

Role of DAY-NRLM's PRI-CBO Project in Enhancing Women's Participation in Gram Sabha and GPs' Response to their Demands

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ABBREVIATIONS

AP	:	Anchalik Panchayat
BPL	:	Below Poverty Line
CAA	:	Constitutional Amendment Act
CBOs	:	Community-Based Organisations
DAY-NRLM	:	Deendayal Antyodaya Yojana –National Rural Livelihoods Mission
EAP	:	Entitlement Access Plan
ERs	:	Elected Representatives
EWRs	:	Elected Women Representatives
FGD	:	Focused Group Discussion
GO	:	Government Order
GoI	:	Government of India
GP	:	Gram Panchayat
GPDP	:	Gram Panchayat Development Plan
GP2RP	:	Gram Panchayat Poverty Reduction Plan
GS	:	Gram Sabha
IGNOAPS	:	Indira Gandhi National Old Age Pension Scheme
IHHL	:	Individual Household Latrine
KS-NRO	:	Kudumbashree National Resource Organisation
KSRLPS	:	Karnataka State Rural Livelihood Promotion Society
LRG	:	Local Resource Group
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	:	Mahatma Gandhi National Rural Employment Guarantee Scheme
MoRD	:	Ministry of Rural Development
NSAP	:	National Social Assistance Programme
PAE	:	Participatory Assessment of Entitlements
PDS	:	Public Distribution System
PMAY-G	:	Pradhan Mantri Awas Yojana-Gramin
PRI	:	Panchayati Raj Institution
RSBY	:	Rashtriya Swasthya Bheema Yojana
SBM-G	:	Swachh Bharat Mission-Gramin
SHGs	:	Self-Help Groups
SGSY	:	Swarna Jayanti Gram Swarozgar Yojana
SMMU	:	State Mission Management Unit
SRLM	:	State Rural Livelihoods Mission
VC	:	Village Council
VO	:	Village Organisation
WS	:	Ward Sabha
ZP	:	Zilla Parishad

EXECUTIVE SUMMARY

The present research study aims to assess the role of DAY-NRLM's PRI-CBO Convergence project in enhancing women's participation in Gram Sabha and Gram Panchayats' (GPs) response to their demands. Six States, namely Assam, Jharkhand, Karnataka, Maharashtra, Mizoram and Tripura were selected for the study. The research team visited three Gram Panchayats (GPs) or Village Councils (VCs) as applicable, comprising two experimental GPs/VCs where PRI-CBO convergence project has been implemented or being implemented and one control GP/VC with no intervention of the project in each of these six selected States from the list of GPs/VCs suggested by State Rural Livelihood Missions (SRLMs). The research team interacted with various stakeholders like State and Block level SRLM officials, GP Secretaries, Sarpanch/Mukhia/President of GPs, Local Resource Groups (LRG) members, Village Organisations (VOs) and Self-Help Groups (SHGs) members of each sample GP to get an understanding on the role of PRI-CBO convergence project in enhancing women's participation in Gram Sabha meetings and response of GPs to their demands. This report summarises the findings of the compilation and consolidation of reports on visits made to six States, by taking quantitative and qualitative aspects of research findings from the field along with assessment, suggestions and recommendations regarding project implementation, women participation in GS meetings, sustainability of the project and response of the GPs on SHG members' demands.

Findings of the study suggest that there is a positive role of PRI-CBO convergence project in enhancing the participation of women in Gram Sabha meetings, however, this role varies across States due to multiple factors like the context of Panchayati Raj System, cooperation from Panchayati Raj officials at GP level, coordination between external mentors and District officials, capacity building of LRG and VO members and socio-economic conditions of SHG members. There is a positive role in enhancing the women's participation in Gram Sabha meetings in majority of the experimental GPs as compared to control GPs in the six selected States. Particularly, in the North-Eastern States, the convergence project is having good results. It has been found that Gram Sabha registers were not maintained properly in the sample GPs of Mizoram, Maharashtra and Jharkhand. Poor coordination has been found between the GP officials and VOs and LRG members. Out of the 12 experimental GPs, the GP Secretaries have not actively taken part in the implementation of this project in eight GPs. The PRI-CBO project has concentrated on the individual/household entitlements and capacitated SHG members more on availing the MGNREGA job cards, Aadhaar cards, ration cards, old-age pension, widow pension, disability pensions, individual household latrine (IHHL) under SBM-G, house under PMAY-G, etc. The research team found it difficult to get the data pertaining to the demands raised specifically by the women (SHG members) in the meetings of Gram Sabha. Participatory Assessment

of Entitlements (PAE) and Entitlement Access Plan (EAP) under PRI-CBO project focused on identifying individual/household demands of SHG members and not the felt needs for community works. Though there is an activity of preparing the Gram Panchayat Poverty Reduction Plan (GP2RP) under the convergence project and submitting it to the GP office, this is not happening in most of the experimental GPs in the selected States, except Assam and Tripura. Out of 12 experimental GPs, in seven GPs the VOs and LRG members are not aware of GP2RP.

The following are the State-wise major findings of the Study:

Assam:

- There is a difference between the experimental and control GP in conducting the Gram Sabha meetings in the three consecutive years from 2016-17 to 2018-19. But compared to other States, control GP also has high women's participation in Gram Sabha.
- It is observed that two experimental GPs of Bamuni and Kantonigaon were having a high average women's participation rate of 83.7 per cent and 70.3 per cent as compared to the 63.5 per cent of average women's participation in the control GP of Chabukdhar.
- Even after completion of the project duration, LRG members and VOs have been voluntarily continuing the activities of the PRI-CBO convergence project, which proves the sustainability of the project in these GPs of the State.
- In PRI-CBO project areas, it is found that under MGNREGS, only 50.3 per cent of the SHG members who demanded work have obtained work. Nearly 12,000 SHG households have been sanctioned construction of IHHL under SBM-G. More than 5000 SHG members or their family members have got old-age pensions and houses under PMAY-G. Nearly 15,663 SHG members have received liquefied petroleum gas (LPG) connections under the Ujjwala scheme through the PRI-CBO convergence project.
- In Katonigaon GP, VOs have prepared the GP2RP by consolidating the demands of all SHGs identified through Participatory Assessment of Entitlements (PAE) and submitted to the GP Secretary. All the SHG members along with LRG and VO made a resolution against the sale of liquor in the GP area and lodged a complaint at the local police station. Now, the GP is free from liquor sales.
- In this GP, the LRG members along with SHG members had conducted health check-up camps for villagers, adult literacy programmes for members of SHGs and Bal Sabha.
- In Bamuni GP, six of the seven demands for community works during 2016-17 to 2018-19 have been included in the GPDP and a total amount of Rs.18,86,688 has been sanctioned for these works.

Jharkhand:

- Experimental GPs in the State have conducted more GS meetings as compared to control GPs in the last three years (2016-17 to 2018-19).
- The implementation of PRI-CBO project is better in Nawatoli GP, as compared to other experimental GP because the GP's president, an educated woman, was actively involved in the convening of Gram Sabha meetings and carrying out developmental activities.
- Gram Sabha registers were not maintained properly in one experimental GP Marasilli and in control GP Karanj.
- The two experimental GPs Marasilli and Nawatoli, respectively, have an average of 40.4 per cent and 52.3 per cent women's participation in the Gram Sabha meetings as compared to only 7.5 per cent in Karanj control GP.
- Women have shown little interest in attending GS meetings due to poor awareness. Also, sacrificing their daily wage to attend GS meetings might have deterred women, who mostly were daily wage labourers.
- In the two experimental GPs, the VOs were not found to be very active; they were not aware of GPDP and GP2RP.

Karnataka:

- In the last three years from 2016-17 to 2018-19, the experimental GPs have conducted more GS meetings as compared to control GPs.
- It is found that in the year 2016-17, each experimental GP has conducted five Gram Sabha meetings as the PRI-CBO project was initiated during this year. But, the number of GS meetings has come down in 2017-18 and 2018-19.
- The average percentage of women participation in the GS meetings was found high i.e., 52.3 per cent in experimental GP Hosahalli and a moderate 40.4 per cent in another experimental GP Agalakera as compared to low 34.4 per cent in control GP Shivapura.
- In none of the two experimental GPs, LRG members and VOs have not taken part in the preparation of GPDP.
- The Block and District SRLM officials opined that external mentors were directly sent to the intervention GPs. This has resulted in poor coordination between SRLM officials and mentors.
- The SRLM and Panchayati Raj officials were not satisfied with the Convergence Project due to improper coordination.

Maharashtra:

- During the three years from 2016-17 to 2018-19, the experimental GP of Wadwal has conducted a total of 11 GS meetings. But the other experimental GP Bhambewadi has conducted only four GS meetings as compared to seven GS meetings in control GP Savaleshwar.
- Bhambewadi GP Secretary has not maintained GS attendance registers. For the years 2015-16, 2016-17 and 2017-18, registers were not available at the GP office. Mahila Sabhas were also not conducted regularly and the registers of the same were not available for any of these years. Even the GPDP document was not found in the GP office.
- During 2016-17 to 2018-19, the total average women's participation was 53.5 per cent in experimental GP Wadwal as compared to another experimental GP Bhambewadi having low women's participation of only 13.6 per cent. In control GP Savaleshwar too, the average women's participation in three years was only 11.2 per cent.
- Under the PRI-CBO convergence project, during three months i.e., from March 2016 to June 2016, there is a 55.5 per cent increase in the issuance of MGNREGS job cards to households of SHG members. A total of 2,768 SHG members have demanded work under MGNREGS and 85 per cent of them have obtained work. Under SBM-G, around 800 new IHHLs were sanctioned to households of SHG members during the three-month period, which is a 54 per cent increase.

Mizoram:

- In the two experimental VCs where the PRI-CBO project has been started, a total of four GS meetings were conducted. Whereas, in the control group of Lungdai VC, only two GS meetings were held in the three consecutive years 2016-17 to 2018-19.
- The maintenance of the Gram Sabha registers was very poor in the sample Village Councils (VCs). In GS registers, the participants' names and their signatures were not seen and VC Secretaries were unaware of the GS attendance register. In the absence of GS attendance data, the analysis of women participation in the State has not been possible.
- The PRI-CBO project was started in January 2019. At the time of data collection, EAP, GPDP and GP2RP were not prepared by the SHGs and LRG members. Hence, the analysis of GP's response to the women's demands has not been made.

Tripura:

- GS meetings were conducted more in the GP/VC of experimental groups as compared to control VC.
- In the experimental GPs, the average women participation during the three years from 2016-17 to 2018-19 is 53.2 per cent and 43.8 per cent, respectively, as compared to 28.7 per cent in the control GP.
- Women's participation rate has increased in the last three years in the two experimental GPs from 31.7 per cent to 66.2 per cent in Khilpara GP, and 31.5 per cent to 64.4 per cent in Khilla VC. Whereas, the rate of women's participation in GS meetings in control Karbook VC has been fluctuating and remained low in the last three years.
- During the visit, it has been observed that in Khilpara GP and Khilla VC, the involvement of LRG members and VOs in conducting the activities of the PRI-CBO project was seemingly high though the ERs were not showing any interest.
- In the experimental Khilla VC, 98 per cent of the SHG members who demanded ration cards have got it. Around 94 per cent of the members who demanded have got the job cards under the MGNREG scheme. Also, under RSBY and SBM-G schemes, more than 80 per cent of the SHG members have been enrolled for availing benefits.
- In another experimental Khilpara GP, 100 per cent of the demands made by SHG members' households for construction of toilets have been achieved. Similarly, in availing old age pensions and availing MGNREGA job cards, 78 per cent and 89 per cent of the SHG member's demands, respectively, have been fulfilled through the PRI-CBO project.

Key Recommendations

- An inter-departmental coordination mechanism at the State level with Pr. Secretary/Secretary of Department of Panchayati Raj, Department of Rural Development, Department of Social Welfare and other relevant line departments as members and CEO of SRLM as Member Convener may be created. A similar mechanism can be created at the district level under the leadership of District Collector.
- The Central advisory as well as the manual for PRI-CBO convergence has been issued to States. All States have to adopt it with detailing of roles and responsibilities of different stakeholders
- The context of the Panchayati Raj System and CBOs are not similar in all the States. Hence, a pragmatic approach may be designed separately for each State by understanding the socio-economic conditions of women and provisions of the State Panchayati Raj Act.

- The coordination between the GP officials and CBOs can be strengthened by forming GPCC, orienting its members and conducting its meetings every quarter.
- More emphasis may be given on identifying and cultivating local Mentors. Active LRG members and VO leaders may be given further training, including exposure visits to Kerala to graduate them into local Mentors.
- The selection of LRG members can be made more transparent.
- Special capacity building and sensitisation programmes may be conducted under the PRI-CBO convergence project exclusively for the ERs and Secretary of the GP.
- In the GPs where the project has got over, orientation and training of newly elected ERs and newly posted GP Secretary may be conducted for continuity.
- To sensitise and enhance the capacities of LRG members and VOs, and to overcome the negativity emerging due to the challenges faced by them during the implementation of the project, capacity building programmes may be conducted frequently.

CHAPTER - I INTRODUCTION

1.1 Gram Panchayats

Panchayats are local self-governments in rural India. Gram Panchayats (GPs) are the lowest tier of the three-tier Panchayati Raj System in India. GPs, as local governments, have a critical role in ensuring the participation and inclusion of the poor, the marginalised and vulnerable groups in decision-making. As local people know their area, resources and problems the best, GPs can plan for local economic development and address problems of their area using such local knowledge and resources. Several rural development and social justice programmes are also implemented by GPs. In addition, GPs provide civic services such as drinking water, sanitation, roads, street lights, etc. As a result, the functioning of the GP has a direct impact on the lives of millions of rural people.¹ Part IX of the Constitution of India inserted through the 73rd Constitutional Amendment Act clearly demarcates the composition, reservation to members, powers, authorities and responsibilities of GPs.

The GP consists of elected members – GP President (Sarpanch/Mukhia/Pradhan), Ward Members (Panch) and GP officials such as Secretary, Accountant, etc. All the Elected Representatives (ERs) of the GPs together form the Panchayat Committee. This Committee is responsible for taking the decisions such as approval of new works/schemes, plans and budgets, overseeing the progress, etc.

Article 243G of the Constitution of India has mandated State legislatures to empower Panchayats, including GPs, enabling them to prepare plans for economic development and social justice and implement schemes for economic development and social justice in relation to 29 matters listed under the Eleventh Schedule of Indian Constitution. These matters are 1. Agriculture, including agriculture extension; 2. Land improvement, implementation of land reforms, land consolidation and soil conservation; 3. Minor irrigation, water management and watershed development; 4. Animal husbandry, dairying and poultry; 5. Fisheries; 6. Social forestry & farm forestry; 7. Minor forest produce; 8. Small-scale industries, including food processing industries; 9. Khadi, village and cottage industries; 10. Rural housing; 11. Drinking water; 12. Fuel and fodder; 13. Roads, culverts, bridges, waterways and other means of communication; 14. Rural electrification,

¹Governance in Gram Panchayats, Active Panchayat Book III, Ministry of Panchayati Raj, Government of India. Retrieved from <http://www.undp.org/content/dam/india/docs/DG/Governance%20in%20GP.pdf>

including distribution of electricity; 15. Non-conventional sources of energy; 16. Poverty alleviation programme; 17. Education including primary and secondary schools; 18. Technical training and vocational education; 19. Adult and non-formal education; 20. Libraries; 21. Cultural activities; 22. Markets and fairs; 23. Health and Sanitation including hospitals, primary health centres and dispensaries; 24. Family welfare; 25. Women and child development; 26. Social welfare, including welfare of handicapped and mentally retarded; 27. Welfare of weaker sections, and in particular of scheduled castes and scheduled tribes; 28. Public distribution system; 29. Maintenance of community assets.

1.2 Gram Sabha

In the earlier days, villagers had traditionally solved their problems through discussions in village assemblies. Under the 73rd CAA, the village assembly has been given constitutional status in the form of Gram Sabha. As per the Constitution of India, Gram Sabha is a body consisting of all the voters registered in the electoral rolls of the GP. The GP is accountable to the Gram Sabha for its actions or lack of it. The Gram Sabha provides a platform for the local citizens to get involved in the decision-making on the matters relating to services, schemes, projects, selection of beneficiaries, development works, planning, budget, etc. In the Fifth Schedule areas, every village has a Gram Sabha and Gram Sabha has more powers as per the Provisions of Panchayats (Extension to the Fifth Schedule Areas) Act, 1996.

1.2.1 Key Functions of Gram Sabha:

The Gram Sabha is the most important component of the Panchayati Raj System and it carries out the following key functions:

- Provides a forum to villagers to participate in decision-making in public affairs
- Monitors activities of departmental functionaries and public institutions such as schools, health centres, etc., situated in the GP area.
- Conducts discussion in preparation of the annual plan.
- Examines the annual financial statement and administrative report of the GP.
- Conducts Social Audit.
- Acts as a forum where information on public issues and programmes can be shared.
- Gram Sabha plays an important role in the formulation of development plan for the GP. Through the active involvement of the Gram Sabha, the GP can prepare a need-based and realistic plan in which people have a sense of ownership. It is the duty of the GP President, other ERs and GP functionaries to ensure that in the preparatory phase of planning, the vision and wishes of

villagers are articulated in the Gram Sabha, and become the basis of planning and action. The Gram Sabha can play a key role in suggesting appropriate activities and projects. At a later stage, the Gram Sabha assigns priorities to the proposed activities/works.

- Gram Sabha in Fifth Schedule areas governed under the PESA has the following powers and functions: Gram Sabha is “competent” to safeguard and preserve the traditions and customs of the people, and their cultural identity, community resources, and customary mode of dispute resolution; Gram Sabha has mandatory executive functions to approve plans, programmes and projects for social and economic development; identify persons as beneficiaries under the poverty alleviation and other programmes; issue a certificate of utilisation of funds by the Panchayat for the plans, programmes and projects referred to in clause.
- Powers exclusive to Gram Sabha/Panchayat at the appropriate level include the right to mandatory consultation in land acquisition, resettlement and rehabilitation of displaced persons; Panchayat at an appropriate level is entrusted with planning and management of minor water bodies; mandatory recommendations by Gram Sabha or Panchayat at the appropriate level for prospective licences/lease, concessions for mines and minerals.
- Powers endowed to Gram Sabha and Panchayat at the appropriate level to regulate sale/consumption of intoxicants; ownership of minor forest produce; prevent land alienation and restore alienated land; manage village markets; control over moneylending to STs; control over institutions and functionaries in the social sector, local plans including tribal sub-plans and resources.

1.2.2 Gram Sabha Meetings

There are two types of Gram Sabha meetings: general meetings and special meetings. The frequency of these meetings is prescribed by the respective State Panchayati Raj Acts and Rules. In most of the States, two to six meetings of Gram Sabha in a year are being conducted. In addition, special Gram Sabha meetings are conducted based on the needs of the GP or as per the demand of the GS members or on the directions of higher-level authorities to deliberate on any special issue or in case of any emergency. But in reality, the meetings of Gram Sabhas are not conducted effectively due to various reasons, including lack of interest among elected representatives to face Gram Sabha, poor dissemination of information about the Gram Sabha meetings, patriarchy, casteism, non-participation of line department functionaries, etc. Due to all these reasons, Gram Sabha is not able to meet the expectations of people and hence, villagers think it is a waste of time to attend Gram Sabha. Those who are poor and engaged in daily wage labour for their livelihoods do not attend Gram Sabha meetings as they will have to forgo their daily earnings.

1.3 Self-Help Groups

SHG is a small autonomous, non-political group of people living in the vicinity/neighbourhood and sharing common concerns, who come voluntarily to work jointly for their personal, social and economic development. SHG consists of 8 to 20 women members from the BPL families of a community, who voluntarily associate themselves with common concerns, mainly to eradicate poverty.

The formation of SHGs begins with an assessment of members' strength. People are motivated to collect information on initiatives they have taken in the past to resolve problems and initiate collective or group action. SHGs are formed with certain objectives such as to inculcate the habit of saving and banking habit among the rural women; to build up trust and confidence between the rural women and the bankers; to develop group activity so that various welfare and developmental programmes can be implemented in a better way with the participation of these women groups; and to achieve women and child welfare programme goals by actively involving these women groups in various government flagship programmes like Universal Immunisation Programme, Universal Elementary Education, etc.

1.4 Community-Based Organisations

Community-Based Organisations (CBOs) are generally defined as the Organisations or groups of people who live in the same geographical area, who are socially interdependent, are owned and managed by its members, have a group identity and are not affiliated to any religious or political group. In the PRI-CBO Convergence Project, the CBOs refer to the federations of Self-Help Groups (SHGs) that evolved under poverty alleviation programmes. The federations of SHGs help their members in the following manner²:

- Create space for the poor, especially women to step out of their homes, form informal networks, and engage in thrift and credit activities.
- Provide support to improve and expand their livelihood opportunities.
- To access loans and other services from the banks to diversify into an alternate livelihood.
- Provide information to members about their rights and entitlements
- Help them improve their access to entitlements by interacting with the government departments.

²Toolkit for PRI-CBO Convergence (2018), Booklet 1, Kudumbashree – National Resource Organisation

- Inspire the women from poor families to participate and express their demands in the public meetings.

1.5 Deen Dayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

The Ministry of Rural Development (MoRD), Government of India (GOI) established the National Rural Livelihoods Mission (NRLM) also known as 'Aajeevika' in June 2010 to implement the new strategy of poverty alleviation in the rural areas by forming and involving the community-based institutions. It was the restructured version of Swarna Jayanti Gram Swarozgar Yojana (SGSY). The programme was formally launched on 3rd June, 2011 at Banswada, Rajasthan to be implemented across the country in a mission mode. In November, 2015, the programme was renamed Deendayal Antyodaya Yojana (DAY-NRLM). The DAY-NRLM scheme focuses on universal inclusion of the poor, prioritising the poorest of the poor, identified through participatory processes and converted into institutions of the poor that are supported to leverage formal credit and access services and benefits meant for the poor. In addition, DAY-NRLM also develops innovative community-led interventions leading to sustainable livelihoods and improved quality of life.

1.5.1 DAY-NRLM Convergence with PRIs

One of the key features of DAY-NRLM is convergence and partnerships. DAY-NRLM is highly emphasising convergence with other programmes of MoRD and other Central Ministries. Convergence is also with the programmes of State governments for developing synergies directly or indirectly with the institutions of the poor. On similar lines, DAY-NRLM Convergence with Panchayati Raj Institutions (PRIs) is a strategy to facilitate community institutions to converge with PRIs, block and district level line departments and offices. The domains of convergent action include health, education, women and child development, agriculture, animal husbandry, creation of wage employment, creation of community assets, accessing credit for livelihoods and other needs, creation of water resources, etc.³

DAY-NRLM envisions that the SHGs and their village level federations will work closely with the GPs to access rights, entitlements and schemes of the Government for their members and further to support the efforts of the PRIs constructively for the public good.

³Hand book on Convergence, NRLM Resource Cell, NIRDPR, Ministry of Rural Development & Panchayati Raj

1.6 Gram Panchayati Development Plan (GPDP)

The 73rd constitutional amendment emphasised functional and fiscal decentralisation of powers to achieve good governance through people's participation further enabling transparency, responsiveness, equity, efficiency and accountability. Article 243G of the Constitution, while delineating powers⁴, authority and responsibilities of Panchayats, says that "subject to the provisions of the Constitution, the Legislature of a State may, by law, endow the Panchayats with such powers and authority as may be necessary to enable them to function as institutions of self-government and such law may contain provisions for the devolution of powers and responsibilities upon Panchayats at the appropriate level, subject to such conditions as may be specified therein, with respect to (a) the preparation of plans for economic development and social justice; and (b) the implementation of schemes for economic development and social justice as may be entrusted to them including those in relation to the matters listed in Eleventh Schedule."

GPs have been mandated for the preparation of Gram Panchayat Development Plan (GPDP) for economic development and social justice. As a local government, GPs are responsible for the delivery of basic services to local citizens and address vulnerabilities of poor and marginalised persons. This can only be achieved through the implementation of well-thought-out plans through efficient and responsible utilisation of available resources. Hence, an efficient and robust planning process as part of GP's core functioning becomes necessary. The GP development plan should ideally match peoples' needs and priorities with available resources. It should be prepared through a fair, inclusive, transparent and participatory process. The focus should be on local development issues, local perception of need and priority, local analysis of problems and solutions, and local resources management all within a collective local vision. The GPDP preparation process has to be comprehensive through convergence with Schemes of all Central Ministries/line departments related to 29 subjects listed in the Eleventh Schedule of the Constitution. Panchayats have a significant role to play in the effective and efficient implementation of flagship schemes on subjects of national importance for the transformation of rural India.⁵

1.7 Women Participation in Gram Sabha Meetings

As mentioned above, the Gram Sabha consists of the registered voters in the jurisdiction of the GP. In the GPs, there are nearly 50 per cent women registered voters. But in the Gram Sabha

⁴The Constitution of India, Ministry of Law and Justice, Government of India

⁵Peoples Plan Campaign for Gram Panchayat Development Plan (GPDP), Ministry of Panchayati Raj & Rural Development, Govt. of India (2018)

meetings, the participation of women varies across GPs and States. In India, the participation of women in any political system has been very less due to the prevalence of patriarchy. Although the participation of women in the elections as a voter is quite good, the number of women getting elected to political positions is very low. To correct this situation at the local level, 73rd CAA provided for one-third reservation of seats for women in PRIs. Subsequently, majority of the States have enhanced this reservation to 50 per cent which has led to a massive political empowerment of women in India. Though a large number of women are elected as representatives in the local bodies, the participation of women voters in the decision-making at the local level is still poor.

Women's effective participation in affairs of Panchayats, particularly in Gram Sabha, is considered important for the deepening of decentralised rural local governance in India. Oommen (2004) argues that local governments have no relevance if they are not responsive, transparent, participatory and accountable to the people and in the Indian context, the most deprived sections of society such as the Dalits, tribals, fisher folk and women.⁶

The importance of Gram Sabha has been highlighted by several studies and reports. Vijayanand (2009)⁷ argues that it is necessary to transform Gram Sabhas and Ward Sabhas from beneficiary identification venues to fora for development dialogue. Such dialogue cannot be complete unless women who constitute half of the rural population participate. Women's participation in Panchayats and Gram Sabha has been advocated by several studies. As far back as 1959, the Balwant Rai Mehta study team recommended that in every Panchayat there should be two women who are interested to work among women and children as co-opted members.⁸ Some States such as Maharashtra have made special provisions for Mahila Sabha to be organised before the Gram Sabha to mobilise women's participation and articulation of their issues and concerns in the Gram Sabha.

However, very few organised efforts have been made to facilitate women's participation in Gram Sabha at a wider scale. In the last decade, realising the social capital created in the rural areas due to strong SHGs movements, particularly in Kerala and Andhra Pradesh as part of the poverty alleviation and livelihoods generation initiatives, the Government of India has started promoting SHG and their federations' engagement with Panchayats. However, there is a difference in the approaches of Kerala and Andhra Pradesh towards the relations between PRIs and SHGs. In the divergent model of AP, SHGs are effective but there is no institutional convergence between PRIs and SHGs, whereas

⁶Oommen, MA. (2004) Deepening Decentralised Governance in Rural India: Lessons from the People's Plan Initiative of Kerala. Working Paper 11, Centre for Socio-economic & Environmental Studies, Kochi.

⁷Vijayanand, SM.(2009). Kerala- A Case Study of Classical Democratic Decentralisation. KILA. Thrissur. P.46

⁸Government of India. (1959). Report of the Study Team of Balwant Rai Mehta.

in the convergent model of Kerala, there is in-built convergence between these two institutions. Kudumbashree plays an important role in the functioning of PRIs. In fact, many of the women ERs, including Presidents of PRIs, have the background of Kudumbashree and they continue working closely with the SHGs even after they get elected as PRI representatives. DAY-NRLM's PRI-CBO Convergence Project is largely based on Kerala's convergent approach.

The Handbook on Convergence brought out by NRLM Cell (2015)⁹ of the National Institute of Rural Development and Panchayati Raj (NIRDPR) has a detailed protocol for Panchayat-SHG convergence. The Handbook, inter-alia, recommends that SHGs and their federations could encourage their members to attend the Gram Sabha for placing their demands and needs. Aam Sabha of the Village Organisation (VO) conducted before the Gram Sabha can discuss the needs and demands of the community and prioritise them for placing before Gram Sabha. To enable this, SRLMs are expected to orient members of SHGs and VOs on the power and functions of Gram Sabha, rights and entitlements of Gram Sabha members and the planning process.

MoPR has issued an advisory to all State Governments in 2016 to ensure PRI-SHG/CBO convergence. Among other things, this advisory suggests developing an institutionalised framework for Gram Panchayat-SHGs interface, and inclusion of SHGs/federations in community-based monitoring of schemes and projects of GPs.¹⁰ Sumit Bose Committee on Performance-Based Payments for Better Outcomes in Rural Development Programmes has observed that SHGs being active Organisations of women can hope to link up with elected women representatives in a mutually beneficial partnership. Ministry of Rural Development, Government of India too has issued comprehensive advisory and guidelines in May 2018 on Panchayat-SHG convergence at the GP level. Among other things, the advisory expects SHGs to help GPs conduct gender status studies and ensure the gender needs of the community and reflect these in local plan/GPDP; enrol EWRs as members of SHGs and groom them as community resource persons.¹¹ Revised Advisory on GPDP issued by MoPR in 2018 also mentions the role of SHGs and their federations in the planning process.¹²

⁹NRLM Cell. (2015). Handbook on Convergence. NIRD, Hyderabad.

¹⁰Ministry of Panchayati Raj. (2016). Advisory on Panchayat Self-Help Groups Convergence at Gram Panchayat Level, Govt. of India. Retrieved from <http://www.panchayat.gov.in/documents/10198/1389387/PRI-SHG%20convergence.pdf> on 26.11.2018.

¹¹Ministry of Rural Development. (2018). Advisory on Panchayat Self-Help Groups Convergence at Gram Panchayat Level, Govt. of India. Retrieved from <http://www.panchayat.gov.in/documents/10198/456811/D.O.%20letter%20Secy%28RD%29%20dtd%2022.05.2018.pdf> on 07.06.2018

¹²Ministry of Panchayati Raj. (2018). Guidelines for Preparation of Gram Panchayat Development Plans. Retrieved from file:///C:/Users/ANJAN%20KUMAR%20BHANJA/Downloads/Guidelines%20for%20preparation%20of%20GPDP%202018_1538454780893.pdf on 27.11.2018

Malini Nambiar (2001) has observed that the concept of Gram Sabhas has not been clearly understood by all, from the top policymakers to the village citizens and that mobilisation of women is needed for their participation in Gram Sabha. The real challenge is reconnecting or re-engaging the 'Sabhas', the majoritarian assembly to the affairs of the gram (the village). The feeling of citizenship and belonging is vital in reconnecting sabha to the gram. Mobilising community-based Organisations, youth groups and women's networks will strengthen these Sabhas in making their intentions visible, encouraging the voices of the marginalised and making it a united force to be able to pressurise governance from below. In Haryana, PRIA (an NGO) conducted a 'mahila sammelan' in Ratia block of Fatehabad district. The rationale was to increase women's participation by bringing their issues on a wider platform, strengthening links between the GP and Gram Sabha members, government departments and voluntary Organisations in the 63 GPs in Ratia block. These sammelans brought together 2700 women from 55 villages to collectively discuss their concerns and plans for the future.¹³

S. N. Biswas and Debiprasad Mishra (2016)¹⁴, in a Kutch (Gujarat)-based study, highlight three major issues related to the functioning of Mahila Sabhas. Firstly, it highlights that the resolutions made in the Mahila Sabha are qualitatively different from those of male members in the Gram Sabha. Secondly, it underlines the reasons for women members not attending Mahila Sabha meetings as well as a factor contributing to their attendance in these meetings. Thirdly, it uncovers the systemic level obstacles hindering women's participation in the Mahila Sabha meetings and the role of government officials can play in removing these obstacles. From the analysis, it was found that attendance in Mahila Sabhas is far lower compared to the number of female voters in the villages. The attendance of female members compared to the total female voters in the 58 villages stood about 3.67 per cent. The average size of attendance across villages was 28 (Standard Deviation=15.43), the minimum attendance was three and the maximum 62.

¹³Malini Nambiar (2001), Making the Gram Sabha Work, Economic and Political Weekly, Vol. 36, No. 33 (Aug. 18-24, 2001) retrieved from <https://www.jstor.org/stable/4410988>

¹⁴S. N. Biswas and Debiprasad Mishra (2016), Making the Mahila Sabha Work: A Study in the Kutch District of Gujarat, Institute of Rural Management Anand (IRMA), Working Paper 277 retrieved from https://www.irma.ac.in/pdf/randp/1528_79814.pdf

¹⁵Kudumbashree is the poverty eradication and women empowerment programme implemented by the State Poverty Eradication Mission of the Govt. of Kerala in 1997.

1.8 PRI-CBO Convergence Project

1.8.1 About PRI-CBO Convergence Project

Ministry of Rural Development, Government of India recognised Kerala's Kudumbashree¹⁵ as the National Resource Organisation (NRO) under the National Rural Livelihoods Mission (NRLM) in 2012 for bringing an effective and progressive development at the grassroots level in rural areas. The Kudumbashree National Resource Organisation (KS-NRO) provides technical and implementation assistance to the State Rural Livelihoods Missions (SRLMs) on two domains – Enterprise Development and Panchayati Raj Institutions, and Community Based Organisations (PRI-CBO) Convergence. PRI-CBO convergence model builds the network between PRIs and CBOs for working together on achieving the goals of local development. These bodies can work together in the following ways:¹⁶

- PRIs being democratically elected bodies can create awareness among the communities about the entitlements through CBOs.
- PRIs can interface with the line departments and advocate for the delivery of entitlements to the targeted communities and those in need.
- PRIs can utilise the network of CBOs to identify the target beneficiaries of a government scheme.
- CBOs can effectively participate in the local governance processes like Gram Sabha and advocate for their rights and entitlements.
- CBOs can act as generators of local needs and issues by playing a vital role in the preparation of the Gram Panchayat Development Plan (GPDP).

1.8.2 Stakeholders and Strategies of PRI-CBO Convergence Project

In the PRI-CBO convergence project, the following groups are the stakeholders:

- Core implementing team at SRLM (State Mission Management Unit/SMMU)
- SRLM officials at district and block levels
- State Resource Group
- Team of trainers
- SHG network

¹⁶Tool Kit for PRI-CBO Convergence (2018), published by KS-NRO, Government of Kerala and Government of India

- Elected Representatives of PRIs
- Local Resource Group (LRG)
- Community Professionals for Convergence
- Line department officials

Among these, PRI members & officials, SHG network and LRG members play a prominent role at the grassroots level in the implementation of this project and achieving its objectives. LRG is a voluntary group that consists of motivated people from the local community who know about the local culture and understand the power relations in the community. The group consists of 5-7 SHG members or a family of SHG members in a GP. This group works with the ERs & officials of GP and SHGs. The PRI-CBO Convergence model has three key strategies in implementing the project. These are creating and developing community-based groups using participatory planning methods and building capacities.

A set of participatory assessment and planning tools has been developed to facilitate community participation. These are mentioned below:

- Participatory Assessment of Entitlement (PAE): This tool is used by the SHG members for understanding and documenting gaps in entitlement access. Using this tool, the community captures information, which is used to create a database. The database reflects the extent of access of SHGs/communities to different schemes as well as the level of their participation in the governance process.
- Entitlement Access Plan (EAP): It is a target plan that is prepared by each Village Organisation (VO). The Plan aims to address the gaps in the access of entitlements identified during PAE.

Capacity building of the GP is aimed at creating an enabling environment for convergence. Diverse extent of devolution and different levels of capacities of the GPs in partner States necessitates contextualised strategies. Mobilisation for Gram Sabha starts with awareness building on local democracy, PRIs and the role and potential of Gram Sabha as a forum for direct democracy. The discourse is framed around a rights-based approach; communities are facilitated to understand their entitlements.¹⁷ CBOs are prepared to send women to attend Gram Sabha meetings and engage in the processes. Working through the SHGs, it drives towards pre-Gram Sabha preparations and post-Gram Sabha appraisals in SHG meetings. These meetings work as awareness building sessions for poor women on their entitlements and negotiating the local governance system for claiming their

¹⁷<http://thekudumbashreestory.info/index.php/kudumbashree-nro>

¹⁸<http://thekudumbashreestory.info/index.php/kudumbashree-nro/pri-cbo-convergence-project/implementation>

rightful benefits. Jan Sabhas are organised with the participation of SHG members and PRI members for discussing different schemes and entitlements. Facilitated by LRG members, these Jan Sabhas work as preparatory awareness-building forums for Gram Sabha meetings.¹⁸

1.8.3 Coverage of PRI-CBO Project

Since 2013, the PRI-CBO Convergence Project has been piloted in partner States such as Maharashtra, Odisha, Jharkhand, Rajasthan, Karnataka and Assam. In 2016, an MoU was signed between Tripura and Kudumbashree for the implementation of PRI-CBO Convergence Project in pilot locations in Tripura. The MoU with the State of Chhattisgarh is in the process of finalisation. Based on the experience of the pilot project, Assam, Jharkhand and Odisha have planned to scale up the project.¹⁹

In the first phase of the project, Assam, Jharkhand, Odisha, Karnataka and Maharashtra were covered. Out of these five States, Assam and Jharkhand are still continuing the initiative with support from NRO Kudumbashree and these two SRLMs have expanded the areas of interventions also. On the other hand, Odisha, Karnataka and Maharashtra have stopped the project two years back. The third phase States are Tripura, Mizoram, Manipur and Uttar Pradesh where interventions have started more than a year ago. Out of these four SRLMs, in Tripura, Mizoram and Manipur, NRO is giving support in hill areas covered under the Sixth Schedule of the Constitution, where GPs do not exist and Village Councils are in place. The current status of PRI-CBO convergence project and its coverage as of 30th August, 2019 is given in the following table:

Table 1.1: Coverage of PRI-CBO Convergence Project

S. No.	States	No. of Blocks	No. of Gram Panchayats	Status
1	Assam	6	87	Going on
2	Karnataka	4	40	Project Over
3	Jharkhand	42	550	Going on
4	Odisha	4	12	Project Over
5	Maharashtra	3	58	Project Over
6	Rajasthan	4	67	Project Over
7	Tripura	12	295	Going on
8	Chhattisgarh	5	87	Special Convergence Project
9	Manipur	2	40	Going on
10	Uttar Pradesh	10	100	Initiated
11	Mizoram	2	38	Going on
	Total	94	1384	

¹⁹<http://www.kudumbashree.org/pages/380>

1.9 Profile of Sample GPs/VCs in Six States:

Table 1.2: Details of Sample GPs/VCs in Selected Six States

S. No.	State	Gram Panchayat/ Village Council	Type of Group	No. of SHGs	No. of VOs	Total ERs	No. of WERS	Active LRG Members	Women Population
1	Maharashtra	Wadwal	Experimental	16	1	9	6	2	1337
2	Maharashtra	Bhambewadi	Experimental	14	1	9	5	1	960
3	Maharashtra	Savaleshwar	Control	25	1	11	6	NA	1815
4	Karnataka	Agalakera	Experimental	66	5	13	7	1	2063
5	Karnataka	Hosahally	Experimental	64	5	29	15	2	5896
6	Karnataka	Shivapura	Control	52	2	14	7	NA	3333
7	Assam	Bamuni GP	Experimental	110	9	11	6	4	1932
8	Assam	Katonigoan GP	Experimental	116	9	11	5	5	3557
9	Assam	Chabukdhara GP	Control	130	10	10	5	NA	5986
10	Tripura	Khilpara GP	Experimental	46	2	11	5	6	2222
11	Tripura	Khilla VC	Experimental	38	2	9	4	6	1696
12	Tripura	Karbook VC	Control	9	1	7	3	NA	1239
13	Mizoram	Bungtlang	Experimental	18	2	5	1	2	982
14	Mizoram	N Vinlaphai	Experimental	39	2	7	1	2	846
15	Mizoram	Lungdai	Control	57	3	5	2	NA	909
16	Jharkhand	Marasilli	Experimental	16	1	12	6	1	2898
17	Jharkhand	Nawatoli	Experimental	87	5	12	10	1	2635
18	Jharkhand	Karanj	Control	105	1	12	6	NA	3555

(NA – Not applicable, PRI-CBO project is not being implemented in these GPs)

1.9.1 Maharashtra

In Maharashtra State, the PRI-CBO project was initiated on 28th November, 2013 on a pilot basis in selected GPs of three districts. The project continued for three years and got completed on 30th December, 2016. For the study, a total of three sample GPs were selected from Solapur district. Out of them, two GPs, namely Wadwal and Bambewadi, are the experimental group having PRI-CBO intervention and one GP, namely Savaleshwar, is the control group with no intervention of PRI-CBO model. The sample GPs were selected based on the information provided by the SRLM of Maharashtra State. Wadwal GP has a total of 16 SHGs with one VO. Of the four LRG members, only two were actively involved in the activities of PRI-CBO project. Six of the total nine ERs in Wadwal GP were women. Similarly, in the other experimental GP Bhambewadi, there were a total of 14 SHGs with one VO. After the initiation of the project, this GP had a lone active LRG member and out of the nine ERs, five were women. In both these experimental GPs, the VOs were formed by the LRG members under PRI-CBO. In control GP of Savaleshwar, there were 25 SHGs and one VO. The VO was formed under the NRLM. Of the 11 members, six were elected women representatives (EWR).

1.9.2 Karnataka

From the State of Karnataka, three sample GPs in Koppal district were selected for the study. Two GPs, namely Agalakera and Hosahally, are under the PRI-CBO convergence project and the remaining Shivapura GP was under the control group where no intervention was done. These GPs were selected by the Karnataka State Rural Livelihood Promotion Society (Sanjeevini-KSRLPS). The Agalakera GP was having 66 SHGs and five VOs. Though seven LRG members were appointed at the beginning of the project in this GP, later only one of them was found active. Now, no LRG is participating in the PRI-CBO activities as the project has already been over. In this GP, there were seven EWRs out of the total 13 ERs. Similarly, in another experimental GP of Hosahally, there were 64 SHGs and five VOs. At the initiation of the project, seven LRG members were appointed. Among them, only one member was active in project activities. This GP had 29 ERs, including 15 women. A control GP with the name Shivapura was having 52 SHGs and two VOs. Half of the 14 ERs were women. The VOs in these three sample GPs were formed by the SRLM staff of GP level before initiation of the PRI-CBO Convergence Project.

1.9.3 Assam

In Assam, the PRI-CBO project was started in June 2017 and the project has been completed in the selected GPs. For the study, three sample GPs of Nagaon district were selected by the Assam State Rural Livelihood Mission (ASRLM). Out of these three GPs, in two GPs namely Bamuni and Katonigaon, PRI-CBO project interventions were carried out until June 2018 when the project got completed. Another GP with the name Chabukdhara was the control GP without any PRI-CBO project interventions. In Bamuni GP, there are 110 SHGs and nine VOs formed by the LRG members. There are three LRG members initially and all of them were actively involved. In Bamuni GP, out of 11 ERs, there were five women. Similarly, in Katonigaon GP, there were 116 SHGs and nine VOs. Five LRG members are all actively participating from the initiation of the project. Out of the 11 ERs in this GP, five were women ERs. In the control GP of Chabukdhara, there were 130 SHGs and 10 VOs. Out of the 10 ERs, there were five women ERs. In this GP, VOs were formed by the SRLM of Assam.

1.9.4 Tripura

In Tripura, the PRI-CBO project was initiated in January 2017 and it was continuing in the selected three GPs/VCs. Among these three GPs/VCs, under experimental group one GP and one Village Council (VC) namely Khilpara GP and Khilla VC were selected. Under the control group, one VC namely Karbook VC was selected. In the Khilpara GP, there were 46 SHGs and two VOs. These VOs

were formed by the SRLM before the initiation of the PRI-CBO project. Six active LRG members were working in Khilpara GP. In this GP, out of the 11 ERs, five were women. Similarly, in the Khilla VC, there were 32 SHGs and two VOs. Here also, the VOs were formed by the SRLM before the PRI-CBO project and in one control group of Karbook VC, there were nine SHGs and a VO. Out of the total seven ERs, there were only three women. The formation of the VO was done by the SRLM (Aajeevika) staff at the village level.

1.9.5 Mizoram

The PRI-CBO convergence project in Mizoram State was started in January 2019 and was going on in the selected VCs. For the study, Mizoram SRLM selected two VCs, namely Bungtlang and N. Vinlaphai in Serchhip district and a VC with the name Lungdai in Kolasib district. In the Bungtlang VC, there were 18 SHGs and a VO. Three LRG members were appointed in this GP. Out of the five ERs, there was only one woman. Similarly in the N. Vinlaphai VC, there were 39 SHGs and two VOs were formed by the SRLM staff before the initiation of the PRI-CBO project. In this GP, there was only one woman ER out of seven members. In the control group of Lungdai VC, there were 57 SHGs and three VOs formed by the SRLM at the village level. There were two women out of the total five ERs.

1.9.6 Jharkhand

In Jharkhand, the PRI-CBO convergence project started in the year April 2014 was completed in March, 2019. For the study, two GPs namely Marasili and Karnaj of Gumla district and a GP namely Nawatoli in Simdega district were selected by the SRLM. The Marasilli GP was the experimental GP in which the PRI-CBO project was carried till 2019. In this GP, there were 16 SHGs and a VO. Out of four LRG members selected initially, only one was actively participating in the activities of the project. There were 10 women ERs out of 12 in Marasilli GP. Similarly, in the other experimental Nawatoli GP, there were 87 SHGs and five VOs. Initially, three LRG members have been engaged. After one year of implementation of the project i.e., from April 2017, the Government of Jharkhand issued an official order to select only one LRG in one GP. This has made it difficult for the lone LRG member to carry out PRI-CBO interventions in the entire GP. In Nawatoli GP, out of the 12 ERs, there were 10 women. In the control GP of Karnaj, there were only six women ERs out of 12 members. In this GP, there were 105 SHGs and only a VO.

CHAPTER - II

RESEARCH METHODOLOGY

2.1 Need for the Study

Inadequate participation (attendance and voice) in Gram Sabha has been one of the major challenges in the functioning of PRIs in India. DAY-NRLM's PRI-CBO Project intends, inter-alia, to enhance women's participation in the Gram Sabha along with other interventions for developing an effective partnership between GP and SHG federations. Although periodic reporting of the project suggests an increase in women's attendance in the Gram Sabha in general, a specific empirical study on the role of the project in enhancing women's participation is required. The findings of the study will help policymakers and also the implementing authorities to take appropriate actions for further improving measures to strengthen PRI-CBO convergence and also expanding it to more States as MoRD and MoPR are advocating SHGs' engagement with GPs.

2.2 Objectives

The objectives of this study were to assess the role of DAY NRLM's PRI-CBO Project in

- i) enhancing women's participation in Gram Sabha and
- ii) addressing demands of women SHGs/VOs registered in Gram Sabha and through integration of Village/GP Poverty Reduction Plan into approved GPDP.

2.3 Hypothesis

H₀: PRI-CBO Project activities have no role in enhancing women's participation in Gram Sabha and addressing demands registered by SHGs/VOs in Gram Sabha and through integration of Village/GP Poverty Reduction Plan into approved GPDP.

H₁: PRI-CBO Project activities have a positive role in increasing women's participation in Gram Sabha and addressing the demands registered by SHGs/VOs in Gram Sabha and through integration of Village/GP Poverty Reduction Plan into approved GPDP.

2.4 Sampling

A total of six States were selected through 'Purposive Random Sampling' for the study. Out of these, four were Assam and Jharkhand, the first phase States where project interventions were still

on, and Karnataka and Maharashtra where the project was over. Two were third phase States of Tripura and Mizoram where interventions were in non-part IX hill areas. Selection of these States has ensured inclusion of all three categories of States: (i) where intervention was continuing from the beginning (ii) where interventions were over and sustainability aspect has been studied and (iii) where interventions were new and were in non-part IX hilly areas with Village Councils. Figure 1.1 below indicates the sample States chosen for the study.

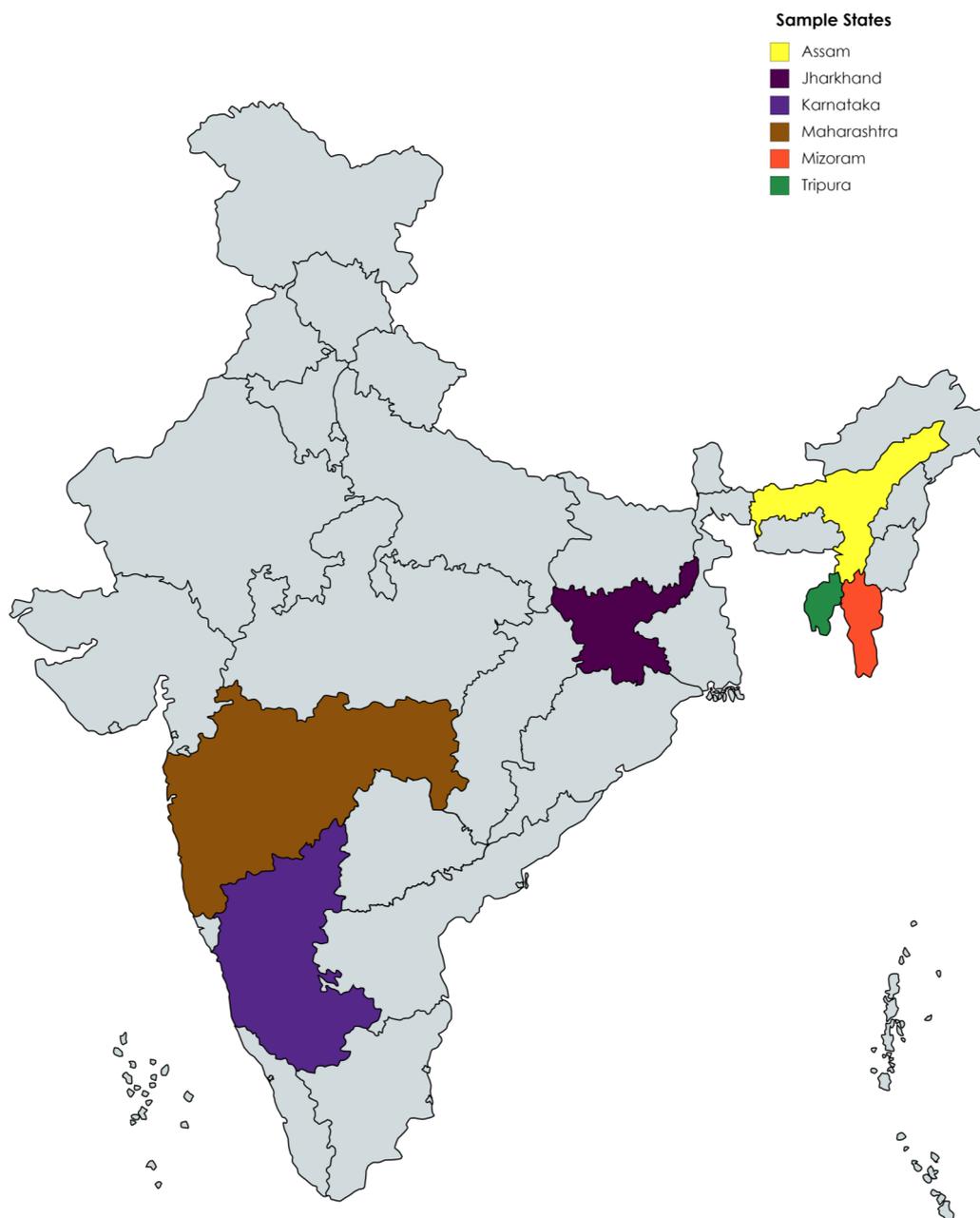


Figure 1.1: Location of Sample States

In every selected States, two experiment GPs from the PRI-CBO project area and a control GP from outside the PRI-CBO project areas were selected from the same intervention block/district of the State. Accordingly, a total of 12 experiment GPs and six control GPs were selected. All three GPs in one State would be either from Fifth Schedule areas or non-scheduled areas or Village Council areas. The tabular representation of the proposed sample size is as follows:

Table 2.1: No. of Sample GPs/VCs in the Selected States

Nature of Intervention	Name of States	Selected States	No. of Experiment GPs per State	No. of Control GPs
First Phase State where intervention is continuing	Assam and Jharkhand	Assam and Jharkhand	02 each (Total 04)	01 each (Total 02)
First Phase States where intervention has stopped	Karnataka, Odisha, Maharashtra, Rajasthan	Karnataka, Maharashtra	02 each (Total 04)	01 each (Total 02)
Third Phase States where intervention is one year old	Tripura, Manipur, Mizoram, Uttar Pradesh	Tripura Mizoram (both with village councils)	02 each (Total 04)	01 each (Total 02)
Total		06	12	06

2.5 Data Collection Methodology

The study has been conducted using a mix of qualitative and quantitative research techniques. Independent variables of the study were (i) Orientation of SHGs/VO leaders on Gram Sabha Mobilisation, (ii) Preparatory discussions in meetings of SHGs prior to Gram Sabha meeting, and (iii) Preparation and submission of Poverty Reduction Plan. Dependant variables of the study were (i) Attendance of women in Gram Sabha meetings (ii) Sanctioning by Gram Panchayat of demand registered by SHGs/VOs in Gram Sabha, and (iii) Integration of (Village/Gram Panchayat) Poverty Reduction Plan (GP2RP) into GPDP and its implementation.²⁰

Gram Sabha registers in experiment GPs and control GPs in the last three financial years i.e., from 2016-17 to 2018-19 were studied. Also, FGDs were conducted with two SHGs to understand the pattern of women's attendance in Gram Sabha in these GPs and for comparison. In addition, Gram Sabha registers of experiment and control GPs were also studied to see the sustainability of the project and analyse women's attendance in Gram Sabha. FGDs with SHGs were also conducted to understand the process and results of the PRI-CBO project. For the two States where the project was over, Gram Sabha registers after completion of the project were also studied to see the sustainability. Poverty Reduction Plans of selected GPs were also studied. Similarly, GP meeting registers, GPDP and documents related to works/activities undertaken by GP were studied to assess the action on demands in Gram Sabha and GP2RP to understand the role of PRI-CBO project in increasing women's participation in Gram Sabha and response of GP to demands articulated in Gram Sabha and through the integration of GP2RP into GPDP.

²⁰ GP2RP is the consolidated demand plan for local development prepared by the community network in partnership with the respective Gram Panchayat. GP2RP has emerged as an important tool for PRI-CBO Convergence under the National Rural Livelihoods Mission (NRLM).

One FGD with VO/SHGs/ women in each of the selected GPs was conducted to understand the quality of participation (voice) and enabling factors and challenges in women's participation in Gram Sabha. Women's participation in Gram Sabha was analysed on the basis of two aspects: attendance and voice. While attendance is self-explanatory, voice was analysed with the help of the number of demands registered by women SHGs/VOs in the Gram Sabha. The sources of information for both these aspects of participation are the Gram Sabha meeting register and FGD. From the mapping of GP2RP prepared by VO and GPDP, the integration of the demands raised by the SHG federation into the institutional plan of GP was assessed. Response of GP in these demands was assessed by studying action on the registered demands and GP2RP integrated into GPDP.

2.6 Limitations of the Study

The PRI-CBO project was not started in the same year in all the selected States and also, the context of the Panchayati Raj System and CBOs were different in selected States. Such variation in the contexts of States had made the inter-State comparison difficult. The study intended to compare women's attendance in Gram Sabha before and after the initiation of the PRI-CBO project. However, prior to the beginning of the PRI-CBO project, Gram Sabha registers with data of attendance was not being maintained by sample GPs and hence, such comparison could not be made. Hence, the only comparison that could be done was between women's participation rate in Gram Sabha of experiment group GPs and control group GP to establish that the definite positive role of PRI-CBI project in enhanced women's participation in Gram Sabha. In the States of Maharashtra, Karnataka and Jharkhand where the PRI-CBO project has already been completed, the sample GPs had not maintained data relating to the community demands raised by women. Such data was also not kept by LRG members or CBOs. As the project was completed 3 or 4 years ago, the SHG members could not recollect their demands made to GPs. Due to the unavailability of quantitative data with regard to women's demand for community works or services, only qualitative data analysis based on the FGDs with the SHGs could be done. However, data with regard to individual demands could be accessed and analysed.

CHAPTER - III FINDINGS AND DISCUSSIONS

3.1 State-wise Analysis of Gram Sabha Meetings in the Sample GPs/VCs

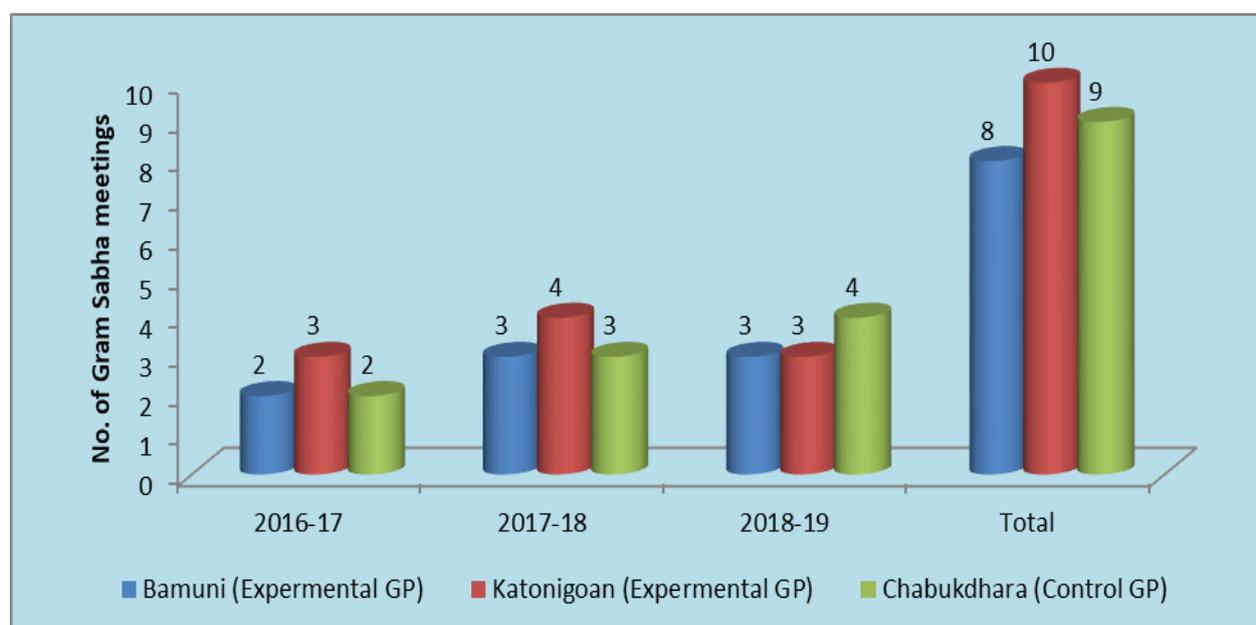
Table 3.1: Year-wise Details of the Gram Sabha Meetings Held in the Sample GPs/VCs in Six States

S. No.	State	Gram Panchayat	Type of Group	No. of Meetings			
				2016-17	2017-18	2018-19	Total
1	Assam	Bamuni	Experimental	2	2	2	6
2	Assam	Katonigoan	Experimental	3	4	2	9
3	Assam	Chabukdhara	Control	2	3	4	9
4	Jharkhand	Marasilli	Experimental	2	3	2	7
5	Jharkhand	Nawatoli	Experimental	3	4	2	9
6	Jharkhand	Karanj	Control	2	2	2	6
7	Karnataka	Hosahalli	Experimental	5	2	1	8
8	Karnataka	Agalakera	Experimental	5	1	2	8
9	Karnataka	Shivapura	Control	0	2	2	4
10	Maharashtra	Wadwal	Experimental	4	4	3	11
11	Maharashtra	Bhambewadi	Experimental	2	0	2	4
12	Maharashtra	Savaleshwar	Control	2	2	3	7
13	Mizoram	Bungtlang	Experimental	1	2	1	4
14	Mizoram	N Vinlaphai	Experimental	1	2	1	4
15	Mizoram	Lungdai	Control	0	1	1	2
16	Tripura	Khilpara	Experimental	1	2	3	6
17	Tripura	Khilla	Experimental	2	2	3	7
18	Tripura	Karbook VC	Control	1	2	2	5

Source: Primary Data (Collected from Gram Panchayats Gram Sabha registers).

3.1.1 GS meetings in Sample GPs of Assam:

After the 73rd Constitutional Amendment Act (CAA), the Assam Panchayat Act, 1994 received the assent of the Governor on the 22nd April, 1994. The PRIs in Assam have a three-tier system comprising Gaon Panchayats at the village level, Anchalik Panchayats (AP) at the block level and Zilla Parishads (ZPs) at the district level. As per the Assam Panchayati Raj Act 1994, under Chapter III, Section 4, meetings of Gaon Sabha are to be conducted four times a year. The meetings of the Gaon Sabha are convened by the Secretary of the Gaon Panchayat with due approval of the President of the Gaon Panchayat and in consultation with the Block Development Officer (BDO) concerned. Wide publicity is given 15 days ahead of the date for holding the Gaon Sabha meeting.



Graph 3.1: No. of Gram Sabha Meetings in the Experimental and Control GPs in Assam

From the above Graph 3.1, it is observed that except for the year 2017-18 in Katonigaon GP and the year 2018-19 in Chabukdhara GP, other GPs have not conducted the mandatory four meetings of Gram Sabha. PRI-CBO project intended to strengthen local governance by promoting women's participation in Gram Sabha. But in the GPs where this project was being implemented too, GP has not conducted the mandatory number of meetings of Gram Sabha. It is observed that there is not much difference between the experimental and control GPs in conducting the Gram Sabha meetings in the last three consecutive years from 2016-17 to 2018-19. The control GP Chabukdhara has conducted a total of nine GS meetings which is more than the experimental GP of Bamuni having eight GS meetings. In Chabukdhara GP, though the PRI-CBO project was not implemented, the SRLM (Aajeevika) staff at the GP level was giving information about the GS meetings from the last two years i.e., from 2017 and empowering the SHGs. The President of Chabukdhara GP was a young graduate, who was actively conducting the GS meetings. The Panchayat Secretary had maintained the GS meeting records properly. During the field study, it was found that the GP office was having a well

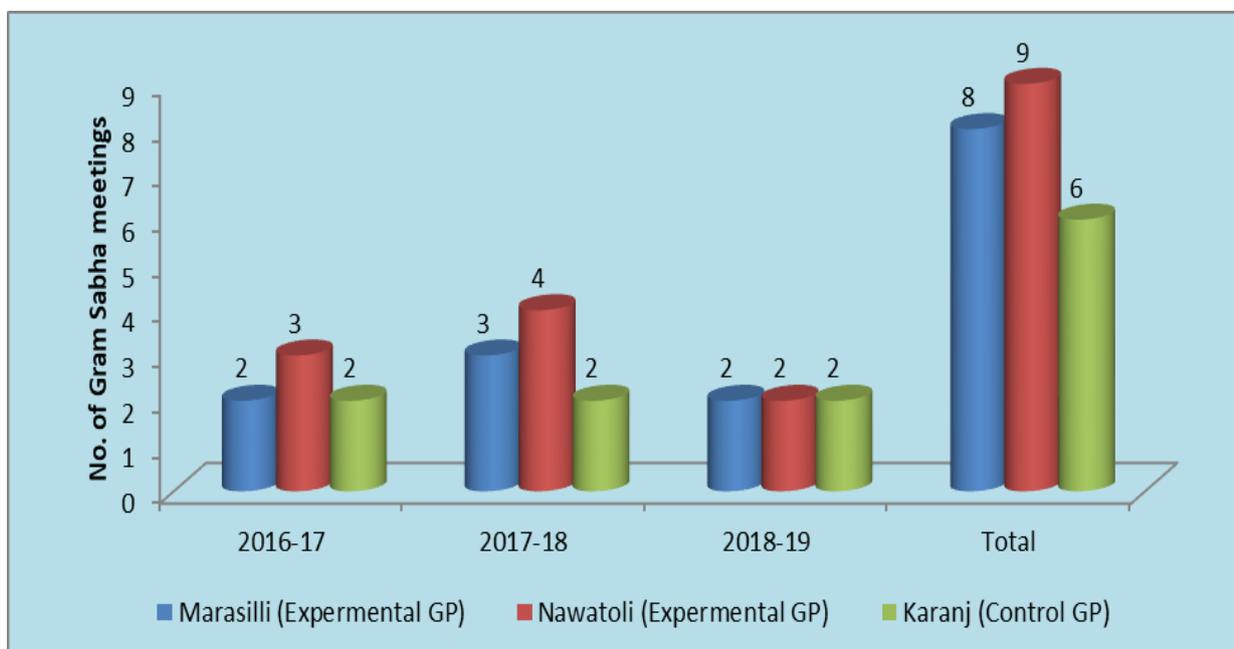
-structured building with good facilities and disclosed all the activities of GP with posters and wall writings.

3.1.2 GS meetings in Sample GPs of Jharkhand

As per the Jharkhand Panchayati Raj Act, 2001, under Section 5, the Gram Sabha shall meet time to time but not more than three months shall intervene in between any two meetings; provided on a demand in writing being made by one-third members of the Gram Sabha; if it be required by the Panchayat Samiti; Zilla Parishad or Deputy Commissioner/District Magistrate, an extraordinary meeting may be called within 30 days of Such requirement. Under Section 6 of the Act, the following are two requirements for the convening of Gram Sabha meetings:

- i) A notice of the meeting shall be pasted on the notice board of the GP Office and the same shall adequately be brought to the notice of the public by means of publicity (such as *dugdugi*, drum and loudspeakers);
- ii) It shall be the responsibility of the Mukhia (President) to convene and conduct the meetings of the Gram Sabha. In case Mukhia fails to convene the meeting as specified under the Act, the Executive Officer of the Panchayat Samiti (PS) or the Prescribed Officer of the Panchayat authorised by him on this behalf shall convene such meetings; provided that in case he fails to call meetings at intervals as specified under the Act, he shall be deprived of holding the office of Mukhia; Provided also that no order shall be passed by the officer prescribed under this subsection against the Mukhia unless he is given a reasonable opportunity of hearing.

From Graph 3.2, it is observed that except for Nawatoli GP in the year 2017-18, none of the three GPs in three years have conducted the mandatory number of meetings of Gram Sabha. It is found that experimental GPs have conducted more GS meetings as compared to control GP. The higher number of GS meetings in Nawatoli is mainly due to the active involvement of President and LRG members towards Gram Sabha. During the field study, it is observed that GPs of Marasilli and Karanj have not maintained the GS registers properly where the dates and minutes of the meetings were not entered in the register. The decision of State government to reduce the number of LRG to just one after one year of implementation of the project may have affected the convening of the Gram Sabha meetings.



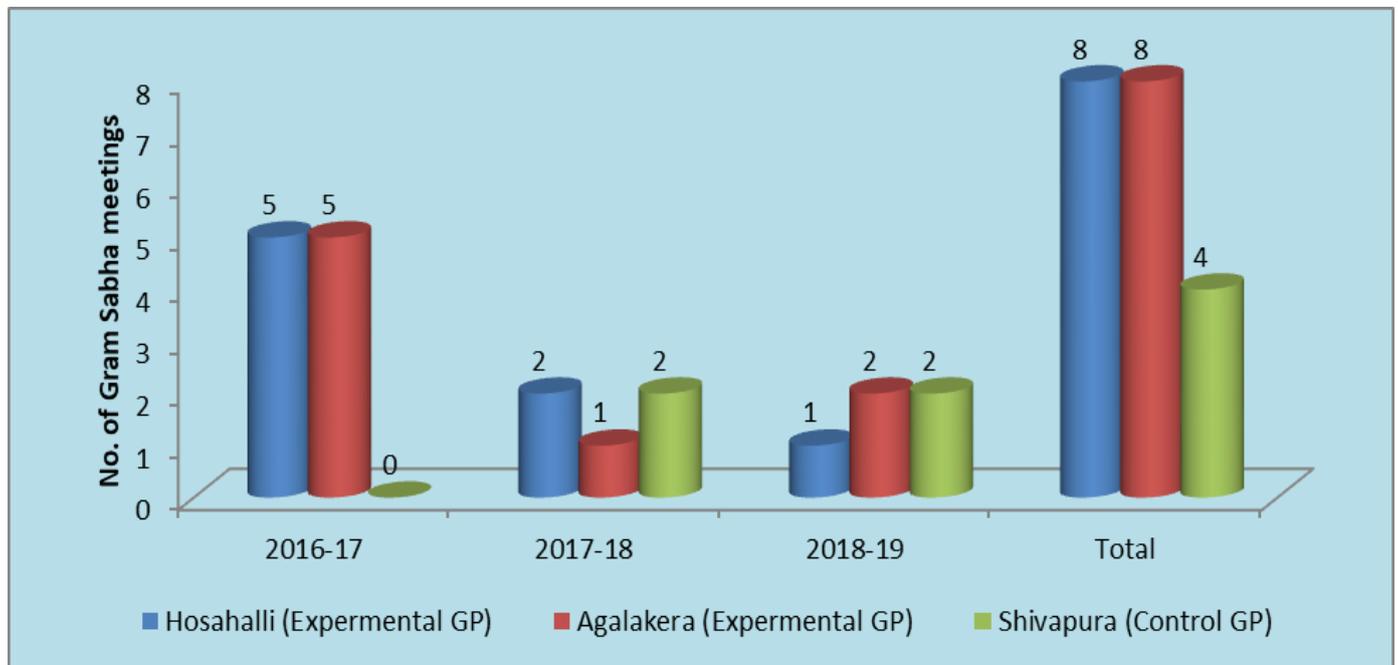
Graph 3.2: No. of Gram Sabha Meetings in the Experimental and Control GPs in Jharkhand

3.1.3 GS Meetings in Sample GPs of Karnataka

Consequent to the 73rd CAA, 1992, the State Government enacted the Karnataka Panchayat Raj (KPR) Act, 1993 to establish the three-tier PRIs at the village, taluk (block) and district levels in the State and framed rules to empower the PRIs to function more independently as local self-government. At present, the State has 30 Zilla Panchayats, 176 Taluk Panchayats and 6024 Gram Panchayats. The GPs have been classified into two categories, viz. Grade I and Grade II. GPs with a population of 6000 and above are considered as Grade-I and those with a population below 6000 are considered as Grade-II.²¹

Chapter II and Sections 3 & 3A of the Act mention the Ward Sabha (WS) at Ward level and Gram Sabha (GS) at GP level for the effective and greater participation of the people. GS and WS were enjoined to meet at least twice a year, respectively. These have been strengthened by giving several mandatory powers, including mandatory identification and prioritisation of beneficiaries for all government programmes, mandatory approval of developmental plans, generating proposals and determining priority of schemes, identifying deficiencies in water supply, locating street light arrangements, promoting adult education, and preventing social evils. As per Sub-Section 9 of Section 3A, the Gram Sabha may constitute sub-committees consisting of not less than 10 members of whom not less than half shall be women, for an in-depth discussion on issues and programmes for effective implementation of decisions of the Gram Sabha and in furtherance of the exercise of powers and discharge of functions of Gram Sabha.

²¹Karnataka Panchayati Raj Act (1993)



Graph 3.3: No. of Gram Sabha Meetings in the Experimental and Control GPs in Karnataka

From Graph 3.3, it is observed that all three GPs have faltered in conducting the mandatory number of GPs in one year or other. It is also observed that in the three consecutive years (2016-17 to 2018-19), the experimental GPs have conducted more GS meetings as compared to control GP. It is found that in the year 2016-17, five Gram Sabha meetings each were conducted by the experimental GPs, namely Hosahalli and Agalakera, as PRI-CBO convergence project activities were undertaken during this year. But, the sustainability of the project could not be seen because the number of GS meetings had come down in 2017-18 and 2018-19. The control GP of Shivapura has not conducted any GS meeting in the year 2016-17. No minutes of the meeting were found in the GS register during the year 2016-17.

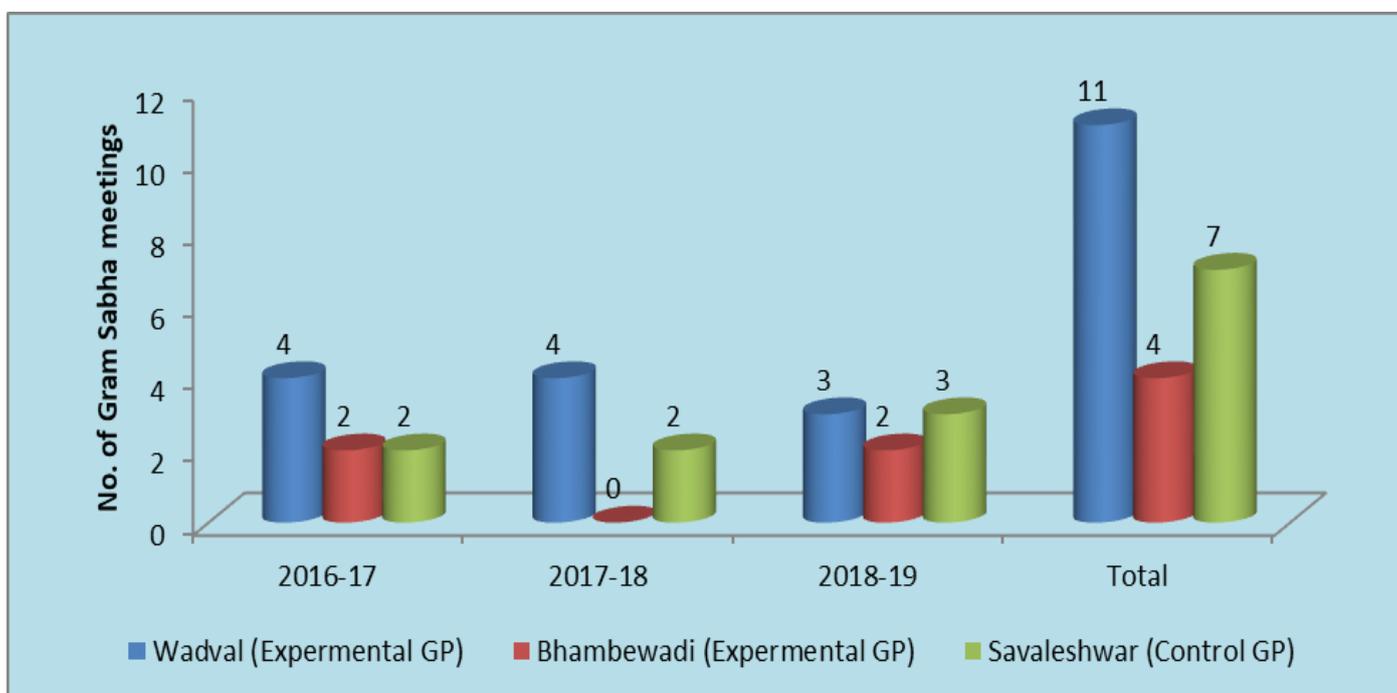
3.1.4 GS Meetings in Sample GPs of Maharashtra

Mumbai Gram Panchayat Act, 1958 and the Maharashtra Panchayat Samiti and Zilla Parishad Act, 1961 were amended in 1994 in conformity with the 73rd CAA. On 23rd April, 1994, the amended Maharashtra Village Panchayat Act, 1958 came into force in Maharashtra.

As per Section 7 of Chapter II of Maharashtra Village Panchayats Act, the meetings of Gram Sabha shall be held at least four times every financial year on such date, at such time and place, and in such manner, as may be prescribed. If the Sarpanch, or in his absence the Upa-Sarpanch fails without sufficient cause, to hold any of such four meetings s/he shall be disqualified for continuing as Sarpanch or, as the case may be, Upa-Sarpanch or for being chosen as such for the remainder of the term of office of the members of the Panchayat. The Secretary of the GP shall also if, prima facie, found responsible for any lapse in convening such meeting, be liable to be suspended, and for being

proceeded against, for such other disciplinary action as provided under the relevant rules. The decision of the Collector on the question of whether or not there was such sufficient cause shall be final.²² Sub-Section 5 provides for convening Mahila Sabhas. The meeting of the women members of the Gram Sabha shall be held before every regular meeting of the Gram Sabha. The proceedings of such meeting shall be brought before every regular meeting of the Gram Sabha by the Sarpanch, and the Gram Sabha shall consider the recommendations made in the meeting of the women members, and the Panchayat shall ensure the implementation of such recommendations.

In the Maharashtra Village Panchayat Act, many powers have been given to the Gram Sabha. Gram Sabha shall have disciplinary control over the government, semi-government and GP employees working in the village, including the matters relating to their daily attendance in the office. The annual evaluation of such employees shall be brought to the notice of their respective higher authorities by the Gram Sabha.



Graph 3.4: No. of Gram Sabha Meetings in the Experimental and Control GPs in Maharashtra

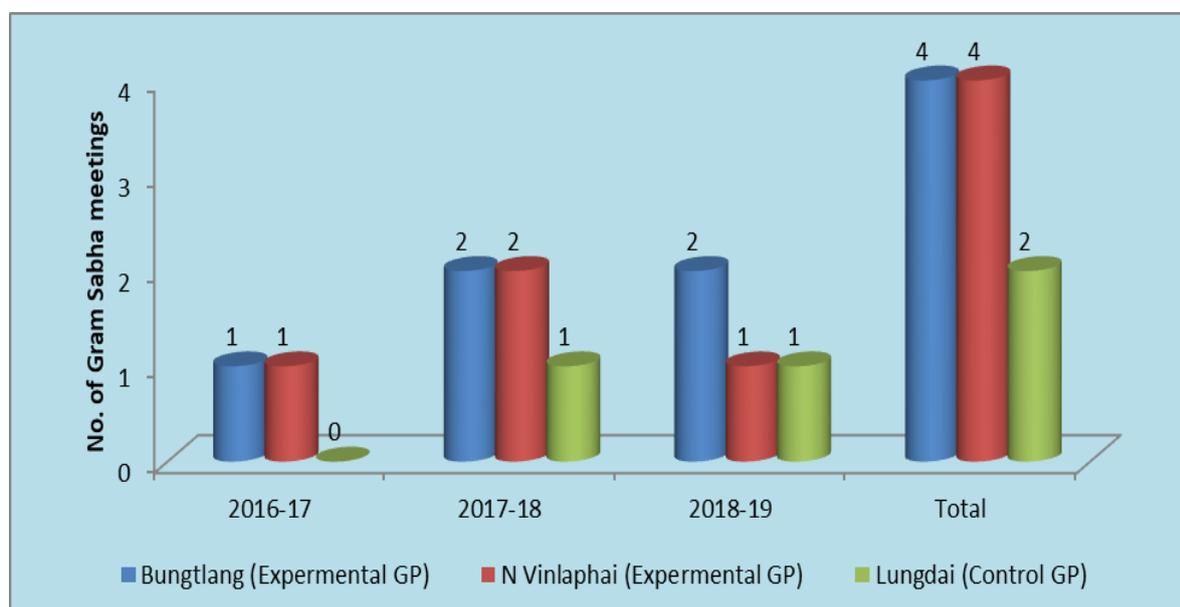
From Graph 3.4, it is observed that except Wadval GP which conducted four Gram Sabha meetings each in the years 2016-17 and 2017-18, other GPs have not conducted the mandated four Gram Sabha meetings in any of the three years. In three consecutive years from 2016-17 to 2018-19, GP Wadval has cumulatively conducted a total of 11 GS meetings, whereas the other experimental group Bhambewadi has conducted only four meetings, and control GP Savaleshwar has conducted seven meetings.

²²Maharashtra Village Panchayats Act, 1958.

During the field visit, Bhambewadi GP Panchayat Secretary has not shown interest to meet the research team. GP records were not maintained properly and the Gram Sabha attendance registers for the years 2015-16, 2016-17 and 2017-18 were not available at the GP office. Mahila Sabhas were also not conducted regularly and the registers of the same were not available for all these years. Even the GPDP document has not been found in the GP office. The Panchayat Secretary had not participated in any of the training programmes conducted under the PRI-CBO project. The Sarpanch/President of this GP was also not aware of the PRI-CBO project because he has got elected as President one year ago. The ex-president was aware of this project and has also visited Kerala under this PRI-CBO project for exposure. In another experimental GP, Wadwal GP Secretary was coordinating with the CBO members and LRG members under this project. The registers and records of Gram Sabha meetings were found to have been maintained properly. Also, the GP office was having good infrastructure facilities such as CCTV cameras for surveillance. The GP officials said that after the initiation of the PRI-CBO project, many positive changes have happened in the GP, particularly in the empowerment of women. Increased awareness was observed among women about GP functions and their participation in GS/Mahila Sabha meetings.

3.1.5 GS Meetings in Sample GPs of Mizoram

Part IX of the Constitution of India is not applicable in Mizoram and the State does not have PRIs. Instead, the State is having a Village Council system under the Lushai Hills District (Village Councils) (Amendment) Act, 2006. Under Section 11A of this Act, at least three meetings of the Gram Sabha shall be held in a year. Gram Sabha shall approve the annual plans, programmes and projects for the social and economic development in respect of the village concerned before such plans, programmes and projects are taken up for implementation.

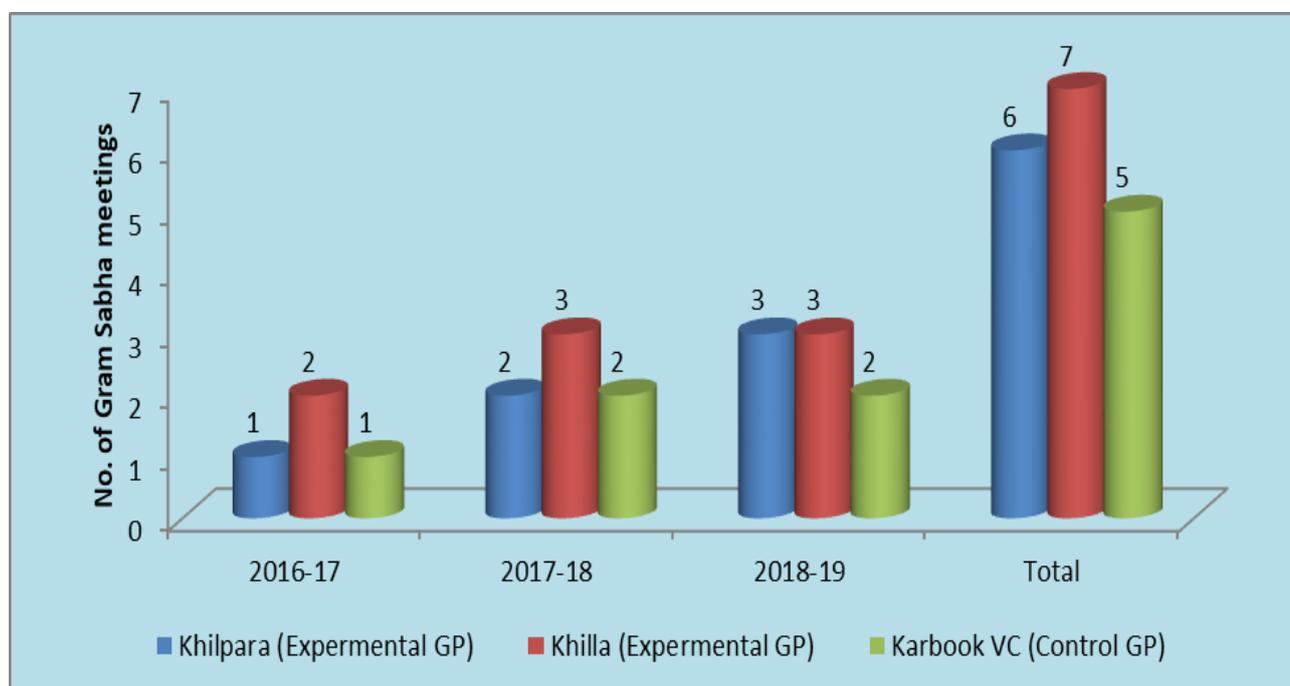


Graph 3.5: No. of Gram Sabha Meetings in the Experimental and Control GPs in Mizoram

It is observed that in none of the three GPs in any of three years, the three mandatory meetings were held. In two experimental VCs, cumulatively four Gram Sabha meetings in three consecutive years were conducted as compared to the control group of Lungdai VC with only two Gram Sabha meetings. During the field visit, it was observed that the Gram Sabha registers were poorly maintained in the three VCs. The names and signatures of participants were not seen in the registers in any of the GS meetings. The VC members shared that neither instructions nor guidelines to record signatures of those who attended GS meetings were issued.

3.1.6 GS Meetings in Sample GPs of Tripura

Panchayati Raj was first introduced in Tripura in 1959, by enacting Tripura Panchayat Raj Act, 1959. In this Act, single-tier (Gram Panchayat) was proposed. After the 73rd CAA, Tripura enacted the Tripura Panchayats Act, 1993 with a provision for setting up of three-tier panchayat system – Gram Panchayat, Panchayat Samiti and Zilla Parishad except in the Autonomous District Council Areas governed under the Sixth Schedule of the Constitution of India. Under Section 7 of the Tripura Panchayats Act, 1993, Gram Sabha or Gram Sansad meeting shall be conducted and it shall be the responsibility of the Pradhan (GP President) to convene the meeting of Gram Sabha. Also, the matters for consideration in the Gram Sabha were mentioned in Section 10 of the above said Act.



Graph 3.6: No. of Gram Sabha Meetings in the Experimental and Control GPs in Tripura

Graph 3.6 represents that GS meetings were conducted more in the sample GPs & VCs of the experimental group as compared to VC of the control group. It was observed that in the year 2016-17, the sample experimental GPs conducted one and two Gram Sabha meetings, respectively, and it increased to three in the year 2018-19. It shows there was an improvement in conducting GS

meetings in the sample experimental GPs. During the field visit to Khilpara GP, it was observed that a new Panchayat Secretary was appointed and also the President of the GP was newly elected. They were not aware of the PRI-CBO project. During the discussion, the SHG members said that the GP office was not giving prior information on the Gram Sabha meetings and was not actively participating in the activities of the PRI-CBO project after the change in the GP members and officials. Similar findings were observed in another experimental Khilla VC. It was found that the new set of members and officials were not showing any interest in the implementation of PRI-CBO project due to lack of orientation.

3.2 Participation of Women in Gram Sabha Meetings in Sample GPs/VCs

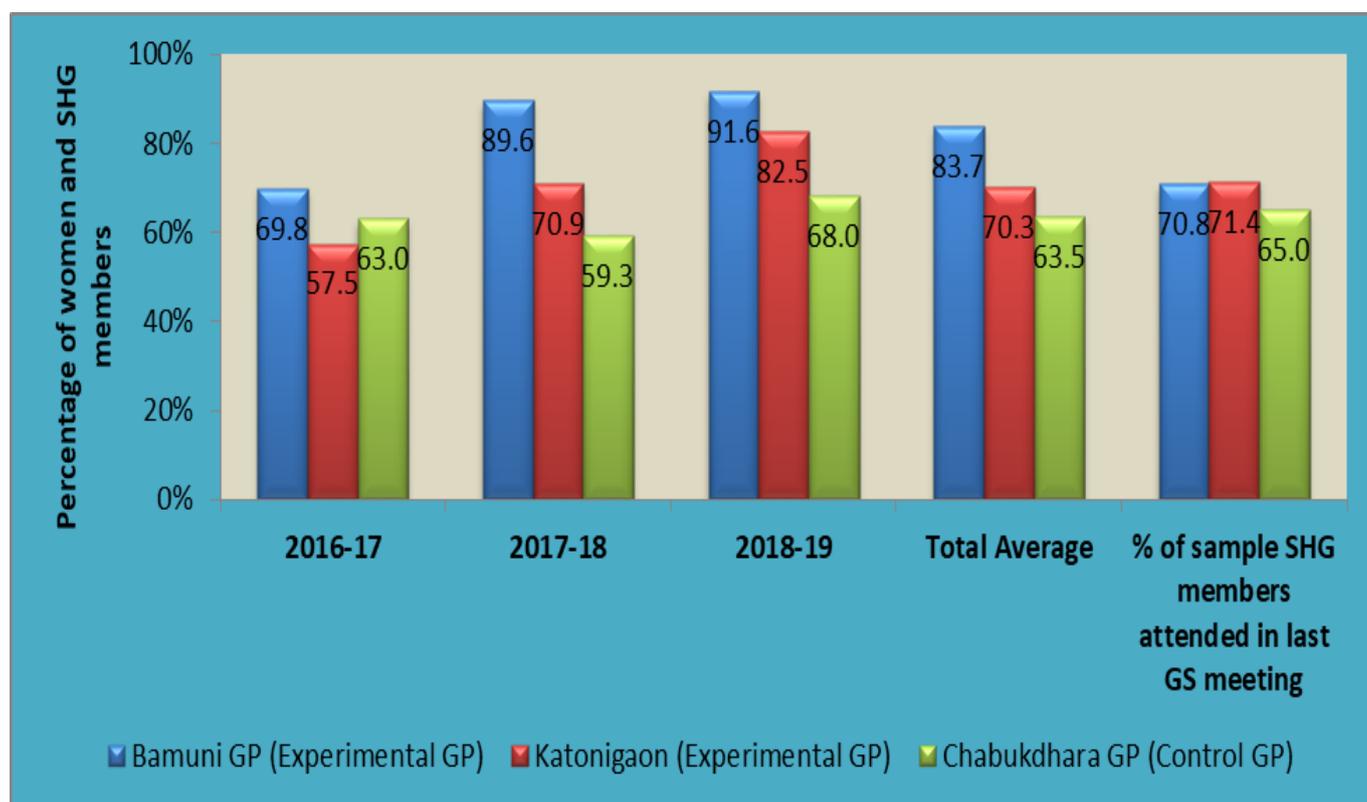
Table 3.3: Total Participants and No. of Women Participants in the GS Meetings in Sample GPs/VCs

State	Type of Group	Name of the GP	Participants	2016-17	2017-18	2018-19	Total of 3 years
Karnataka	Experimental	Hosahalli	Total members	271	73	38	382
			Women members	140	36	21	197
	Experimental	Agalakera	Total members	220	77	140	437
			Women members	102	23	63	188
	Control	Shivapura	Total members	0	116	56	260
			Women members	0	56	20	93
Tripura	Experimental	Khilpara	Total members	41	65	77	183
			Women members	13	40	51	104
	Experimental	Khilla VC	Total members	54	65	149	268
			Women members	17	23	96	136
	Control	Karbook VC	Total members	31	39	44	114
			Women members	8	12	13	33
Assam	Experimental	Bamuni GP	Total members	388	442	402	1232
			Women members	271	405	360	1036
	Experimental	Katonigaon GP	Total members	268	593	110	971
			Women members	154	489	78	721
	Control	Chabukdhar GP	Total members	327	509	507	1343
			Women members	206	302	345	853
Maharashtra	Experimental	Wadwal	Total members	447	417	184	1048
			Women members	285	195	92	572
	Experimental	Bhambevadi	Total members	161	0	104	265
			Women members	5	0	51	56
	Control	Savaleshwar	Total members	133	133	263	529
			Women members	16	16	25	57
Jharkhand	Experimental	Marasilli	Total members	198	238	154	590
			Women members	83	88	65	236
	Experimental	Nawatoli	Total members	866	365	158	1389
			Women members	420	234	70	724
	Control	Karanj	Total members	142	136	100	378
			Women members	15	14	8	37

Source: Primary Data (Collected from Gram Panchayats Gram Sabha registers; Data not available for Mizoram).

3.2.1 Women Participation in Gram Sabha in Sample GPs of Assam

Graph 3.7 shows that in Bamuni experimental GP, there was an increase of nearly 20 per cent and 2 per cent in the women participation rate, respectively, in the years 2017-18 and 2018-19 as compared to the previous year. Similarly, for Katonigaon GP, there is an increase of 13 per cent and 12 per cent, respectively, in the years 2017-18 and 2018-19, respectively, compared to the previous year. Also, it was observed that two experimental GPs of Bamuni and Katonigaon were, respectively, having an aggregate women participation rate high with 83.7 per cent and 70.3 per cent compared to the control GP of Chabukdhar having 63.5 per cent. During the field visit, it was found that the SHG members of these experimental GPs used to gather at a place and proceed to the Gram Sabha meetings in group. In the control GP of Chabukdhara also, the participation of women in the Gram Sabha meetings was high due to the involvement of Community Resource Persons (CRPs) in mobilising the SHG members to participate in the meetings. In the control GP, the SRLM staff at GP level were creating awareness among the SHG members on the Gram Sabha meetings. This has resulted in an aggregate average of 63.5 per cent of women participation in Gram Sabha meetings in three years even without the PRI-CBO intervention. But this has been achieved with the efforts of SRLM staff who drew inspiration from the PRI-CBO project.



Graph 3.7: Percentage of Women Participation in GS Meetings in Sample GPs of Assam

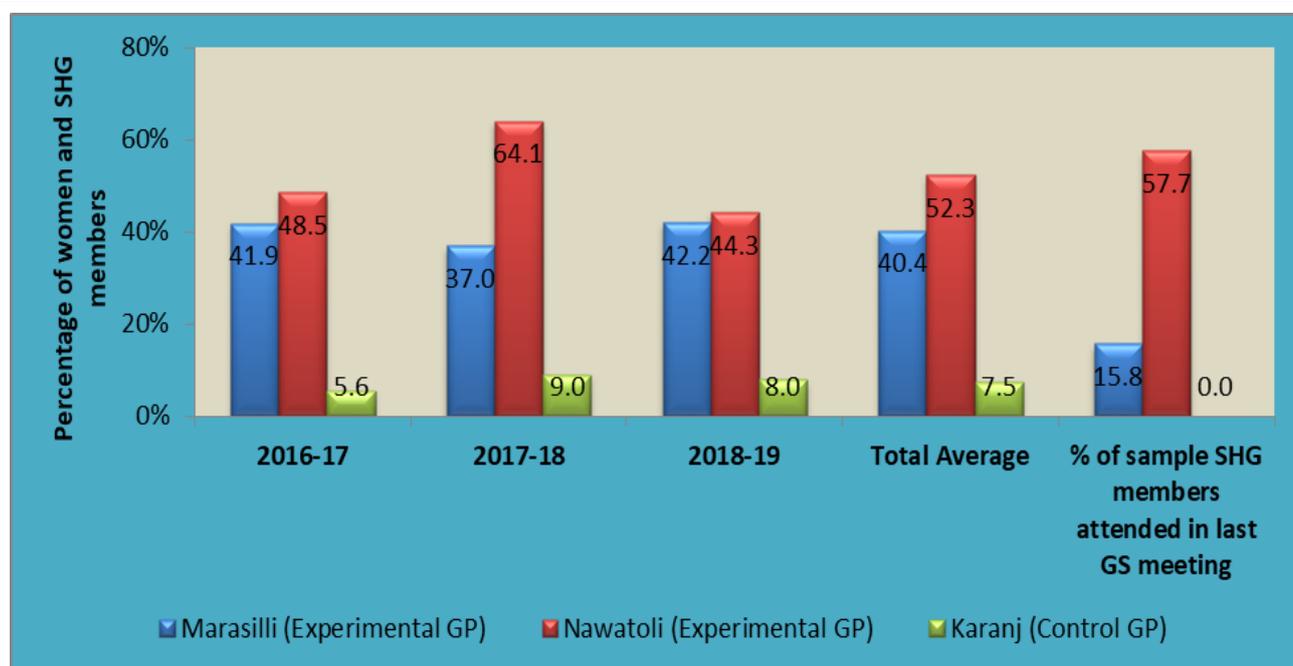
The GP disseminates information on the GS meeting three days in advance through public announcement. During FGD with two SHGs of experimental Bamuni GP, the members shared that they received information about Gram Sabha meetings from LRG members one week prior to the meetings. From the graph, it can be observed that around 70 per cent of sample SHG members have attended the last GS meetings in both experimental GPs compared to 65 per cent of SHG members in control GP. Most SHG members used to attend the GS meetings as a group. Similarly, in another experimental GP of Katonigaon, SHG members said that they got prior information about the Gram Sabha meetings through LRG 4 or 5 days in advance, whereas the GP makes the announcement only a day before the meeting. The SHG members expressed that they had benefitted by attending Gram Sabha meetings. In control GP of Chabukdhar too, the SRLM staff used to inform the SHG members about the Gram Sabha meetings 4 to 5 days in advance.



FGD with SHG members of Chabukdhara GP in Nagaon district, Assam

3.2.2 Women Participation in Gram Sabha in Sample GPs of Jharkhand

In Jharkhand, the participation of women in Gram Sabha meetings was low due to backwardness, illiteracy and poor awareness among women.



Graph 3.8: Percentage of Women Participation in GS Meetings in Sample GPs of Jharkhand

From Graph 3.8, it is observed that there was an increase of 15.6 per cent in the experimental group Nawatoli GP in the year 2017-18 and a further decrease of 19.8 per cent in the year 2018-19. Panchayat Secretary and Mukhia (GP President) of Nawatoli GP have observed that women were not showing much interest to participate in the GS meetings due to their preoccupation with livelihood activities and personal household works. The President further said that they found it difficult to mobilise people during GS meetings. This might be the reason for the decline in the women participation rate. In another experimental Marasilli GP, the women participation rate is constant, where nearly 40 per cent participation rate has been observed in three consecutive years i.e., from 2016-17 to 2018-19. During the field visit, it has been found that in Nawatoli GP, the implementation of the PRI-CBO project was better than the other experimental GP as its woman President was educated. She was actively involved in convening Gram Sabha meetings and carrying out developmental activities in the GP. She has also received an award from the government in recognition of her works for the development of the GP. Along with this, the LRG members have been actively involved in the preparation and documentation of the Participatory Assessment of Entitlements (PAE), and Entitlements Assessment Plan (EAP). However, the VOs were found not very active. The State officials of SRLM Jharkhand said that the Social Mobilisation and Institution Building (SMIB) team introduced Mahila Gram Sabha before Gram Sabha to ensure their active presence in Gram Sabha. For awareness, Gram Sabha Jan Jagriti Abhiyan (GSJJA) has been organised regularly in the project villages.

During the discussion with sample SHG women of experimental GPs, it was found that although women in Marashilli GP were informed about the Gram Sabha meetings in advance, they

have shown little interest due to poor awareness about the importance of attending Gram Sabha. This lack of interest is also due to the fact that the women, who are daily wage labourers, were reluctant to sacrifice their daily wage for attending the GS meetings. SHG members said that GP officials/members ask participants to sign Gram Sabha registers whereas minutes of the Gram Sabha meetings are recorded in the register later. Hence, members do not have an opportunity to see what was recorded before signing the register. SHG members said that they do not attend Gram Sabha meetings as a group. Replying to the question on the number of members attended the previous GS meeting, it was found that 58 per cent of sample SHG members of Nawatoli GP have participated as compared to another experimental Marasilli GP where only 15.8 per cent of SHG members have participated. In the discussion, SHG members of Nawatoli GP asserted that attending the Gram Sabha was useful in the form of availing benefits of schemes and discussing matters relating to their GP. But a few SHG members of Marasilli GP complained that despite listening to their demands related to community development, the ERs do not allocate funds. SHG members added that they have not faced any problem in attending the GS meetings.

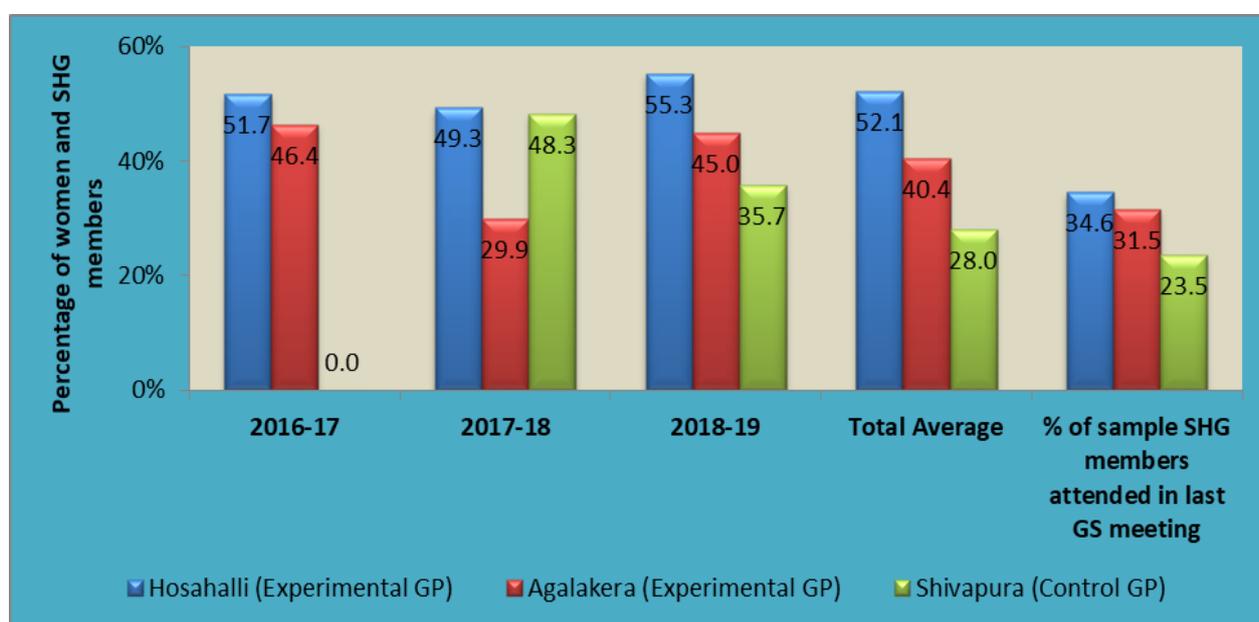


The SHG members in Nawatoli GP of Simdega district, Jharkhand attending focus group discussion

During the FGD with two SHG groups in the control GP of Karanj, the members shared that they used to conduct SHG meetings only for discussing matters related to their thrift, saving, lending and loans from the bank. Regarding Gram Sabha meetings, members of both the SHGs shared that they neither attending GS meetings nor aware of any matter relating to Gram Sabha meetings. In this GP, only men are participating in the Gram Sabha meetings. Further, they said that the information about Gram Sabha meeting is given only one day ahead of the meeting. The SHG members are not aware of any government schemes except the MGNREGS. It has been observed that Karanj GP is a Left-wing extremism affected area and is also backward in terms of development.

3.2.3 Women Participation in Gram Sabha in Sample GPs of Karnataka

From Graph 3.9, it can be observed that the percentage of women participation is high in experimental Hosahalli GP in all three years i.e., from 2016-17 to 2018-19. In Agalakera, another experimental GP, this percentage was fluctuating where women participation has come down from 46.4 per cent in 2016-17 to 29.9 per cent in 2017-18 and further increased to 45 per cent in 2018-19. In the control GP of Shivapura, no Gram Sabha meetings were held in the year 2016-17. Women's participation in Shivapura GP in the year 2017-18 was 48.3 per cent, which fell to 35.7 per cent in the year 2018-19. Women in the two experimental GPs recorded average percentage participation of 52.1 per cent and 40.4 per cent, respectively, as compared to one control GP having an average of 42.2 per cent of women participation for two years.



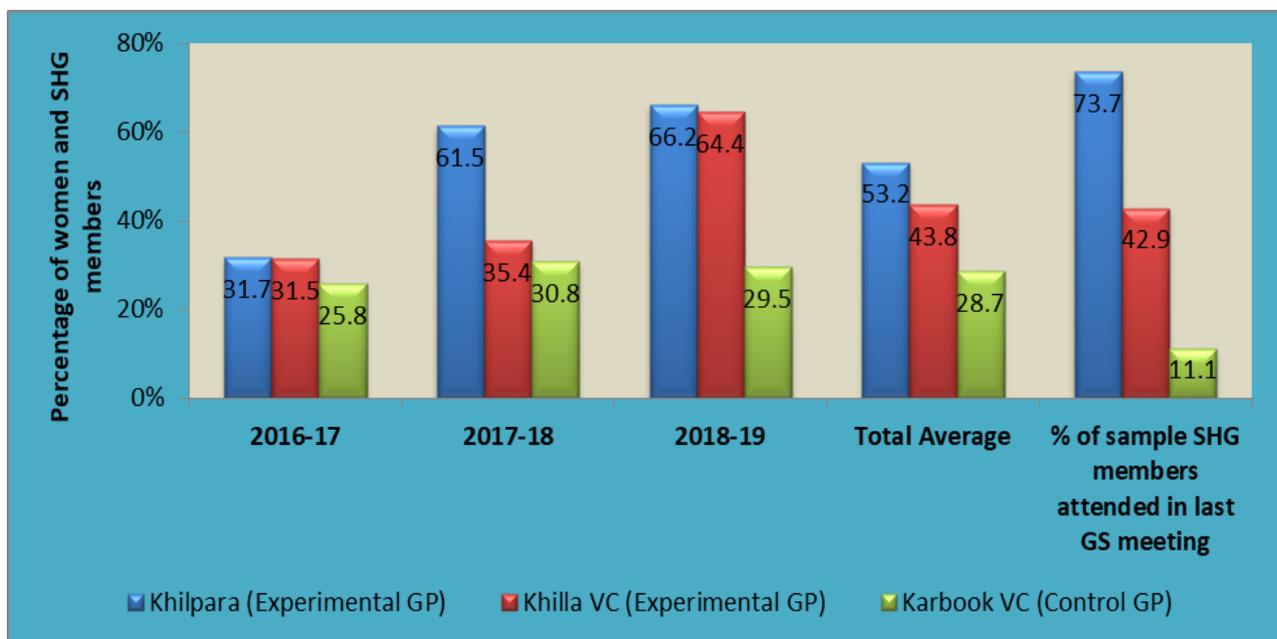
Graph 3.9: Percentage of Women Participation in the Gram Sabha Meetings in Sample GPs of Karnataka

During the FGD with SHG members, it is found that information on GS meeting was given through public announcements (*dandora*) one day in advance. Sometimes LRG members give prior information about Gram Sabha meetings to SHG members. SHG members said that even after completion of the Gram Sabha meeting, the minutes of the meetings are not written in the Gram Sabha register/record. But the GP officials/members ask the participants to sign the Gram Sabha register. SHG members have expressed that they were not attending the Gram Sabha meetings as a group due to the unavailability of a few members in villages and the preoccupation of a few others with their regular works. There is a small difference in the percentage of SHG members' participation in experimental group GPs and control group GP. Only 34.8 per cent and 31.5 per cent of SHGs members, respectively, interacted during the FGD in experimental GPs Hosahalli and Agalakera, who said that they have participated in the last GS meeting as compared to 23.5 per cent in control GP.

During the visit, the SHG members of Agalakera said that the GP has not conducted the GS meeting so far in the year 2019 till October.

All the SHG members have asserted that they were not facing any problem in attending the GS/WS meetings. However, SHG members themselves show no interest in attending the GS meetings due to their personal commitments. A few members felt that the advantage of attending the GS meetings was availing individual benefits from government schemes but not for community works for the development of the GP. Though the SHG members were given opportunity to ask questions in GS meetings, the GP officials/members hardly respond to their demands on community works or allocate budget.

3.2.4 Women Participation in Gram Sabha in Sample GPs of Tripura



Graph 3.10: Participation of Women in the Gram Sabha Meetings in Sample GPs in Tripura

In the State of Tripura, the average women's participation in the GS meetings in three years was high in two experimental GPs as compared to the control GP. In the experimental GPs, the averages were 53.2 per cent and 43.8 per cent, respectively, as compared to 28.7 per cent in the control GP. Also, it was found that women participation rates have increased in the last three years in the two experimental GPs - from 31.7 per cent to 66.2 per cent in Khilpara GP and 31.5 per cent to 64.4 per cent in Khilla VC. Whereas, the rate of women's participation in Gram Sabha meetings in control Karbook VC has been fluctuating and remained low in the last three years. Regarding SHG members' participation in the last Gram Sabha meeting, it was found that experimental GPs were having a higher percentage of 74 per cent and 43 per cent, respectively, as compared to control GP having only 11 per cent. The increase in rate of women's participation in experimental GPs and

higher participation of SHG members in the Gram Sabha meetings show that the positive role of the PRI-CBO project in creating awareness among women and mobilising SHG members to participate in Gram Sabha meetings.

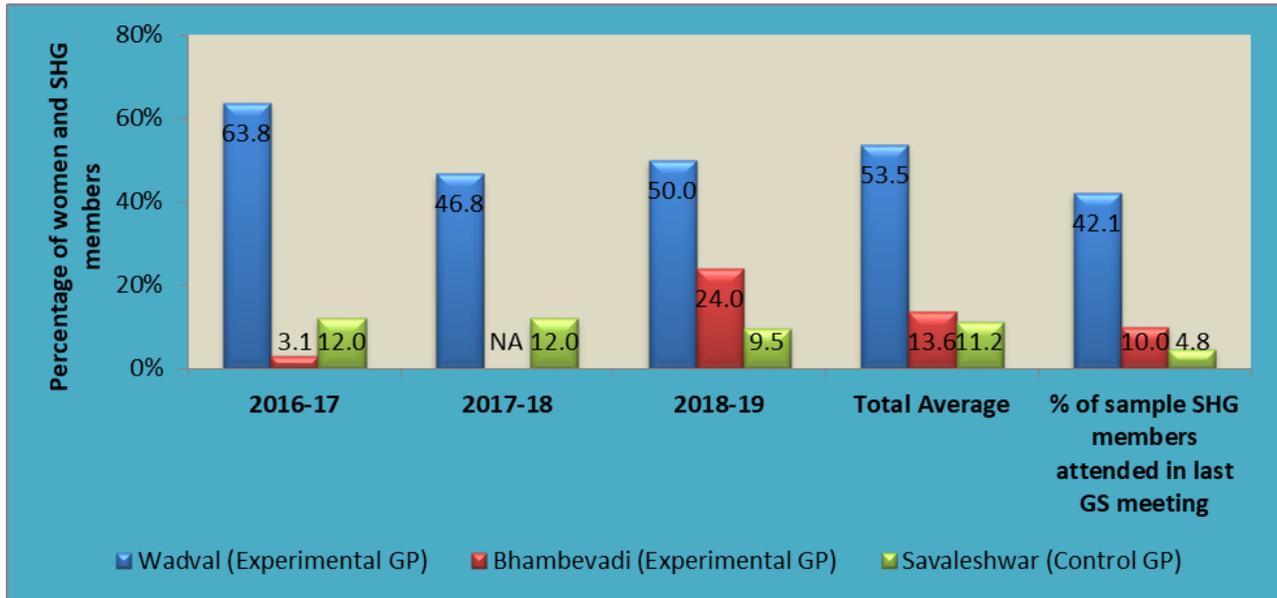
During the FGD with the two sample SHG groups of experimental GPs, the members said that they were not aware of Gram Sabha and various scheme details before the execution of PRI-CBO project. Now, they have been actively participating in the Gram Sabha meetings. The SHG members of Khilpara GP said that for the last few months the GP has not been giving prior information due to internal political issues. They attend the GS meetings as a group but few members could not make it regularly due to their personal reasons. Adding to this, they said that there is no prior information regarding the agenda of Gram Sabha meetings. All the SHG members said that they never faced any difficulty in attending the Gram Sabha and raising their voice. During the meetings, the SHG members were given chance to ask questions and the GP members listen to them. SHG members of Khilla VC expressed that due to a new set of members in the VC, the response to their demands was limited, adding that the GP officials repeatedly cite insufficient budget for the development works as it is a VC. SHG members of Khilpara GP said that after completion of the meetings, they sign the Gram Sabha register and used to read it except when they face time constraint. Whereas, the SHG members of Khilla VC said that after completion of the meeting, the GP officials read the minutes of the meeting and ask the participants to sign in the record/register. Replying to the question about the benefits of attending Gram Sabha, the SHG members of Khilpara GP said that they were aided in terms of accessing benefits of government schemes such as jobs under MGNREGA. All SHG members of two experimental GPs and a VC expressed that they have come to know about the budget and development works of the GP/VC after attending the Gram Sabha meetings.

In the control group Karbook VC, the sample SHG members shared that they were not participating in the GS meetings as they were not aware of its importance and usefulness. The SHG members rarely visit the VC office and were not aware of their entitlements under various government schemes.

3.2.5 Women Participation in Gram Sabha in Sample GPs of Maharashtra

In Maharashtra, the project has been implemented in 58 GPs of three blocks in three districts, namely Wardha, Thane and Solapur during the period from November 2013 to December 2016. The SRLM State officials shared that the project has increased women's participation in Gram Sabha meetings. Prior discussions about the Gram Sabha meetings in the weekly meetings of SHGs and monthly meetings of Village Organisations, supported by activities such as Participatory Assessment

of Entitlement (PAE), have improved the SHG women's confidence and understanding about the Gram Sabha, which eventually have improved their participation.



Graph 3.11: Percentage of Women Participation in GS Meetings in Sample GPs in Maharashtra

Graph 3.11 shows that the average women's participation was high with 53.5 per cent as compared to another experimental GP Bhambewadi having low women's participation of only 13.6 per cent. It was very low in the control GP Savaleshwar where the average women participation in Gram Sabha meetings is 11.2 per cent. At the beginning of the project, the experimental GP of Bhambewadi GP had five LRG members. However, only one member remained active later and hence, the participation of women was found low. The LRG members said that Panchayat Secretary was neither cooperating nor meeting LRG members and SHGs to implement the activities of the PRI-CBO convergence project. During the field visit, it was observed that the Gram Sabha registers of Bhambewadi GP were not maintained properly and the Gram Sabha register for the year 2017-18 was not found. Regarding the participation of SHG members in the last Gram Sabha meeting, similar results have been observed. Graph 3.11 shows that 42 per cent of SHG members from Wadval GP attended the last Gram Sabha meeting. In other experimental GP Bhambewadi, 10 per cent of the sample SHG members participated in the last Gram Sabha meeting. In the control GP of Savaleshwar, only 5 per cent of SHG members participated in the last Gram Sabha meeting. It shows that the active involvement of GP officials and their cooperation are very important in mobilising women to participate in Gram Sabha meetings regularly.

During the FGD, the sample SHG members of Wadval GP stated that they were regularly attending the Gram Sabhas. However, most of the SHG members said that they attend Mahila Sabhas more than Gram Sabhas. Information about the meetings of Gram Sabha/Mahila Sabha was given to SHG members by the Local Resource Group (LRG) members one/two days before the meeting. All

the SHG members said that their participation in the Gram Sabha/Mahila Sabha has increased after the introduction of PRI-CBO project as they have gained knowledge about Gram Sabha. Except few, most of the SHG members attend the Gram Sabha meetings as a group. When enquired about the recording of minutes of Gram Sabha meetings, the SHG members said that GP officials read the minutes and proceedings at the end of the meeting. Thereafter, all the participants sign in the Gram Sabha register. All the members noted that these Gram Sabha meetings were useful in meet their demands/needs like getting ration card, sanctioning amount for toilet construction, availing various pensions, etc. SHG members of another experimental GP Bhambewadi said that they neither attend the GS meetings regularly nor participate actively mainly due to the lack of interest shown by GP Secretary in the PRI-CBO convergence project. No prior information about GS meetings was given by the GP. However, when informed, women show interest to participate.

During the FGD with the two SHG groups in control GP (Savaleshwar), the members shared that they were unaware of any government schemes or other development works except loan related matters. All the SHG members said that they have not participated in the Gram Sabha or Mahila Sabha meetings so far. Public announcement about the Gram Sabha meeting was made one day before the meeting. The GP has never conducted any Mahila Sabhas. The SHG members were not aware of the importance of Gram Sabha.

3.3 Statistical Comparison between Participation of Women in Gram Sabhas of Sample Experimental and Control GPs/ VCs

Table 3.4: Percentage of Women Participation in GS meetings in sample control GPs in Six States

State	GP/ VC	2016-17	2017-18	2018-19	Average
Karnataka	Shivapura	NA	48.28	35.71	42.00
Tripura	Karbook VC	25.81	30.77	29.55	28.71
Assam	Chabukdhara	63.00	59.33	68.05	63.46
Maharashtra	Savaleshwar	12.03	12.03	9.51	11.19
Jharkhand	Karanj	5.60	9.00	8.00	7.50

Table 3.5: Percentage of Women Participation in GS Meetings in Sample Experimental GPs in Six States

State	GP/VC	2016-17	2017-18	2018-19	Average
Karnataka	Hosahalli	51.66	49.32	55.26	52.08
Karnataka	Agalakera	46.36	29.87	45.00	40.41
Tripura	Khilpara	31.71	61.54	66.23	53.16
Tripura	Khilla VC	31.48	35.38	64.43	43.77
Assam	Bamuni	69.85	91.63	89.55	83.68
Assam	Kantonigaon	57.46	82.46	70.91	70.28
Maharashtra	Wadwal	63.76	46.76	50.00	53.51
Maharashtra	Bhambevadi	3.11	NA	24.10	13.60
Jharkhand	Marasilli	41.92	36.97	42.21	40.37
Jharkhand	Nawatoli	48.50	64.11	44.30	52.30

(NA- Not Available).

The above tables represent the average percentage of women participation in the last three years in the sample control and experimental GPs in selected six States. Among the control GPs, the average women participation rate is lowest i.e., 7.50 per cent in Karanj GP of Jharkhand and is highest in Chabukdhara GP of Assam having 63.46 per cent. Similarly, it can be seen that among all sample experimental GPs, the average women participation in the last three years is highest in Bamuni GP with 83.68 per cent in Assam and lowest in Bhambewadi GP of Maharashtra.

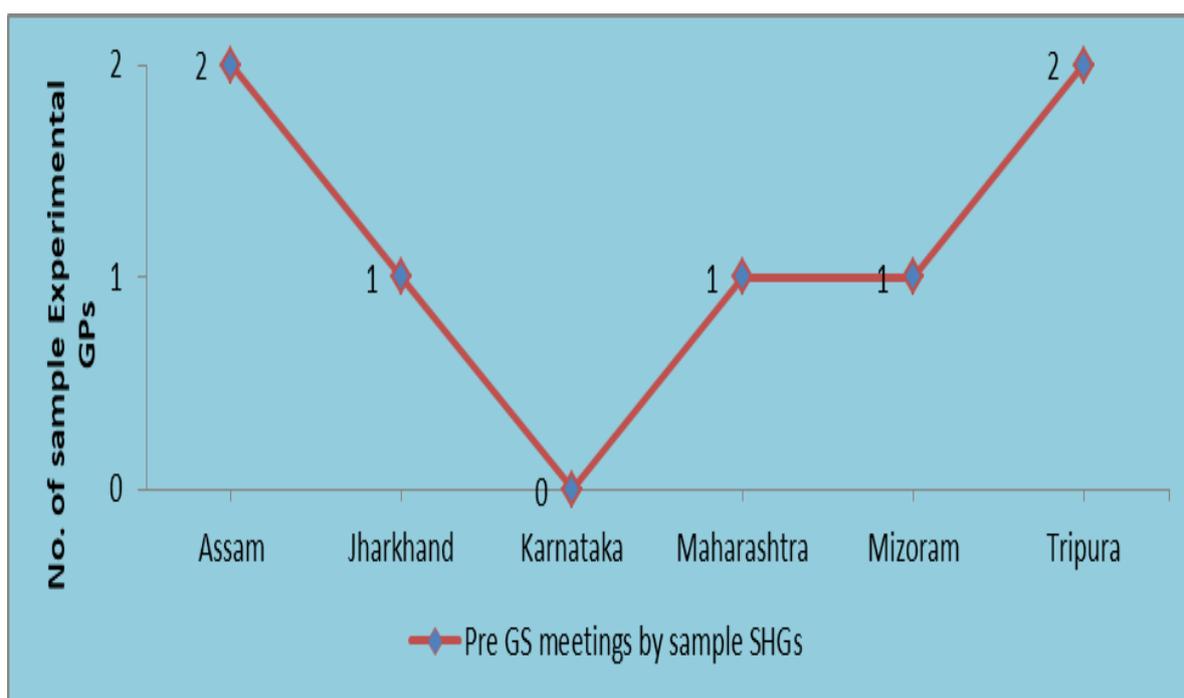
To find out the significance of the difference between the participation of women in the experimental and control GPs statistically, t-test has been conducted. The test has been done between the two groups year-wise separately and the details are mentioned below:

Year	Statistical p-value (At significance level 0.05)	Findings
2016-17	0.086661596	There is no significant difference between women participation rate between sample Experimental and Control Groups
2017-18	0.037711357	There is a significant difference between women participation rate between sample Experimental and Control Groups
2018-19	0.021517262	There is a significant difference between women participation rate between sample Experimental and Control Groups

From the table above, it is found that the statistical significance p-value is 0.086 between the average percentages of women participation in Gram Sabha meetings in two groups (experimental and control) for the year 2016-17. Here, the p-value is greater than the 0.05 at 95 per cent confidence interval. It indicates that there is no significant difference in the women participation in Gram Sabha meetings between the two groups. For the year 2017-18 and 2018-19, the statistical significance p values are 0.03 and 0.02, which is less than the 0.05 at 95 per cent confidence interval. It shows that there is a statistically significant difference between the experimental and control groups regarding the participation of women in the GS meetings. This significant difference shows that there has been a positive role of the PRI-CBO convergence project in increased women's participation in Gram Sabha meetings in GPs/VCs where this project has been implemented.

3.4 Preparatory Discussions Prior to GS Meetings by Sample SHGs in Experimental GPs

To drive the SHG women to GS meetings and to make them prepared for discussions in GS meetings the preparatory discussion in SHG meetings is one of the important activities under the PRI-CBO convergence project. Graph 3.12 illustrates that sample SHGs in both sample experimental GPs of Assam and Tripura have conducted the preparatory discussions in meetings of SHGs prior to GS meetings. Karnataka recorded very poor performance, where sample SHG members of both experimental GPs shared that they did not meet and discuss prior to GS meetings. In the States of Jharkhand, Maharashtra and Mizoram, the sample SHGs of one out of two experimental GPs/VCs conveyed that they used to conduct meetings and discussions prior to GS meetings.

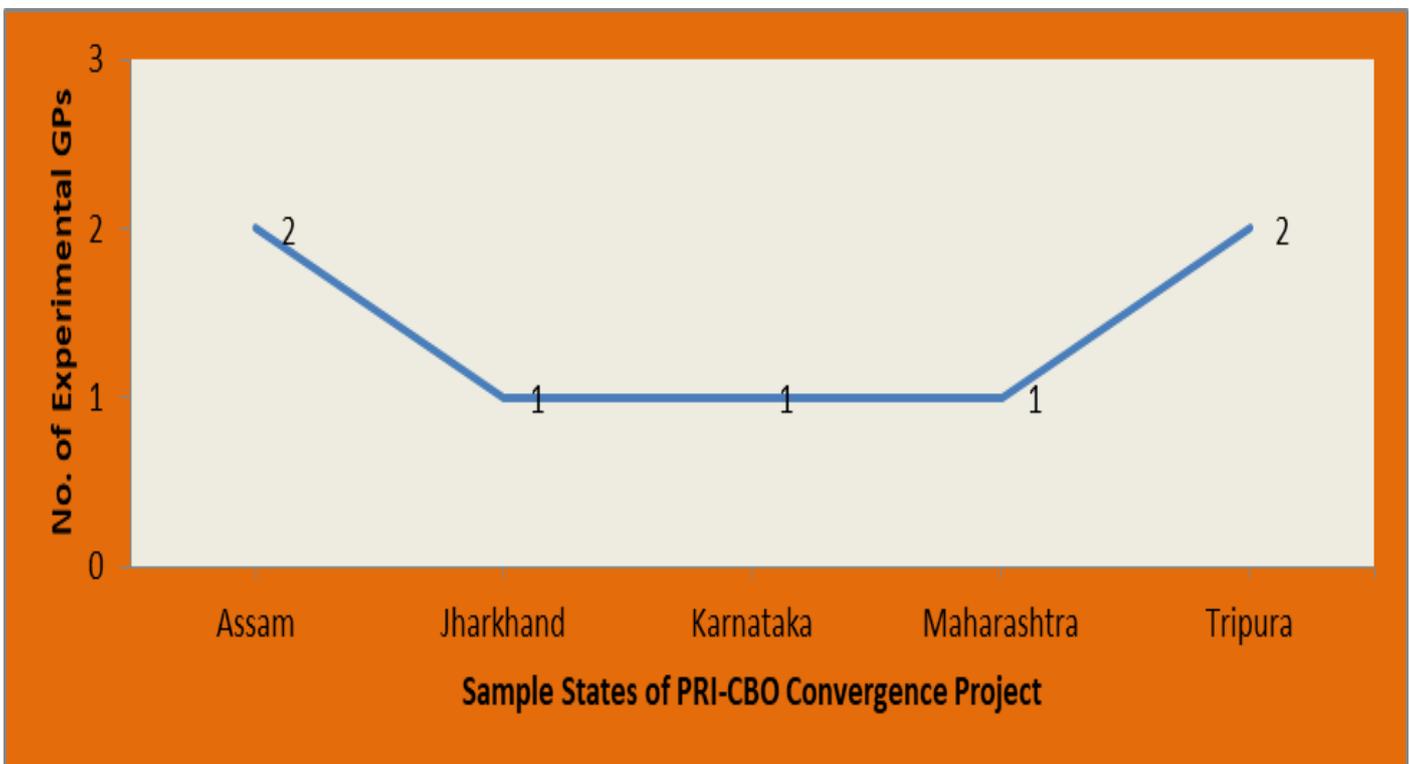


Graph 3.12: Sample States Comparison in Conducting Preparatory Discussions Prior to Gram Sabha Meetings by Sample SHGs in Sample Experimental GPs

To drive the SHG women to GS meetings and to make them prepared for discussions, the preparatory discussion in SHG meetings is one of the important activities under the PRI-CBO convergence project. Graph 3.12 illustrates that sample SHGs in both sample experimental GPs of Assam and Tripura have conducted the preparatory discussions in meetings of SHGs prior to GS meetings. Karnataka registered very poor performance, where sample SHG members of both experimental GPs shared that they did not meet and discuss prior to GS meetings. In the States of Jharkhand, Maharashtra and Mizoram, the sample SHGs of one out of two experimental GPs/VCs conveyed that they used to conduct meetings and discussions prior to GS meetings.

3.5 Participation of VO Members in Preparation of GPDP in Experimental GPs

Graph 3.13 illustrates that the Village Organisations (VOs) in both of the sample experimental GPs of Assam and Tripura have participated in the preparation of the GPDP process. In other States like Jharkhand, Karnataka and Maharashtra, only in one experimental GP each, the VOs have taken part in the preparation of GPDP. In Assam and Tripura, women were mostly engaged in home-based self-employment activities. Hence, they were available to participate in activities of VOs, and through these VOs in GPDP preparation.



Graph 3.13: VOs Participation in Preparation of GPDP in Sample Experimental GPs in Sample States²³

²³In Mizoram the PRI-CBO project has been recently initiated and GPDP process has not been undertaken since then till field visit.

Graph 3.13 shows that the Village Organisations (VOs) in both of the sample experimental GPs of Assam and Tripura have participated in the preparation of the GPDP process. In other States like Jharkhand, Karnataka and Maharashtra, the VOs have taken part in the preparation of GPDP only in one experimental GP each. In Assam and Tripura, women were mostly engaged in home-based self-employment activities and hence, were available to participate in activities of VOs, and through these VOs in GPDP preparation.

3.6 Perception of LRG on PRI-CBO project

Table 3.6: LRG Members Opinion about Execution of PRI-CBO Convergence Project in Sample GPs of Six States

State	Gram Panchayat / Village Council	No. of active LRG members	Month and Year of formation	Did LRG help organize GS meetings?	Did LRG participate in the GPDP planning exercise?	Is there any improvement in GP functioning?	Do you think any improvement in women participation?	Is there any improvement in addressing the demands of women?
Assam	Bamuni GP	4	Aug, 2017	Yes	Yes	Yes	Yes	Yes
	Katonigoan GP	5	Aug, 2017	Yes	Yes	Yes	Yes	Yes
Jharkhand	Marasilli	1	June, 2017	Yes	No	Yes	Yes	Not much
	Nawatoli	1	June, 2017	Yes	Yes	Yes	Yes	Yes
Karnataka	Agalakera	1	April, 2015	Yes	Yes	Yes	Yes	Not much
	Hosahally	2	April, 2015	Yes	No	Yes	Yes	Yes
Maharashtra	Wadval	2	Aug, 2014	Yes	Yes	Yes	Yes	Yes
	Bhambewadi	1	Aug, 2014	Yes	No	No	Yes	Not much
Mizoram	Bungtlang	2	Jan, 2019	Yes	-	Yes	Yes	Yes
	N Vinlaphai	2	Jan, 2019	Yes	-	Yes	Yes	Yes
Tripura	Khilpara	6	Sep, 2017	Yes	Yes	No	Yes	Yes
	Khilla VC	6	April, 2017	Yes	Yes	Yes	Yes	Yes

From the above table, the highest number of active LRG members is found in the sample GPs of Tripura with six members, followed by Assam with 4 and 5 members in sample two experimental GPs. The lowest number of LRG members is found in the two sample experimental GPs of Jharkhand and one experimental GP each of Karnataka and Maharashtra. In Assam and Tripura, all LRG members were women, whereas in other States, LRG members were both men and women. In Maharashtra and Jharkhand, it has been found that women LRG members were not so active. The LRG members in all sample experimental GPs of six States have helped the GP in organising the GS meetings. As discussed earlier, in the preparation of the GPDP process, similar results can be seen, where the LRG members of sample two experimental GPs in Assam and Tripura have participated in the GPDP process as compared to other States. Except in the GPs of Bambewadi (Maharashtra) and Khilpara (Tripura), all other LRG members observed improvement in the functioning of GP after the implementation of the PRI-CBO convergence project. LRG members of all sample experimental GPs said that women's participation in the GS meetings has improved. LRG members shared that the PRI-CBO project has made the women aware of the importance of GS meetings.

3.7 Formation of GPCC and its Functioning in Sample Experimental GPs of Six States

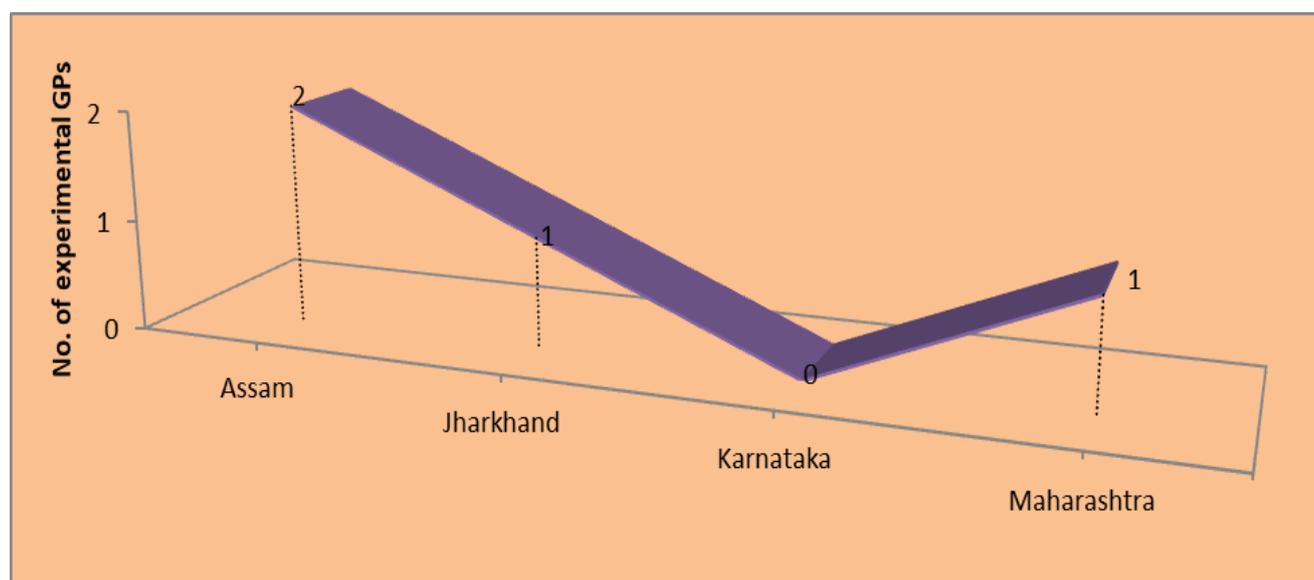
Table 3.7: Status of GPCC in Sample Experimental GPs in Six States

State	Gram Panchayat / Village Council	Status of GPCC formation	No. of meetings held
Assam	Bamuni	Yes	2
	Katonigoan	Yes	3
Jharkhand	Marasilli	No	-
	Nawatoli	No	-
Karnataka	Agalakera	Yes	0
	Hosahally	Yes	0
Maharashtra	Wadwal	Yes	2
	Bhambewadi	No	-
Mizoram	Bungtlang VC	No	-
	N Vinlaphai VC	No	-
Tripura	Khilpara	No	-
	Khilla VC	No	-

Gram Panchayat Coordination Committee (GPCC) is the platform for convergence between the Community-Based Organisations (CBO) and the Panchayati Raj Institutions (PRI) for better participatory governance. The committee includes representatives from the CBO, GP and government line departments. It is constituted at the GP level and provides an opportunity for the CBO members to take part in the development activities of their village along with the elected

representatives of GP and representatives of line departments. From Table 3.7, it is observed that only Assam and Karnataka have formed the GPCC in both the sample experimental GPs. In the State of Assam, the government has formalised GPCC through a Government Order (GO). Although formed, no meetings of GPCC has been conducted in both sample experimental GPs in Karnataka. This might be the reason for not having good coordination between the GP and CBOs/SHGs. In Assam, three GPCC meetings have been conducted in Katonigaon GP and two meetings have been held in Bamuni GP. In Maharashtra, the GPCC is formed in only one experimental GP namely Wadwal, and two meetings have been held in the year 2016-17.

3.8 Sustainability of the Project in States where the Project was Completed



Graph 3.14: No. of Sample Experimental GPs where VOs are Continuing the Project even after Completion

(Note: In sample experimental GPs of Tripura and Mizoram the PRI-CBO project was going on.)

To assess the sustainability of the project, the participation of the VOs in the project activities even after completion of the project can be observed from the above graph. Out of the 12 experimental GPs of six States, PRI-CBO project had already been completed in sample experimental GPs of four States, namely Assam, Jharkhand, Karnataka and Maharashtra. Out of these four States, the VOs in two experimental GPs in Assam were successfully continuing the project. During the field visit to these GPs, drastic changes have been observed among women. Women have become empowered as a result of various capacity-building measures. They were aware of the importance of Gram Sabha and were regularly attending the GS meetings. The LRG members, SHGs and VOs were systematically carrying out the project activities even after the project has been completed in the two GPs. The fact that one LRG of Katonigaon GP has become the President of GP shows the commitment of LRG members and that they were actively involved with the issues related to the development of the GP and accessing entitlements by SHG members. The LRG members and VOs were also

conducting innovative programmes like health camps, adult literacy programmes, etc., in the GP. In the States of Maharashtra and Jharkhand, the VOs of only one experimental GP each were continuing the project activities effectively with the help of GP officials and ERs. The other experimental GP of Maharashtra and Jharkhand were not continuing the project due to poor coordination between CBOs, LRG members and GP officials. It is observed that these GPs have been functioning in business as usual manner even after the implementation of PRI-CBO project and do not cooperate and respond to the demands of VOs/SHGs. This may be one of the reasons for LRG members and VOs getting demotivated and were not continuing with the project activities after its completion. In Karnataka, it has been found that none of the two experimental GPs were continuing with the project activities after its completion.

Following major reasons have been observed which are negatively affecting the sustainability of the PRI-CBO convergence project:

- States and district officials of the Panchayati Raj department have not issued clear guidelines to GP Secretaries and ERs of project areas for mandatory participation in the PRI-CBO project.
- In the project areas, the coordination between the Panchayati Raj Department and SRLM officials is poor. This is resulting in lack of interest and inactive participation of ERs and GP officials in implementing the activities under the PRI-CBO project.
- Due to ineffective capacity building programmes, VO leaders and LRG members are unaware of GP's functioning, activities of PRI-CBO project and government schemes. In such areas, once the external mentors have withdrawn, VO leaders and LRG members have not been able to continue project activities.
- During the project intervention period, the LRG members have received a monthly honorarium. But after the completion of the project, the disbursement of honorarium stopped and hence, they were neither actively involved in the activities nor meet the SHG members regularly.

3.9 State-wise Achievements under PRI-CBO Convergence Project and the Sample GPs Response to the Demands Raised by the SHGs

The research team found it difficult to obtain the data pertaining to the community demands raised specifically by the women (SHG members) and the status of those demands in GPDP. VOs/SHGs did not submit their demands to the GP in writing but they were conveying their demands orally to ERs and officials of the GP. VOs/SHGs failed to maintain a record of the community demands that they have conveyed to GP. Participatory Assessment of Entitlements (PAE) and Entitlement Access Plan (EAP) prepared under the PRI-CBO project have concentrated on identifying the

individual or household needs and demands (availing individual/household benefits of schemes) rather than identifying and discussing the community needs in the GP. There is an activity of preparing the GP2RP under the PRI-CBO convergence project and submitting it to the GP office for inclusion in the GPDP. During field visits for this study, it is observed that such a process of preparation has not happened in most of the experimental GPs, except in both the experimental GPs of Assam where GP2RP have been prepared. In Karnataka, GP2RP has been prepared in the experimental GP of Agalakera. But it was very rudimentary with only the list of eligible persons entitled to receive individual benefits such as widow pension, old-age pension, disability pension, ration cards, etc. In Tripura, SRLM officials said that GP2RP was prepared in both the sample GPs, however, the study team could not access the relevant documents. In the State of Jharkhand, SRLM functionaries said that they were not aware of GP2RP and received no guidelines for the preparation of GP2RP. In other States, GP2RP was not prepared by the CBOs and LRG members. In most of the experimental GPs, SHG members were not aware of GP2RP.

Apart from PAE, EAP and GP2RP, Gram Sabha is another platform for conveying the demands of women to the GP. It has been found that during the GS meetings, participating villagers, ERs and officials of GP discuss matters relating to various issues of GP and demands raised by both men and women. However, GP does not record whether these demands were raised by men or women and hence, it is difficult to know the particulars later. While participating in the GS meeting as a group, SHG members may have been raising demands exclusive to women. But while collecting the data from the GP, exclusive demands of women raised by SHGs could not be found.

In Karnataka, noteworthy positive role of the PRI-CBO project could not be seen in the two sample experimental GPs. It has been observed that the district and block officials of Karnataka SRLM have not shown any interest to extend the project to a new GP. This is mainly due to improper coordination between external Mentors from Kerala and SRLM officials at the district and block level. Records of the demands raised by the SHGs and their achievements have not been maintained by the VOs and LRG members. Hence, the demands and achievements made by the SHG members could not be assessed in the experimental GPs of Karnataka. Similarly, in Mizoram, the PRI-CBO project was initiated a year ago in January 2019 and the implementation process at the GP level was continuing. So, the role of the project cannot be assessed due to lack of enough data.

Based on the available secondary information provided by SRLMs of selected States and primary data collected from PAE and EAP of sample experimental GPs, the following are the achievements made by the States and the sample experimental GPs in response to the demands raised by the SHGs:

3.9.1 Demands Achieved under PRI-CBO Project in Maharashtra

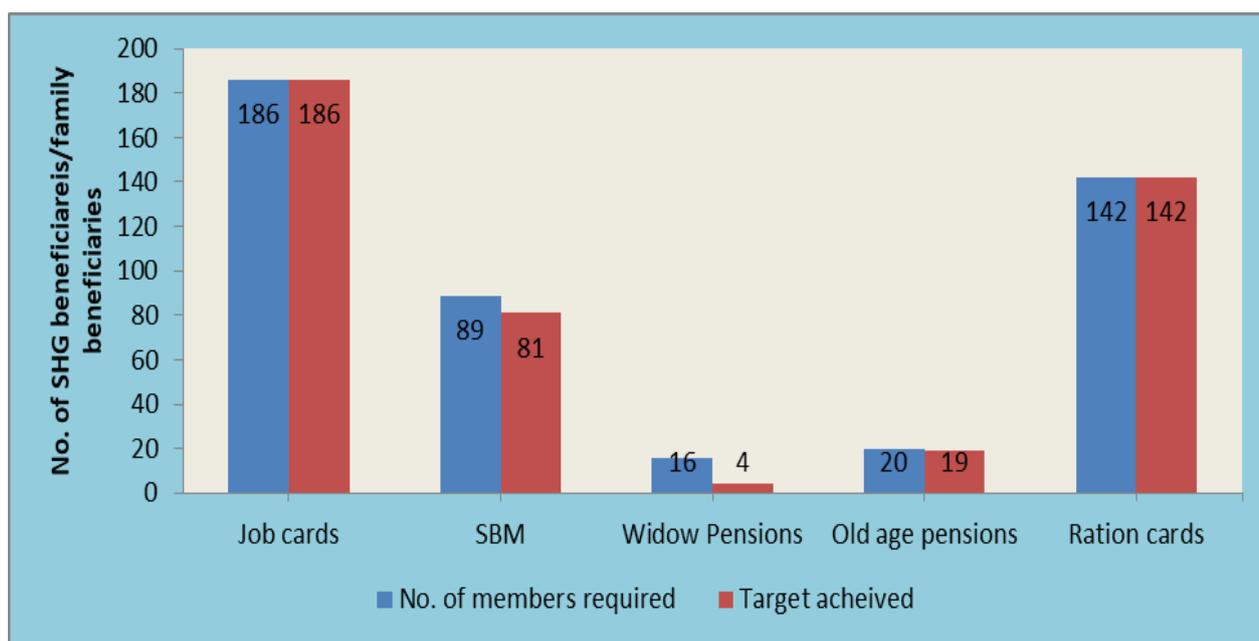
Table 3.8: State Level Beneficiaries under PRI-CBO Convergence Project in Maharashtra

Scheme – Entitlement	Achievement by March, 2016	Achievement by June 2016	Percentage increase in achievement
SHG members with Job Card	2074	3225	55.5
SHG members demanded work	1577	2768	75.5
SHG members obtained work	1276	2357	84.7
SHG members having a latrine in their houses	1478	2276	54.0
SHG women/families having RSBY/RGJAY Health Card	1843	3145	70.6
SHG women/family members obtaining old-age pension	511	885	73.2
SHG women/family members obtaining widow pensions	275	416	51.3
SHG women/family members obtaining disability pensions	170	264	55.3
SHG Households owning Ration Cards	885	1464	65.4

(Source: Data furnished by UMED-SRLM, Maharashtra State Government).

Table 3.8 indicates that under the PRI-CBO project, new 1151 MGNREGS job cards were issued to households of SHGs members during the three months i.e., from March 2016 to June 2016. This marks an increase of 55.5 per cent in achievement. Out of the 2768 SHG members who demanded work under MGNREGS, 85 per cent have obtained work. Under SBM-G, around 800 new IHHL were sanctioned to the SHG members in the three-month period, which marks a 54 per cent increase. A total of 1300 SHG members were issued health cards under the RSBY scheme and this registers nearly 71 per cent increase in achievement. About 374 beneficiaries belonging to SHG families have obtained old age pensions, with records a 73.2 per cent increase in achievement. Similarly, 141 received widow pensions and 94 received disability pensions. As many as 579 SHG families received new ration cards during the period from March 2016 to June 2016, which shows an increase of 65 per cent.

3.9.2 Individual and Community Demands Raised by SHGs and Achievements in Wadwal GP, Maharashtra



Graph 3.15: Demands Raised by SHGs and Target Achieved for the Year 2016-17 in Wadwal GP, Maharashtra

From Graph 3.15, it can be observed that the demands raised by the women on various government schemes like issuing job cards under MGNREGA, ration cards by PDS under FSA, amount sanctioned for construction of IHHL under SBM-G, old-age pensions under IGNOAPS, etc., have been significantly achieved by active participation in the Gram Sabha and conveying demands recorded in EAP to ERs and officials of GP. In this GP, three LRG members were actively involved in organising SHGs, preparation of PAE and EAP, follow-up with ERs and officials of GP about actions taken on demands listed in the EAP. These LRG members were well aware of various government schemes, procedures of accessing entitlements, GP system and its functioning. The State officials of SRLM stated that due to the effective implementation of the PRI-CBO convergence project, this GP has made significant progress in areas like women empowerment, participation of women in Gram Sabha, proper execution of government schemes like SBM-G, MGNREGA, ICDS, pension schemes under NSAP, etc.

During the field visit for this study, it was found that Wadwal GP Secretary has been coordinating well with the CBO members and LRG members under this project. All the registers and documents of GP were maintained well. Also, the GP office was having good infrastructure facilities and CCTV cameras for surveillance. The GP officials said that positive changes have happened in GP, particularly among women, after the initiation of PRI-CBO project. The field visit found improvement in awareness level of women about the functioning of the GP as well as their active participation in GS/Mahila Sabha meetings on a regular basis.

Table 3.9: Wadwal GP's Response to Community Demands Raised by SHGs

S. No.	Demands made by SHGs	Whether included in GPDP?	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ ongoing / not started
1	Providing Mahila community Hall	Yes	-	No	Lack of budget	
2	Agarbati making machine for livelihood to SHG	Yes	-	68,000.00		Completed
3	Providing Mahila community Hall	Yes	-	50,000.00		Started
4	Drinking Water Plant	Yes	-	75,000.00		Completed
5	New road	Yes	-	50,000.00		
6	Drainage works	Yes		48,000.00		
7	Road repair	Yes	-	1,50,000.00		

(Source: Primary data collection from GPDP and FGD with SHG members).

Table 3.9 shows the status of community demands raised by the Wadwal SHG members in the GS meetings in three years. It is observed that the total budget allocated for the demands raised by the women is Rs. 4,41,000. Most of these demands were related to drinking water, roads, drainage, women community hall, etc., which contribute to the overall development of the GP. Wadwal GP has responded to these demands by allocating funds from the Fourteenth Finance Commission (FFC) grants. Except for the demand for women community hall made in the year 2016-17, budget for all other demands was sanctioned in the same year.

3.9.3 Demands Achieved under PRI-CBO project in Tripura

Table 3.10: Total beneficiaries under PRI-CBO Project in the year 2018-19 in Gomati Dist., Tripura

Name of the Block	No. of SHGs	No. of SHGs completed PAE	No. of VO/WLF/CLF	No. of VO/WLF/CLF prepared EAP	No. of GPs prepared GP2RP	No. of persons received MGNREGS Job card	No. of work obtained under MGNREGS	No. of persons received IHHL	No. of persons received old-age pension	No. of Gas connections received under Ujjwala	No. of households sanctioned PMAY house
Killa	557	551	VO-37 CLF- 2	20	16	261	261	613	116	784	464
Matabari	934	787	VO-48, CLF-5	47	30	4960	0	4512	543	117	0

(Source: Data furnished by SRLM, Tripura State).

In Tripura, the project was initiated in two blocks of Gomati district in the year 2017. The project was implemented in 52 Gram Panchayats in Killa and Matabari blocks. Table 3.10 shows that 1338 out of the total 1491 SHGs in the piloted 52 GPs, i.e., nearly 90 per cent, completed the PAE exercise. Also, 78.8 per cent of VOs prepared the EAP at the community/village level by prioritising the demands of SHG members. In Killa block, all GPs prepared the GP2RP and in Matabari block, 30 out of 36 GPs, i.e., nearly 83 per cent, prepared the GP2RP.

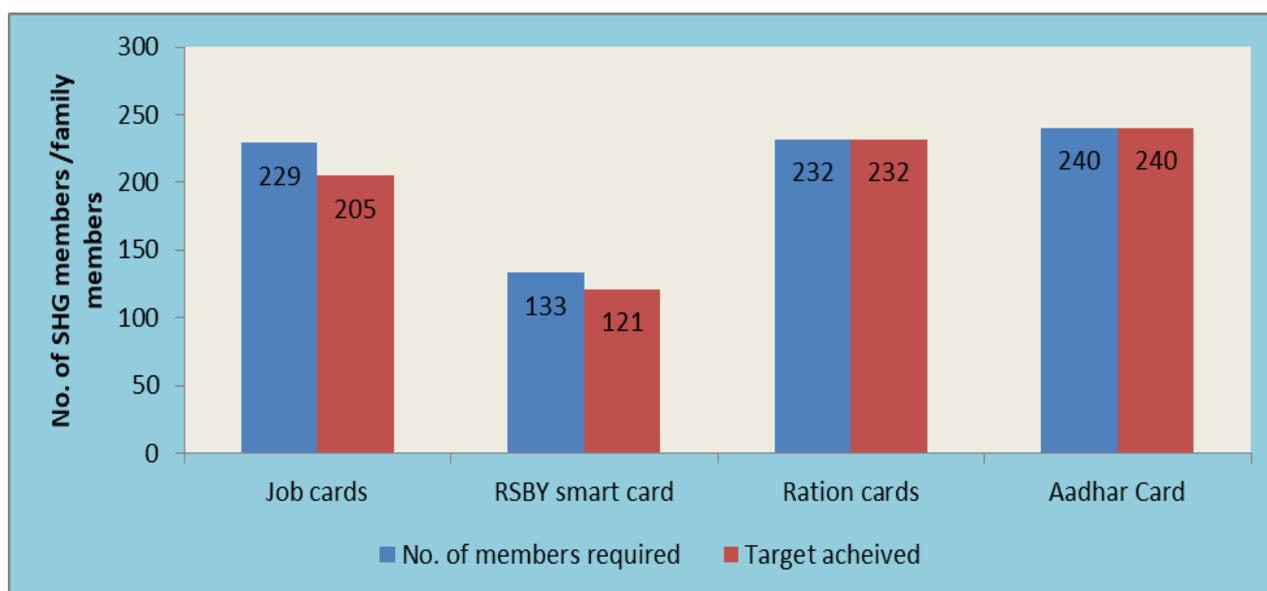
Table 3.11: Achievements Made by SHG Members under the PRI-CBO Project in Tripura

Entitlement	Total No. of SHG Members	Total No. of SHG Members with Access	Percentage of Total Achievement
PDS Ration Cards	8085	7952	98.4
MGNREGA Job Cards	8085	7632	94.4
RSBY Health Insurance	8085	6668	82.5
SBM-G IHHL	8085	6547	81.0

(Source: Data furnished by SRLM, Tripura State).

Table 3.11 indicates that the achievement in availing the PDS ration cards is 98.4 per cent. Around 94 per cent of the members got job cards under the MGNREG scheme. More than 80 per cent of the SHG members were benefited under the Rashtriya Swasthya Bhima Yojana (RSBY) and Swachh Bharat Mission-Gramin (SBM-G) schemes. The SRLM officials of Tripura have shared that the women were not aware of the procedures for accessing their entitlements under various government schemes before the implementation of PRI-CBO Convergence project. Through this project, SHGs members have become aware of the schemes through PAE and EAP exercises. The project has also led to increased participation of women in Gram Sabhas. For sustainability and expansion of the project, the SRLM has taken an initiative to identify the active members of LRG members and provide them further training and designate them as Internal Mentors. These Internal Mentors support the expansion of the PRI-CBO activities to other blocks that are not covered by the project.

3.9.4 Individual and Community Demands Raised by SHGs in Khilla VC, Tripura



Graph 3.16: No. of SHG Members Who Availed Schemes under PRI-CBO Project in Khilla VC

The activities of PRI-CBO project initiated in the Khilla Village Council in September 2017 were continuing. Graph 4.13 illustrates that 100 per cent demands relating to ration cards and Aadhaar cards made by the SHG members have been achieved. Under the MGNREG scheme, 205 out of 229 SHG members, i.e., nearly 90 per cent received job cards. Under RSBY, a total of 133 smart cards have been demanded by SHGs members. Out of these, 91 per cent of demand has been met.

Table 3.12: Status of Community Demands Raised by SHGs of Khilla VC, Tripura

S. No.	Demands made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ongoing / not started
2018-19						
1	MTC of goat	Yes		2,56,650	-	Completed
2	Pond	Yes		8,36,856		Completed
3	Rubber plantation	Yes		6,00,000		Completed
4	Arecanut plantation	Yes		1,60,000		Completed
5	Rubber trapping	Yes		6,05,340		Completed
Total				24,58,846.00		
2019-20 (till November)						
1	New road	Yes		6,28,608	-	Completed
2	Pond	Yes		4,80,000	-	Completed
3	Land levelling	Yes		2,73,600	-	Completed
4	Rubber plantation	Yes		7,44,000	-	Completed
5	Rubber trapping	Yes		4,97,660	-	Completed
6	Irrigation Chanel	Yes		5,37,600	-	Completed
Total				31,61,468.00		

(Source: Data furnished by Khilla Block Office).

Regarding community demands, Table 3.12 shows that all the demands raised by the SHG members through GS meetings and GP2RP have been included in the GPDP by the GP. In the year 2018-19, an amount of Rs. 24,58,846 has been sanctioned to the demands like pond, rubber and arecanut plantations, etc., and have been successfully completed. Similarly, in the year 2019-20, an amount of Rs. 31,61,468 has been sanctioned till November for the demands raised by the SHG members.

3.9.5 Individual demands raised by the SHGs in Khilpara GP, Tripura

Table 3.13: Demands Achieved by the SHG Members of Khilpara GP, Tripura

Scheme	No. of SHG members demanded	Achievement	Percentage of Achievement
Old-age pensions under NSAP	23	18	78.3
IHHL under SBM-G	48	48	100.0
MGNREGA Job cards	18	16	88.9
RSBY Smart Cards	92	64	69.6
Gas connections under PM Ujjwala Yojana	24	6	25.0

In the Khilpara GP, the demands raised by the SHG members for the construction of 48 toilets have been fully achieved. Approximately 78 per cent of the demands for granting old-age pensions have been met and 89 per cent of SHG members' demands for issuance of job cards under MGNREGA have been achieved through PRI-CBO project interventions. However, only 25 per cent of the demands for the gas connections under Pradhan Mantri Ujjwala Yojana could be fulfilled. In Khilpara GP, no community demands were raised by the SHG women.

3.9.6 Demands Achieved under PRI-CBO Convergence Project in Assam

Table 3.14: Individual Entitlements Achieved by the SHG Members in Assam under the PRI-CBO Project

Categories	Achievements
New Job cards under MGNREGS	9734
SHG members demanded work	34632
Work obtained under MGNREGS	17450
IHHL under SBM-G	12014
Old age pensions under NSAP	5303
PMAY-G	5182
Gas connections under PM Ujjwala Yojana	15663
Electricity connection	4741

(Source: Secondary data from SRLM Assam State).

From Table 3.14, it is found that out of the total 34,632 works demanded by SHG members under the MGNREGS, only 50.3 per cent have obtained works. Nearly 12,000 SHG households have been sanctioned household latrine (IHHL) under SBM-G. More than 5000 SHG family members have started receiving old-age pensions and as many households have been sanctioned construction of houses under PMAY-G. A total of 15,663 SHG members have got gas connections under the Ujjwala scheme through PRI-CBO convergence project.

Table 3.15: Incorporation of Community Demands Raised by SHGs into GPDP in Assam

Categories	Number of Demands Incorporated into GPDP
No. of new public ponds	21
No. of public ponds need to renovate	45
No. of new public well	26
No. of public well renovation	4
No. of new public tube well	88
No. of canal required for agriculture purposes	44
No. of canal renovation for agriculture purposes	9

(Source: Secondary data from SRLM Assam State).

Table 3.15 represents the number of community demands incorporated into GPDP after discussions in the Gram Sabha meetings. These demands were raised by the SHGs during PAE and VO meetings. In the State of Assam, under the PRI-CBO project, demands from 436 VOs have been incorporated into the GPDP plan across 51 GPs. In the preparation of GP2RP, two representatives from each SHG were identified to facilitate the GP2RP process in their SHGs. These representatives were given one-day training under the PRI-CBO project. The mentor of PRI-CBO project from Kerala KS-NRO was effectively implementing all the activities of the project. SHG members have been utilising this opportunity to strengthen themselves under this project.

3.9.7 Achievements of Individual and Community Demands of SHGs in Katonigaon GP, Assam

Table 3.16: Percentage of Individual Demands Achieved by SHGs of Katonigaon GP

Demands	Target	Achievement	Percentage of Achievement
Job cards under MGNREGS	327	100	30.6
Toilet construction under SBM-G	101	30	29.7
Old age pensions under NSAP	81	0	0.0
Widow pensions under NSAP	31	0	0.0
Disability pensions under NSAP	11	0	0.0

(Source: Primary data collected from LRGs and VOs of Katonigaon GP).

Table 3.16 shows that under MGNREGS, 327 SHG members had demanded job cards for their households and 31 per cent received it. Around 30 per cent of 101 SHG members' households, who had demanded construction of toilets (IHHL) under SBM-G, have got sanctions. Under NSAP, demands were made by 81 SHG family members for old-age pensions, 31 for widow pensions and 11 for disability pensions. However, none of them has received any benefit. The GP officials stated that the State government has not released funds for pensions.

Table 3.17: Status of Community Demands Raised by the SHGs in Katonigaon GP, Assam

S. No.	Demands made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ ongoing / not started
2016-17						
1	Construction of library building at Keyajaan Amarjyoti Library	Yes		2,00,050	-	Ongoing
2	Construction of public urinal toilet at Panikhati	Yes		2,00,000		Completed
3	Construction of bicycle stand at MV school	Yes		1,30,048		Completed
Total				5,30,048		
2017-18						
1	Construction of drainage at Paruna Gaon	Yes		3,00,000	-	Completed
2	Installation of solar street lights at GP office area	Yes		10,00,000	-	Work in progress
3	Construction of boundary wall for public toilet at Upokohali Sankari Vikash Kendra	Yes		3,19,966	-	Completed
Total				16,19,966		
2018-19						
1	Construction of drain on both sides of PWD road from Gopal Bora's house to Arjuntal culvert	Yes		6,00,000	-	Work in progress
2	Construction of Urinal toilet Katonigoan GP office	Yes		3,00,000	-	Work in progress
Total				9,00,000		

(Source: Primary data collection from GPDP and FGD with SHG members).

Table 3.17 shows that the GP has responded to the demands raised by the SHGs for community works and allocated funds. For the year 2016-17, a total of Rs. 5,30,048 has been sanctioned for the works relating to the construction of library building, public toilets and bicycle stand on school premises. Similarly, in the years 2017-18 and 2018-19, funds totalling Rs, 16,19,966 and 9,00,000, respectively, have been sanctioned by the GP for various development works demanded by the SHG members. In this GP, VOs had prepared the GP2RP by the consolidating the demands of all SHGs and submitted it to the GP Secretary. All the SHG members along with LRG and VO made a resolution against the sale of liquor in the GP area and lodged a complaint at the local police station. Now, the GP is free from liquor sales. Also, the LRG members along with SHG members had conducted health check-up camps for villagers, adult literacy programmes for SHG members and Bal Sabha.

3.9.8 Achievements of Individual and Community Demands of SHGs in Bamuni GP, Assam

Table 3.18: Percentage of Individual Demands Achieved by SHGs in Bamuni GP

Demands	Target	Achievement	Percentage of Achievement
Job cards under MGNREGS	411	300	73.0
Toilet construction under SBM-G	624	270	43.3
Old age pensions under NSAP	77	0	0.0
Widow pensions under NSAP	29	0	0.0
Disability pension under NSAP	2	0	0.0

(Source: Primary data)

Table 3.18 shows that 73 per cent of 411 households of SHG members have received new MGNREGS job cards. A total of 624 households had demanded construction of toilet (IHHL) under SBM-G and 43 per cent got sanction. Demands had been made by nearly 77 persons for old-age pension, 29 widow pension and two for disability pension under NSAP but none of them received any benefit. As in the case of Katonigaon, the Panchayat Secretary of Bamuni GP shared that the State government has not released any funds for pensions.

Table 3.19: Status of Community Demands Raised by SHGs in Bamuni GP, Assam

S. No.	Demands made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not, reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ ongoing / not started
2016-17						
1	Installation of 15 solar street lights	Yes		4,15,752-	-	Work in progress
2	Construction of library building	No	Not in priority	-	-	
Total				4,15,752		
2017-18						
1	Construction of 02 waiting sheds at Dhantula Tiniali and Maigoan	Yes		2,60,000	-	Completed
2	Installation of 3 Solar street lights	Yes		78,179	-	Work in progress
3	Construction of footpath at Parul Bala Goswami high school	Yes		1,00,000	-	Completed
4	Improvement of Bamuni Kutuhani public library	Yes		1,47,031		Work in progress
Total				5,85,210		
2018-19						
1	Construction of CC block road (200mt)	Yes		8,85,726/-	-	Work in progress
Total				8,85,726/-		

(Source: Primary data collection from GPDP and FGD with SHG members).

Table 3.19 shows that in the year 2016-17, out of two demands for community works, one for installing solar street lights has been included in the GPDP. An amount of Rs. 4,15,752 was sanctioned for the work, which was in progress. Another demand regarding the construction of library building has not been included in the GPDP. The GP officials explained that while prioritising the identified needs, this demand was given the least priority and was not included in the GPDP for the year 2016-17. All the four demands for community works raised by SHGs in the year 2017-18 were included in the GPDP for that year and a total amount of Rs. 5,85,210 was sanctioned. In the year 2018-19, SHG members demanded construction of 200-metre-long CC road. The demand was included in the GPDP and an amount of Rs. 8,85,726 was sanctioned.

3.9.9 Demands Achieved under PRI-CBO Convergence in Jharkhand

Table 3.20: District-wise Beneficiaries in Various Schemes under PRI-CBO Project in Jharkhand

Name of the District	No. of Jan Dhan Bank Account opened	No. of households received MGNREGS Job card	No. of households received IHHL	No. of persons received old-age pension	No. of persons received Widow Pension	No. of persons received Divyang Pension	No. of households received Ujjwala gas connections	No. of households sanctioned PMAY-G house
Dumka	2268	948	461	17	6	0	390	185
E.Singhbhum	5616	2114	1301	1223	649	235	1337	1601
W.Singhbhum	5005	3668	3982	494	474	101	2235	1031
Gumla	2945	1672	1968	505	251	37	3583	751
Giridih	2032	2530	1693	453	165	84	1211	359
Ranchi	4190	3094	2345	926	772	82	4954	1826
Lohardaga	609	811	679	312	86	26	739	271
Pakur	1380	1275	1368	7	0	0	912	805
Khunti	426	259	485	255	11	10	1943	57
Simdega	2256	631	2114	455	243	68	1716	824
Total	26727	17002	16396	4647	2657	643	19020	7710

(Source: Data furnished by SRLM, Jharkhand State).

In Jharkhand, the project was implemented in 36 blocks of 10 districts for a duration of five years i.e., from April 2014 to March 2019. The project was piloted in a total of 348 GPs of 36 blocks. About 476 LRG members, 1767 VOs and 19,852 SHGs took part in the implementation of the project. Nearly 90 per cent SHGs completed PAE and 70 per cent VOs prepared the EAP. Table 3.9.9 represents that the PRI-CBO convergence project has contributed significantly in achieving financial inclusion of the poor households in project areas by facilitating the opening of 26,277 bank accounts under Pradhan Mantri Jan Dhan Yojana (PMJDY). With interventions of the project, 19,020 households got LPG gas connections under Pradhan Mantri Ujjwala Yojana and 17,002 households received job cards under MGNREGS. Similarly, under SBM-G, 16,396 households received sanctions to construct IHHL.

Regarding the implementation of the PRI-CBO convergence project, the SRLM officials expressed that the PRIs in Jharkhand were in the nascent stage. One Panchayat Secretary is the in-charge of more than one GP and one Data Entry Operator (DEO) is responsible for three GPs and they have been positioned at the Block office. Frontline functionaries were not reporting to GPs as they report to the line departments concerned. In many places, the challenge was the functioning of GP office six days a week. The government has been working to empower GPs to generate their own source revenue (OSR). At present, they are totally dependent on funds given by FFC. But most of the time the decision on schemes to be taken using the FFC fund would be taken at the State level or district level. Even the MGNREGA fund is also not very much under their control though the planning has to be approved by Gram Sabha. The SRLM officials shared that before 2018, there was no instruction from the Ministry of Panchayati Raj (MoPR) to the Jharkhand State Panchayati Raj Department to converge with CBOs, which was formed under NRLM, and in absence of such directives, Panchayats at different levels and their officials show little interest in PRI-CBO project. The convergence has started in August 2018 when MoPR and MoRD decided and instructed both SRLM and PR Department to converge for the preparation of GPDP for FY 2019-20.

Initially, there was no federation of SHGs at the GP level in Jharkhand. Such federations are created at a cluster of three to five GPs. Lack of federation at the GP level had made it difficult to create a GP level structure such as GPC for convergence with GP. However, this bottleneck was removed and federations of SHGs were being formed at the GP level only.

3.9.10 Individual Demands Raised by the SHG Women of Nawatoli GP, Jharkhand



Graph 3.17: Status of Individual Demands Raised and Achievements Made by SHG Members in Nawatoli GP

Graph 4.15 depicts that 99 per cent of the demands raised by the SHG women for enrollment under Pradhan Mantri Swasthya Bima Yojana (PMSBY) have been achieved. Of the total 399 demands, 311 SHG members opened their PMJDY bank account. Nearly 80 per cent of the demands for issuance of PDS ration cards was achieved with the interventions of the PRI-CBO project. Out of the total demands made by SHG members for widow pensions under NSAP, 43 per cent was achieved. Whereas, none of the demands related to old-age and divyang pensions under NSAP have been met.

3.10 Discussions on Findings

In the six sample States, MoUs for the implementation of PRI-CBO Convergence project have been signed between the SRLMs and Departments of Panchayati Raj of respective States. During the field visit, the cooperation between these SRLMs and Departments of Panchayati Raj could not be seen at the GP level in the sample GPs of selected States. In most of the sample GPs where the project has been undertaken, the Panchayat Secretary and GP members have not shown interest and were not cooperating with the LRG members and CBOs to conduct the activities under the project. This is mainly due to lack of clear guidelines from the Panchayati Raj Departments of these States to the Block and GP officials for conduct the activities under the project.

It is found that in the experimental GPs where the project is not effectively implemented, the GP Secretaries and ERs have not shown interest and not participated in the training sessions given under the PRI-CBO project. But with the continuous efforts made by LRG members, SHGs and CBOs, positive changes could be seen in the form of improvement in women's participation in the Gram Sabha meetings in a few sample experimental GPs where the PRI-CBO convergence project was implemented. But such a trend was absent in all sample experimental GPs of the six selected States. A positive outcome of the project could be seen in the two sample experimental GPs of Assam and Tripura as compared to Jharkhand, Karnataka, Maharashtra and Mizoram. In both Jharkhand and Maharashtra, the participation of women in GS meetings has increased only in one out of two sample experimental GPs. The absence of any positive role could be seen in other sample GPs due to inactive participation of GP Secretaries, GP ERs, and poor capacity and motivation among LRG and VO members. In the two sample experimental GPs of Karnataka, the PRI-CBO project could not produce a much remarkable outcome. It has been observed that the District and Block officials of Karnataka SRLM have not shown any interest to extend the project to a new GP. This is mainly due to improper coordination between external Mentors from Kerala and SRLM officials at the District and Block levels. In Mizoram, the PRI-CBO project was started a year back in January 2019 only and the implementation process was ongoing at the GP level. So, the role of the project cannot be assessed for

lack of enough data. Also, the GS registers were poorly maintained by the VCs and the VC members had no minimal knowledge about the PRI-CBO project. The entire Mizoram State is under Sixth Schedule and the villages have VCs formed under the Lushai Hills District (Village Councils) Amendment Act, 2006. As the 73rd CAA is not applicable in the State, the VCs are not having proper infrastructure facilities due to inadequate budget provisions and poor devolution of functions to them. The VC members are not having the authority to take decisions and implement the development projects.

The LRG members are the key persons and play an important role in the implementation of the PRI-CBO Convergence project. The LRG members facilitate the PAE at a regular or a specially convened meeting of each SHG. They moderate the discussions and record the responses of the participants. LRG members also support the GP in organising Gram Sabha meetings. During the field study, it has been found that the highest number of active LRG members were in the two sample experimental GPs of Tripura with each having six members. The next highest number of LRG members was found in the State of Assam with four and five members, respectively, in two sample experimental GPs. The lowest numbers of LRG members were found in the sample experimental GPs of Jharkhand, Karnataka and Maharashtra. During the field visits, it has been observed that in all sample experimental GPs in six States, the LRG members have organised GS meetings with the help of GP officials.

Villagers can address their long-standing developmental challenges by actively participating in the governance of the GP, including planning, implementation, monitoring and social audit of developmental initiatives. The GPDP provides an opportunity for the villagers to actively participate in the process to assess the current development scenario of the GP, formulate a vision for the GP, identify developmental needs and challenges and arrive at a strategy and action plan to meet those developmental needs and address developmental challenges in a time-bound manner by allocating needed resources. Considering its importance, it has been identified as one of the important integral aspects of the PRI-CBO Convergence project. During the field visits for the study, it has been found that only in two sample experimental GPs of Assam and Tripura, CBOs and LRG members have effectively played their role in the preparation of GPDP by identifying the demands of SHG members and facilitating their inclusion into GPDP. It has also been observed that in the sample experimental GPs of Assam and Tripura, the SHG members were actively participating in project activities, Gram Sabha meetings and GPDP processes. As a result, their capacities have got enhanced and they feel highly empowered.

PRI-CBO convergence project is usually implemented in one GP only for one year with the involvement of external mentors from KS-NRO from Kerala. The project envisages that during this one-year period, the members of LRG and VO will get capacitated to continue with project activities in future; ERs and officials of GP will become sensitised and responsive to the needs and concerns of SHG members, and also start valuing their participation in the governance of GP. As a result, SHG members will get into the habit of actively and regularly participating in Gram Sabha meetings and preparation of GPDP. During the field visits of this study, sustainability of the project in those States where it has got completed has been examined. Out of the six sample States for this study, in four States i.e., Assam, Jharkhand, Karnataka and Maharashtra, the project has already been completed. Out of these four States, sustainability of the project has been observed only in Assam, where in both the sample experimental GPs, LRG members, SHGs and VOs were successfully continuing with the activities of the project even after it got over, and external mentors have been withdrawn and honorarium of LRG members has been discontinued.

It has been observed that women of these GPs have got empowered with high awareness and capacities. These women have been attending the GS meetings regularly and actively voicing their needs and concerns. In fact, in the last three years, women accounts for more than three-fourths of the participants in the Gram Sabha meetings. An LRG of Katonigaon GP has got elected as its President, which shows her commitment towards the development of GP and also addressing the needs and concerns of SHG members. After she became the GP President, the cooperation between GP and VOs has been further strengthened. The LRG members and VOs have also been conducting programmes like health camp, adult literacy, Bal Sabha (assembly of children), etc. In Maharashtra and Jharkhand, the VOs of only one experimental GP each were continuing the project activities but with the help of GP officials and ERs; however, this was not as regularly and effectively as can be seen in the case of Assam. In other experimental GPs of Maharashtra and Jharkhand where the project was completed, project activities were not continuing at all mainly due to poor coordination between CBOs, LRG members and GP officials. In these GPs, no improvement in the functioning of the GP has been witnessed even after the implementation of the PRI-CBO project for a year. In Karnataka, it has been found that none of the two experimental GPs were continuing the project activities mainly due to lack of coordination between SRLM officials and external mentors.

CHAPTER - IV

CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Although there has been considerable progress in women's empowerment in India, their participation in decision-making is still very low. There is inadequate number of women members in the Parliament and State Legislatures. With reservations of seats for women in local bodies, approximately 46 per cent per cent of elected representatives of PRIs are women. However, due to inadequate capacities and deeply entrenched patriarchy, they have not been able to effectively perform their assigned roles. Gram Sabha is the most important institution of direct democracy where any registered voter can participate, raise their demands, ask questions to ERs and officials of GP, and also can put forth suggestions. Most of the studies found that the participation of women in Gram Sabha is low. Many measures including the provisions for a separate quorum for women, organisation of Mahila Sabha, etc., have been taken to improve their participation in the Gram Sabha meetings. SHGs movement has elevated women's empowerment to a significant level, particularly in States like Andhra Pradesh, Telangana, Kerala, Tamil Nadu and Bihar. In the State of Kerala, SHGs and their federations are so closely working with the GPs so that many of the federation leaders have got elected as GP Members and Chairpersons. GPs and SHGs/Federations of SHGs are working together for the development of the GP and addressing the needs of the poor and vulnerable. This convergence has also led to the strengthening of Ward Sabha, Gram Sabha and the GP itself. Learning from the Kerala experience, the MoRD has initiated PRI-CBO Convergence project with support from KS-NRO in 11 States across India covering 1,384 GPs.

To assess the role of DAY-NRLM's PRI-CBO project, this study examined the improvement in women's participation in Gram Sabha meetings and the response of GPs to the demands registered by SHG members in Gram Sabha and through the Entitlement Access Plan. It has been found that the PRI-CBO project plays a positive role in improving women's participation in Gram Sabha. However, the quantum of this influence varies across States. Regarding GP's response to the demands registered by SHGs members, it has been found that there is a positive role in terms of accessing individual rights and entitlements by women. However, due to the PRI-CBO project's focus on individual entitlements, currently, there is no mechanism to record community demands and follow up on the response to those demands and hence, the role of the project in GP's response to community demands cannot be assessed. Although in the GPDP of these GPs, a few community demands from SHG members have been included and budget, mainly from the FFC grant, has been

allocated in the last three years. It may be concluded that the findings reject the null hypotheses and alternative hypotheses have been proven correct to a large extent. Coverage of this project is limited and the duration of the project activities in one GP is usually one year. Hence, this study also tried to find out the sustainability of project activities in the GPs where the project is already over. It has been found that except in Assam, the project activities in other States, where the project is completed, is not sustaining.

4.2 Recommendations

Based on the findings of this study and the interactions with various stakeholders, the following recommendations are made for the improvement of PRI-CBO project.

- PRI-CBO projects aim at the convergence of CBOs with the GP. For effective implementation of this project, an inter-departmental coordination mechanism at the State level with Pr. Secretary/ Secretary of Department of Panchayati Raj, Department of Rural Development, Department of Social Welfare and other relevant line departments as members and CEO of SRLM as Member Convener may be created. This inter-departmental committee shall review its implementation and provide direction to the project.
- A similar mechanism can be created at the district level under the leadership of District Collector with District Panchayati Raj Officer, District Development Officer, District Social Welfare Officer, District level officials of other relevant line departments as Members and District Project Manager of SRLM as Member Convener.
- Central advisory as well as the manual for PRI-CBO convergence has been issued to States. All States have to adopt it by detailing of roles and responsibilities of different stakeholders, such as government officials, elected representatives, CBOs, etc., and with a robust accountability mechanism to ensure the performance of assigned roles.
- The context of the Panchayati Raj System and CBOs are not similar in all the States. Hence, a pragmatic approach may be designed separately for each State by understanding the socio-economic conditions of women and provisions of the State Panchayati Raj Act. For example, in Jharkhand, the female literacy rate in rural areas is very low and hence, a rapid literacy programme can be incorporated into the activities of PRI-CBO project.

- GPCC, which is an important platform for GP level coordination, is not found in the majority of the sample experimental GPs. The coordination between the GP officials and CBOs can be strengthened by forming GPCC, orienting its members and conducting its meetings every quarter.
- In some States, there is resistance to external Mentors; hence, more emphasis on identifying and cultivating local Mentors be given. Active LRG members and VO leaders may be given further training including exposure visits to Kerala to graduate them into local Mentors. Good practice emerging from Tripura in this regard may be adopted in other States too.
- The selection of LRG members can be made more transparent. For the sustainability of the project, the main criteria for the selection of LRG members must be their commitment to voluntary contribution towards the development of the GP and empowerment of the poor and marginalised. Involving retired employees and local youth club leaders may also be examined.
- Special capacity building and sensitisation programmes may be conducted under the PRI-CBO convergence project exclusively for ERs and Secretary of the GP. It has been seen that active interest among ERs and functionaries of GP, and their positive response to the women's involvement in the governance of GP have motivated LRG members, VOs and SHG members to work with more enthusiasm and hope.
- The term of ERs is fixed and most of them do not get elected again. Similarly post of GP Secretary is transferable and many a time, they get transferred after completing 3-5 years in one GP. Hence, in the GPs where the project has got over, orientation and training of newly elected ERs and newly posted GP Secretary may be conducted. For economy, they may be trained in the GPs where the project has just started or through local Mentors/active LRG members.
- To sensitise and enhance the capacities of LRG Members and VO, and to overcome the negativity emerging due to the challenges faced by them during the implementation of the project, capacity building programmes may be conducted frequently. Inter-GP exchange may also be facilitated so that a local support group may emerge for these LRG members and VOs in case of any doubt on how to overcome a particular bottleneck.
- Although the participation of SHG members in Gram Sabha meetings has increased, the overall people's participation in Gram Sabha still remains low. To increase people's participation in Gram Sabha meetings, the SHG members may sensitise and motivate other adult members of their family to actively participate in the meetings. This will strengthen the participatory processes in

rural areas, and development interventions are more likely to be pro-poor, pro-marginalised and need-based. Such enhanced participation will also enhance the effectiveness of the utilisation of resources available with the GP.

- Every year, on average, Rs. 40,000 crore is being devolved directly to the GPs as per recommendations of the Fourteenth Finance Commission (FFC). But the citizens of the GP are unaware of their GP budget and the other grants coming to the GP. Even the ERs are not having information on the grants to the GP. Awareness programmes such as 'Know Your GP Budget' may be specially organised during GS meetings to discuss the GP budget.
- PRI-CBO convergence project may have some activities so that GP starts valuing this project. For example, these LRGs/VOs must support GP in monitoring village level institutions such as anganwadi, schools, PDS shops, etc., actively support GP in preparing GPDP, and help in office works of GPs having inadequate staff. Once the GP starts valuing the contribution of PRI-CBO project, it will be actively involved in other activities of this project.

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APPENDIX**(Appendix-1)****Questionnaire for GP**

Name of the GP:

Block:

District:

State:

1. No. of ERs: (a) Total..... (b)Male..... (c)Female.....
2. Gender of GP President / Sarpanch: (a) Male..... (b) Female.....
3. Is the GP / VC president elected for the 1st time? (a) Yes (b) No
4. If No, how many times earlier elected?
1 (b) 2 (c) 3 (d) 4
5. Category-wise ERs: (a) SC..... (b) ST..... (c) OBC..... (d) General.....
6. Population of the GP: (a) Total..... (b)Male..... (c)Female.....
7. Category-wise population: (a) SC..... (b) ST.....(c) OBC.....(d) General.....
8. No. of SHGs in the GP.....
9. No. of VOs in the GP.....
10. No. of GS meetings (General + Special) conducted in the following years?

Year	2015-16	2016-17	2017-18	2018-19	2019-20
No. of GS					

11. Are GP ERs and Officials aware of the PRI-CBO project under NRLM? (a) Yes (b) No
12. Does the GP get the support of Village Organisations (VOs) and Local Resource Groups (LRG members) in convening Gram Sabha meetings? (a) Yes (b) No
13. If yes, what support?
14. Does the GP involve VO/ LRG in disseminating information about the GS meeting? (a) Yes (b)No
15. Are Mahila Sabhas conducted in GP? (a) Yes (b) No
16. If yes, provide details of Mahila Sabha:

Year	2015-16	2016-17	2017-18	2018-19	2019-20
No. of MS					

17. Information on participation of women in GS meetings

S. No.	Participants	2015 -16				2016 -17				2017 -18				2018 -19				2019 -20			
		1	2	3	4	1	1	2	3	4	2	3	4	1	2	3	4	1	2	3	4
1	Total																				
2	Women																				

18. Do you think the PRI-CBO project has increased the participation of women in GS?

Yes (b) No

19. Suggestions for improving women participation in the GS?

20. Do ERs/officials of GP participate in GP2RP preparation? (a) Yes (b) No

21. Details of demands and approvals of SHG members in GPDP:

21 (a) FY 2016-17

S. No.	Demand made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ongoing / not started	Reasons for non-completion/delay/not started
1							
2							
3							
4							
5							
6							

21 (b) FY 2017 -18

S. No.	Demand made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ongoing / not started	Reasons for non-completion/delay/not started
1							
2							
3							
4							
5							
6							

21 (c) FY 2018-19

S. No.	Demand made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ongoing / not started	Reasons for non-completion/delay/not started
1							
2							
3							
4							
5							
6							

21 (d) FY 2019-20

S. No.	Demand made by SHGs (through Gram Sabha & GP2RP)	Whether included in GPDP? (Yes/No)	If not reasons for non-inclusion	If included sanctioned amount (in Rs.)	Reasons for not sanctioning the budget	Status of work completed/ongoing / not started	Reasons for non-completion/delay/not started
1							
2							
3							
4							
5							
6							

22. Has the PRI-CBO project helped GP to address the needs/demands of women?

(a) Yes (b) No

23. Does GP face any challenges/difficulties from the PRI-CBO project? (a) Yes (b) No

24. If yes, please mention those challenges/difficulties.

25. Does GP have any suggestions to improve this project?

26. If yes, what?

27. In case of closure of this project/already closed, will the GP continue/is the GP continuing to interact with VO/SHGs?

(a) Yes (b) No.

Please explain.

Questionnaire for SHG (secondary information to be obtained from records)

Name of the GP:

Block:

District:

State:

1. Name of the SHG:
2. Month & Year of SHG formation:
3. No. of members in the SHG:
4. Category wise no. of members (i) ST__(ii) SC__(iii) OBC__(iv) others__
5. No. of eligible members as per SECC list (HHs with at least 1 deprivation or AI HHs)____ and Other than SECC eligible HHs__
6. No. of training sessions received by SHG under this project in

Year	2016-17	2017-18	2018-19	2019-20
No. of Training				

7. Details of the Trainings Received by SHG (from the year of the CBI-PRO project)

7.1 2016-17

Training No.	Place of Training (Village/ GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of SHG Members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

7.2 2017-18

Training No.	Place of Training (Village/ GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of SHG Members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

7.3 2018-19

Training No.	Place of Training (Village/ GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of SHG Members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

7.4 2019-20

Training No.	Place of Training (Village/ GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of SHG Members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

8. Information on SHG participation in the preparation of the Gram Panchayat Poverty Reduction Plan (GP2RP)

Year	2015-16	2016-17	2017-18	2018-19	2019-20
Whether Participated (Yes/No)					

9. Information on participation of SHG in Gram Sabha meetings in the GP:

Questionnaire for Local Resource Group (LRG)

Section A. Secondary information to be obtained from records

1. Name of the LRG:
2. Name of the representative(s) of LRG:
3. Month & Year of formation:
4. Who constituted Local Resource Group (LRG)?
5. Total No. of members in LRG:
6. Mention the details of members of LRG

S. No.	Names of the LRG members	Designation	Occupation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

7. Details of the Trainings Received by LRGs (from the year of starting the CBI-PRO project)

7.1 2016-17

Training No.	Place of Training (GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of LRG members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

7.2 2017-18

Training No.	Place of Training (GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of LRG members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

7.3 2018-19

Training No.	Place of Training (GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of LRG members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

8. Details of the training given by LRGs to SHGs (from the year of starting the CBI-PRO project)

8.1 (2016-17)

Training No.	Place of Training (GP/ Block/ District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of LRG members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

8.2 2017-18

Training No.	Place of Training (GP/Block/District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of LRG members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

8.3 2018-19

Training No.	Place of Training (GP/Block/District)	Period of Training (days)	Topic/s covered	Resource Person/s	No. of LRG members participated
Training 1					
Training 2					
Training 3					
Training 4					
Training 5					

Section B: Individual Questionnaire (LRG Respondent)

9. Did the LRG form VO/GPCLF? (a) Yes (b) No

10. Did LRG organise a Gram Sabha meeting any time? (a) Yes (b) No

11. If yes, mention the details

S. No.	Gram Sabha (special/general)	Month & Year	Purpose	Total participation	No. of women participated
1					
2					
3					
4					
5					
6					

12. Role of LRGs in preparation of PAEs and GP/Village Poverty Reduction Plan

13. Did the LRG participate in the GPDP planning exercise? (a) Yes (b) No

14. If yes, what role did the LRG play in the preparation of GPDP (2018-19)?
15. Do you think after implementing the PRI-CBO project, is there any improvement in participation of women in GS?
(a) Yes (b) No
16. Do you think after implementing the PRI-CBO project, is there any improvement in addressing the demands of women by GP?
(a) Yes (b) No
17. Has the GPDP addressed the needs/demands of the most vulnerable/poor women?
(a) Yes (b) No
18. Are you satisfied with this PRI-CBO project? (a) Yes (b) No
19. If yes, why
20. If no, why
21. Do you think after implementing this project, is there any improvement in the functioning of GPs?
(a) Yes (b) No
22. If yes, in what ways?
23. Are you going to continue/still continuing this initiative even if the project support is withdrawn/already withdrawn?
(a) Yes (b) No
24. Challenges faced by LRGs
25. Any suggestions

Questionnaire to SHG members of Gram Panchayat Coordination Committee (GPCC)

1. Who constituted the GPCC?
2. In which year was the GPCC constituted?
3. No. of members in the GPCC____
4. No. of SHG members in GPCC____
5. No. of GPCC meetings held in the following years

2016-17	2017-18	2018-19	2019-20

6. What role does GPCC play in the preparation of GPDP?
7. How does GP2RP get integrated into GPDP?
8. What is the role of GPCC in prioritising and allocating budget to activities in GPDP?
9. What role does GPCC play in women's participation in Gram Sabha?
10. Did you participate in the preparation of GPDP? (a) Yes (b) No
11. Whether your demands/needs are given priority in the GPDP? (a) Yes (b) No
12. Do you get cooperation from the line departments? (a) Yes (b) No
13. Do you get cooperation from the ERs of GP? (a) Yes (b) No
14. Do you get cooperation from the GP staff? (a) Yes (b) No
15. Are you satisfied with this PRI-CBO convergence project?
If yes, how
If no, why
16. Do you think after implementing this project, is there any improvement in the functioning of GPs? (a) Yes (b) No
If yes, in what ways?
17. Do you think the women participation in the GS has increased after the implementation of this project? (a) Yes (b) No
18. What are the challenges you face during the PRI-CBO project?
(a)
(b)

SHG FGD Questions/Guide

Name of the GP:

Block:

District:

State:

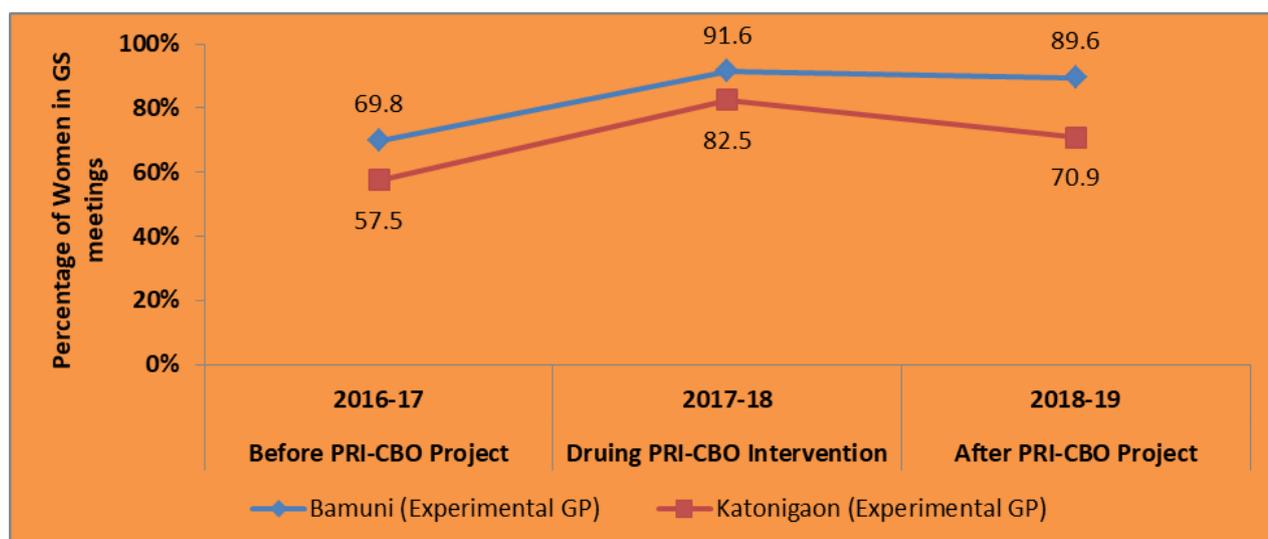
Name of the SHG:

No: of members participating in FGD:

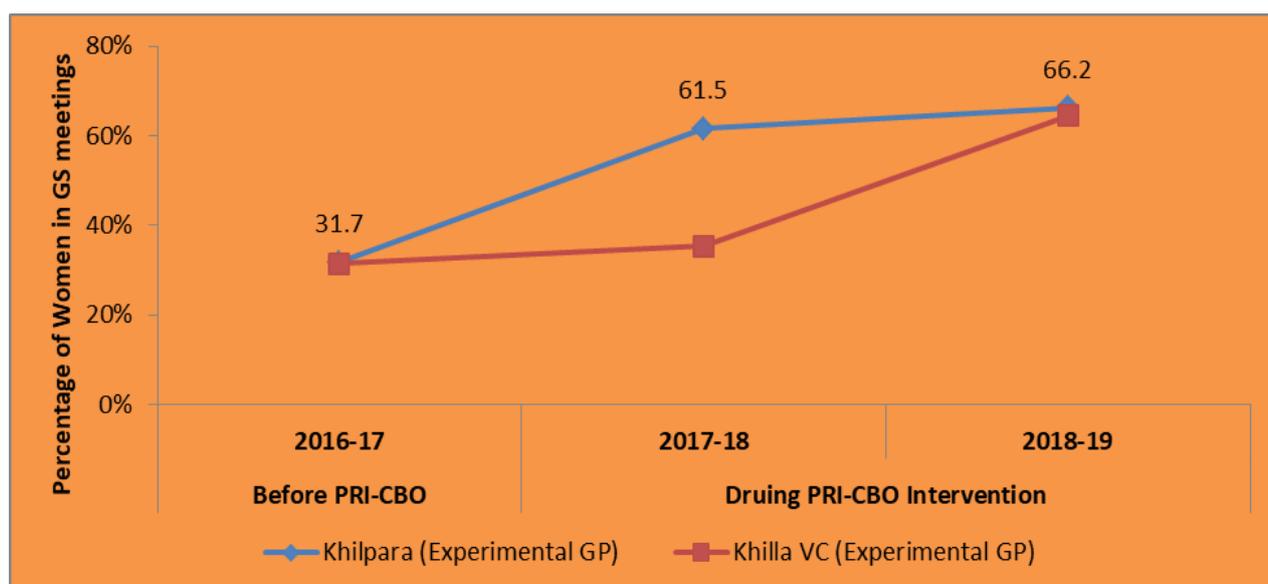
1. Are you aware of the PRI-CBO convergence project?
2. If yes, please tell us about your understanding of the PRI-CBO project?
3. Has your group received any training under the PRI-CBO project?
4. Are those training sessions useful? In what ways?
5. How do you identify the needs/demands of your SHG?
6. How do you prioritise the identified needs/demands of SHG?
7. How do you communicate to the GP the identified listed needs/demands?
8. Do you know about Participatory Assessment of Entitlement (PAE)?
9. If yes, please tell me about the process.
10. Did your SHG conduct PAE?
11. Did you find any difficulty in conducting PAE? What are the difficulties?
12. Are you aware of the entitlements of various schemes?
13. Are you able to access those entitlements?
14. If not, why?
15. Are the poor women able to access those entitlements?
16. If not, why?
17. Does SHG submit its list of demands to the VO?
18. Do you attend GS meetings regularly?
19. If no, why?
20. Do you attend Gram Sabha as a group?
21. If not, why?
22. Do you get prior information about the GS meeting?
23. Who informs you about the GS meeting (date/ time /venue/agenda)?
24. Usually, how many days in advance are you informed about the meetings?
25. Did you all sign the attendance register of the GS meeting?
26. What role did your SHG have in GS?
27. Did your SHG get an opportunity to ask questions and seek information in GS?
28. Did your SHG get an opportunity to raise/register your group's demand?

29. Do you check the minutes of the GS after the meeting?
30. Is attendance of GS noted down accurately in the register?
31. Are the GS proceedings entered correctly in the register?
32. Do you think whether the GS meetings are useful to meet your demands/needs?
33. If no, why
34. What are the benefits of attending GS?
35. Do you face any difficulty/ challenge in attending Gram Sabha? Please elaborate.
36. Do you face any difficulty/challenge in raising your voice (registering demands, issues, concerns) in Gram Sabha? Please elaborate.
37. Do you have any suggestions for making the GS more effective?
38. Are you aware of Gram Panchayat/Village Poverty Reduction Plan (GP2RP)?
39. If yes, please tell me about the process of preparation of GP2RP?
40. How did you learn the process?
41. Do you face any challenge/difficulty in participating in the preparation of GP2RP?
42. Does GP2RP include the needs/demands of poor women?
43. Do you know about GPDP?
44. If yes, how have you come to know?
45. What is GPDP?
46. What role did your SHG play in the preparation of GPDP?
47. Has GPDP included GP2RP?
48. How has the PRI-CBO project influenced the functioning of GP?
49. How has the PRI-CBO project influenced women's participation in Gram Sabha?
50. How has the PRI-CBO project influenced the addressing of demands of women/women SHGs by GP?

Additional Graph and Tables



Status of Women Participation in GS Meetings before and after the Implementation of PRI-CBO Project in Sample Experimental GPs of Assam



Status of Women Participation in GS Meetings before and after the Implementation of PRI-CBO Project in Sample Experimental GPs of Tripura

Details of Sample Experimental GPs in Assam

Name of the GP	No. of SHGs	No. of SHG members	No of VOs participated in GP2RP	No of SHGs participated in GP2RP	No of LRG members trained for GP2RP	No. of SHG representatives trained for GP2RP
Katonigaon	110	1104	9	108	7	216
Bamuni	110	1117	9	110	5	220

District-wise Data under PRI-CBO Convergence Project in Jharkhand

Name of the District	No. of Blocks	No. of GPs	No. of LRG members	No. of SHGs	No. of SHGs completed PAE	No. of VO / WLF / CLF	No. of VO / WLF / CLF prepared EAP	No. of GPs prepared GP2RP
Dumka	1	21	30	1354	1233	122	122	21
E.Singhbhum	4	69	118	3546	3564	307	239	69
W.Singhbhum	9	33	20	2654	2032	180	142	33
Gumla	3	34	60	2067	2067	163	151	34
Giridih	4	21	20	1061	1061	102	102	21
Ranchi	9	116	157	5604	4339	609	201	116
Lohardaga	1	9	10	742	698	48	48	9
Pakur	1	18	30	1108	1108	96	96	18
Khunti	1	7	7	568	516	49	49	7
Simdega	3	20	24	1148	1148	91	91	20
Total	36	348	476	19852	17766	1767	1241	348

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