

Successful Case Study
Of
Model Gram Panchayat Leadership
Development in
Indus Gram Panchayat
at Block-Labpur, District-Birbhum,
State- West Bengal

[Theme: Documentation of good example of the 'Replicable collective leadership building in Gram Panchayat' process for systematic activation of functional Gram Sansad.]

Submitted To:

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Hyderabad

Submitted By:

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I. INTRODUCTION AND METHODOLOGY

Leadership development defines, any activity and effort that enhances or tries to enhance the quality of leadership within an individual or organization, and also facilitates people with opportunities to learn, grow and change as emerging leaders. The purpose front of Leadership development clarifies, to encourage individuals gradually with the skills to function effectively within the organization or at their respective domain.

Over last couple of years IMSE, is deeply involved with Indus Gram Panchayat for the activation of functional 'Gram Sansad'. This Case Study, thus obviously invites IMSE to assess that how, and to the degree, the defined 'Leadership Development' has been accomplished through the action-reflection-action process in the Indus GP.

On the socio-economic front, Indus GP had the identical situations that many other GPs has faced, that is; the reduction of poverty and narrowing of inequality through employment, empowerment and improving access, affordability and quality of social services. Indus GP however had an extra burden, the active alienation of people over the years with the GP. It led the complexity of the situation to grow more critical. Because, problems were visible to all, solutions were merely wandering under untouched and untried clues. The discussion and findings in the Case Study were built up on this.

Apart from garnering data from authentic e-documents, the data available under FORM-27 of Indus GP has been incorporated.

The Case Study experiences a unique synchronization between pre-opening session of the Case Study and while arriving at the concluding part of the Discussion section of the Case Study.

The Case Study had a vibrant launch. Ms. Putul Hembram, Pradhan - Indus GP, firmly decided to be a silent observer during Case Study while allowing her GP Team and villagers to respond. The logic she placed, core essence of true leadership development rejects any act of self claimed justification. Rather she would use this

opportunity to assess; the sowed seeds of leadership qualities during last couple of years, whether or not, has been turned into worthy plants of 'collective leadership', amidst others in her vicinity.

The concluding section recognizes that Leadership qualities in Indus GP is not merely restricted to those currently in the system, the testimony of leadership qualities are largely visible among the villagers too. The detectable high morale amidst people perhaps could be identified as a resultant outcome of understanding, building relationships, network creation, coordinating activities, and developing commitments between GP Management and the villagers.

The Methodology followed:

Gathering and making sense of procured information is the natural and certain touchstone to assess the success of leadership development on different scheduled fronts. Therefore, to arrive at the core actualities, the mechanism of straight, specific and cross-corroborative centric questions was formed. To eliminate minute possible variance in the emerged conclusion from the study, besides ensuring the presence of an expert on the relevant subject, the required implementations of methods, such as; PRA and Members Checking were firmly followed during this Case Study.

People responsible at Kurunnahar-GP for achieving its goal:

Name	Age	Social Background	Economic Background	(i) Years of Experience in the participation of Social and (ii) political institutions and (iii) motivating factors
Ms.Putul Hembram	48	Pradhan - Indus GP	Farmer, own land	10 years in Social & political institution
Mr. Sujit Mukherjee		Upa-Pradhan - Indus GP	Farmer	15 years in Social & political institution
Mr. Dinabandhu Roy	55	Panchayat Samity Member Team Leader - Indus GP. Edu. Qul: HS Pass. SHG-Karmadokshya.	Farmer	(i) 30 Years+ (ii) Ex. Member-Panchayat Samity (iii) Since childhood - engaged in social work.
Ms. Nasrin Khatun	33	Elected Representative - Indus GP. Edu. Qul: B.A.	From a middle class family	(i) 10 Years (iii) Her experiences - injustice with women.
Mr. Abul Kasem	59	Ex Pradhan	Farmer	20 years in Social & political institution
Mr. Sunil Ghosh	53	Secretary, Indus-GP		28 years in Social & political institution
Mr. Snehashish Das	37	GP - Sahayok		3 years in Social & political institution
Ms. Apurba Chowdhury	54	Member - Panchayat Samity		10 years in Social & political institution
Mr. Banshidhar Lohar	39	Official - Indus GP		Years of Experiences – 06
Mr. Surajit Chatterjee	40	Official - Indus GP		Years of Experiences – 06

III. CASE PRESENTATION

1. Situation which triggered to take initiative for change (or functions in certain areas)

While trying to understand, what were those key reasons that have instigated a reign for change, the GP Team explained that they had a defined thought based approach on the state of affairs existing years ago in Indus GP.

It was explained by the Indus GP team, on the delivery part; the priority lines were clear before the GP at macro level, that was – food, drinking water, health, education, employment creation, social empowerment, roads, sanitations etc. To maximize the efficiency in targeted delivery module, the essentiality of a need based micro-level planning was thus became a major priority to the GP. The route of planned makeover was aspiring to drive through in following two-lane pathway:

- (i) Let people to know the planning and resources of GP,
- (II) Let GP to know from the people how the planning and resources of GP to be implemented and utilized.

The absence of this pathway was the concern, and the paving of a new and most successful pathway was a challenge before the Indus GP.

2. Change She/He brought in after assuming office:

The identified core problem area by the GP Management was; the concept of 'participation' and 'efficacy' were resting as alien words to all.

Because it was widely accepted by most, the role and responsibility of the villagers, just ends with the casting of their votes in elections.

To eradicate this ill perceived notion and to instill required changes in the thinking process of people, the GP leadership thus went for entrusting their concentrated effort on due confidence building amid villagers. The GP sensed that no trust would develop in reality unless the decided effort ensures the passage for establishing understanding, building relationships, network creation, coordinating activities, and developing commitments between GP Management and the villagers. Each step of GP was set accordingly, and gradually people became responsive to recognize three essential 'R's, their Rights, respective Role and Responsibilities.

3. SITUATION BEFORE:

While forming the activity roads for present and future, the GP Management had an evaluation on the past. Specific shortcomings were noticed by the think-tank during scrutiny. And it was; two crucial commands of service competency were allowed to remain unrecognized for long.

First, all works and its utilities are interlinked, second; all works and its schedule need to come out from the drawing board of people.

It was explained by the GP Management, if the people from the distant areas lacks proper road and proper conveyance system, they are eventually are denied from accessing other available essential facilities such as, health, education and necessary economic activities. Excavation and re-excavation of ponds and irrigation channels through NREGA, serves the scope of job opportunities and simultaneously safeguard the interest of the farmers.

Also to note that the GP is the service provider and the people are the beneficiaries. Any deficiency in exchange of communication in between might therefore insist a wide gap, to say; what GP intends to provide and what the people need or expect from GP in specific. If the gap is allowed to persist, it thus assures the certainty of equal harm to both parts. It leads to note why people had a fragile confidence with the GP in the past

4. ACTIVITIES PERFORMED OVER THE YEARS

On the areas of providing services/amenities:-

Education: the availability of Primary school has increased from 06 in 2011 to 15 in 2017. Beside existing one, a new Higher Senior Secondary school has come up. An amount of Rs.66 lakhs has been spent by us to construct new Anganwadi Centers. The number of Anganwadi Centers has been increased to 22.

Health: Three Health Sub Centers has been constructed through SHG Sangh, by incurring a total expenditure of Rs. 20 lakhs.. All new two numbers of Medicine Shops and one Dispensary are available today. The availability of 17 Accredited Social Health Activists has been arranged.

Drinking water: 315 numbers of Tube wells has been installed by the Present GP.

Roads: 31 KMs of all-weather roads and 19 KMs are available today. Rs. 6.8 crores has been spent for the construction of concrete roads

On the economic front:-

During last five years period, the GP has created nearly Rs. 20 crore worth of Fixed Assets. The GP has spent Rs. 30 lakhs for the construction of New Panchayat building R.G. Sevakendra.

166 ponds and irrigation channels has been excavated and re-excavated with a total spending of Rs. 7.5 crores, part of which was under NRE GA.

Lakhs of saplings has been planted under Plantation Tree Program.

A total number of 196 SHG has been formed.

5. Supportive Agencies/ Institutions/Individuals:

The interpreted explanation of the GP Management states, when the direction is precisely set for creating and strengthening of social welfare and economical development infrastructure in rural areas, an institute like GP which is responsible to deliver, cannot successfully accomplish the decided goal without counting the external support and assistances. The Indus GP acknowledges the financial supports they have received from the ministries and all other assistance and guidance from various public institutions. The GP further recognized that overcoming problems was the testing field for the leadership and administrative skills of GP Team. On this front, they have received great assistances from the Gram Sansad, NGOs, local clubs and officials.

IV. OUTCOME

1. Problems faced by Elected Representative

Like many other GPs, the Indus GP too was fasten by identical situations/problems, i.e. besides difficulties on financial resources, they had other enlisted usual tasks too; the reduction of poverty and narrowing of inequality through employment, empowerment and improving access, affordability and quality of social services. For Indus GP, the magnitude of these situations however were increased by a more disturbing problem; the alienation of villagers from the GP. The GP think-tank was concerned with the fact that alienation of people from the GP destroys the core purpose of PRIs. It was precisely a threatening situation for the GP Team. Any unusual delay by GP in their service front or overlooking the detachment of villagers by GP; both had equal and sufficient potentiality to enhance the severity of the enlisted situations for the GP Management.

In the second phase, the GP Management had to pass through a testing time while instilling the confidence among people, and taking people along while making decision, village planning or implementation of any scheme .

The peculiarity of the situation briefs that, the GP Management neither had a choice to delay, nor had an option to expedite the required mending.

2. Adaptive measures and strategies to overcome the problem

The explanation of GP Team clarifies their drawn aim in brief – must drive the people to see the face of the problems through the mirror of solutions.

Consequently, a two tier planning was drawn by the GP Think-tank under the leadership of Pradhan.

First, create space for people to establish acceptability, which would facilitate the process of confidence building.

It explained, the GP Management was certain that none will get confidence in GP, until and unless GP allows others to gain space. And to do that, instead rejecting or avoiding, the GP decided to listen the views and problems of the people with utmost sincerity, and invested all efforts to solve the problem while creating a consensus. The views or the suggestions of the people were accepted for needed discussions

and required evaluations. These efforts led to establish the acceptability of the leadership of the Pradhan and her GP Team as credible, in the mind of people. Consequently, the continued acceptability among people got transformed into confidence towards GP.

Second, create the involvement of people and making people to walk along GP.

The first question appeared before the GP, how to establish consensus out of many practical differences among people? It is because, instead identical background, the people actually represents from various educational, economical, professional and social backgrounds. Similarly, the understanding and the individual skills mostly differs from one to other. Expectedly the need and expectations too differs. So, it truly resembled as a platform of definite 'differences'.

The emerged answer was specific before the GP; activate Gram Sansad to facilitate dialogue and communication among people in a systematic process. Because the GS could facilitate discussion, generates ideas, identifies the problem, and suggests probable solutions they feel fit, enlist priorities and could sought community base support. The GP Team had to go through a rigorous process of discussions and making people to understand that a dysfunctional GS leads to create an ineffective GP.

The GP Management went for involving NGOs and Civil Society organizations for addressing people, collecting data pertaining to the poorer section, area and community.

GP formed groups to accomplish different tasks.

GP clarified the objectives, fixed strategies and duly place an effective work plan for each group.

3. Outcome of the measures and strategies

A change in thoughts inspires positive changes in life.

From most of the women's point of view, women in the GP no longer hesitate to accept the responsibility of leadership. The Pradhan is a woman, and many women have created a space for themselves in the society. But before getting space in the society they had to create a credible space and place in their respective families. The GP has extremely helped them to achieve that.

Women are not judged any more by their caste or religions. Girls are not barred from education. No discrimination in wages between men and women. Voices and views

of women are no more under severe suppression. The GP Team has taught us that women too have equal rights.

The combined views of the men from the villages endorsed, people were living in the past with firm believes that 'salutation-less problems' was the part of their lives. But things changed rapidly. People were tutored by the GP Managements and experts from different organizations to know and recognize the significance and purpose of GS. Resultantly, the participation of people in discussion and in decision making process starts at 'para baithak' (i.e. 'para' means cluster of houses within a limit of a specific locality, and 'baithak' means meeting). The outcomes from the 'para baithak' get reflected and amalgamated in Gram Sansad meeting. The GP Management and respective GS discusses in close knots on the issues of planning and development. More than 3,000 job cards has been issued by the GP, poor people has been absorbed under NREGA and got maximum possible days of work, work opportunity in many fronts has been opened up. So the section of people, who all were struggling for their survivals in the past, has got something today to fight back.

More numbers of schools has been started. It has been ensured by the GP that no child should be left out from the schools. So irrespective of the social or economic status of the families, children are going to the school today.

4. Recognition for Her/His activities:

The Case Study summarizes the expressed gratitude by the villagers from their respective experiences and evaluations.

On the function and activities of GP, the villagers had the perception that besides providing different amenities for the villagers, the existence of GP was merely to issue/receipt/authentication of various required documents. The conception amidst general people was that the GP was the ruler, and they were only for to be ruled.

In the past, villagers were reluctant to give much importance on the existence and role of Gram Sansad or Para-Baithak. Because, people as individual, mostly were grabbed and engaged by multiple problems around them.

It was the initiation of Pradhan and her team, gradually led people to understand and accept that while all individuals lives under a common place and conditions, most of

the individual problems therefore wouldn't get resolved until people agree to go for collective solutions. And no collective solution would emerge, if not the all individuals together creates a united plan and work schedule.

It though took time for the people to realize, but once they actually realized – there was no looking back.

All the positive changes the villagers are experiencing at present, let be it amenities, education, economical etc., it is absolutely due to strong determination, initiation and hard work of Panchayat Pradhan Ms. Putul Hembram and her entire GP Team.

5. Future Plan and vision

The substance of the given clarifications from the GP Team addresses the point from the following two different angles.

First, any success generates a future of vast expectations. And it happens with all, be it an individual or an institution.

The viewed concern invites to note that if the growing expectations are allowed to remain unfulfilled beyond a reasonable time limit, the accomplished success of past vanishes abruptly under the clearly visible failure of today.

The GP Team are very much concern of this fact. And they are also aware and understand that if the GP Team wants to avoid the probability of any such gloomy future in reality, today itself the GP Management need to have the road maps of future plan with them. Under any circumstances, Indus GP is not ready to accept such gloomy future. But again, counting the fact of forthcoming Panchayat Election to take place within couple of months, it wouldn't be a wise act on the part of the present GP Management to discuss and disclose much now on the specific road maps of the future plan.

Second, fund is the major criteria to execute any planning. The GP Management sincerely accepts; they are still enriching their knowledge on the concept of per capita basis fund arrangement. The GP Team members are taking the help of financial experts to learn its nitty-gritty. Conceptually they understand so far is, per capita basis fund analysis and arrangements can envisage adequacy and appropriateness of both; required fund and expenditure to be incurred in real terms. And it will certainly be helpful to GP's plan target of obtaining 'comprehensive development'. There was outpouring of dreams from the villagers. Some of the unfolded dreams were free from conventional tales, and the pick was – 'a class one Technical College'.

V. Discussion

Leadership development defines, any activity and effort that enhances or tries to enhance the quality of leadership within an individual or organization, and also facilitates people with opportunities to learn, grow and change as emerging leaders. The purpose front of Leadership development clarifies, to encourage individuals gradually with the skills to function effectively within the organization or at their respective domain.

A leader therefore must have few basic skills, these are; Communication, Basic planning, Delegation and Problem Solving and Decision Making.

On the communication front:

Communication skills are measured by the depth and degree of how thoughtful the respondent is. Straightforward question thus was asked to GP Team to know that Pradhan and her Team whether provides people honest answers to tough questions.

The GP Team was unhesitatingly smooth with their answer. It was addressed as, GP insist on consensus for reaching to a decision. And consensus doesn't arise in absence of inadequate information. The point therefore is not whether it is a tough or soft question, the relevance of the asked question only matters. Suppose, if someone ask for the information details from a draft resolution/document, certainly it can't be provided instantly considering the future possible constrains. What the GP understand is, it is always better to explain the person why the answer of the sought question can't be provided now or never – and whatever might be the relevant reason behind such decision, must simply be explained to the person concerned/questioner.

Before placing the given answer by the GP Team for needed scan, the Study took note of an essential lead, and that is, the benchmark of effective communication rests on four qualities, i.e. creation, delivery, navigation to mutual understanding, and outcomes. A simple analysis thus indicates that the answer from the GP Team provides the confirmation of all four required components in their communication.

However, to assess the actuality further, the Study wanted to know from the villagers that how often they have been denied from receiving proper and adequate information?

The substance of the reply given by the villagers–

It was the same GP and GP introduced NGOs had tutored them, how to generate questions and how to utilize the received information during planning. Today, they start their discussions process from the para baithak, so the question starts floating from there. They were duly clarified that under what circumstances, which type of information, can't be catered by the GP. The possibility of raising doubts thus doesn't emerge.

Moreover, since last couple of years, the GP is providing them printed Annual Booklet. The booklet contains the details of financial matters, work done and cost incurred, beneficiary details, Audit details etc.

The Study now invites to note one relevant essential lead. The experts say; the strengthening of connection and alignment are basic components for developing leadership qualities.

And obviously, both these components might turn into an inoperative device, if the communication on the sought information is served in imperfect manner and consequently if influences further to emit many other unwarranted questions. And the received clarifications from the villagers indicates that how strong is the connection and alignment between the villagers and GP Team.

After examining the given answers by the GP Team and villagers from the mentioned two different important parameters, it evidently confirms that the Indus GP Team has acquired commendable communication skills under the leadership of the Pradhan.

On the issue of Basic Planning:

While clarifying their aim on the issue of structuring the basic module of planning, the emphasis of GP Team was on two specific points, one; let people to know the planning and resources of GP, and second; let GP to know from the people how the planning and resources of GP to be implemented and utilized

It is evidentially clear that GP Management was determined to built-up their plan process from the root. And efficiency of need based delivery module can't be developed properly, if the formation of basic planning starts by alienating the concern, views and suggestions of the people; resting at the root.

GP Team has explained that how the interest of the farm sector and elevation of the marginal section has been converged through the work done under NREGA – Excavation and re-excavations ponds and irrigation channels.

It calls for the application of required prudence while structuring 'basic planning' to avoid the probable arrival of shortcomings due to paucity in financial resources, and GP Management has displayed their prudence in an appropriate manner.

It is also clear from the detail available information that the focus of the plan implementations was on two fronts, infrastructure development – Roads, Drainage, Schools, Health Centers, creation of Own Assets etc. And on the social sector the planning was centric to elevation of marginal section, economic and social empowerment for the women through SHG, to enhance the employability and work opportunity etc.

The explained plan implementations, certainly exhibits the intention of Indus GP to develop a sound and dignified society in its own vicinity through its well driven plan.

The explanation given by the GP Team on their target of developing a plan of 'per capita' based fund assessment in near future to attain a total 'comprehensive development', endorse the fact that the depth they want to travel to reach at the stage of high-yield plan process.

On the issue of Delegation:

The study responsibly considers that it doesn't demand the need of an extensive exploration to understand, whether the necessary Delegation skill exists within Indus GP Leadership/Management or not.

If delegation defines the act of shifting of responsibilities and decision-making ability from one level to a lower one in an institution, the earlier explained unconventional stand by Panchayat Pradhan Ms. Putul Hembram to stay away from self-claimed

justifications (as she has defined) and to allow her Team to respond, this decision itself leads to identify, and prove the degree of 'delegation' that exists in Indus GP. And it has been identified during the Study that the culture of 'delegation' not just merely confined within GP office level; moreover has stretched further to include NGOs and GS members.

On the 'Problem Solving and Decision Making' front:

The Study recollects, while explaining their aim in brief the GP Team clarified that they would drive the people to see the face of the problems through the mirror of solutions. So, it indicates that the GP Management was determined to use the solution as an effective tool to eliminate problems, and the materialization of the roots of final decision to emerge out from the people only.

The explained details of the measures and strategies adapted by the GP Management indicates how step by step the GP Team was drawing the confidence of the people, eliminated the problems of definite 'differences' by engaging people through Gram Sansad, and finally how the GP Management drove people to connect with the process of decision making.

All the mentioned leads justifiably remove the need of an elaborate analytical exercise and duly agree that the Indus GP Management is aptly equipped with the required skills of 'Problem Solving and Decision Making'

Lastly, the Discussion takes the clue from the accepted norms of 'leadership development'. It states, the concept of 'leadership development' doesn't confine within leader's self-gain or self-achievement. Instead a true leader transforms leadership amid people. When people feel free to express their views, gets opportunity to excel their thinking process, learns to accommodate the need of the society beyond personal gains, extract solutions from the problems – consequently, leads the road towards 'leadership development' in practical sense.

The Panchayat Pradhan led Indus GP Team has allowed this practice to turn into culture; be at GP level or at GS level, and with a mix and match of Laissez-faire, Democratic and Transformational Leadership styles in accordance to the need and relevance.

It concludes that Panchayat Pradhan Ms. Putul Hembram and her GP Team of Indus GP has established how successfully the fabrics of 'leadership development' can simply be implanted in the minds of people.

Even the respected observer in this Case Study, Dr. Debashish Sarkar, from Visva-Bharati University – Bolpur, an expert in Panchayiti Raj Institutions has endorsed his agreement with the emerged conclusion of the Case Study.

Relevance of the Training of PRIs:

How the Confidence Building exercises can be developed in PRIs.

How the process of Leadership Development can be structured in PRIs.

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Mr. Subir Dey, Mr. Arbinda Mukherjee from IMSE – Kolkata

REFERENCES

1. Census of India 2011 WEST BENGAL SERIES-20 PART XII-A
DISTRICT CENSUS HANDBOOK BIRBHUM
DIRECTORATE OF CENSUS OPERATIONS WEST BENGAL
Page 630,
[PDF]west bengal - Census of India
[https://www.google.co.in/search?
www.censusindia.gov.in/2011census/dchb/...A/.../1910_PART_A_DCHB_NADIA.
pd...](https://www.google.co.in/search?www.censusindia.gov.in/2011census/dchb/...A/.../1910_PART_A_DCHB_NADIA.pd...)
2. [PDF] report of the fourth state finance commission west Bengal
[https://www.google.co.in/search?
wbfin.nic.in/writereaddata/final_report_part_iv.pd](https://www.google.co.in/search?wbfin.nic.in/writereaddata/final_report_part_iv.pd)
3. The Booklet
Contained Data of Form – 27 and 27 A.
Published and circulated by Indus Gram Panchayat, Labpur Block, Dist. Birbhum,
West Bengal.

Few relevant details of the Indus Gram Panchayat:

Total Area under Indus Gram Panchayat	28.028 Sq. k.m.
Total population	Total- 16,504 Female – 7,978 Male – 8,526
Total number of Household	4,445 SC – 334 households ST – 170 households Minority – 230 households Others – 3,711 households
Main economic activities	Agriculture
Three most important commodities are produced	Rice, Pulses and Mustard Oil
Number of SHGs	196
Total number of household under BPL category	199
Total number of Gram Sansad under the GP	13

Source: Primary Data collected from Kurunnahar GP

FEW OF THE ENTIRE ACTIVITIES PERFORMED OVER THE YEARS

By Indus GP

(Since 2013, the incumbent GP is in office)

Sl. No.	PARTICULARS	PERFORMANC E/ Amenities Available Today
1	Health service and education to child and women through ICDS, Anganwadi Centers (2011 Census of India: Entire Labpur Block had 147 Nos.)	22
2	Accredited Social Health Activist	17
3	Primary school (2011 Census of India: 06)	15
4	Madhyamik School	01
5	Higher Secondary school (2011 Census of India: 01)	02
6	Primary health sub centre (2011 Census of India: 01)	03
7	Dispensary (2011 Census of India: 0)	01
8	Medical practitioner with other degree (2011 Census of India: 0)	01
9	Medicine Shop (2011 Census of India: 0)	02
	Tube wells (2011 Census of India: Tube wells/Bore well: No)	315
10	Pucca roads (2011 Census of India: Yes)	31 km
10A	Kutchha Road	19 km
11	Agriculture by excavation and re-excavation of ponds, irrigation channels	166
12	Self Help Group (2011 Census of India: Entire Labpur Block had only 157 Nos.)	196

Source: Census of India 2011 WEST BENGAL SERIES-20 PART XII-A.
Primary Data collected from Kurunnahar GP

PHOTOGRAPHS



Indus Gram Panchayat Office
At Labpur Block, Dist: Birbhum, West Bengal



Conference/meeting Hall, Indus GP

Panchayat Pradhan Ms.Putul Hembram and her Indus GP Team

Prior to the start of discussion Ms.



The discussions under progress



Indus GP Team explaining their point of views



A lady from a village under Indus GP responding



A section of participants from villages under Indus GP.