour budget, and (b) the SRDP for the financial year 2016-17 and the GPDP for the years 2015-16 and 2016-17.
- The Planning Exercise Kit is in two parts. In the first part are formats for 5 programmes -1) MGNREGA, 2) SRLM, 3) IAY, 4) NSAP, 5) DDUGKY. The Formats are as follows
 - a) SECC Base form
 - b) Format A estimate of work demanded by Job Card Holders.
 - c) Format B selection of schemes for individual beneficiary schemes under NREGA
 - d) Format B Prioritisation of schemes selected under MGNREGA
 - e) Format B list of livelihood activities particulars related to loan etc.
 - f) Format B Details of extension requirements for agriculture and Animal Husbandry
 - g) Format C Details of skill development activities to be undertaken
 - h) Format D Survey of Households eligible for IAY

- i) Format E Survey of Households for NSAP
- j) Format F compilation of information related to individual beneficiaries
- k) Format G compilation of Ward level information
- The Block Planning Team are expected to fill in the SECC base forms, which will automatically include most rural households and those with one or more deprivation. The various formats from A to F will be filled in after the survey is completed. If the Gram Panchayat is unable to download the SECC base form they will collect the same from the office of the Charge Officer MGNREGA. The emphasis is on ensuring that the vulnerable families are adequately covered.
- Format G are to be filled in after collecting the data from Panchayati raj and other associated departments. The data has to be collected ward-wise. This format should contain the details of the ward-wise availability of infrastructure and resources. A separate MIS was reportedly being developed and it will be communicated in due course.
- All block level charge officer of MGNREGA will print the beneficiary lists of MGNREGA, IAY and NSAP.
- Block planning team shall prepare the schemes on the basis of the survey findings.
- The activities to be taken up on the basis of the three days planning process

Day	Activity
1	a. Publicity on the Planning Activities to all Households
	b. Transect Walk
	c. Preparation of Resource Map
	d. Verification of the Resource map through Transect walk
	e. Preparation of the list of community resources and selection of
	community activities.
2	a. House to House survey for verification of SECC data
	b. Receiving application forms for Individual Beneficiary schemes
	under MGNREGA

	c. Preparation of list schemes to be taken up under individual
	beneficiaries
	d. Selection of activities to be taken up under 14 th FC allocations
3	a. Collection and compilation of applications of individual
	beneficiaries under MGNREGA
	b. Listing of schemes under GPDP
	c. Getting preliminary approval of MGNREGA and GPDP from
	the ward Sabhas
	d. Compilation of both IPPE -
	e. 2 and GPDP for approval by Gram sabha

Role of UNICEF in Strengthening PRIs and GPDP

UNICEF supports the PRI system of the state through:

- a. Training Needs Assessment in joint partnership with BIPARD
- b. Preparation of Training Modules for PRIs
- c. Training of Master Trainers for Induction Training of PRIs
- d. Rolling out of training of PRIs
- e. Technical Assistance for strengthening RGPSA
- f. Quality Assurance/Monitoring of Training

For strengthening GPDP, it is contributing by:

- a. Development of Model Block consisting of Model GPs
- b. Indicator based Model Block or GP development
- c. Baseline survey of Model Block and GP
- d. Situation analysis
- e. GP profile development
- f. GP Development Plan formulation.
- Discussion on Bihar PRI and GPDP with Arvind Kumar Chaudhury, IAS, Secretary, Department of Panchayati Raj and UNICEF Bihar

The study team met Mr. Arvind Kumar Chaudhary, IAS, Secretary, Department of Panchayati Raj and Rural Development and his team, UNICEF team headed by Dr. Yameen Mazumder, Chief of Field Office, Bihar on 3rd August 2016 to discuss GPDP issues.

- Mr. Arvind Kumar Chaudhary briefed about the recent initiatives of the Government of Bihar in strengthening Panchayats and the training being imparted to the newly elected members.
- (i) Recent positive policy developments in Bihar Ward Sabha given legal status in Panchayati Raj (PR) Act and funds being transferred directly to the Ward Sabhas. Also, the elected members from the Ward will have freedom to decide on the funds to be spent within the Ward.
- (ii) Another positive development has been the formation of large number of SHGs under the Jeevika programme (NRLM). Many of the SHG members are now becoming Sarpanches.
- (iii) Regarding GPDP
 - (a) GO has been issued;
 - (b) Training manual on how to do GPDP has been printed;
 - (c) By September basic training is to be completed; and
 - (d) 5 books on PRI issues for training has been prepared by the state government.
- (iv)The government has also taken up an ambitious programme of having all weather lanes in all villages and to have piped water supply in all houses in the rural areas, which will require planning and implementation at the local level.
- (v) A key problem of Bihar is lack of infrastructure. Many GPs do not have their own buildings however 500 new building have been built recently. A World Bank funded project has recently helped in this.
- (vi)The Secretary said that further devolution has taken place. Works related to water supply and sanitation has been handed over to the Panchayats. However, the GPs lack of capacity to carry out the functions devolved to them.
- (vii)Bihar GPs also suffers from a shortage of Secretaries. The best scenario is one Secretary for 2 GPs.
- According to UNICEF officials, there are certain problems related to working in Bihar –

 (a) Frequent transfer of officers;
 - (b) There was no time to conduct need assessment study before conducting training;

- (c) Fund flow related problems; and
- (d) Lack of training infrastructure.
- The state government has its own sets of priorities ("7 nishchay" plus prohibition). GPDP needs to be aligned to give due priority to these matters.

SEVEN "NISCHAY"	(RESOLVE/VOW)) of BIHAR GOVERNMENT

No. Name of the Schemes 1 Connectivity to every village with all-weather roads, over and above PMGSY, PM's rural road programme. 2 Electricity Connection and Power to all Houses in the remaining villages and habitations in next two years. 3 Water pipe line connection to connect 17.9 million rural households and 1.6 million urban households in 5 years. 4 Provision of toilets in every home without one by constructing 16.4 million toilets in rural areas and 0.75 million in urban areas within 5 years. 5 1. Unemployment benefits for youth between 20-25 years-a monthly allowance of rupees 1000 for a maximum of 9 months 2. Provide 12th standard pass students credit card facilities for taking a bank loan of up to rupees 4 lakh with a 3% subsidy on the interest rate. 3. Establishment of venture capital fund of Rs. 500 crores to provide start-up funds to young people who want to start manufacturing units. 4. Employment centres for 15 million youth in all 38 Districts for basic computer education language training and skill development. 1. To construct 5 new medical colleges along with a nursing college in every medical college. 6.	Sl	Name of the Salaman							
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5. Establishment of a para medical institution in every districts.		5. Establishment of a para medical institution in every districts.							

1.35% reservation for women in all state job

7 2. Increasing existing 35% reservation for women in police sub inspector and constable posts.

• Discussion with Bihar Gram Swaraj Yojana Society

The Society is responsible for implementing the Bihar Panchayat Strengthening Project supported by the World Bank. The discussion began with Mr. Vishal State Project Manager communication and mass media and was later joined by all other officers of the Society.

According to one official, although Jeevika, i.e. the Bihar Rural Livelihood Mission is taking care of GPDP in Bihar, it is actually the responsibility of BGSYS. Since this society was not fully prepared for the task, and Jeevika is more active and resourceful as an institution, the task has been assigned to them. But once BGSYS starts functioning fully, the Jeevika led *Hamari Gaon Hamari Yojna* as a process would become redundant. The society has already started functioning. The Director of Panchayat, Bihar is ex-offcio PD cum CEO. There are seven posts of State Project managers (Admin and HR, communication, Procurement, Financial Management, Capacity Building, Water and sanitation, M&E) of whom four are already in place. There would District Project Management Units (DPMU) at district level. These units would be manned by one District Project Managers and 4 District Coordinators and a District Finance Manager. At the block level there would be Block Project implementation unit consisting of Block project managers and 5 to 6 Community Resource Persons.) The district and the block units are expected to be activated within the next six months.

Capacity building – infrastructure is an issue and block offices are being used as training venues. Training is provided by Block officers and hired professionals. The SPM communication is of the view that the current system of facilitation of GPDP would have to be changed after the BGSYS is fully activated. Planning is a core function of the Panchayat and this society is meant to build up their capacity for this purpose. But, we asked, this programme covers twelve districts at present, and GPDP has to be prepared by all GPs. How would the society take care of that? He feels that even though the delivery mechanism for the World Bank supported programme would be limited to 12 districts, in other districts the capacity of the existing manpower will be

built up. However, much information is not gathered about the strategy to be taken for the nonprogramme districts immediately.

The State Programme Manager Capacity Building apprised us of some of the capacity building initiative of the project. These include:

- i. Reframing of Rules More than 14 rules have been formulated
- ii. The existing Finance rule was framed in1949 a new one is under preparation.
- iii. They propose to adopt Gram Panchayat Management System of West Bengal. Hon'ble Chief Minister Bihar has already declared that four additional staff: (a) Assistant Secretary; (b) Data Entry cum Finance Assistant; (c) office assistant; and (d) Junior Engineer (1 for 9 GPs).
- Panchayat Sarkar Bhavan Office buildings of around 600 Panchayats will be built by the project. Building of the remaining Panchayats will be arranged by state government from its own resources.
- v. The samiti is not contemplating setting up of dedicated training centres. Specific venues have been identified at district and block level where continuous training would be possible.
- vi. The project has trained up 250 state level trainers, which works out to 4 to 6 trainers per district. Apart from the Government officers the District level trainers include -College professor, teachers, Block and district level trainers.
- vii. The training programme is organised jointly by BIPARD, BGSY, and the Department of Panchayat and is totally funded by department.
- viii. Provision of mentoring and handholding of the Gram Panchayats is already included in the project. However, for taking up all the project activity around 1600 employees would be required, whereas only 35 are presently available. It is expected that the full stock of manpower will be available by December, 2016.
- ix. With regards to focussing the funds the SPM informed our team that an order is likely to be issued shortly. Where 80% of the fund allotted under 14th FC recommendation to GPs will be used on two of the "7 Nischay" activity of the Hon'ble CM. These would be connecting roads and lanes (gali) and drains (nully), and drinking water.

• Discussion with Bihar State Rural Livelihood Mission (Jeevika)

We met Smt Archana Tewary of Jeevika to find out how BSRLM propose to utilise the GPDP in women empowerment. She said that ever since Jeevika as state programme had started functioning, they motivated the Jeevika members to participate in the community level meetings and raise their issues in these forums. The members did that assiduously, but their demands were not accorded much importance. They were now happy to have been associated with the planning process. She feels that with this official role the women's needs will find a place in the plan.

We asked whether the SHG members have an institutional role in the Panchayats. Are the leaders of the clusters or federations ex officio members of any of the standing committees? To which she replied negatively. She was told by our team that in the visited GPs the data being collected by the SHG members are not being used at the GP level. Apparently GPs are yet to acquire the capacity to utilise data for planning.

Jeevika has tried some innovative interventions, such as community nutrition centre by using its own resources combined with some community contribution. She was not sure whether activities like these are to be included in GPDP and that Panchayats could make such investments from their resources. Apparently there are some restrictions in utilising the 14th FC funds in activities other than 'Core services', but utilisation of funds from other sources such as SFC remains question. Besides the GPs in Bihar are not at all raising their own resources even though the statute does provide for it. The plans apparently have been seen or analysed at the state level yet.

3. Field Visits to Select GPs

3.1 Moriyawa GP, Dhanarua Block, District Patna

Moriyawa Gram Panchayat is located at a distance of 4 km from the block headquarter and 30 kms from Patna city. The Gram Panchayat does not have its own building that is why the meeting was held in Krishi Bhavan. This GP have 12 wards in all. The name of the President is Sri Surendra Saw.

Demography:

The GP has a population of 9381 and 2350 households. Male population is 4846 and female population is 4535. The sex ratio of the GP is not good. For 1000 males there are only 934 females. Important castes in the GP are Yadav, Beldar, Paswan, Mahati, Manjhi, Bhunihar, Kurmi, Ravidas, Rajput and Teli. Muslim community is also there.

SC	ST	OBC	Other	Total	Total	Female	Male
HH	HH	HH	HH	HH	Population		
500	-	1760	90	2350	9381	4535	4846

Health:

There is one Sub-Health Centre and eleven Anganwadi Centre. Sub-HC remains closed. The basic data on the Anganwadi centres are as follows:

Adolescent	Pregnant	0-6	Condition	Toilets	Water/Electricity
girls	mothers	children	of		
			building		
80	80	400	Not	1	Water is available
			mentioned		but availability of
					electricity is not
					mentioned

Education:

Government Schools: There are 11 Government schools. Total number of student is 3977 out of which 2107 and 1870 are male and female respectively. There are 11 toilets in the schools, 1 playground and 4 schools have electricity. There are 42 teachers including both primary and middle schools and 18 in high school. There are 4 private school, which have 87 and 72 male and female students respectively. The schools have only 4 toilets and 1 playground. Only 4 schools have electricity. Number of teachers are there in these private schools are 28.

Sanitation

Open defecation is prevalent in the GP. Only 10% of the people in the GP have toilets.

Drinking water

Drinking Water is supplied by tube-well.

Livelihood

GP produces both Rabi and Kharif crops. The major rabi crops of the GP are wheat, chana, pulses, mansur, vegatables, potato. The kharif crop is rice. Apart from agriculture, they are engaged in animal husbandry including goat rearing, chicken farming and pig rearing.

BPL

There are 1265 BPL households and 827 APL households in the GP. This means that 53.83% of the households are in the BPL category and 35.18% in APL category. The causes of poverty in the GP are due to lack of irrigation facilities, lack of social development and lack of employment opportunity in MGNREGA. There were some complains regarding the authenticity of the BPL list.

SHG

74 SHGs in the GP and 5 Village Organisations. The Village Organisations arrange for skill development training.

Human Resource at GP

The GP has the following types of human resources which may be useful for planning activities:

- (a) Ward members
- (b) Gram Rojgar Sahayak
- (c) The Panchayat Sachib
- (d) Gram Sevak
- (e) Gram Rojgar Sahayak
- (f) Anganwadi workers

- (g) Agriculture Assistant
- (h) Village Organisation
- (i) SHGs

Standing Committee

The following are the standing committees of GP:

- (a) Finance and Coordination Committee
- (b) Social Justice Committee
- (c) Public Health, Family Welfare and Rural Sanitation Committee
- (d) Education Committee
- (e) Public Works Commitee

The GP was able to show minutes of the meeting which indicates that the standing committees are functional.

Source	2012-13	2013-14	2014-15	2015-16
BRGF	375160	446800	71190	531700
4 th State Finance	192285	770000	244407	464700
Commission				
(SFC)				
13 th Central	-	566160	2331850	1355223
Finance				
Commission				
(CFC)				
14 th CFC	-	-	-	1340100
MGNREGA	903071	1156377	1073374	521656
Total	1470516	2939337	3720821	4213379

Fund Utilization

Fund utilization of the GP has progressed from 1470516 in 2012-13 to 4213379 in 2015-16. This shows increasing absorption capacity.

OSR

This GP has no OSR.

Observations

- This GP does not have its own separate building. That is why the meeting was held in Krishi Bhavan. It is a multi-purpose small building erected by the Agriculture Department for various uses ranging from storage of agricultural inputs to be distributed to the farmers to holding meetings with and organising training of farmers.
- 2. The Mukhiya of the GP is newly elected. Sworn in on 29th May, 2016. He does not have any idea about the functioning of the GP. He has no idea that VHND is facilitated by Village organisation. He has no connection with the AWC.
- 3. No standing committees have yet been formed in the GP and neither the Mukhiya nor the members have undergone any formal training so far.
- 4. Regarding the non-functioning of the health sub-centres in the GP, the Mukhiya has no idea how to complain about the issue to the Block Medical Officer. Rather he has approached the BDO and no action has yet taken place.
- 5. The ward members of the GP are also newly elected and apparently having no clue about the gram panchayat plan and amount involved. One of the members is of the view that if government employees prepare the plan and villagers concerns are not included in it.
- 6. According to Gram Rojgar Sahayak, all official documents are kept in his house or in the house of Panchayat Sachiv.
- 7. The Panchayat Sachiv is in charge of three GP including this one and thus spends only part of his official time for this GP.
- 8. Although Panchayat Rojgar Sewak explained the process of planning by conducting door to door survey, social and resource mapping, conducting ward sabha to prioritize the activities for this year. However, when asked to show the copy of the plan, a list of activities taken up under the MGNREGA was placed. Whereas, the other activities included in the plan have been recorded in the Minutes of Gram Panchayat and was forwarded to the Block office. According to the Panchayat Sachiv, the copy of the

plan cannot be shown as it is currently with the Block office. However, a Minute of the Gram Sabha was given to us consisting plan focusing on construction activity. The ward members are of the suggestion that the survey could have been carried out properly.

- 9. According to the Panchayat Sachiv, they have received Rs. 13 lakhs from 14 CFC in financial year 2015-16 but have not received anything from 5th SFC. They said that the GP has not as yet received any funds for 2016-17. The 2015-16 funds were used for construction purposes.
- 10. Interestingly the Panchayat Sachiv had no clue as to the amount spend under NREGA and the Mukhiya was quite clueless about the total volume of the plan. He approximated the total fund received by the GP around 17-18 lakhs as he did not have clear idea on it.
- 11. Regarding MGNEGA, expenditure incurred was Rs.12 lakhs. Due to introduction of e-Shakti process on 2015-16, number of labourers have gone down. Delayed payment of MGNREGA dissuades people from participating in the programme.
- 12. It was interesting to witness that women members of the Jeevika are quite vocal compared to male members of the GP. They placed their demands by firmly stating that need for livelihood plan to improve their economic conditions. Their focus was on improving the infrastructure including toilets, drains near and in the house. As per their statements, all these demands were placed in the plan.
- 13. Village Organisations along with arranging for skill development training, they also provide food to family in trouble. There are 7-8 girls in the GP who are selected for skill development training. One of the villager's daughter is undergoing hospitality training under thus scheme.
- 14. In spite of raising the issue of having own building and infrastructure for SHG, this issue was not included in the plan.
- 15. When shown the booklet "Hamara Gaon Hamari Yojna" neither the Gram Rojgar Sahayaks nor the Panchayat Sachiv admitted of not seeing this booklet before. Whereas, the Jeevika members have admitted of seeing the booklet.

- 16. There were conflicting views presented by the group on training received related to GPDP among the Community Mobiliser of Jeevika and Rojgar Sahayak and Panchayat Sachiv.
- 17. Jeevika members have seen the booklet in the 5day training, which was also attended by AWC, Bikash Mitra, Agricultural advisor, Programme Officer NREGA, Rojgar Sahayak and Panchayat Sachiv.
- 18. It was assumed by the Rojgar Sahayak and Panchayat Sachiv that this training is relating to just filling up the survey form. They both admitted of being unable to use the information gather through the survey forms in preparing the plan. However, after constant prodding the Programme Officer NREGA admitted of attending the training for one day instead of five days. The reason cited for not attending the training was as same as that of Rojgar Sahayak and Panchayat Sachiv.
- 19. After the training the survey was conducted and survey data have been entered into the online data sheet at the block level. It is interesting to note that the Jeevika members have collected the data whereas, plan was prepared by the Gram Rojkar Sahayak. No information from the survey, ironically, is incorporated in the plan. Instead plan incorporated the demand during the ward sabha and gram sabha to address the needs of the vulnerable people. Unfortunately, their voices and needs are not meet.
- 20. Village Organisation do identify social needs of the village, but as of now they function as a parallel body, and do not play much of an effective role in the institutional functioning of the GP.
- 21. Jeevika and Village Organisation are not integrated through IPPE process and not given institutional role in GP. Unless this happens it would not be easy for them to prioritise the issue of women and children in the plan.
- 22. Participation from villagers highlighted the socio-economic problems faced by them. Those are:
- Irrigation is inadequate.
- The GP is flood prone and is currently affected by flood.
- NREGS payment is delayed and not enough work is available. Hence migration is inevitable.

- Sub Health Centre is there but not operating as it should. ANM & ASHA are not working as they should.
- Only 1 ICDS centre in the GP has a building of its own.
- Primary Schools have their own building but they do not have their own toilets and also do not have own electricity. They also do not have own playground.
- Only about 10% of households have their own toilets. There were also complains of toilets made under SBM which were of poor quality.
- Quality of drinking water is a serious concern. Regular testing does not take place.
- Shortage of work between the Kahrif and the Rabi season.
- There are problems related to land record because of which many are deprived of diesel subsidy.
- There were complains of corruption related to Kisan Credit Card. Apparently 20% kickback has to be given in order to get a Kisan Credit Card. This demotivates many farmers and only about 10% of the villagers have the card.
- The group complained that PDS ration is not regularly received. One instalment was received in February and another in August. The group was not clear as to how exactly they need to protest on the issue. They said that whenever they complained about the lack of supply they were told that supplies have not come from higher levels and it is not the fault of the ration shop owner.
- (i) Out of 100 people who were present, only one of them said that the Gram Sabha was held in 2015. The notice for the Gram Sabha is reportedly given only by word of mouth. Apparently, the villagers who were present from the beginning are supporters of the present dispensation and they were the ones who said that no gram Sabha was held earlier. The supporters of the earlier dispensation appeared in the scene later and confirmed that Ward Sabhas and Gram Sabhas was held as stated by the officials.
- (ii) The GP does not have much control over line department officials. Mukhia and Ward Member is part of the School Management Committee. Otherwise for departments like, Health, Agriculture and PDS, the GP can only play a monitoring role and lodge complains to the BDO.
- (iii)General impression of GPDP in this GP the guidelines were followed to some extent, in letters, but the spirit was missing. The GP is yet to acquire institutional capacity and

resources to handle the prescribed participation based planning method effectively. The elected representatives were generally unaware of the data collected and the needs prioritised. There is perhaps a plan in existence, but none of the elected representative own it.

3.2 Barha GP, Punpun Block, District Patna

GP does not have a separate building for its functioning. There are 8 wards but 7 ward members. The meeting was held in Krishi Bhavan. Distance from the Patna is 25kms approximately.

Demography:

SC	ST	OBC	General	Nomadic	Total	Total	Female	Male
HH	нн	нн	НН	Tribes	нн	Population		
				нн				
3000	-	3000	-	-	3000	6000	2900	3100

Total population of the GP is 6000 with 3100 males and 2900 females.

ICDS:

There are 6 Anganwadi Centres in the GP.

Education:

There are 7 Primary schools and three middle schools.

Sanitation

Open defecation is prevalent in the GP. Precise data was not available with the GP.

Livelihood

Both rabi and karif crops are grown. Major crops are rice, wheat, vegetables.

Human Resource at GP

The GP has the following functionaries which may be useful for planning activities.

- a. Gram Rojgar Sahayak
- b. The Panchayat Sachiv
- c. Gram Sevak
- d. Gram Rojgar Sahayak
- e. Anganwadi workers
- f. Agriculture Assistant
- g. Village Organisation
- h. SHGs

Standing Committee

The following are the standing committees of GP.

- (a) Finance and Coordination Committee
- (b) Social Justice Committee
- (c) Public Health, Family Welfare and Rural Sanitation Committee
- (d) Education Committee
- (e) Public Works Committee

The GP was able to show minutes of the meeting which indicates that the standing committees are functional.

Fund Utilization

Scheme	2012-13	2013-14	2014-15	2015-16
4 TH SFC	348170	1115790	70051	27500
BRGF	372700	213100	319798	-
13 CFC	802500	429400	150000	1909351
14 th CFC	-	-	-	2337894
Total	1523370	1758290	539849	4274745

Fund utilization of the GP has steadily increased between 2012-13 and 2015-16 except in 2014-15.

Previous Planning Experience

The GP is experienced in planning for NREGS but is not used to participatory planning of the kind that GPDP demands.

Link with other Departments

There is very little effective power in the hand of the GP. The Mukhia is part of School Management Committee. Otherwise the GP can play only a monitoring role.

Link with Block

The Panchayat Rozgar Sevak is responsible for GP affairs, especially NREGS. There is otherwise very little link with other departments in the day-to-day functioning of the GP.

Training

The Mukhiya and Gram Sevak have not received training on GPDP.

Observations

- 1. The GP does not have any building of its own.
- 2. The GP is flood affected at the moment. The Mukhia was present for the meeting but was preoccupied with the rising level of water in the area.
- 3. The present Mukhia was a former member of the Shiksha standing committee. Speaking on the problems of education in the GP he focused that there is shortage of teachers in the schools. There are 7 Primary schools and three middle schools. He has approached to the BEO requesting for posting of two teachers to schools in his area. The next village Pothi had 18 teachers, and two teachers could easily be spared for his village, which has not been done yet.
- 4. The Gram Sevak came later to the meeting and was accompanied by another person. Interesting to know that the latter was a local person who did most of Gram Sevak's work although he was not officially part of the government service.

- 5. Lachhmi Sinha, SHG member, explained how she did the survey. She could recall the contents of the form, which she filled in during the survey. She was trained for three days in Punpun block office in December. Thereafter they conducted the survey which was followed by the Ward Sabha. Toilets, building for primary schools, space for members of Jeevika were the items identified.
- 6. When enquired about the preparation of the plan, one of the villager said that Sachiv, Rojgar Sewak, Mukhia, ex-Mukhia together prepared the plan. The group said that nobody has seen the copy of the complete plan yet.
- 7. There are 6 AWC s in the GP. Ward 2 does not have a single AWC, whereas Ward 1 has two. This decision was apparently taken by ignoring the recommendation of the GP. of None the AWCs have their houses. On the own contrary, AWC at ward no. 4 has its own Bhavan, but it is non-functional and have no Aganwadi workers for the 80 children there. These 80 children have been send to one of the existing AWC. Consequently, the total ration for this AWC is used to feed many more than the number for which they get the ration.
- 8. There are four Village organisations (VOs) in the GP. One SHG member said that majority of members of the SHGs in the GP do not have toilets. VOs are apparently more knowledgeable of the local problems than any of the elected members of the GP.
- 9. According to the Mukhiya the children would come to schools only during the Mid-day Meal. Neither they nor their parents are interested in the quality of education.
- 10. The tube wells in many areas are not functioning. Many of their personal tube wells have become defunct. People are now dependent on the tube wells sunk under government programmes.
- 11. Responding to the question as to whether women participated in the ward Sabha meeting, the SHG members replied by saying that the meetings are mostly attended by the menfolk. The SHGs have no clue on the contents of the plan or whether it was at all prepared. Their role in the whole process was confined to conducting the survey and submitting the filled in format to the block.
- 12. The Panchayat Sachiv says that he has not received any training on GPDP. He has joined about three to four months back, but has not formally received the charge of the GP yet.

He has no clue where the plan could be physically and sticks to his claims to be "new" to this job. The Rojgar Sachib is reportedly away at Patna.

- 13. When the book *Hamara Gaon Hamara Panchayat* was shown, the group said that they have not seen it before. Some women of Jeevika admitted to hear about Hamara Gaon Hamara Yojana as they have received training on data collection. However, they were not sure as to what is the purpose of data collection.
- 14. The Mukhia says that he is not aware of the funds likely to be received under the 14th Finance commission.
- 15. Neither the Mukhia nor the Gram Sevak knew how much fund was received by the GP under 14FC. The information was with the friend of the Gram Sevak who said 35 lakhs for 2015-16. The plan for 2016-17 was yet to be formulated.
- 16. The person accompanying the Pachayat Sachiv claimed that roughly about Rs. 35 lakhs are to be received as untied fund from all heads together for 2015-16. The plan for 2016-17 was yet to be formulated.
- 17. On enquiring about his identity he said that he is just an interested person. Later it was revealed that as the Panchayat Sachivs are required to look after a few GP at a time, a local arrangement is made whereby 'interested' local persons are inducted to look after their responsibility at times. The terms and conditions of such informal engagement however was not clear. The Sachiv looked totally blank against most of our queries. He however told us that they have not yet prepared the plans for the current year.
- The group was not aware about the GPDP plan of 2015-16. They were aware of NREGS plan.
- 19. The Programme Officer of the block said that the SHGs have undergone three days training relating to IPPE. The training was for data collection. Apparently the data was not put to any use in this GP.
- 20. The minute book presented contained the record of proceedings of the meetings held after the present Pradhan have assumed charge. He claimed: "*Purana records se hamara keya lena dena hai*?" (what is the need for me to keep the old records?). There doesn't seem to be any concept of continuity of governance among the office bearers.

- 21. The proceedings of the last Gram Sabha apparently shows that there probably was no quorum. The Pradhan had no clue as to what is the mandated percentage for 'quoram' at Gram Sabha.
- 22. The Pradhan showed very little understanding of the planning process. According to him, only the survey was held for IPPE but apparently no plan was prepared for GPDP. This statement was followed by an explanation that the Sachiv concerned is at Delhi for treatment, and the plan, if any, can only be obtained when he is back.

3.3 Kalyanpur GP, Punpun Block, District Patna

The GP is located 9 km from the Block Headquarter and 25kms from Patna city. This GP too does not have its own building and has 13 wards. The President of the GP is Ashok Kumar. The meeting was held in Middle School Kalayanpur. There are 13 wards.

Demography:

SC	ST	OBC	General	Total	Total	Female	Male
HH	HH	HH	нн	HH	Population		
639	1032	130	-	1801	9585	4560	5025

The GP has 1801 households of which 639 belong to SCs, 1032 are STs and 130 are OBC and 9. Total population is 9585, of which 4560 are male and 5025 are female. Important castes of the GP are Koyari, Kumri. Yadav, Dusan and Sukhar.

ICDS:

Thetre are 9 Aganwadi centres at this GP.

Adolescent	Pregnant	0-6	Condition of	Toilets	Water/Electricity
girls	mothers	children	building		
360	150	1000	ok	No	No

Education:

There are 7 Government primary school and 3 middle school. There are no toilets and playing ground in the school. There is one private school in the GP. It has toilet and playing ground but no electricity.

Sanitation

Only 5% of the household of the GP have toilet coverage. Open defecation is prevalent.

Drinking water

There is one water tank and 100 tube-wells.

Livelihood

Both Rabi and Kharif crops are sown. The major crops are rice, jaggary, mansur, chana, the lack of irrigation provision affects agricultural production.

BPL

There are 1429 BPL families and 720 APL families. BPL households comprises of 79.34% of the total number of households in the GP falls under the BPL category.

Lack of population and excessive population growth is the problem.

SHG

There are 76 SHGs in the GP.

Standing Committee

The following are the standing committees of GP.

- **a.** Finance and Coordination Committee
- **b.** Social Justice Committee
- c. Public Health, Family Welfare and Rural Sanitation Committee
- d. Education Committee
- e. Public Works Commitee

Fund Utilization

Scheme	2012-13	2013-14	2014-15	2015-16
13 th CFC	-	825208	913575	1381500
14 th CFC	-	-	-	1101174
4 th SFC	50000	700806	562795	434448
BRGF	185000	107499	233521	484960
Total	235000	1633513	1709891	3402082

Fund utilization has steadily improved from Rs.235000 in 2012-13 to Rs.3402082 in 2015-16.

Previous Planning Experience

The GP is experienced in NREGS planning but not in participatory planning that GPDP requires.

Link with other Departments

There is very little that the GP can do beyond monitoring and complaining. Mukhia and ward member is member of the School Management Committee.

Link with Block

Panchayat Rozgar Sevak is the link between the Block and the GP. There is otherwise very little formal link between the GP and the Block.

Training

The Mukhiya and the Panchayat Sachiv were yet to receive any training regarding GPDP.

Observations:

- The GP does not have any building of its own. The meeting was organised in the Madhya Vidyalay of the GP. The school does not have power connections.
- 2. Some of the ward members, some Jeevika group members, and few local residents were present.
- 3. When enquired about the Hamara Gaon Hamari Yojana, no one had any idea about it.

- 4. The Mukhiya of this GP has been elected for the first time but he has more 12 years of experience in working as social worker.
- According to the Mukhia no Gram Sabha has been systematically held in the GP in the past. The Panchayat Sachiv stated that during the earlier regime of the former Mukhiya, the Mukhiya used to organise the meeting in his own manner.
- 6. Panchayat Sachiv further added that he has simultaneously been ordered to take care of 4 panchayats. He does not know which of these GPs happens to be his original assignment and which **are the** additional **ones**.
- 7. The register containing the resolutions of the earlier Gram Sabhas was not available with the Sachiv.
- The GP had received 13,81,500 (13th FC) + 1101174 (14th FC) + 434448 (4th SFC) + 484960 (BRGF) in 2015-16. (Total 34,02,082). Nothing has been received this year. Last year's amounts have been mostly utilised. Funds for 2016-17 has not reached the GP as yet.
- 9. They have not held any ward Sabha or Gram Sabha for *Hamara Gaon Hamari Yojana* during the year. A gram Sabha was reportedly held on 15th August 2016 where the wishes of the villages were listed. No plan or estimate has been prepared during the current year.
- 10. There are 7 primary, 3 middle and 1 High School in the GP. They do not have any water, electricity or toilet. There were complains that teachers do not go to the class room and children are passed even if they do not learn anything.
- 11. Doctor not available at the Health Centre.
- 12. Out of 9 ICDS centres 2 are not functioning.
- 13. While talking to the ASHA worker, it came into focus that she does not have a drug kit. Instances of home delivery is fairly high, which costs Rs. 500 and works out cheaper, as reported by her. The reason being that the families are not able to mobilise advance fund for incurring the initial cost of hospitalisation. Exclusive breast feeding is also not widely practiced not even up to 6 months. Use of "*nipulwala*" milk or bottled milk is used. Some of the women present stated that canned baby food has more vitamins.
- 14. The group did not have clear idea about the vaccines that the children are supposed to have. Slowly some of the names came out.

- 15. Three Jeevika group members said that they had been trained for 4 days for data collection. The AWC, the Rojgar Sahayaks, also were trained. These three members filled all the forms and submitted the information collected to the block office. They had no clue why these forms were being filled in, except that these are required at the block level. They had no idea of the planning exercise.
- The Mukhia explained that survey was initiated in the GP but it was stopped after doing 400 out of 10000 persons.
- 17. Only about 5% of the households have toilets, as reported by the local people.
- 18. The gaps between receiving different instalments of Indira Awaz Yojana (IAY) is very long. Between the 1st instalment and the second instalment the time lapse is more than a year.
- 19. Lack of irrigation is a problem in the GP. Irrigation should be planning priority. The women were of the view that roads and drains are a bigger problem. More pump sets are required.
- 20. There are five village organisations in this village. Two of these VO have prepared their own food security plan.
- 21. Panchayat Rojgar Sewak arrives midway through our discussion and looks puzzled. He said he wasn't sure why he was invited in this meeting as this seemed to be a meeting of Jeevika workers. Even though convergence between NRLM and MGNREGA has been mentioned in the guideline, this does not seem to have been effective in the field here.
- 22. The Rojgar Sahayak said that the *Hamara Gaon Hamari Yojana* plan was undertaken in January and February, 2016.Present Mukhiya said he was Upa Mukhiya during that period. He asked the Rojgar Sahayak what schemes have been implemented in ward no 1, during the last three years. The Rojgar Sahayak placed a list of schemes but it did not contain any details regarding the source of fund for this scheme. He doesn't know who is responsible for putting in those particulars and claimed it may be somebody in the block. But according to him the ward Sabha and Gram Sabha meetings were held in time and some of these people were present.
- 23. Rojgar Sahayak had no idea why the data were collected by the Jeevika members. He said only the needs as expressed by the people in public are to be included in the plan. Apparently, nobody has seen those data.

- 24. The BPL list has not been published by the GP. According to the Mukhiya, Government of India has published a Socio-Economic Caste Census (SECC) list in which the number of BPL has been drastically reduced, whereas in reality the number of BPL has actually gone up. He has not published the list as he fears that its publication will lead to serious law and order issue. The study team asked how the people would move for correction in the list if not published? This question remained unanswered.
- 25. According to the Mukhiya, Mahadalits are in Ward 12. Their problems are of drinking water and education. Three hundred landless Mahadalits (mushahar) have encroached upon a graveyard since they do not have land and thus are deprived of IAY housing benefits. He intends for arranging land for these Mahadalits but still unable to do anything.

4. Conclusion

The 5th State Finance Commission of Bihar and other studies had identified certain issues which are required to be addressed in order to make decentralisation in the state meaningful. These are:

- A) (i) The Panchayats quite often are unable to function efficiently due to insufficient staffing, office space and infrastructure, (ii) true integrated decentralized planning is yet to happen (Article-243ZD), (iii) true devolution of 3Fs is still at nascence, and (iv) the Gram Sabha, which is the soul of the Panchayats and in fact the whole democratic framework, is still to institutionalize. "Active Gram Sabha: For Empowered people and Accountable Panchayat" is not a mere slogan. Empowering and enabling the Gram Sabha must receive the highest attention if the dreams of 'Gram Swaraj' and 'Power to the People' are to be realized." (Para 2.1.6 of the Report of the 5th SFC Bihar).
- B) "It is however seen that meetings of the GSs are not held regularly and are marked by thin attendance, particularly of women and marginalised groups. There is little discussion on the proposals put forward for approval. Issues of common interest and of the marginalised sections are often not discussed. People do not perceive the GS as an empowered body that will resolve issues placed before it in an inclusive manner." (Para 2.5.1.1 of the Report of the 5th SFC Bihar)

- C) "Another reason why GSs are seen as ineffective is the dysfunctional relationship between the Panchayats and the GSs. The general perception is that the task before the GS is approval of the lists of beneficiaries, approval for issuance of utilization certificates and passing of the annual accounts. Panchayat heads bring their own supporters and potential beneficiaries to attend the meetings so that while the quorum is completed, other electors keep away. Hence, a sense of cynicism has developed about efficiency of the GS meetings." (Para 2.5.1.1 of the Report of the 5th SFC Bihar)
- D) Even though the PRI Act (2006) provides legal backing, the Bihar Panchayat Finances Study commissioned by the World Bank and the PRI audit report of the Comptroller and Auditor General showed that the GPs do not collect any tax and non-tax revenue. (Project Appraisal Document of GPSP)

Moreover, based on the field visits to the GPs the following gaps were noticed:

- (i) There is very little information with villagers on what GPDP is and why it is being initiated.
- (ii) There is a gap between the Jeevika members and GP officials. The Jeevika members were able to recall a training but the GP functionaries were yet to be trained.
- (iii) Those who received some training were not able to explain why they were trained. It seems that the Block officials only taught the Jeevika members how to collect data and which data sheet to be filled up. In other word they were being used as data collectors only.
- (iv) The three Gram Panchayats visited were not able to show us the plan for 2015-16.
 The Mukhias and the Gram Sevaks were not clear as to how much funds has come in 2015-16 and how much has been spent.
- Quality of documentation at the GP level is weak. This is linked to the absence of GP office.
- (vi) There is at present very little connection between the data collected and the plan prepared. The data collection process seems to be a mechanical exercise.
- (vii) None of the visited GPs were able to recall a Gram Sabha on GPDP being held. Apparently, these are newly elected bodies and therefore they had not participated in the gram sabha of the previous elected body.

- (viii) There is no plan at the moment of continuous handholding support to the GPs after the plan implementation process starts.
- (ix) At the state level there are four players involved in Panchayat issues (a) Department of Panchayati Raj, (b) Department of Rural Development, (c) Jeevika, and (d) Bihar Gram Swaraj Yojana Society. Lack of coordination between the four players could be an impediment towards successful implementation of GPDP.
- (x) The focus of the state government is on the "Saat nischay" (see section 2). In all probability the GPDP funds will be used to fulfil the state agenda related to the "Saat nischay". The main focus will be on how can UNICED's concerns be integrated into these 7 promises.

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:
- (a) 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-ordinator 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.

This system has been effectively tested on a large scale in West Bengal under the ISGP Project supported by World Bank.

- 2. The GP needs to be empowered for analysis and utilisation of the data collected. At present these are compiled and used at the block level.
- 3. Women and Children specific data base or checklist (as in Kerala) may be developed to facilitate planning on these themes.
- 4. Role of Jeevika members in planning and implementation need to formalised and clarified so as to ensure smooth coordination with other relevant Block level officials.
- 5. Modify the existing guideline which authorises the block planning team to prepare the schemes on the basis of the survey findings so as to enable the GPs functionaries to make their own plans.
- 6. Capacity building component of the World Bank project may be taken up across the state.
- 7. Implementing the recommendations of the Fifth State Finance Commission as mentioned above.