

GRAM PANCHAYAT ORGANISATIONAL DEVELOPMENT (GPOD) FRAMEWORK



GP Meetings



Service Delivery



GP Structures and roles



GP Annual Plan and Budget



Transparency



GP Funds and Assets

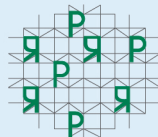


Administration



GP Vision and Mission

A PROCESS DOCUMENT





Gram Panchayat Meeting Kanko, Jharkhand

GRAM PANCHAYAT ORGANISATIONAL DEVELOPMENT (GPOD) FRAMEWORK



A PROCESS DOCUMENT



**Gram Panchayat Organisation
Development (GPOD) Framework:
A Process Document**
Published in 2020

**Copyright (CC) Anode Governance
Lab and PRADAN, 2020** – Creative
Commons Attribute – Non-
Commercial ShareAlike 2.5 India
License. You are free to share and make
derivative works of this publication
only for non-commercial purposes
and under the conditions that you
appropriately attribute it, and that
you distribute it only under a license
identical to this one. More information
about the copyright is available at
[http://creativecommons.org/licenses/
by-nc-sa/2.5/in/](http://creativecommons.org/licenses/by-nc-sa/2.5/in/)

For information and access to tools
developed for the GPOD steps, and for
further information on the contents of
this document, please contact:

Anode Governance Lab, Bangalore

Email: info@anodegovernancelab.in

Website: www.anodegovernancelab.in

ABOUT PRADAN AND ANODE



PRADAN (Professional Assistance for Development Action)

PRADAN, since 1983, has been working on large scale rural poverty alleviation in seven states of India, touching lives of nearly four million poor people. It promotes sustainable livelihoods which are integrated with work on issues of gender and good governance, through women-led self help groups (SHGs). Many of these SHG members are entering democratic institutions such as the Gram Panchayats to participate in decision-making processes. It, therefore, presents an opportune platform for collaboration of these Community Based Organisations (CBOs) and Panchayat Raj Institutions (PRIs) towards bridging the gaps in services as perceived from the demands of these local, deprived communities. To improve the scenario, both in terms of institutional capacities of Gram Panchayats and the functionaries as well as in the devolution of funds, PRADAN has partnered with Anode in a pilot initiative to work in the states of Jharkhand and Madhya Pradesh. The partnership will strengthen and leverage Gram Panchayats to deliver services at the last mile.



Anode Governance Lab

Anode Governance Lab is a Bangalore based organisation that works towards strengthening governance and enabling public institutions to function effectively. Its work is anchored in the belief that vibrant and learning institutions adapt and negotiate with the external environment to deliver their mandate consistently. Anode's institution-building efforts leverage organisation development (OD) and management principles, which adopts a systemic view to change, associating with members of institutions as participants and not recipients of change. Anode's work includes research and analysis of legal frameworks, strengthening institutional capacities of local governments, leveraging technology for better transparency and accountability and impact evaluation. Starting in Karnataka in 2009, Anode presently works in Jharkhand, MP and Maharashtra.

CONTENTS

Foreword	11
Preface	12
Authors	13
Acknowledgements	14



1 INTRODUCTION	16	2 LITERATURE REVIEW AND THEORY OF CHANGE	24	3 GPOD FRAMEWORK AND ITS DEPLOYMENT IN PRADAN'S SPACE PROJECT	42
Background and overview of process documentation	18	Literature review	27	Overview and history of the GPOD framework	44
Purpose of the Handbook	19	Historical perspective and Evolution of Gram Panchayats in India	27	What is the GPOD Framework?	46
Background on Panchayats	19	Organization development: concepts and practices	30	PRADAN and Anode's Collaboration	47
The SPACE Project in Madhya Pradesh and Jharkhand		Organizational development in a public administration context	32	GPOD Theoretical Development through Dr Mary Lipitt's model	47
Methodology	20	GPOD Theory of Change	38	Project Structure	50
Handbook overview	21			Project design and rationale	50
				Roles of Key Agencies	51
				Deployment of GPOD in PRADAN's SPACE project	54

STAGE 1 – CONTEXT & ENROLMENT

4 UNDERSTANDING THE LEGAL FRAMEWORK	60	5 ENROLMENT: MOU SIGNING, GP PROFILING & QUICK WINS	71
QUICK GUIDE	62	QUICK GUIDE	72
What are the main lessons?	69	GP Profiling	75
		Journey of Kanko, Jharkhand	76
		Signing of MoUs	78
		Journey of Dhapada Panchayat, Madhya Pradesh	80
		Quick Wins	82
		What are the main lessons?	83



STAGE 2 – DIAGNOSIS & REFLECTION



6 ORGANIZATION MAPPING	86
<i>QUICK GUIDE</i>	88
Organization Mapping in Jharkhand	94
Organization Mapping in Madhya Pradesh	98
What are the main lessons?	103



STAGE 3 – DESIGN, PLANNING & OPERATIONALIZATION



7 BUILDING A SHARED VISION AND MISSION	106
<i>QUICK GUIDE</i>	108
Vision	111
Mission	112
Visioning in Madhya Pradesh	113
GP Journey – Pindarkon, Jharkhand	121
What are the main lessons?	127

8 PROCESS MAPPING AND GP STRUCTURING	128
<i>QUICK GUIDE</i>	130
Part I: Process mapping	133
Part II: GP Structuring	141
What are the main lessons?	147





STAGE 4 – HANDHOLDING IMPLEMENTATION

9 PLANNING, BUDGETING AND HANDHOLDING IMPLEMENTATION IN THE GPS 150

QUICK GUIDE 152

What is planning, budgeting and handholding implementation in the context of GPOD? 154

What are the main lessons? 161

10 CONCLUSION 164

References 176



FIGURES

<i>Figure 1.</i> GPOD stages, steps and associated chapters	21	<i>Figure 16.</i> Service delivery sub-parameters	100
<i>Figure 2.</i> Timeline of how the legal frameworks evolved to strengthen the Panchayati Raj Institutions	27	<i>Figure 17.</i> Broad sessions of reflection and preparatory meetings in Jharkhand	115
<i>Figure 3.</i> GPOD Theory of Change	40	<i>Figure 18.</i> Guidelines to participants as they start drawing their dream panchayat	117
<i>Figure 4.</i> GPOD Evolution (2011-present)	45	<i>Figure 19.</i> Mission workshop agenda and session plan – Jharkhand	120
<i>Figure 5.</i> GPOD steps and stages	46	<i>Figure 20.</i> Identified processes around MGNREGA	136
<i>Figure 6.</i> Dr Mary Lippitt's Model of Managing Complex Change	47	<i>Figure 21.</i> Application for registration of job cards	136
<i>Figure 7.</i> GPOD engagement timeline	50	<i>Figure 22.</i> Application and allotment for employment	137
<i>Figure 8.</i> Overall project approach and mandate	51	<i>Figure 23.</i> Jharkhand process and RACI mapping	138
<i>Figure 9.</i> Levels of work for each project step	52	<i>Figure 24.</i> Value chain components related to agriculture	139
<i>Figure 10.</i> Project structure - Jharkhand	53	<i>Figure 25.</i> Key processes mapped and value chain components in Agriculture and Education	139
<i>Figure 11.</i> Analysing the statutory framework	67	<i>Figure 26.</i> Suggested processes for preparation of farmer database at the GP level	140
<i>Figure 12.</i> Gram Panchayat Diagnostic Tool – GP Functioning	90	<i>Figure 27.</i> Goals and Focus areas related to Agriculture (Pindarkon GP, Jharkhand)	157
<i>Figure 13.</i> Parameters designed for diagnostic tools in Madhya Pradesh	96	<i>Figure 28.</i> Slice of Agriculture MIS	160
<i>Figure 14.</i> Checklists and ratings	96	<i>Figure 29.</i> Levels of Planning, Budgeting and Implementation based on Panchayat maturity	173
<i>Figure 15.</i> Parameters, sub-parameters and key legal provisions (Jharkhand)	97		

ABBREVIATIONS

3Fs	Functions, Funds and Functionaries
ANSSIRD	Abdul Nazir Sab State Institute of Rural Development
ASHWAS	A Survey of Household Water and Sanitation
CAA	Constitutional Amendment Act
CDLG	Centre for Decentralised Local Governance
FES	Foundation for Ecological Security
Gol	Government of India
GP	Gram Panchayat
GPOD	Gram Panchayat Organisation Development
MoPR	Ministry of Panchayati Raj

OD	Organisation Development
PESA	Panchayats Extension to Scheduled Areas
PR	Panchayati Raj
PRADAN	Professional Assistance for Development Action
PRIs	Panchayati Raj Institutions
RDPR	Rural Development and Panchayat Raj
RGPSA	Rajiv Gandhi Panchayat Sashaktikaran Abhiyan
SIRD	State Institute of Rural Development
SPACE	Strengthening Panchayat Actions for Community Empowerment



Vision exercise in Bhondo GP, Jharkhand



FOREWORD

The Process Document on the Gram Panchayat Organisation Development (GPOD) Framework is a real path-breaker. Hitherto the focus has been on Gram Panchayat as a development entity carrying out certain functions assigned by the State Government following prescribed procedures and processes. GPOD avoids this narrow and, in a sense, fragmented approach and emphasizes Gram Panchayat as an organization. Interestingly it accepts the differing realities of devolution in each State and attempts to contextualize the Framework so that it is eminently practical and doable.

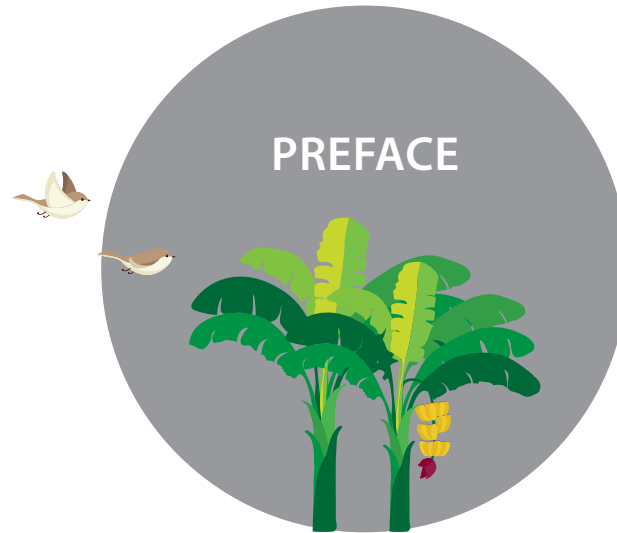
The Framework is based on sound management theory and the document is a useful toolkit for a holistic understanding of the position of Gram Panchayats in the governance system of the State and in achieving its social and development potential. From the governance point of view,

the Organisation Mapping and Gram Panchayat Structuring are the critical elements. The only point which needs a modification in this Framework is the position of Adhyaksha. Conceptually Gram Panchayat is a single organic entity with the Adhyaksha being the first among equals. Only this will ensure the integrity of the organization to achieve its social and development objectives.

The most significant aspect of the Framework is that, it was originally evolved through trial and error and now has been applied to selected Gram Panchayats in Jharkhand and Madhya Pradesh, thus strengthening the empirical roots of this approach. Now the real challenge is to fast-track its operationalisation all over India through appropriate tools for “Rapid GPOD”. Probably the National Institute of Rural Development and Panchayati Raj (NIRD&PR) can evaluate this and work out State-specific strategies for rolling this out in a big way in partnership with the State Institutions of Rural Development and Panchayati Raj.

I congratulate Anode and Pradan for this innovation which has tremendous potential. It is one of the most significant initiatives after Gram Panchayat Development Plan (GPDP).

S.M. Vijayanand
Former Chief Secretary, Government of Kerala
Former Secretary, Ministry of Rural Development and Panchayat Raj,
Government of India



This process documentation, as the name suggests, documents the Gram Panchayat Organization Development (GPOD) processes and tools, designed, and deployed collaboratively by PRADAN and Anode Governance Lab. Rolled out in 16 Panchayats in Jharkhand and 10 in Madhya Pradesh, between 2015 and 2018, as part of the SPACE project, the GPOD framework aims to strengthen Gram Panchayats as units of Local Self-Governance through a structured organisation development approach.

The steps that the GPOD recommends and the attendant processes is envisaged as a journey that unfolds over time. The premise of the documentation of this journey is to both reflect upon and, tease out the experience as well as articulate (and frame) the same as a ready reckoner for user groups. Thus, the objective of the documentation is to serve as

an implementation guide for local governance practitioners and policy makers alike. Evidenced with experiences and challenges from the field, this documentation provides a rich insight into one, the principles that underpin organisation development and its relevance to public sector (Chapter 2); two, the steps of the framework (Chapters 4-9); and, three, the main lessons learnt (Chapter 10). The latter serves as a critical feedback loop to design and deploy an improved and contextual framework. The documentation of the various steps (that cumulatively define the framework) and the attendant processes are generic, yet context specific, and have been documented thus, lucidly with evidences from the field - Madhya Pradesh and Jharkhand. Generically, the framework recognises the needs to contextualise as per the geography as well as the maturity of the organisation.

Furthermore, each step is illustrated through what is referred to as a 'Quick Guide' which describes the step (within the larger framework), its main objectives, the inputs required to operationalise the step adequately and effectively, stakeholders involved, the rationale of the step, expected outcomes and the how it is implemented. This quick guide serves as a ready reckoner for a practitioner who may not always have the time, the will or the skill to browse through a detailed documentation and experiences of the field – documented in detail following the quick guide.

The steps have been colour coded for easy reference.

AUTHORS



Dr. Anjali Karol Mohan leads research and policy initiatives at Anode Governance Lab. Over the past two and a half decades Anjali's research and practice has straddled the broad areas of development, urbanization and urban management, organisational and institutional frameworks, public policy and information and communication technologies and development (ICTD). She brings her deep understanding of government functioning along with facilitative pedagogy to guide the work at different stages of Anode's work.

Anjali is a geographer with an urban and regional planning degree from the School of Planning and Architecture, New Delhi. She has a PhD on (e)Governance and public policy from IIIT Bangalore.



Ms. Sonali Srivastava, founder and CEO of Anode Governance Lab is a development and management professional. She set up Anode Governance Lab to pursue work towards systemic strengthening of institutions engaged in public services. As an Organisation Development practitioner, she has designed and managed complex change management interventions across corporate, government and non-government organisations.

Sonali holds a Personnel Management degree from XLRI Jamshedpur and a Masters in Development Studies from SOAS, University of London.



Trinankur Banerjee, a designer and illustrator, has extensively worked in the creative field over the last fifteen years on various public projects with the central and regional governments; with corporates, media houses, non-governmental organisations, start ups, and publishing houses. He has held key roles in launching newspapers, websites and media campaigns. He has a masters in English Literature from Jadavpur University.

Anode and Pradan acknowledge the work and the contributions of **Safiya Hussain** who coordinated the process documentation in its final stages. Her inputs, especially in detailing the theory of change and conducting secondary and primary research (interviews in Jharkhand and Madhya Pradesh) added to the ongoing efforts of documentation.



The process document is written concurrently as the GPOD framework was being deployed in the states of Madhya Pradesh (MP) and Jharkhand. The framework was first deployed and documented in 2014, when it was conceptualised and implemented in two Panchayats in Karnataka. Building on this initial experience, in 2017, Anode in partnership with Pradan contextualized and implemented the framework in 26 Panchayats in MP and Jharkhand. The experience was an enriching exercise, providing critical insights and learnings which, in turn, helped evolve the framework further. The journey involved several stakeholders without whose contribution achieving maturity and effective implementation of the framework would have been incomplete. The richness of the document comes from experiences in the two states. The challenge was to capture the vibrancy in the work, where, on a

day-to-day basis, engagement with the Pradan teams helped understand and respond to the dynamics of the 26 participating panchayats.

The GPOD journey in Jharkhand and MP was initiated under the leadership of Madhu Khetan, Anish Kumar and Anirban Ghosh. Madhu has been a guide through out the project duration, through many weekly calls, and stepping in to resolve issues.

In particular, we want to thank the Pradan teams in both the states for their contributions towards the documentation exercise. The teams cooperated in recalling their experiences to provide inputs and feedback on the framework and its implementation in the Panchayats. They reviewed the documentation efforts through regular conversations. The final consolidation was accomplished through a two-day workshop, where participants from MP and Jharkhand meticulously went through each chapter, arguing vigorously, providing valuable insights and recommendations.

We want to place on record our appreciation and acknowledgement for both the teams: Binju Abraham and Sukanta Sarkar for their belief, and for leading the project to the next levels of engagement with GPs in Jharkhand. Thanks to Avijit Mallik, Rajeevranjan, Shailendra Singh, Mousumi Sarkar, Prakash Kumar and Gyan Sharma who have guided the teams through the many ups and downs. The consistent efforts of Kumar Sanjay, Surjodoy Nandy, Dhiraj Mahato, Nidhi Trivedi, Pankaj Kumar, Meraj Uddin, Sunny Bhagat, Neha Joshi and Partho

Bose, have been indispensable to the project. In MP, the leadership and proactiveness of Saheb Bhattacharya, Anshuman Singh, Sibin Varghese, Sourav Datta, Saurabh Chanda, Wasim Akhtar, Poulomi Mallick, Minu Marydas and Mayank Tiwari has been invaluable for sustaining GPOD deployment in the state. We acknowledge Rabindranath and Manoj for having faith in the framework and its objectives and providing critical insights in contextualizing the framework. Archana Singh and Krishna Tiwari's involvement with the teams at yet another level helped in the deployment of the framework.

We also appreciatively acknowledge participation of panchayats and their elected members, who put their faith in Pradan to collaborate on the project. We have captured journeys of many panchayats in the document, some of whom merit a mention at this stage: Pindarkon, Tamai, Kanko and Ranichua in Jharkhand, as well as Rampur mal, Dhapada, and Salimet in MP. Leaders of these GPs are constantly exploring new pathways and have truly become a beacon to others.

We are thankful to the governments and civil society organisations in both states for helping in setting up the project and engaging in meetings and discussions at its various stages. In Jharkhand, the project was a part of the state's 'Beacon Panchayat project', where the objective was to design and implement different frameworks for developing model panchayats. Finally, we would like to appreciate efforts of



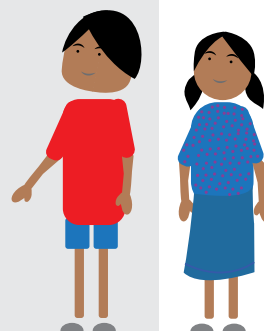
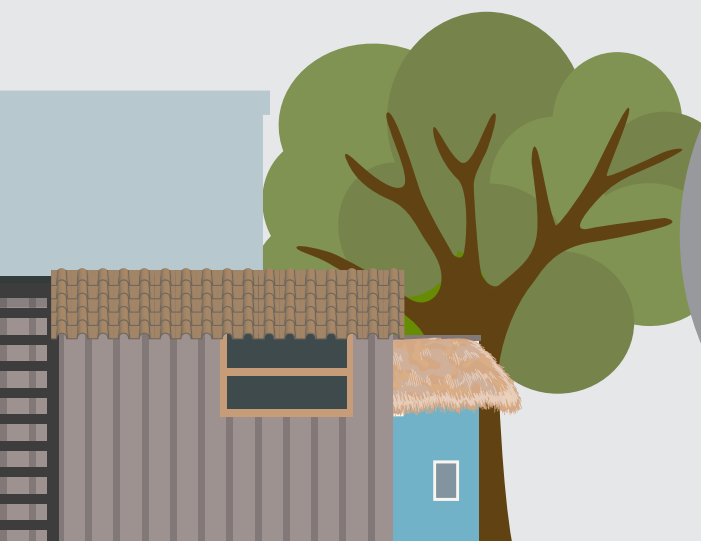
Process documentation finalization, Two day workshop, Delhi: From top (left to right) Anjali K Mohan, Saurabh Chanda, Minu Marydas, Anshuman Singh, Saheb Bhattacharya, Pankaj Kumar Mahato, Wasim Akhtar, Shailendra Singh, Sunny Bhagat, Nidhi Trivedi, Sourav Datta, Kumar Sanjay, Dhiraj Mahato, Gyan Sharma, Surjodoy Nandy, Sonali Srivastava, Madhu Khetan, Safiya Hussain

other members of our own team: Hemant Sharma, Padma Reddy, Divya Krishnakumar and Shwetha Krishnaswamy, who have been integral parts of Jharkhand and MP projects, Safiya Hussain, co-documenter, Trinankur Banerjee, illustrator and Harish Jagannath, who was involved in the initial stages of process documentation.





INTRODUCTION

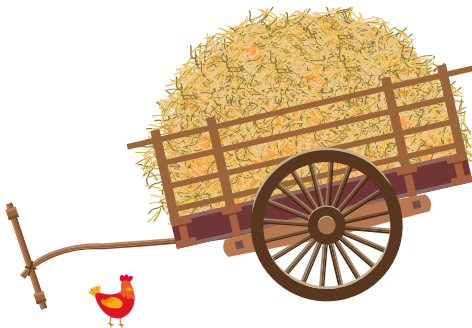


BACKGROUND AND OVERVIEW OF PROCESS DOCUMENTATION

With the passage of the 73rd Constitutional Amendment Act (CAA), 1992, Gram Panchayats (GPs) were recognized as the constitutional third tier of government. Currently, there are approximately 2,50,000 GPs across the country. As per the 11th Schedule of the Constitution, state governments are required to devolve power and responsibility of 29 functions to local government units. While the experience with the devolution of these functions is varied across the different states, a key challenge remains in building the capacities of the institutions and people, to better negotiate the local governance space as both members of inter-governmental bodies and citizens respectively. The Gram Panchayat Organization Development (GPOD) framework was developed in response

to the need for enhanced organization and leadership capacities within GPs. A more granular understanding of the GPOD framework and its evolution can be found in Chapter 3.

In order to examine the effectiveness of the GPOD methodology and take the processes and tools to scale across GPs in India, PRADAN (Professional Assistance for Development Action) and Anode Governance Lab have committed to documenting the processes of the GPOD implementation in select GPs in Jharkhand and Madhya Pradesh. The process documentation exercise is an attempt to capture the facilitation of the GPOD framework in a handbook that can be used by all stakeholders who are involved in the larger process of local government development when aiming to strengthen GPs as organizations of self-governance. This practical handbook



draws on the first three foundational years of the Strengthening Panchayat Actions for Community Empowerment (SPACE) project (within which GPOD is situated) that is currently being implemented in Jharkhand and Madhya Pradesh to describe the conceptual framework and the steps involved in facilitating the GPOD intervention. It aims to document the various steps and processes, which involve several actors (government and non-governmental), institutions, sites, and stages. The main aim is to develop a practical guide for practitioners, program managers, administrators, and policy makers interested in facilitating the GPOD framework. By extension, the objective is to provide a road-map towards strengthening the organizational capacity of Gram Panchayats. A key assertion of this documentation is the importance of contextualizing the GPOD intervention to the structure, culture and other related dimensions of the organization.

PURPOSE OF THE HANDBOOK

The handbook is designed to serve as an implementation guide for governance and development practitioners (wanting to strengthen GPs using organizational development methods and processes) on one hand and the policy makers on the other. The process documentation will articulate the different stages of the GPOD Framework and map them against the possible stakeholders involved and the attendant roles and responsibilities. Designed as a simple-to-use handbook, the document provides insights on multiple perspectives of the GPOD stages, steps

and processes, and a nuanced understanding of their facilitation. It also intends to help governments reflect on policies aimed at strengthening the decentralization process in line with the principle of subsidiarity. More concretely, the handbook provides certain pathways which State Institutes of Rural Development (SIRDs) can follow towards building the capacities of GPs, and requirements of funds and functionaries in line with devolving functions to GPs.

As a handbook, the documentation encapsulates narratives of different stakeholders and how they approached the various steps and stages of the GPOD framework. A limitation of the handbook stems from the varying contexts of GPOD applicability. The socio-cultural context differs across India and so do the policy and legal frameworks (GPs are a state subject, hence states define interventions in these geographies). To that extent, users of the handbook must contextualize the framework to their respective geographies and the organization. However, given that the basic administrative procedures and structures across India remain the same, the handbook's pan-India applicability remains strong.

BACKGROUND ON PANCHAYATS

The 73rd CAA recognizes local governments as units of democratic sovereignty. Despite this mandate and subsequent pressure on states by the Ministry of Panchayati Raj (MoPR) to devolve funds, functions and functionaries (3Fs) to the GPs, devolution still remains largely on paper. A common explanation given by state

governments for not transferring real powers to the GPs, is that they do not have the capacity to make use of them. Several studies across the country have pointed to implementation gaps on how states approach devolution in the 73rd CAA, 1992.

The progress over the last two and a half decades has been tardy at best, implication being that GPs continue to exist as weak and incapacitated government units with little or no autonomy in deciding their development and growth agendas. Paradoxically, the complex and detailed legal framework of most states, mandated roles of GPs in the implementation of government programs and schemes, and challenging accounting and audit processes warrant a capable organization with clearly laid down systems for effective and transparent governance. Unfortunately, this is not the case for most panchayats. While there are ongoing and elaborate efforts to build the capacity of GPs, these are largely through classroom training, which alone is not sufficient. It is this context that provides the rationale and the need for the GPOD framework: to strengthen the organizational capacity of GPs. The framework is premised on the belief that an aware and effective GP can successfully negotiate and engage with the state government and its departments to take steps towards actual devolution.

THE SPACE PROJECT IN MADHYA PRADESH AND JHARKHAND

PRADAN and Anode have been collaborating to facilitate the implementation of the GPOD

framework since 2016 in Jharkhand and Madhya Pradesh under the umbrella of the SPACE project. The work combines the experience and expertise of Anode's competency in Organization Development (OD), management and public administration on one hand, and PRADAN's extensive and engagement with rural communities and GPs on the other. The SPACE project aims to work collaboratively with state governments, districts, blocks, GPs, non-governmental organizations, policy researchers and practitioners in order to strengthen the organizational capacity of GPs to function autonomously. However, as will be evident in the processes documented in this handbook, this has not been the case always. Chapter 3 goes into further detail about SPACE and how the GPOD is situated within.

METHODOLOGY

Site Selection: The process documentation relies on a case-study approach. Thus, the focus was on specific GPs in the states of Jharkhand and Madhya Pradesh. Together, the two states provide a stratified sample of subnational governments at varying levels of socio-economic development, quality of governance and service delivery. Madhya Pradesh was cited as a forerunner in realizing the provisions of the 73rd CAA; fifteen years hence, the state showcases a complexity that has influenced implementation design very differently from Jharkhand. Jharkhand on the hand is a relatively new entrant. Together, findings from these two states allow policy makers and practitioners to

compare, judge, and appreciate the different contexts in which the GPOD project is being implemented and understand the conditions under which GPOD processes and results vary.

Data collection: In order to further this goal, the design of the primary research was predominantly qualitative. This was done to ensure that a broad range of perceptions, behaviours and attitudes were captured during the research process. The primary data for this handbook is collected in the form of interviews (semi-structured and in-depth), focus group discussions, and ethnographic field observations which were supplemented by existing project documentation from both PRADAN and Anode. An ethnographic approach was employed to allow for a fluid and organic interaction with the stakeholders. In addition to teasing out common themes, the data collected aims to draw out the journey of the panchayats throughout the course of their interaction with PRADAN, Anode and the GPOD framework.

HANDBOOK OVERVIEW

The handbook presents the processes and associated actions followed by the facilitating organization while implementing the GPOD framework, conceptualized as four stages and seven steps. Chapter 2 presents a literature review on organizational development, public administration and Panchayati Raj Institutions (PRIs) in India. Based on the experience over the last two years, the Chapter constructs a theory of change premised on the GPOD framework. Chapter 3 delves deeper into explaining the

Figure 1. GPOD stages, steps and associated chapters

Stages	Steps	Chapters
Stage 1: Context & Enrolment	Step 1: Understanding the legal framework	Chapter 4
	Step 2: MoU signing, GP Profiling & Quick Wins	Chapter 5
Stage 2: Diagnosis & Reflection	Step 3: Organisational Mapping	Chapter 6
Stage 3: Design, Planning & Operationalisation	Step 4: Shared mission and vision	Chapter 7
	Step 5: Process mapping and GP structuring	Chapter 8
Stage 4: Handholding Implementation	Step 6: GP planning and budgeting (MIS)	Chapter 9
	Step 7: Enabling implementation	Chapter 10

For information and access to tools developed for the GPOD steps, please write to info@anodegovernancelab.in

evolution and current iteration of the GPOD framework and processes, situating it within the larger context of PRADAN’s SPACE program.

Chapters 4-10 are the core of this handbook and include in-depth information and guidance on implementing each step in the GPOD framework. Figure 1 above shows a breakdown of the four GPOD stages and associated seven steps as they relate to the chapters in the handbook. Chapters 4 and 5 deal with the Stage 1 of the process, understanding the context and enrolling the GPs; this covers the first two steps of the framework. Chapter 6 looks at Stage 2 - diagnosis

and reflection, which pertains directly to the organization mapping exercise and reflection activity. Stage 3 pertains to design, planning and operationalization, which includes two main steps: developing a shared vision (Chapter 7) and engaging in process mapping and GP structuring (Chapter 8). The final stage (Chapter 9) - handholding implementation, is operationalized through GP planning and budgeting, and enabling implementation. Chapter 10 concludes this handbook and provides insights on the entire process, capturing discussions on how the

framework can be further developed.

At the beginning of chapters 4-9 are two-page implementation quick guides; these consolidate the core activities, principles and directives for each step of the process in an easy-access format. Each chapter goes further in-depth about each GPOD step, including implementation directives, lessons learned, and stories from the field. These stories from the field highlight the journey taken by both the facilitating organization field professionals and panchayat members during their interaction with GPOD.





Exposure visit to Kerala, Project team and GP members, Jharkhand





LITERATURE
REVIEW
AND THEORY
OF CHANGE





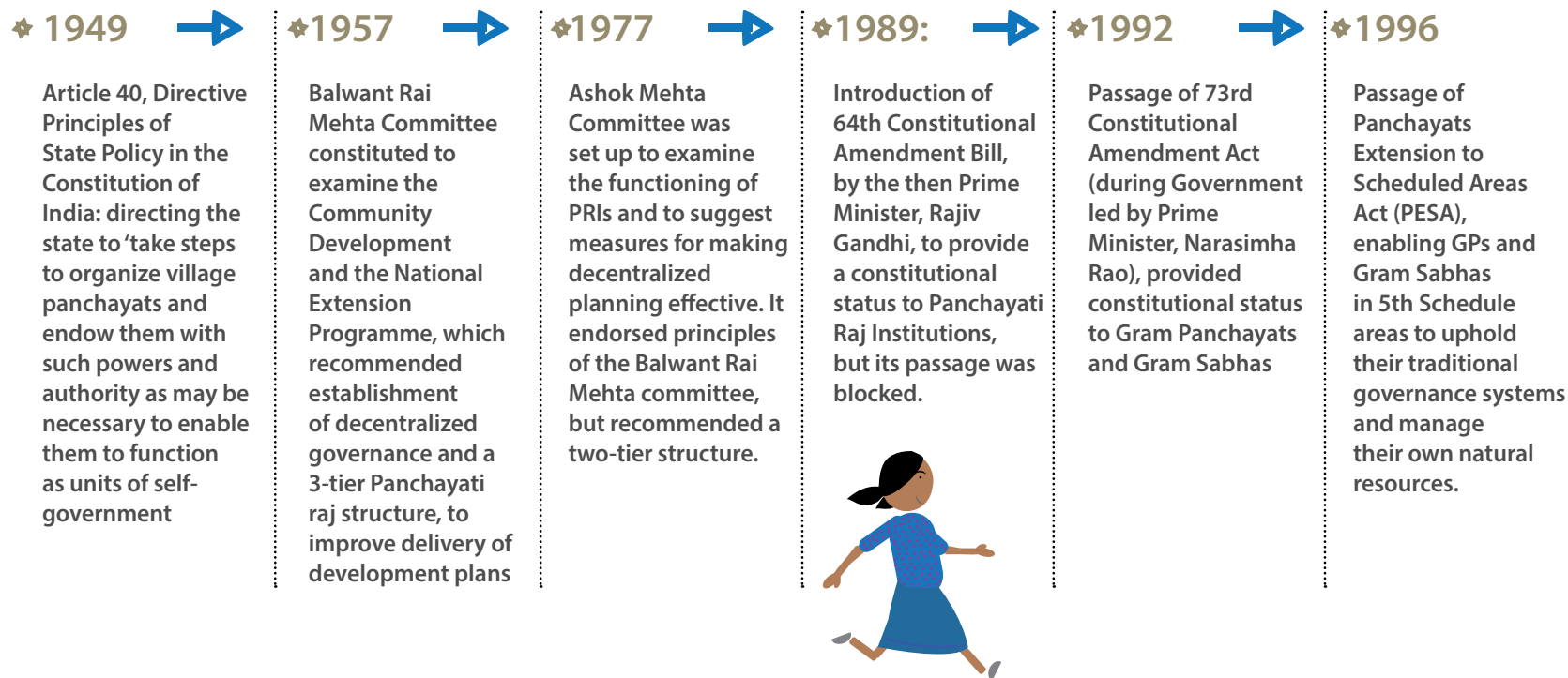
In this chapter, we review the theoretical framework of Organization Development (OD) and its applicability in strengthening Gram Panchayats as units of local self-governance. Additionally, the chapter outlines the theory of change associated with the GPOD as embedded in the programme logic. The chapter starts with a review of the historical evolution of GPs to highlight that while there is an intrinsic belief in the institutions of self and local government, there is no instrumental value attached to them. Simply put, politicians and bureaucrats, while professing their belief in the concept of Gram Panchayats, have always shied away from engaging with them. This reluctance can be traced back to beliefs that GPs are incapable of performing as effective organizations, and that their constituent members are too mired in local politics to be

motivated enough to address developmental issues. While this may ring true in many GPs, the reasoning behind these beliefs point towards a weak decentralisation ecosystem rather than the limited capacity of panchayat members.

The literature review starts with looking at the evolution of the Panchayati Raj (PR) in India and the attendant legal and policy frameworks. Despite concerted efforts since 1949, the strengthening of GPs as organizations and institutions that can drive change remains a challenge. The next two sections analyse the need and relevance of OD concepts and practices in strengthening GPs.

A common narrative across the three components of literature reviewed in this chapter is about organizational development and change (within public and private sectors) being a process and a journey that is driven by

FIGURE 2. TIMELINE OF HOW THE LEGAL FRAMEWORKS EVOLVED TO STRENGTHEN THE PANCHAYATI RAJ INSTITUTIONS



administrative decentralization and, individual and collective behaviours and beliefs at various scales.

LITERATURE REVIEW

Historical perspective and Evolution of Gram Panchayats in India

The concept of a panchayat (in Hindi meaning a group or council of five people) has existed since ancient India, when groups of village elders presided over village matters. These “village bodies, in both the North and South, have been the pivot of administration, the centre of social life, and above all, a focus of social solidarity”. (Mathew & Hooja, 2009)

There are references to a sabhā (literally translating to a congregation) managing village affairs, including cultivation, through various committees (vāriyam) formed under it, including those for garden land (tōttam), tanks (ēri), wet fields (kalani), taxation (pañchavāram) and accounts (kanakku) in the Chola dynasty (300s BCE to 1279 CE) and a method for electing members as well. (Karashima, 2012)

The sophistication of administration practiced at the village level in that era needs to be underscored here through Gandhi’s words:

“...the end to be sought is human

happiness combined with full mental and moral growth. I use the adjective moral as synonymous with spiritual. This end can be achieved under decentralization. Centralization as a system is inconsistent with a non-violent structure of society. ...my idea of Village Swaraj is that it is a complete republic, independent of its neighbours for its own vital wants, and yet interdependent for many others in which dependence is a necessity". (Gandhi, 1963)

Gandhi's panchayat was an inclusive body, empowered with authority and jurisdiction, acting as legislature, judiciary and executive combined. However, his idea of Village Swaraj did not find resonance with the architect of the Constitution. Dr. BR Ambedkar, apprehensive that that prevailing communalism and caste system in villages will manifest themselves in their institutions, was not in favour of village republics, terming a village as 'a sink of localism, a den of ignorance, narrow mindedness and communalism...'.¹ But Gandhians, like Prof N. G. Ranga, influenced the Drafting Committee to accept an amendment moved by K. Santhanam, which eventually got incorporated into Article-40 of the Directive Principles of State Policy in the Constitution of India. It directed the state to 'take steps to organize village panchayats and endow them with such powers and authority as may be necessary to enable them to function as units

of self-government.' (Article 40, Constitution of India)

In the First Five Year Plan (1951-56), community development was described as the method and rural extension as the agency through which the process of transformation of the social and economic life of villages was to be initiated. However, micro-level planning did not go beyond the identification of activities, as neither village nor district plans were prepared. The Balwant Rai Mehta committee was constituted in 1957 to review the efficacy of the Community Development Programme. The Committee pointed that proponents of decentralization firmly believe that development was not possible without local interest and initiative, and that principle of subsidiarity must be followed if actual development was to unfold. It recommended a three-tier structure of local governments at the village, block and district levels and that there should be a genuine transfer of powers, responsibilities and resources to these bodies. The government accepted its recommendation and the state governments enacted appropriate legislations to bring in the PRIs. However, the PRIs worked well only in few states like Kerala, Maharashtra, Karnataka and West Bengal.²

In most states and at the centre, the common discourse emphasized district planning, which was the unit for decentralized planning. (Mishra, Mishra, & Pal, 2000) Due to the

1 Constituent Assembly debates, 1948 to 1949

2 Official status of devolution from Department of PRI, Gol



Gram Sabha, Samnapur block, Madhya Pradesh

“
PESA seeks to enable panchayats and Gram Sabhas to uphold their traditional rights

limited initial success of PRIs, in 1977 the Ashok Mehta Committee was set up to examine their functioning and to suggest measures for making decentralized planning effective. The decentralized planning discourse greatly emphasized the importance of district planning for village-level improvements. Owing to the needs for technical expertise of higher order to deal with the growing complexity of development process, the Ashok Mehta Committee recommended a 2-tier PRI structure; the district and below, which is the Mandal panchayat. It was envisaged that this would allow for greater citizen participation in development projects. While the Committee framed a draft bill in 1978 to provide constitutional setup and institutional arrangement for PRIs, one of the criticisms was that it interpreted the philosophy of Panchayati Raj

in somewhat narrow terms. Instead of viewing panchayats as units of government like their state and central counterparts, the draft bill in 1978 saw panchayats primarily being administrative bodies engaged in rural development.

The 64th Constitutional Amendment Bill, introduced in 1989 by the then Prime Minister Rajiv Gandhi sought to establish constitutional status for panchayat institutions. The bill was blocked in the Lok Sabha because of its apparent attempt at encroaching on the powers of states and violating the spirit of cooperative federalism. (Chandrashekar, 1989) Constitutional status was finally given to the PRIs through a fresh bill introduced by the then Prime Minister PV Narasimha Rao, and passed in 1992 as the 73rd CAA, which came into force in April 1993. The Act also gave recognition to the Gram Sabha, and

provided for states to endow powers and functions to GPs and Gram Sabhas. (Mishra & Singh, 1993) In 1996, provisions of Part IX of the Constitution were extended to Fifth Schedule Areas through the PESA (Panchayats Extension to Scheduled Areas) Act, with certain exceptions and modifications. PESA seeks to enable panchayats and Gram Sabhas to uphold their traditional rights to manage their community resources, including land, water bodies and minor forest produce as well as implement a system of self-governance in accordance with their customary law. Five out of ten states with scheduled areas, namely, Andhra Pradesh, Himachal Pradesh, Maharashtra, Rajasthan and Telangana have notified their state specific PESA Rules. Figure 2 illustrates the time-line reflecting various legislative attempts at strengthening PRIs.

Since the passage of the 73rd CAA, we have moved a long way. All state governments have enacted their State Panchayat Raj Acts, elections in many states are held as mandated and State Finance Commissions have been set up in most States. The recent Central Finance Commission, 14th FC, has significantly enhanced the grant-in-aid to panchayats, increasing their access to financial resources. However, it would not be an exaggeration to state that issues articulated in the Ashok Mehta Committee report in 1978 remain relevant:

“Panchayats being considered inadequate, the inability of the bureaucracy to be attuned to execute the programme through elected bodies, the lack of political will to foster these institutions, several internal deficiencies in the functioning of Panchayati Raj Institutions and,

above all, the lack of clarity about the concept itself have weakened the entire system”

One of the reasons often attributed to lack of political and bureaucratic will, is the lack of organizational capacity within Gram Panchayats. In turn, these “internal deficiencies” within PRIs is often attributed to a lack of interest within its members to transform their local government. The Gram Panchayat Organization Development (GPOD) framework, in this context, based on the principles of organization development is meant to make constituent members of the Gram Panchayat participate in their own change process.

Organization development: concepts and practices

The organization development (OD) literature is focussed on organizational change and transformation that is planned and driven by organizational members. Widely used in the private sector to address concerns related to organizational effectiveness, the concepts and practices of OD span the boundaries of private, public, and the non-profit sectors. OD is defined as a planned effort, that is organization-wide, initiated by the leadership to improve organizational functioning through interventions aimed at improving specific organizational processes. (Benne, 1978) The focus on intervention means that OD practices involve first, an assessment or diagnosis of the current organizational environment; and second, a strategy or treatment to address a problem identified within the organization. (Bowers & Hausser, 1977)

Although the concept of OD seems to suggest a focus on the organization itself and its external and internal environment, a key unit of analysis are the people that comprise the organization. The philosophy that drives OD is that when organizational members are made to participate in the process of change, their ideas will drive the change. An interesting aspect of OD is that while leadership is a necessary condition (i.e. leadership from the top to drive the OD process), it is certainly not sufficient as OD entails a participatory process of its members.

‘...organization members learn to analyse their own processes, benefit from them, and make full-scale changes. Organizational development maximizes employee participation to teach people to identify and solve their own organizational problems, learn to adapt to changing organizational circumstances, and take advantage of an array of organizational opportunities.’ (Hefner, 1988)

Scholars who have empirically examined the OD concepts and principles applied to organizational change efforts have underscored the need to view the process as egalitarian, (Benne, 1978) to employ an eclectic approach (Braunstein, 1974) and to do be sensitive to history, culture, and context and the inter-relationship between these variables. (Kimberly & Nielsen, 1975) The concept and practices of OD can be applied to a variety of organizational settings. Whitcomb and Whitcomb (1977) discuss the process and outcomes of a university engaging with OD. The approach was participatory wherein the faculty themselves played a key role in assessing

their internal processes, attitudes, behaviours, perceptions, and accordingly reflected upon their findings. Through a range of group activities to working in teams, data collection and feedback processes, faculty identified strategies that worked in the past and those that did not work. A critical point to be noted here is the importance of external drivers for change; for example, “tradition, norms, and policy changes” (Whitcomb & Whitcomb, 1977) played a role in a changing external and internal environment. For example, enrolment numbers were dropping, there was pressure to change the existing curriculum, an impending accreditation review, and a mismatch in the way the department is perceived by the students and its alum and by its own set of programs, offerings, and functioning.

There are aspects in the OD literature that are of relevance to Gram Panchayats and need to be considered as precautions along with the enthusiasm. Firstly, OD is political in nature. (Cutcher-Gershenfeld, 2008; McKendall, 1993) From a private sector perspective, OD is a process initiated by the ‘top’ management with the intended effect to ensure conformity of organizational members to the interests of the organization. In the context of Gram Panchayats, OD will need to consider the interests and values of multiple stakeholders in an environment of shared power. For example, the GP’s ability to plan and implement programs is dependent on its relationship with the Gram Sabha and the aspirations of its constituents. Second, OD is not a one-time event and it requires organizational members to be aware



The GP’s ability to plan and implement programs is dependent on its relationship with the Gram Sabha and the aspirations of its constituents

“
**There is always
 a possibility
 for the internal
 deficiencies
 to return,
 which is
 common to all
 organizations
 of all types**”

of all the strategic opportunities and challenges in their environment to plan accordingly. This has implications on organization’s resources (both financial and human) to be engaged in an OD process. What this means is that a one-time deployment of GPOD framework does not change the fate of GPs. There is always a possibility for the internal deficiencies to return, which is common to all organizations of all types. Thus, what is critical here is to develop the organizational capacity within GPs, particularly the leadership capacity, to ensure that the organization is constantly engaged in the process of OD.

As we turn to the next section where OD’s applications for public administration is reviewed, a few points need to be underscored. A common theme from OD literature is understanding it as a tool meant to diagnose, treat, and ultimately affect change in the organization. This change is meant to be brought about by the organizational members themselves. An underlying assumption here is that OD tools are applied only when it is felt by the change agents that the change is needed. (Kegan, 1971) For this to be satisfied, there have to be external pressures that threaten the organizational mission for members to embark on the OD process. Thus a fundamental question arises for public organizations and specifically in this case with Gram Panchayats: what are the changes in the external environment to the GP embarking on an OD mission? Is there pressure from the citizens? Is there pressure from the political class? Or a pressure from the state and other


higher tiers of the government? In the context of OD then, the question becomes who is the management here? Presumably, the answer is the public. But the ‘public’ in the public sphere is too diverse in their views, philosophies, and expectations. Thus, while OD’s intuition is certainly applicable to the public sector, and specifically to Gram Panchayats, there is a certain degree of adaptation that is necessary.

ORGANIZATIONAL DEVELOPMENT IN A PUBLIC ADMINISTRATION CONTEXT

Deriving from the basic principles of OD is the field and the practice of organizational change. OD as discussed above provides the knowledge and techniques required to structure and manage private and public sector organizations like Gram Panchayats. The GPOD framework reflects such a planned effort at organizational change, which is in turn draws from Dr Mary Lipitt’s model discussed later in Chapter 3. A key difference in the application of Dr Lipitt’s model to the GPOD framework is the usage and application of incentives, which are markedly different in the public and private spheres. While in the private space an incentive can be linked to monetary value or direct benefits from an employer, incentives in the public space are more ephemeral and less concrete. Often, in the public sector, monetary incentives simply do not exist – where they do, these can be geared more towards performance management linked incentive systems, which understand performance as “not an end but rather a means for engaging in



Seed ranking exercise, Organization Mapping workshop, Jharkhand


Public Sector organizations are subject to political rather than market controls and are driven by political motives and legislation as constraining factors

policy and management change.” (Heinrich and Marschke, 2010)

In their overview on incentives in the public sphere, Heinrich and Marschke highlight that a common theoretical underpinning of most incentives in public administration: “individuals engaged in public service such as teaching are seen as less motivated by monetary incentives because they genuinely buy into the mission of public education and are intrinsically motivated to increase their students’ knowledge”. (Heinrich and Marschke, 2010) This is a view that is supported by various studies, which highlights that the inclusion of financial awards in public administration can be counterproductive as actors might apply less effort aligning their public service motives with performance goals. (Ibid) The GPOD framework works around this principle, where instead of a focus on monetary reward, there is an emphasis on ownership, responsibility and fostering agency as the driving forces in the engagement, rather than incentives. The need for appropriate compensation for efforts of elected members, however, is an issue, and needs to be addressed.

Before delving into the GPOD process, it is important to reflect on the relevance and efficacy of OD philosophy and principles in public administration. Can OD principles and techniques (conceptualised as a process and a journey to be undertaken through various stages and steps) yield the desired organizational change in the public sector as they do in private business organizations? There are arguments that support an affirmative answer to this

question as well as those that express dissent. The rest of this section articulates both these sets of arguments to establish the relevance and efficacy of the GPOD framework as a process to strengthen Gram Panchayats as units of local self-governance.

The two sides of the argument are premised on the differences in the nature, structure and by extension the functioning of public and private sector organizations. Traditionally, public sector organizations are understood as characterized by division of labour, an authoritative hierarchical structure set up as a command and control centre that is rule enforcing, impersonal in nature, has technical competence and is rational in its decisions. (Weber, 1948) Stability and predictability are the central features of a government bureaucracy. Additionally, public sector organizations are subject to political rather than market controls and are driven by political motives and legislation as constraining factors (Robertson and Seniveratne, 1995; Parker and Bradley, 2000) which are pretty much absent in the private sector. In contrast, private sector is driven by markets, competition, consumer preferences and shareholder interests.

In the late 1980s and early 1990s as the Indian economy liberalized, there was a simultaneous call to revitalize the public sector characterized by high inputs costs (salaries and overheads), inadequate outputs and inefficient, ineffective and corrupt processes. (Heeks, 1999) This call for re-inventing governments led to the conceptualization and perhaps implementation of several practices within the public sector. New



MoU signing in Ghata GP, Samnapur Block, Madhya Pradesh

Public Management (NPM), Business Process Engineering and Reinventing Governments are a few that are discussed extensively. While differing along various dimensions, overall these efforts emphasized a) increasing the input-output ratio within the public sector; b) decentralisation i.e. transfer of decision making to the lowest public sector level; c) increased accountability of the public sector for their decisions and actions, usually recommended through a wider citizen participation; d) improved resource management to effectively use human, financial and other resources, and marketization (i.e. increasing the use of market forces to determine relationships

within the public sector). Many of these elements overlap with the more popular global narrative of good governance agenda adopted, advocated by the Government of India (GoI).

While there is a healthy debate over the extent to which this global-wave of governance reforms have transformed government bureaucracies, suffice it to say that it has led to a blurring of the 'distinctions between the private and the public sector'. (Robertson and Seniveratne, 1995) There are arguments that public sector organizations are increasingly adopting characteristics of private sector – decentralized structures, network

and team-based arrangements, customer oriented approaches to name a few. (Osborne and Gaebler, 1992; Robertson and Seniveratne, 1995) What this implies is that the nature of public organizations may not be an impediment to the success of planned organizational change relying on OD principles and techniques.

In other words, planned organizational change, can be equally successful in the public sector. There have been empirical studies (Golembiewski, Proehl, and Sink, 1981; Park, 1991; Robertson and Seniveratne, 1995) comparing the outcomes of planned organizational change in the private and public sector organizations. Specifically, Robertson and Seniveratne have used a framework that views organizational change in three phases: i) planned intervention change resulting in changes in the characteristics and settings of the organization; ii) given that the organization provides the context within which the individuals affiliated to the organization work, change in the context will result in change in the behaviour of the individuals; and iii) given that behavioural change at the individual level results in outcomes of organization functioning, behavioural change will result in organizational outcomes. Using seven variables, namely: organizing arrangements, social factors, technology, physical setting, individual behaviour, organizational outcomes and individual outcomes—the authors examined the impact of planned organizational change on 47 organizations from the private,

public and non-governmental sector and found that change in public sector organizations is as effective as in the private sector.

This is not, however, to say that the approaches for organizational development within the private sector are fully appropriate to apply to public administration. In their paper overviewing OD practices in public administration settings, Singh and Katar (2009) highlight the lack of appropriateness of many models currently used in developing countries. Briefly, these include: (1) the rational model, which sees the organization as a ‘rational instrument’ used to realise group goals; (2) the natural-system model which sees all individuals as interdependent parts of the system; (3) the classical model, which is a pyramid structure that favours a difference in the roles and needs of the ‘management’ versus the ‘workers’; (4) the participative model which sees the individual as continuously growing and contributing to the organizational ecosystem; (5) the socio-technical model which focuses on the interactions of the organization with its environment; and (6) the cognitive model which assumes the existence of human-error and focuses on the ability of an organization to adapt to changing environments given the available information. However, despite the existence of these methods, the key issue of applicability to the public sector remains, as rural spaces are inherently harder to standardize. In Singh and Katar’s words:

‘From a management perspective the central



challenge of our times is to understand and modify bureaucratic organizations, building into them a capacity for innovative learning, leading to a fundamental orientation in their purposes and modes of operation.’ (p.269)

In the case of India, good organizational development is best seen within voluntary associations with enough managerial resources and technical knowledge to manage themselves as institutions. (Singh and Katar, 2009) More specifically within public administration and management, it is important for both the leadership and organizational development professionals to demonstrate the ability to set modest goals, accept setbacks and the ability to tackle managerial issues without changing the entire system at a fundamental level. This is extremely important in when looking at the applicability of OD in developing the capacities of GPs as it requires cognisance of the status quo and the limited amount of structural change that can occur.

While OD has been primarily developed for the private sector, it is important to see that the most important distinction between the two types of organizations is between the purposes, goals, objectives, and performance measures. The private sector operates to make a profit, whereas public sector organizations have a greater multiplicity of objectives (including the possible intangibility of some goals), thus making measurements of success in the public sector more complicated to ascertain. The clarification of goals and how to achieve them is an area

where OD efforts can make a large difference in the institutional effectiveness of public administrations. It is important for OD efforts in the public administration space to focus on the linkages between the political, personal and constitutional spaces, and acknowledge that these organizations (and individuals) have mutually exclusive interests, making integration and practices across platforms and peoples more difficult. (Stupak and Moore, 1987)

A key difference between the public and private sector organizations is the way they receive and adapt to changes; this process is slower in the public sector and relatively faster in the private sector. This is because organizational settings and characteristics in the public sector are difficult to change given that management at any level does not work unilaterally. Generally, the change in public administration can be messy due to the actions of political actors and the potential for abuses of power. (Carnevale, 2018) Governments at any level/ scale are part of hierarchies and need to adhere to decisions taken at higher levels. This contrasts with the management fiat that can be mobilized in private organizations. Given this, the authors suggest that organizational change in the public sector should focus on processes rather than outcomes. This is especially relevant given that most public-sector organizations serve multiple principals/ constituents having multiple goals.

To conclude, there is enough empirical evidence to suggest that planned organizational change relying on OD principles and techniques can



Discussion on MoU, GP meeting in Madhya Pradesh

“
After 2-3 months of discourse the GP members were beginning to take ownership of their roles

have a positive impact on the working and functioning of public sector organizations. It is in this context that, the GPOD framework is being implemented as a process of change within Gram Panchayats. The goal here is to make members of the Gram Panchayats drivers of their own change process so that Gram Panchayat at the village-level becomes an organization that politicians and bureaucrats are willing to work with in overall development progress.

The review presented above indicates a strong need for organizational development and management principles to be adopted in public



The GPOD framework is implemented over a 3-5 year engagement in a step-by-step manner. The framework consists of four broad stages and seven distinct steps. **Stage 1: (Step 1) understanding the legal framework; (Step 2) enrolment of GP through MoU signing, GP profiling and establishment of quick wins. Stage 2: (Step 3) organization mapping. Stage 3: (Step 4) building a shared GP vision and mission; (Step 5) process mapping and GP structuring. Stage 4: (Step 6) GP planning and budgeting (MIS); (Step 7) enabling implementation.** These are discussed in further detail in Chapter 3.

The steps are deployed and implemented as a process and journey. While the steps outlined in the theory of change show a prescriptive course, it is not necessary – as future chapters will show – for the engagement to be as linear as the model dictates. When implementing the GPOD and engaging with GPs, it is critical to prioritize the spirit and journey of the capacity building process over the step-wise nature of the framework; the

application of GPOD should be highly contextual and therefore flexible.

The theory of change (Figure 3) supporting the operationalization of this framework is predicated on the idea that when GPs are given the tools, knowledge and skills required to function as autonomous institutions, they will prioritize and foreground issues and challenges pertinent to their contexts. By extension, this can resolve local issues in innovative and effective ways. In other words, the theory of change embraces and embeds the principle of subsidiarity as embodied in the 73rd CAA. It is premised on an understanding that, if local governments are close to their constituents they can take the lead in framing problems and resolving them, making systemic change nearer to home.

Throughout the change process, there are some key assumptions that need to be outlined:

1. The state government is a willing and equal partner in enabling systemic change and acknowledging the GP as an autonomous government;
2. Facilitating organisation teams have a complete and comprehensive knowledge of GPOD, its inherent and attendant theory of change. This would enable team members to transfer information to GPs in a contextual and absorbable manner

3. The GP is a willing and equal partner driving the theory of change;
4. The GP continues to function collaboratively and consistently throughout the journey as facilitated by the teams;
5. Facilitating organisations like PRADAN who operationalize the GPOD framework should not assume the role of implementers;
6. Data collected at any point in process is rigorous;
7. Citizens are willing to engage with the GP;
8. To be designed and implemented over a five-year electoral cycle;

In addition to these general assumptions, there are defined prerequisites at each of the four stages of the GPOD framework. Assessment against these prerequisites signal progression onto the next stage. A prerequisite to progress from Stage 1 (Steps 1 and 2) to Stages 2 and 3 (Steps 3-5) is that GPs must have the desire and motivation to increase their organizational capacity. This ensures that the panchayats participating in the program have the intrinsic motivation to work with the activities and processes. With the completion of Stages 2 and 3 (Steps 3-5), the theory of change sets out two prerequisites to progress on to Stage 4 (Steps 6 and 7). These are that (1) GP members have an understanding of where they are and where they want to be; and

(2) GP members have clarity on what is required to operationalize their vision. In order to progress from Stage 4 (Steps 6 and 7), to the final impact, the theory highlights two prerequisites: (1) that GP plans are feasible, responsive to local needs, and align with the shared vision; and (2) the GP has the organizational capacity to function as an autonomous self-government.

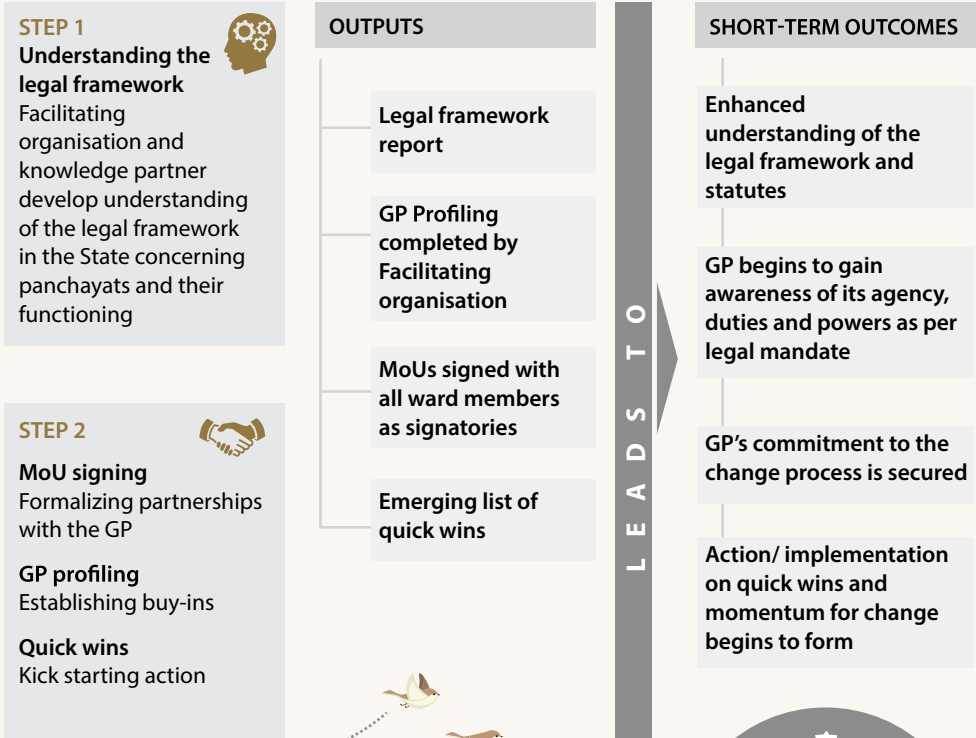
These stages, steps, prerequisites and assumptions lead to the final cumulative impacts of the GPOD theory of change, which are:

1. The GP acts autonomously and effectively within the state legal framework, developing its identity as local self-government, and influence larger government systems to ensure bottom-up priorities are taken into cognisance during planning and policy formulations;
2. GPs see results from the realization of their GP plan;
3. The GP has the knowledge and skills to solve local issues, and is capable of using these to implement both simple and complex plans in the future;
4. The GP is able to function as an organization that works effectively as a team, has distributive leadership capacities and is able to work within the framework of their vision.

The various stages and steps of the framework are further elaborated in Chapter 3.

FIGURE 3. GPOD THEORY OF CHANGE

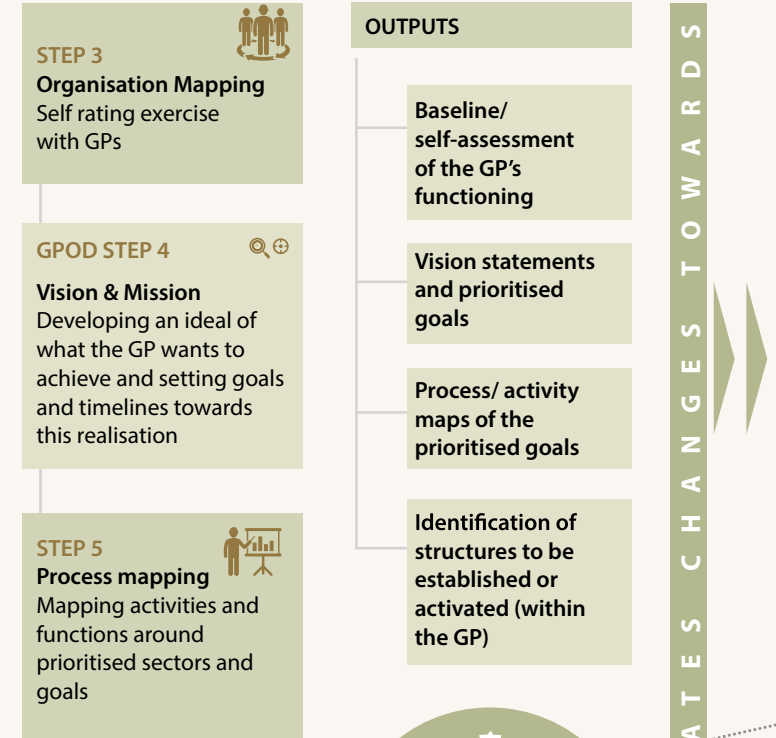
PRELIMINARY ACTIVITIES



PRE-REQUISITE
 GP has the desire and motivation to increase its organisational capacity



INTERMEDIATE ACTIVITIES



PRE-REQUISITE
 GP members have an understanding of where they are and where they want to be





FINAL ACTIVITIES

INTERMEDIATE OUTCOMES

GP understands where it is as an institution

GP is able to envision where it wants to be

GP begins to make informed decisions on operationalising its vision and mission

GP understands its individual and collective role within the larger state structure

GPOD STEP 6

GP Planning and Budgeting (MIS)

Facilitating preparation of GP plans and budgets to fulfill prioritised goals



GPOD STEP 7

Enabling implementation & monitoring

Handholding GPs in implementation of their plans



OUTPUTS

GP has 2-3 year plan with prioritised goals

GP develops implementation timeline

GP has budget clarity

Progress as per goals which GP can see

FINAL OUTCOMES

GP gains knowledge on its functions, and is able to develop structures and processes

GP prioritises its vision over departmental targets and begins to implement its long-term plan

GP begins to function without continuous handholding; meetings occur and responsibilities are distributed among members

LEADS TO



IMPACT

GP acts autonomously and effectively within the State legal framework, developing its identity as local self-government, and influence larger government systems to ensure bottom-up priorities are taken into cognisance during planning and policy formulations

GP sees results from realisation of GP plan

GP has the knowledge and skills to solve local issues - it is capable of using these to implement simple and complex plans in the future

GP is able to function as an organisation that works effectively as a team, has distributive leadership capacities and is able to work within the framework of their vision.

KEY ASSUMPTIONS

1. State government is a willing and equal partner in enabling systemic change and acknowledging the GP as an autonomous government.
2. Facilitating organisation teams have a complete and comprehensive knowledge of the GPOD, the inherent philosophy and attendant theory of change. This would enable the team members to transfer information to the GPs in a contextual and absorbable manner
3. GP is a willing and equal partner driving the theory of change;
4. The GP continues to function collaboratively and consistently throughout the journey as facilitated by the teams;
5. Facilitating organisations like PRADAN who operationalize the GPOD framework should not assume the role of implementers.
6. Data collected at any point during the process is rigorous
7. Citizens are willing to engage with the GP.
8. GPOD Framework to be designed and implemented over a five-year electoral cycle.





GPOD FRAMEWORK AND ITS DEPLOYMENT

IN PRADAN'S STRENGTHENING
PANCHAYAT ACTIONS FOR
COMMUNITY
EMPOWERMENT
(SPACE) PROJECT

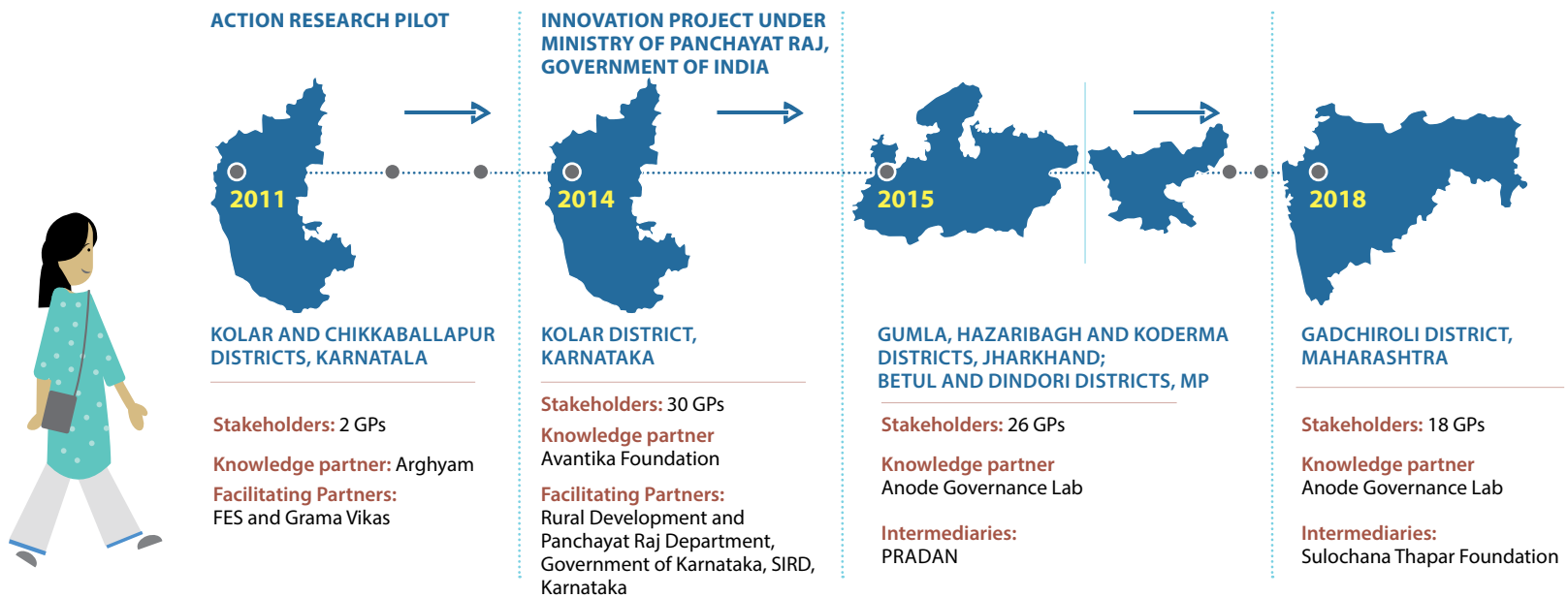
OVERVIEW AND HISTORY OF THE GPOD FRAMEWORK

The GPOD framework was originally conceptualized in 2011 and went through multiple iterations before arriving at the current framework (2019) that is being implemented in Jharkhand and Madhya Pradesh. A timeline of this evolution can be found in Figure 4. The initial model was developed at Arghyam through an action-research project with two GPs in the state of Karnataka – Oorkunte Mittur in Kolar District and Dibburhalli in Chikkaballapur district. The narration of the journey and the evolution of the framework have been documented and later published. (Srivastava and Rajadhyaksha) The decision to initiate this project was triggered when the results of ASHWAS (A Survey of Household Water and Sanitation, conducted by Arghyam) were taken back to 172 participating Gram Panchayats. The results of the survey highlighted

the need for urgent attention on issues related to access, availability and quality of drinking water, as well as those related to its management and regulation. However, except for a few, most GPs were unable to plan and implement the required interventions. The reasons, both observed and as expressed by members, were manifold: lack of human, financial and technical resources, inadequate knowledge about mandate of the GP, and a lack of clarity on the role of government departments. Overall, there appeared to be weak processes and structures, resulting in limited capacities within GPs and by extension, an inability to address deep-rooted issues in a systematic and disciplined manner.

In this engagement, Arghyam designed and implemented the project along with Foundation for Ecological Security (FES), Gram Vikas, Mulbagal and the two GPs. Arghyam engaged in researching and analysing the

FIGURE 4. GPOD EVOLUTION (2011-PRESENT)



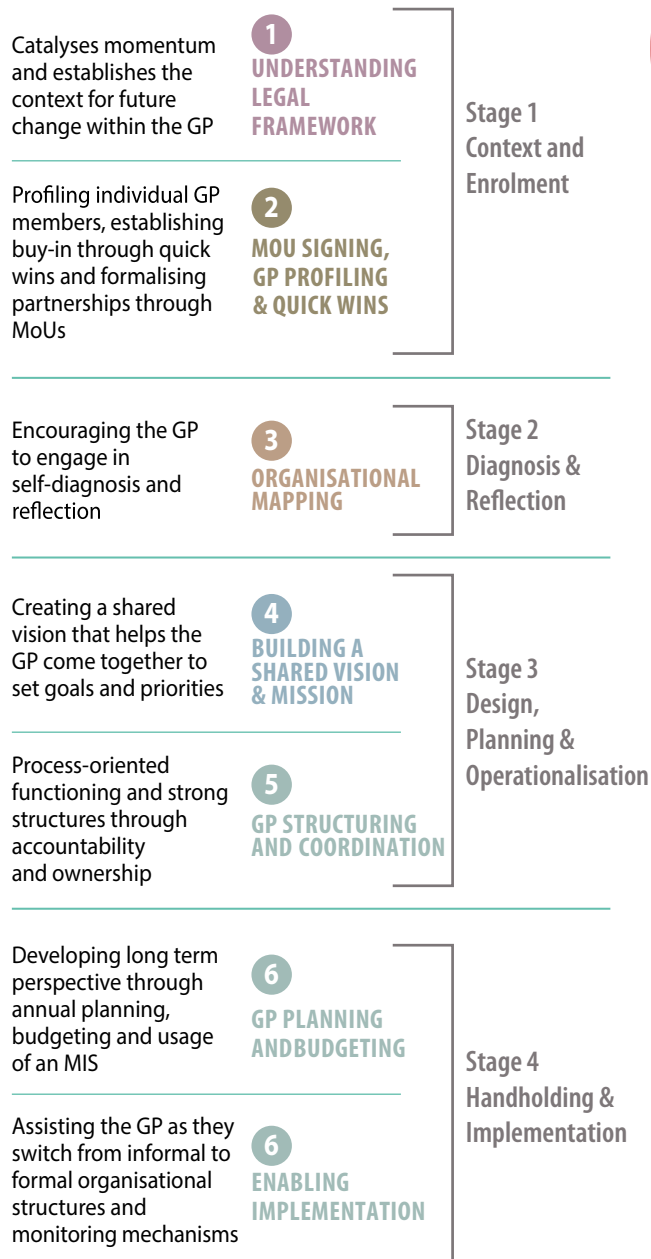
legal framework and developing the overall GPOD process, which leveraged organization development (OD) principles. At this initial stage of conceptualization, FES, Gram Vikas and the two participating GPs actively engaged in developing the tools and steps to strengthen the organizational capacities of the panchayats. GPOD, by design, was meant to be implemented at scale and influence a large number of panchayats, to be able to fill in the delivery gaps at the last mile. The opportunity to scale the project came when the GPOD framework was transitioned to the Centre for Decentralised Local Governance (CDLG) at Avantika Foundation. It was sanctioned as an innovation project under the Rajiv Gandhi Panchayat Sashaktikaran Abhiyan (RGPSA) in 2014, to be implemented

across 30 GPs in Mulbagal block, Kolar district, Karnataka. In this project, CDLG took the lead and was responsible for setting up the project structure, providing knowledge and overall program management. CDLG worked with the State Rural Development and Panchayat Raj (RDPR), Government of Karnataka, Abdul Nazir Sab State Institute of Rural Development, Mysore (ANSSIRD), District Chief Executive Officer, Kolar, Block Executive Officer, Mulbagal and participating Panchayats, which were to perform their roles as per the MoU. (MoU document between Department of Rural Development and Panchayat Raj (RDPR), Karnataka and Avantika Foundation, 30.12.2014)

The model for this framework involves three key stakeholders: the knowledge partner, the

GPOD was sanctioned as an innovation project under the Rajiv Gandhi Panchayat Sashaktikaran Abhiyan (RGPSA) in 2014

FIGURE 5. GPOD STEPS AND STAGES



WHAT IS THE GPOD FRAMEWORK?

The GPOD framework comprises of four stages and seven steps, as illustrated in Figure 5. The four stages include (1) context & enrolment; (2) diagnosis and reflection; (3) design planning and operationalization; and (4) handholding implementation. These stages take the GP through the process of developing an identity as an organization, understanding the institution within its local context and identifying key issues, developing and operationalizing processes and solutions, as well as enabling them to implement their goals towards a shared vision. The stages and the attendant steps are intrinsically linked. They encompass a change-management journey for the GPs, premised primarily on the principles of organizational and behavioral development and their applicability to public administration. The GPOD framework is loosely inspired from Dr Mary Lippitt's model for managing complex change (1987), translating it into a process that aims to enhance the capacities of GPs.³

facilitating organization, and the implementation partner. While knowledge creation, action research and conceptualising the GPOD framework to the specific geography falls upon the knowledge partner, the facilitating organization is responsible for facilitating the deployment of the framework at the GP level. The GP is tasked with the responsibility of implementing the various steps of the framework, although, it shoulders this responsibility gradually over a period of time. Collectively, the three stakeholders are responsible for the deployment of the GPOD framework inclusive of its various

³ The idea for the 'managing complex change model' can be attributable to Dr. Mary Lippitt (1987), Anthony Ambrose (1987), or Tim Knoster (1991). Since Dr. Mary Lippitt (founder and president of Enterprise Management Ltd). claimed a copyright on this model in 1987, we are sourcing it to her. The authors could not verify the original source publication.

stages and steps in a contextual and responsive manner. The roles of these three organizations have been further detailed in the latter half of the chapter.

PRADAN AND ANODE'S COLLABORATION

In 2015, the GPOD framework was nested in Anode Governance Lab. Pradan initiated a collaboration with Anode to roll out interventions in 26 GPs across Madhya Pradesh (10 GPs) and Jharkhand (16). PRADAN works towards improving livelihoods across seven of the poorest states in the country, through the formation and promotion of Self-Help Groups (SHGs). In areas where PRADAN is working, many SHG members, keen to participate in governance processes, have been elected into GPs. This presented an opportune platform for collaboration between Community Based Organizations (CBOs) and PRIs; leading towards improving services required by the local community, with special focus on the vulnerable.

Due to gaps, both in organizational (planning, preparing and delivering services) and institutional capacities (devolution of funds, human resources and administrative power) in GPs, PRADAN and Anode initiated a GPOD pilot in the two states. In PRADAN, GPOD is being implemented within the larger SPACE project (this is delved into further later in this chapter). In this collaboration Anode acts as the knowledge partner and is responsible for developing processes and tools, and training and handholding field teams. This has allowed Anode

FIGURE 6. DR MARY LIPPITT'S MODEL OF MANAGING COMPLEX CHANGE



to leverage and build on its earlier experience with implementing the GPOD framework in Karnataka. PRADAN is the facilitating organization and is responsible for deploying the GPOD steps in 26 GPs (implementation agencies), handholding them on a regular basis through their journey, and establishing a broader connection with other state agencies to provide the required support.

GPOD THEORETICAL DEVELOPMENT THROUGH DR LIPPITT'S MODEL

Dr Lippitt's model at its core argues that for organizational change to occur, institutions must have a thorough understanding of, and should arrive at their vision, skills, incentives, resources and action plan. The model highlights how a lack of each component can lead to confusion,

“
The GPOD framework does not delve fully into incentives, which in the public administration space, are a complex component and needs further reflection and advocacy

anxiety, resistance, frustration and false starts, respectively (Figure 6).

While this change model is developed more specifically for the private sector, there are many points of applicability and replicability to the domain of public administration and governance. The model elucidates the consequences when the change process is performed in a fragmented or a haphazard manner. It explains why, unfortunately, most planning exercises in GPs remain on paper. In the absence of these key organization components, these bodies lack the wherewithal to plan and implement effectively.

The GPOD framework does not delve fully into incentives, which in the public administration space, are a complex component and needs further reflection and advocacy.

A fuller description of each step in the GPOD process is as follows:

- 1. Stage 1/ Step 1:** Study of the legal framework to understand the devolution context in the state and to fine-tune intervention strategies accordingly. The legal framework study provides the basis for designing the OD framework. More specifically, it is a key input to the design of the organization mapping tool (Step 3).
- 2. Stage 1/ Step 2:** GP profiling, MoU signing, and quick wins help in setting the context and enabling preliminary GPOD engagement with GP. The objective of this step is to enroll the GP and initiate a process whereby the GP begins to identify itself with and,

aspire to be, an empowered autonomous local government institution. Knowledge of the statutory framework aids in triggering conversations around GPs as constitutionally recognised units of local self-governance. While GP profiling allows the facilitating organization and knowledge partner to gain in-depth context related information about the GP and local community, identifying and implementing ‘quick wins’ helps build momentum for action and change.

- 3. Stage 2/ Step 3:** Diagnosis through Organization Mapping is a participative, self-reflection exercise with elected members and staff of the GP. Envisaged as a participative process to help the participants understand the status of their GP as an institution, the deployment of the tool is spread over multiple sittings. It combines the legal mandate guiding panchayats and components of an effective GP organization. Effort towards identification and implementation of quick wins continues throughout the GPOD process.
- 4. Stage 3/ Step 4:** Development of shared vision and mission in GPs facilitates long-term thinking on its values, priorities and goals. Key stakeholders such as GP staff, representatives of line departments working in the GP area, CBOs and a few citizens join the elected members to envision their dream for the panchayat, enabling them to think as a team and develop a sense of shared identity.
- 5. Stage 3/ Step 5:** Process mapping and structure is used to gain a deeper understanding of

2-3 areas the panchayat has prioritised and wants to deliver on, as well as constituting required organizational structures to facilitate accountability and collaboration. Process mapping entails an understanding of current status and issues around specific functions, mapping existing processes and stakeholders involved in delivery, and therefore developing an awareness of the mandate devolved to the GP by the state. Process and stakeholder analysis are to be done at different stages in the project. In the initial stage, the impetus is to identify key processes and GP roles; at later stages this shifts into breaking down processes into specific activities and roles to facilitate delivery. The timing and nature of process mapping depends on the clarity of roles and priorities in the GPs. This is followed by (or as a simultaneous exercise) formalising and operationalizing organizational structures and coordination mechanisms to pursue goals set by the GPs. Organization structures include GP Executive Committees (GPECs), GP Standing Committees (GPSC) as well as coordination mechanisms such as Coordination Committees (GPCC), as laid down in the Panchayati Raj Acts and government notifications. Streamlining structures also aims at greater engagement from other members in the Gram Panchayat (apart from the Mukhia⁴), distributing leadership and thereby capabilities, leading to higher transparency in functioning.

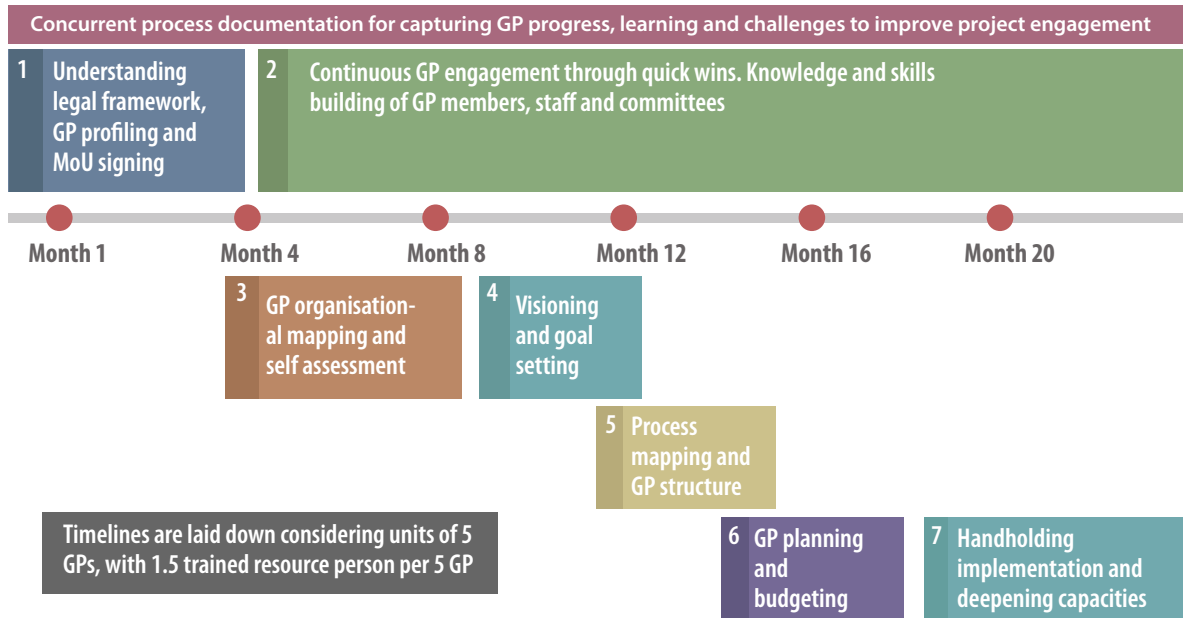
⁴ the Mukhia is the chairperson of the Gram Panchayat Mukhia is term used for the head of the GP elected body in Jharkhand

6. Stage 4/ Step 6: GP planning and budgeting (MIS) focuses on enabling the GP to develop its plans, budgets and an MIS, built on the foundations of its vision, goals and organization structures. Plans are to achieve tangible results in service delivery as well as towards strengthening internal GP functioning, through formal methods of base lining, planning, resourcing and setting milestones and timelines.

7. Stage 4/ Step 7: Supporting GPs in implementing their plans is primarily through building capacities of its various structures including the GPECs and GPSCs to review their achievements versus plans and enabling them to understand implementation requirements and challenges. Capacity enhancement is supplemented through formal and informal trainings as well as through peer-to-peer learning process. This enables GPs to start working in alignment with the key stakeholders and to gradually become integral parts of the decision-making and review processes at the block and district levels. The role of the facilitator is key, where he/she provides regular nudges to the GPs, maintaining a balance between pursuing tangible results and ensuring panchayats follow the protocol of planning, implementation, review and corrective action.

That the above steps should be implemented cohesively to mitigate the risks of confusion, low results, false starts, anxiety, slow change and frustration as argued by Dr Lippitt's model is substantiated in the field. To illustrate,

FIGURE 7. GPOD ENGAGEMENT TIMELINE



Timelines are laid down considering units of 5 GPs, with 1.5 trained resource person per 5 GP

It is important for the stakeholders to develop a project structure that delineate clear roles and responsibilities for each actor

subsequent to the initial phases of context setting and self-reflection by GPs, the visioning process brings the key stakeholders together to align their priorities and act as a team. In the absence of this action, the GP is pulled in different directions resulting in confused actions.

It is important to note that throughout these steps, all outputs need to be formally admitted in the GPs through: resolutions, MoUs, self-assessment from the organization mapping exercise, quick wins, GP vision and goals, standing committees, GP plans, monthly MIS updates, and the constitution and functioning of coordination mechanisms. In addition to rendering the required formality to the change process, the aforementioned mechanisms help ensure all members are formally co-opted

in the change process. This formalization, documentation and systematization of change assists in managing transitions within the GP. As elected members have five-year terms, this formalised change ensures that the GP does not become “person(s) centric”, but rather functions to support the larger community.

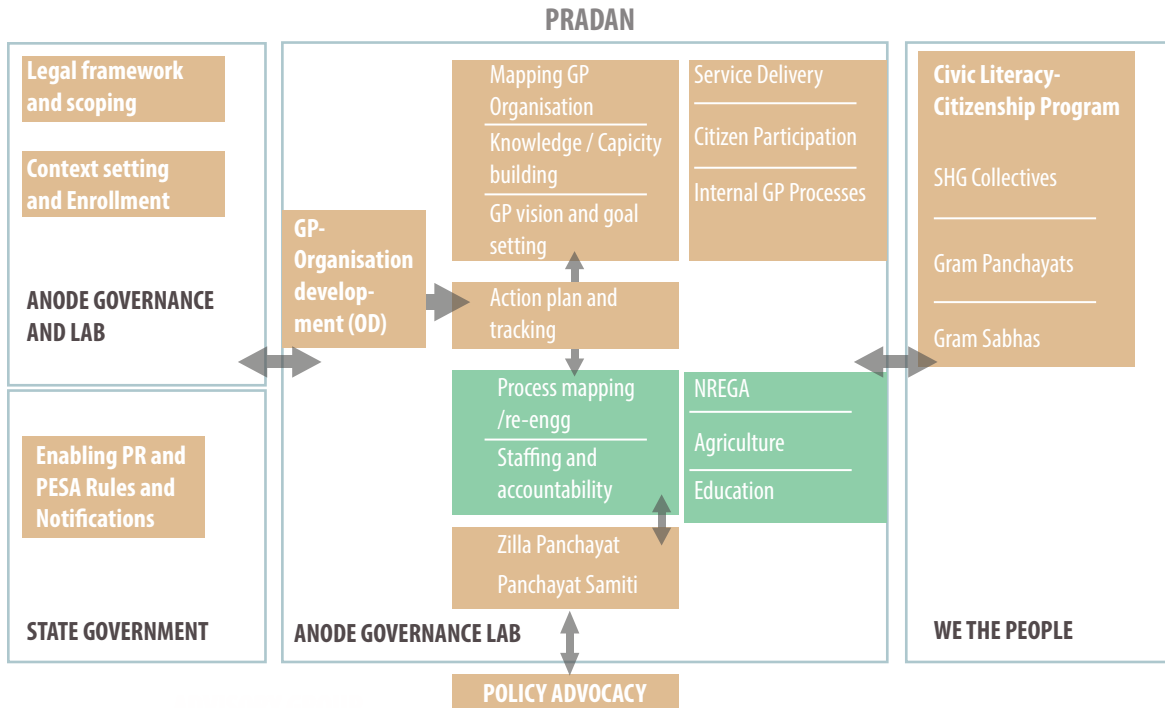
PROJECT STRUCTURE

This section describes the project structure and its rationale as envisaged for implementing the GPOD. Figure 7 shows the GPOD engagement timeline leading through the 1-24 months.

PROJECT DESIGN AND RATIONALE

With the key focus of the project being to strengthen the GP as an institution, there is a

FIGURE 8. OVERALL PROJECT APPROACH AND MANDATE



need for different skills which, in turn, calls for engagement of multiple stakeholders. As mentioned earlier, while the three key stakeholders are the knowledge partner, the facilitating organization and the implementing agencies (GPs), the state government is also critical as it needs to provide a conducive environment for development through enabling laws, support from other tiers i.e. the district and the block and from its various line departments. The GPs are pivotal to the engagement, and hence project design and structure are built around them, rather than being top down.⁵ The

⁵ A parallel effort was undertaken to build civic literacy among the collectives and citizens at large. However, this process is not detailed in this document, which focuses on the engagement with panchayats.

overall project approach and mandates of the different agencies is illustrated in Figure 8.

ROLES OF KEY STAKEHOLDERS

1. Knowledge Partner (Anode Governance Lab) brings learnings from deploying the GPOD framework and its processes in different geographies. It researches and builds on legal framework of the state to conceptualize and contextualise the GPOD framework, design and deploy (as a demonstrative pilot) the various steps of the framework, accumulate experiential feedback to further revisit the framework and its stages

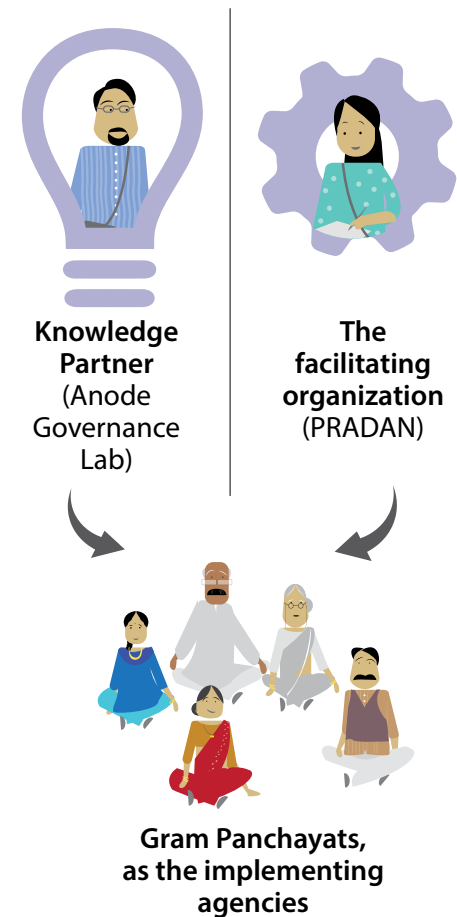
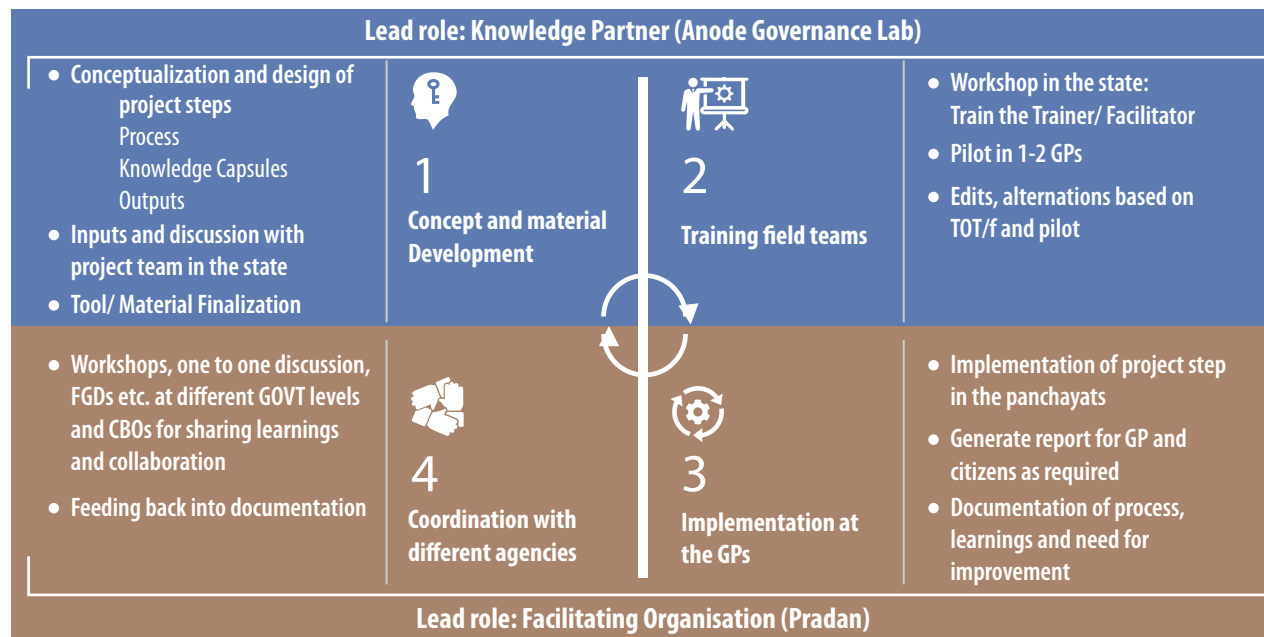


FIGURE 9. LEVELS OF WORK FOR EACH PROJECT STEP

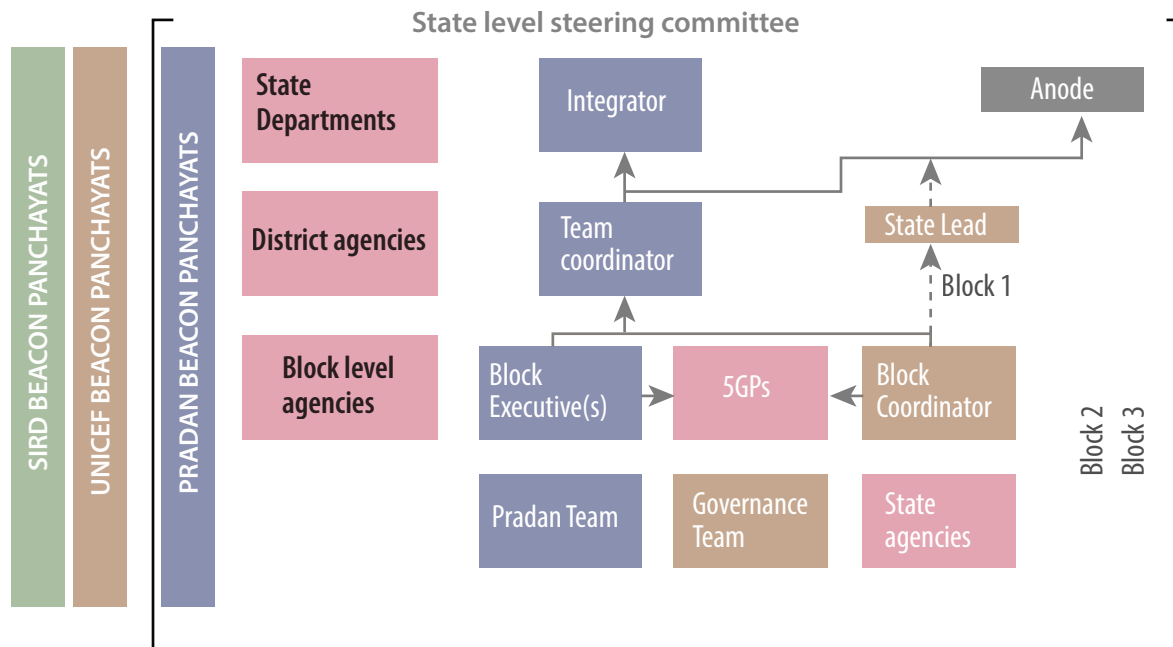


and steps. Its main role is to abstract from the complexity of the grass roots to think and drive processes proactively towards the core objective of the project: building the panchayat institution. The knowledge partner deploys these tools – along with the facilitating organization – in pilot GPs as demonstrations to test the applicability, relevance and appropriateness of this tool and the step. The pilot deployment allows the knowledge partner to create feedback loops to the GPOD framework as a whole as well as the individual stages and steps.

2. Facilitating Organization (PRADAN), brings in its in-depth experience and understanding of development issues

and socio-political structures at the grass roots, as well as deep relationships with the community, especially women collectives. They leverage their insights and skills of facilitating governance and community processes for effective planning and implementation of GPOD framework. It interacts with panchayats and other state agencies on a regular basis, implementing and pacing the OD processes as per needs of individual GPs. In both Madhya Pradesh and Jharkhand, PRADAN as the facilitating organization also inducted a Governance team which was dedicated to GPOD deployment. It comprises a State Lead and Block coordinators, where 1 Block coordinator is placed for 5 GPs. The State

FIGURE 10. PROJECT STRUCTURE - JHARKHAND



Lead, while overseeing the implementation of the project, is also to establish close relationships with the State to leverage their support during different stages of the project. The Block Coordinators assumed the role of frontline facilitators leveraging the facilitating organizations (PRADAN) contacts and relationships to socialize the organization development concepts with the GPs. As a facilitator, PRADAN supported the Governance team in building relationships with the local community, government agencies and other stakeholders. For a unit of 5 GPs, from PRADAN, in addition to the Block coordinator from the Governance team, one member from PRADAN's field teams was to spend about 25% of his/her time on the project activities.

3. **Gram Panchayats**, as the implementing agencies, are institutions responsible for operationalizing GPOD and sustaining change to function as units of self-governance. They are expected to work as per the MoU signed with the facilitating organization and other agencies as the case may be. At each GP, the Mukhia leads the effort, drawing support from the staff and other elected members to function within the GPOD framework.

To sum up, broadly, four levels of design and implementation processes are envisaged (Figure 9). In addition to the three key stakeholders, State governments plays a critical role - providing required support for implementing the framework - although this may be indirect at times. Engagement with GPs needs to have the



concurrence of the State Government, therefore, a GP strengthening project needs to have the go ahead of both the state government and GP. With this premise, an MoU with the state government, or in its absence, a letter of agreement is recommended for commencement of the project. In Jharkhand the support of the state government came with the GPs being included as a part of a 'Beacon Panchayat' initiative of the State government and UNICEF, overseen by a specially constituted state level steering committee. This helped leverage resources and key support from government functionaries. In Madhya Pradesh, the Additional Chief Secretary issued a letter to BDOs of the block where the project was to be implemented.

Figure 10 details the project structure for Jharkhand, which was similarly followed in Madhya Pradesh.

DEPLOYMENT OF GPOD IN PRADAN'S SPACE PROJECT

In Jharkhand, SPACE is being implemented by PRADAN in 16 GPs across four blocks, spanning 3 districts: Basia block (Gumla district), Padma and Barhi blocks (Hazaribagh district) and Chandwara block (Koderma district). The SPACE project in Jharkhand integrates other efforts including enhancing civic literacy among women collectives and concerted efforts towards collaboration of PRIs and CBOs to enable better access to rights and entitlement, as well as partnering with the State government towards better implementation of key government programs such as MGNREGS, drinking water,

irrigation to name a few.⁶

In Madhya Pradesh, SPACE is being implemented in 2 blocks of 2 districts: Shahpur block (Betul district) and Samnapur block (Dindori district). The program was launched through a conclave with reputed civil society organizations in Madhya Pradesh, as well as detailed discussions with the state government. As in Jharkhand, a simultaneous engagement towards enhancing civic literacy is underway in Madhya Pradesh. Several GPOD steps were administered through the other focus areas (and attendant interventions) of PRADAN in the concerned GPs. For instance, in Samnapur, the approach has been to strengthen GPs primarily through CBOs and training and capacity enhancement of womens' collectives. Shahpur, on the other hand, adhered to the GPOD framework, utilizing the tools and processes as outlined, although here too the teams used PRADANs intervention in the digital literacy program as a conduit. As in Jharkhand, in MP too the SPACE programme integrated other governance initiatives of PRADAN in the area. These included interventions on enhancing digital literacy, training and capacity enhancement on electoral issues etc.

⁶ Mahatma Gandhi National Rural Employment Guarantee Scheme: <http://www.nrega.ap.gov.in/Nregs/> GPDP: Gram Panchayat Development Plan, initiated by the Union Ministry of Panchayat Raj, towards preparation of comprehensive plans by Gram Panchayats.



Vision workshop, Bhondo GP, Jharkhand

Stages

Steps

Chapters

**Stage One
CONTEXT AND
ENROLMENT**

**Stage Two
DIAGNOSIS &
REFLECTION**

STEP I

STEP II

STEP III

CHAPTER
4
UNDERSTANDING
THE LEGAL
FRAMEWORK

CHAPTER
5
MOU SIGNING,
GP PROFILING
& QUICK WINS

CHAPTER
6
ORGANISATION
MAPPING



Stage Three
**DESIGN, PLANNING &
OPERATIONALISATION**

STEP IV

CHAPTER

7

**BUILDING A
SHARED VISION
& MISSION**

STEP V

CHAPTER

8

**GP STRUCTURING
AND
COORDINATION**

Stage Four
**HANDHOLDING
IMPLEMENTATION**

STEP VI

CHAPTER

9

**GP PLANNING
AND
BUDGETING
(MIS)**

CHAPTER

10

CONCLUSION



Stage One CONTEXT AND ENROLMENT

Laying the foundation for GPOD engagement between the three key stakeholders: knowledge partner, facilitating organization and GPs and their elected members (implementing agencies). This first stage establishes the communications, roles and responsibilities between the stakeholders, and starts the GP on its journey towards change. Stage 1 initiates the process wherein the GP begins to identify with itself as an autonomous local government and understands the institutional context within which it exists. The first stage is operationalized through two steps: (1) understanding the legal framework; and (2) enrolment – GP profiling, MoU signing, and quick wins.



STEP I

CHAPTER
4
UNDERSTANDING
THE LEGAL
FRAMEWORK

STEP II

CHAPTER
5
MOU SIGNING,
GP PROFILING
& QUICK WINS





STEP I

UNDERSTANDING THE LEGAL FRAMEWORK

STEP II

MoU signing,
GP profiling &
quick wins

STEP III

Organisational
Mapping

STEP IV

Building a
Shared Vision
and Mission

STEP V

GP Structuring
and
Coordination

STEP VI

GP Planning
and Budgeting
(MIS)

Conclusion



WHAT IS THE LEGAL FRAMEWORK?

The legal framework broadly includes: (1) the Directive Principles of State Policy - Section 40; (2) The 73rd Constitutional Amendment Act (1992); (3) the State Panchayati Raj Acts which cover GP rules and regulations, departmental notifications, and government orders; (4) PESA Act and associated rules, notifications and government orders; and (5) Central and State Sector Schemes of the Government of India. Understanding the framework is an exercise for all stakeholders including the knowledge partner, facilitating organization, and members from prospective GPs. Understanding the rules, regulations and functions of the GP within the space of the state and central governments is imperative in order to contextually roll-out the GPOD framework and facilitate the GPs journey towards autonomy and realisation as units of self-governance.



OBJECTIVES

1. To understand the spirit of Section 40 of Directive Principles and 73rd CAA in their recognition of GPs as units of local governance.
2. Gauge the degree of devolution along: funds, functions and functionaries (3Fs) as mandated by State PRI Acts.
3. Understand inter-departmental and parastatal power at the PRI level.
4. Analyse departmental notification and government orders to define roles of the GP and GS.
5. Identify and understand parallel schemes being implemented by the central and state governments where there is a specified role for the GP or GS.
6. Understand the exact role of the GS and GP in planning, execution, implementation, monitoring, operations and management under various schemes and programs.

OVERVIEW

INPUTS: 73rd CAA, Directive Principles of State Policy – Section 40, PESA Act, State PRI Acts, GOI Central Sector Schemes, and other relevant national and state-level legal documents

STAKEHOLDERS: Facilitating organization, Knowledge partner, prospective GPs and their current members/ village head (implementation agencies)

RATIONALE: Establish a legal basis for organizational change efforts within GPs

OUTPUTS: Understanding of the legal framework within which the GPOD and GP must operate, and a detailed report of legal framework and status of devolution in the state

IMPLEMENTATION

STEP 1:

Engage with **State Panchayati Raj and PESA (if applicable) Acts and attendant rules and regulations** to understand the level of devolution in the state along three dimensions: funds, functions and functionaries.

STEP 2:

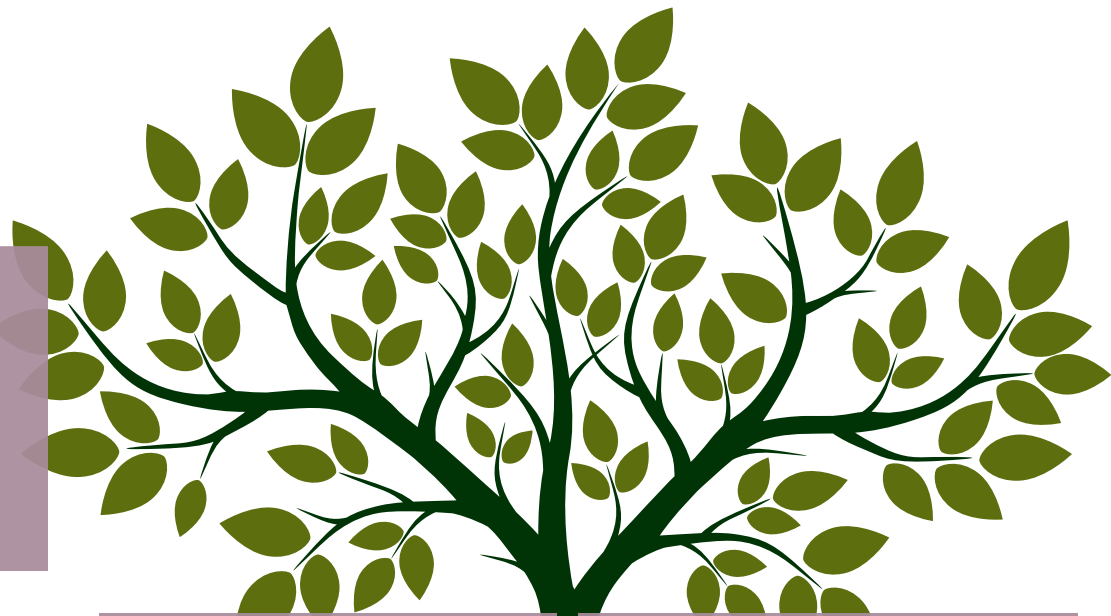
Understand **departmental notifications and attendant government orders** that specify exact role of the GP and the GS

STEP 3:

Identify and analyse other relevant **government acts, policies, programs and missions** to enhance the understanding GP's and GS's roles and responsibilities.

STEP 4:

Develop an understanding of **on-the-ground realities** through primary engagement with the GPs. Here the focus should be on the gap between mandated legal statutes and the prevailing ground realities. Whether GPs are assuming ownership in discharging their roles and responsibilities outlined in the acts and policies, becomes a critical question. It is crucial for the knowledge partner to have an initial grassroots engagement with the GPs in order to foster an understanding of contextual realities and capacity constraints within panchayats.





WHAT IS THE LEGAL FRAMEWORK?

Analysis of the legal framework entails an understanding of (1) general mandates of the GPs which are emphasized, in principle, by the 73rd CAA, 1992; and (2) specific roles that the GPs are expected to perform as per the status of devolution of funds, functions and functionaries in the state, as laid out by the respective state Panchayati Raj Acts and PESA provisions, if applicable. These, along with the accompanying rules and regulations, attendant notifications and Government Orders (GOs) constitute the legal framework, and are the foundation for strengthening GPs as units of local self-governance. In order to begin their journey towards autonomy and the realisation of themselves as units of self-governance, the GPs must first understand the legal framework that underpins their rationale and legitimacy. The GPOD framework begins with the task of helping the GP situate itself within the statutory

framework and the greater government and state matrices. Pertinent here is a mention of the Directive Principles of State Policy, Section 40, that directs states to constitute GPs and endows powers to enable GPs to function as units of local self-governance. Along with this, the 73rd CAA (Part 9, Sections 243 – 243 O) lay out the need and rationale for constituting GPs and Gram Sabhas (GS). These sections provide the basis that the statutes of the various state governments are based upon. It cannot be over emphasized that the statutes should be read and interpreted in context of the spirit and philosophy of the 73rd CAA.

In addition to the 73rd CAA, there are several central government policies, programmes and related projects that define the roles for the GP and the GS. Knowledge of these roles and responsibilities (as outlined in central sector schemes) is an added dimension that needs to be considered in initiating the GPOD intervention.

WHY IS UNDERSTANDING THE LEGAL FRAMEWORK IMPORTANT?

The purpose of understanding the statutory framework is to provide a legal basis for the organizational development effort with GPs. First, it is important to identify the boundaries within which the GP organization must operate; these will help improve the development of systems and structures that can ultimately strengthen the GP. Second, the framework allows the facilitating organization to pinpoint different knowledge systems and resources not currently visible to, or leveraged by, the panchayats.

Developing this deep understanding of the legal framework allows for a transfer of knowledge to the GPs that helps them identify functional areas where they have a voice, and can thus impact decisions either directly or indirectly. It is for this reason that an understanding of the legal framework constitutes the basis for strengthening GPs as an effective institution of local governance.

WHAT ARE THE MAIN INPUTS?

In order to begin understanding the legal framework, first the knowledge partner and facilitating organization must analyse and interpret the existing legal provisions at both the state and central levels. An understanding of the legal framework entails an in-depth understanding of the following:

1. Directive Principles of State Policy, Section 40
2. 73rd CAA, 1992

OBJECTIVES OF LEGAL FRAMEWORK ANALYSIS



To understand the spirit of 'Section 40' of the State Directive Principles and the 73rd CAA, 1992 in recognizing GPs as units of local self-governance, teams must;

1. Gauge the degree of devolution of the 3Fs (i.e. Funds, Functions and Functionaries) as mandated by the state government in the State Panchayati Raj Act and PESA Act, if applicable, and their rules and regulations.
2. Develop a sense of the inter-departmental and parastatal power devolution involved in convergence of 3Fs at the PRI level;
3. Analyse the various departmental notifications and Government Orders that further define the exact

role for the Gram Panchayat and the Gram Sabha. While the Acts specify the broad contours of the functions devolved, the exact role that the GP is expected to perform within the functional devolution is outlined in these.

4. Understand parallel schemes being implemented by the central government, wherein there is a specified role for the GP or the GS.
5. Understand the exact role of the GS and GP in planning, executing and implementing, operation and management along with overall monitoring and supervision entrusted under any state/central government scheme, program, or mission such as MGNREGS, MDM, PDS, SSA, NRHM, NRLM, PMAY, SBM etc..

- Part 9, Sections 243 – 243 O
- Schedule 11 (List of 29 Subjects devolved to PRIs)

3. State Panchayati Raj Acts

- Rules and regulation
- Departmental Notifications
- Government Orders

4. PESA Act and attendant rules, notifications and GOs (if applicable in the state)

5. Central Sector Schemes of the Government of India

The provisions under the above lay the foundation for GP strengthening at an institutional and organizational level. Their interpretation should be supplemented with primary research and engagement in the field, which in turn allows for an understanding of how devolution can be leveraged by GPs to autonomize their day-to-day functioning. In other words, the understanding on the devolution status of GPs is as much about the bottom-up actions, plans and programmes, as it is about the top-down legal provisions, accompanying notifications and the attendant rules and regulations.

WHO ARE THE KEY STAKEHOLDERS?

Developing an understanding of the legal framework is the primary responsibility of the knowledge partner(s), in this case, Anode Governance Lab. In addition, the role of the

facilitating organization (PRADAN), the state government (as represented by the state PR department) and the implementing agencies (GPs) are critical to understanding the gaps and overlaps between what is mandated in the statutory framework and what is operationalized on the ground. While Anode is the primary stakeholder involved in building the knowledge base around the statutory framework, transferring this knowledge to the facilitation organization is a key part of this first stage.

HOW IS THIS PROCESS IMPLEMENTED?

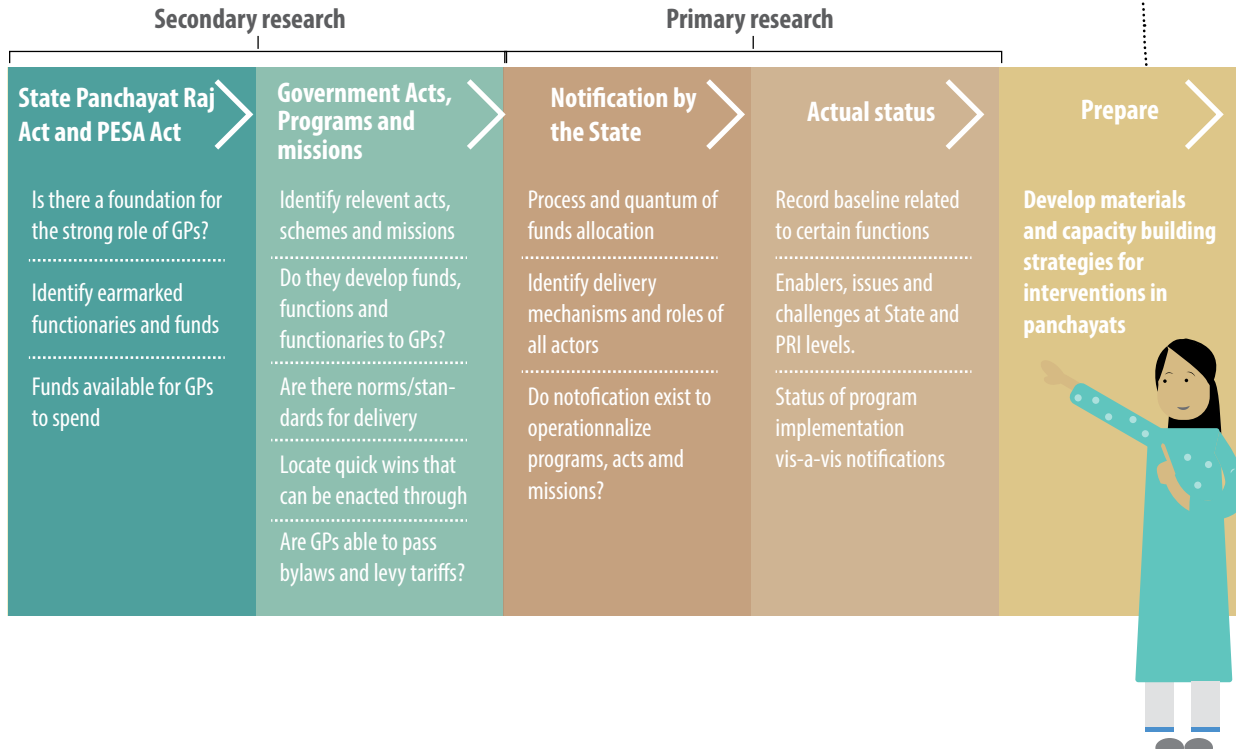
The analysis of the legal framework is the first broad action that needs to be taken before engaging directly with the panchayats. Knowledge and understanding gained through this exercise lay the foundation and set the tone for future engagement and implementation of the GPOD framework.

Step 1: Engaging State Panchayati Raj Act and PESA Act, if applicable, and the attendant rules and regulations to understand the level of devolution in the state along three dimensions: funds, functions and functionaries.

Step 3: Extrapolating Departmental Notification and attendant **Government Orders** that once again specify the exact role of the GP and the Gram Sabha

Step 2: Identifying other key Government Acts, policies, programmes and missions that pertain to the GP and understanding the specific roles and responsibilities of the GPs and the GSs within the State machinery.

FIGURE 11. ANALYSING THE STATUTORY FRAMEWORK



Step 4: Developing an understanding of **on-the-ground realities** through primary engagement with the GPs. The facilitating organization focuses primarily on whether or not GPs are currently assuming ownership in discharging the roles and responsibilities outlined in the acts and policies. It is crucial for teams to have this initial grassroots engagement with the GPs in order to foster an understanding of the contextual realities and capacity constraints

within panchayats.

Figure 11 outlines the process adopted for both Jharkhand and Madhya Pradesh. After the primary and secondary research is conducted, the knowledge partner creates a detailed report of the legal framework and the status of devolution in the state. Specifically, the report includes information and analysis on the panchayat environment, the 3Fs, challenges and opportunities, and an intervention strategy.



It is important for facilitators to keep in mind the importance of continuously tracking changes in existing acts and policies

In both Jharkhand and Madhya Pradesh, Anode interfaced with the facilitating organization through a two/ three-day consultative workshop where Anode presented the main findings of above primary and secondary research along with the legal framework report. During this workshop, Anode sought feedback from sectoral experts at PRADAN, other NGOs and activists. These interactions emphasized the need to understand the law from the position of leveraging its provisions at different steps of the GPOD.

In both states, this initial workshop was the only formal meeting where knowledge transfer on the understanding of the knowledge framework was attempted between Anode and PRADAN, who were charged with the responsibility of synthesizing the information and implementing the GPOD processes with selected GPs. The workshop emphasized the need to engage with GPs to enhance their understanding of the legal framework within which they are mandated to function.

WHAT ARE THE EXPECTED OUTPUTS?

Creating GPs that are sufficiently informed on their roles, responsibilities, and rights vis-à-vis the legal mandate is the eventual outcome of this

step. It is hoped that over time, the GPs emerge as stakeholders who are capable of negotiating with the higher tiers of the PRIs as well as the state governments in order to address challenges and bring forth their attendant agendas. However, this outcome cannot be achieved solely through the GP having knowledge of the statutory framework. The statutory framework, documented in form of a report, rather acts as the 'springboard' that facilitates this outcome over the course of GPOD interaction. At every stage of action, the reliance on the statutory framework to determine specific actions with the GPs has been immense.

HOW DOES THIS CONNECT WITH THE NEXT STEPS?

The process of analysing the statutory framework in all its dimensions is an ongoing activity that is revisited throughout the process. While this research is the starting point for the intervention, it is important for facilitators to keep in mind the importance of continuously tracking changes in existing acts and policies in order to ensure that GPs are able to grow accordingly.

The findings from the statutory framework report directly feed into the GP profiling, and facilitating the signing of MoUs and organization mapping.

WHAT ARE THE LESSONS LEARNT?

- It is key to ensure that the facilitating organization is comfortable engaging with the legal framework and has a thorough understanding before beginning discussions with GPs. Progress reports indicated that the understanding of the framework was at best patchy with most team members, with there being a constant demand for the knowledge partners to better help the teams understand the legal framework to enable an informed GPOD intervention in the field.

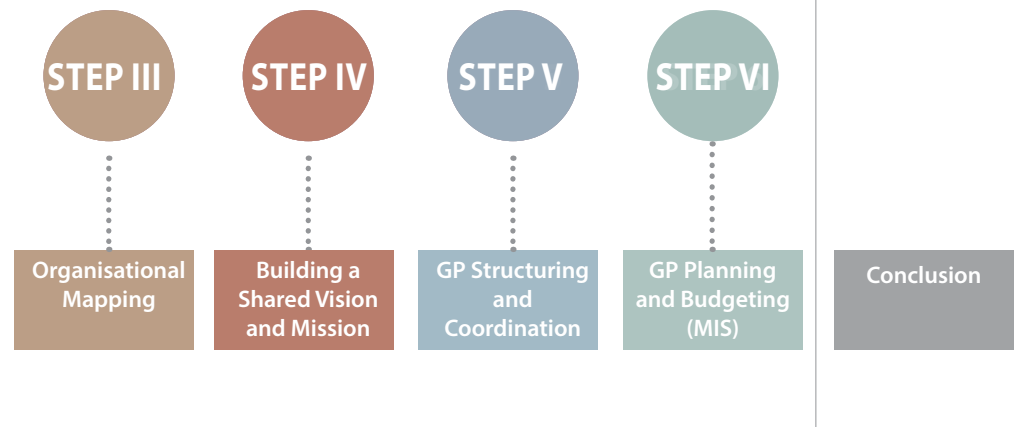


- It was realised that an up-to-date understanding (through a continuous tracking of government rules, regulation and notifications) of the legal framework is critical to organization building in GPs, and therefore should not be limited to a one-time activity. Thus, while an understanding of the statutory framework constitutes a critical starting point of the GPOD, in effect, it should be a process of knowledge co-production throughout the project duration, involving the three main stakeholders: the facilitating organization, the knowledge partner, and the implementing agencies (GPs).

- It is important to earmark time (and design steps) within the project that are aimed towards transferring and absorbing (and in the process co-producing) the provisions of the statutory framework. The project design should allocate substantial time and resources to this activity.







WHAT IS GP PROFILING?

A profile of the GP and its members that captures important contextual, demographic, and service-related information about the panchayat. The process of developing the profile signals the initial interaction with the GP and sets the context for the GP to decide whether it wants to engage with the GPOD process. While this exercise is initiated prior to the MoU signing, it may continue even after the signing. The relationships established between the facilitating organization and GP members during this step are crucial in establishing rapport and helping the GP members engage more closely with the GPOD and the organizational development process at later stages.

WHAT IS MOU SIGNING?

The Memorandum of Understanding (MoU) is an official document that indicates the formal willingness of members to engage with the GPOD process. Signing a MoU between the GP institution and the facilitating organization signals an official commitment from the GP to strengthen their panchayat. This sets a strong foundation for future engagement and begins the process of developing accountability, ownership and action within the panchayat. Premised on the statutory recognition in the State Panchayati Raj Acts of GPs' status as body corporates, the MoU is used as an instrumentality to enable GPs to exercise their mandate to decide whether to engage (or not to engage) in the GPOD process.

WHAT ARE QUICK WINS?

A quick win is a low-hanging achievable task that the GP can undertake and complete with little to no resource mobilization. Focusing on quick wins early-on builds the initial momentum of change amongst GP members. This allows both the facilitating organization and GP to realize the tangible benefits of their partnerships from the outset. Quick wins are a tool that is used to spur motivation among GP members and are used throughout the GPOD process to sustain energy.

OBJECTIVES

1. Laying the foundation upon which the GPOD is implemented;
2. Gaining buy-ins from GPs and establishing collective agreements towards change among all stakeholders;
3. Understanding the collective and individual needs, challenges, and requirements of the GP members'
4. Aligning the hopes and expectations of the GPs with what GPOD can offer;
5. Initial benchmarking of the GP against relevant government statutory provisions
6. Kick starting action and building momentum for change.

OVERVIEW

INPUTS: Knowledge of state and central legal framework and associated acts and policies, project teams in place

STAKEHOLDERS: Facilitating organization, knowledge partner, prospective GPs and their members

RATIONALE: Developing a strong initial interaction with the GP through formal agreements, conversations and quick wins, sets the stage for strong future GPOD engagements

OUTPUTS: GP profile, signed MoU, 5-7 implemented quick wins



IMPLEMENTATION

STEP 1: Panchayats are shortlisted by the facilitating organization based on parameters that ensure long-term sustainable engagement. Before approaching the GP, the facilitating organization should be confident in their ability to work with the panchayat given their prior knowledge of the geography, infrastructure and team composition.

STEP 2: After shortlisting the GPs, the facilitating organization has an interaction with the GP members to establish one to one relationships and also to build an initial understanding of the GPOD . This is done through the GP profiling exercise. Post one on one meetings and interactions with the GP as a body, the decision on the MoU is taken. Sometimes, it may even take 5-6 group interactions before the GP arrives at an understanding with the facilitating organisation

STEP 3: Through various facilitation methods such as workshops, meetings, and informal conversations; the facilitating organization helps the GP members understand their ward/ village/ Gram Panchayat needs and how these can be easily addressed. These are then converted into quick wins for immediate action. This boosts morale within the GP, as it shows them how it is possible to address their needs with the resources they have.

WHAT IS ENROLMENT?

The enrolment step marks the beginning of the official GPOD journey. Relying primarily on the context gained from research on the statutory framework, this step lays the foundation to guide the organizational change and development process. Enrolment is foundational for ensuring buy-ins from the GPs, establishing relationships of trust between the facilitating organization and the panchayat, and building the momentum for change in the GP as well as among citizens. The following section outline the steps, inputs, outputs, stakeholders and rationale for the implementation of the first step.

The enrolment process involves three distinct parts: GP profiling, MoU signing, and the implementation of quick wins. These are rolled-out more or less synchronously to ensure that before moving forward, the GP has knowledge of its positionality within the state, recognises its autonomous mandate to make decisions, and begins to see itself as an institution with the authority to make changes within its jurisdiction.

WHY IS ENROLMENT IMPORTANT?

As a key aspect of organizational development is its participatory nature, it is important to mobilise and motivate GP members and functionaries to take ownership of the GPOD process in order to create long-term change. After the facilitating organization understands the relevant legal provisions, they approach the GPs to begin the program enrolment process. Enrolment has five primary objectives:

1. Laying the foundation upon which the GPOD framework will be implemented: including gaining buy-ins from GPs; and establishing collective agreements towards change between the facilitating organization, the knowledge partner and GP elected representatives (MoUs).
2. Understanding the collective and individual needs, challenges and requirements of GP members.
3. Aligning the hopes and expectations of the GPs with what the GPOD can offer.
4. Benchmarking the GP against the statutory provisions laid out under the various acts and programs of the state.
5. Kick starting action and building momentum for change.

WHAT ARE THE MAIN INPUTS?

Enrolment is crucial in establishing trust between the GP and the facilitating organization, and building a sense of institutional empowerment among GP members. In order for the enrolment to be successful, it is imperative for the facilitating organization to have a preliminary understanding of the relevant state and central legal frameworks, and the hierarchy among acts, policies and notifications. Gaining an understanding the legal framework is, however, an ongoing process. As enrolment process helps build relationships with GP members, it is desirable that the project structure is in place including the field teams who are to engage with the GPs in the next 2-3 years.



Joint discussion on MoU with 5 project GPs, Koderma District, Jharkhand

HOW IS THIS PROCESS IMPLEMENTED?

GP Profiling

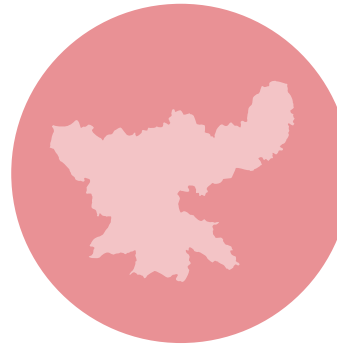
GP profiling is one of the first collaborative activities done with the GPs, their key members, elected representatives and staff. The profile itself is developed by the facilitating organization through primary field research with GPs, and captures important contextual, demographic, and service-related information about the panchayat. Creating this profile helps the facilitating organization build an understanding of the context in which the GP functions. The relationships established between the facilitating organization and members of the GP during this step will improve future rapport and help members engage more closely with the process.

This context-building process allows for

conversations on the purpose and identity of the GP. The conversations are designed to asks GP members to reflect on their roles, and the state of the panchayat as a whole. It is for this reason that the GP profiling includes demographic and infrastructure-related observations. The GP profile itself is developed to function like a baseline survey tool, however, it is not a questionnaire and does not require formal administration. The profile is a template that is filled out by the facilitating organization through interactions, conversations and relationships with members of the panchayat. Developing an understanding of the local environment at this early stage allows to contextualize the GPOD steps while also taking cognisance of the needs and requirements of the GP.

BOX 2. GP PROFILING DIMENSIONS

- Geographic, political and demographic data with a focus on socio-economic aspects;
- Identification of elected representatives, their key responsibilities, achievements and challenges;
- GP staff's roles, achievements, responsibilities and challenges;
- First impressions of the GP;
- Key functions performed by the GP;
- Service-delivery institutions within the GP (including information on details of point persons and related departments);
- Citizen profiles;
- Possible quick wins.



JOURNEY OF KANKO, JHARKHAND

PRADAN has had a longstanding engagement with the citizens of Kanko through their work with SHG groups, which includes established relationships with elected women representatives of the GP, although largely through the livelihoods program. Initially, the panchayat members in Kanko were apprehensive about the SPACE program as they were unsure of what benefit it could provide. Despite Kanko's relationship with PRADAN, the GP members were not immediately enthused about GPOD and PRADAN's engagement. The MoU was signed after numerous discussions with the panchayat as the Mukhiya was not involved with any of the PRADAN's SHG groups before and was not very familiar with PRADAN's involvement with the community. The panchayat's apprehensive view changed through their gradual engagement as a GP body. Recognizing the potential to develop knowledge and skills that could enhance the GP, the members slowly gained conviction in the organizational development process and its benefits.

Earlier, neither would the Panchayat bhawan open regularly, nor were GPEC meetings conducted each month, thereby leading to low ward member engagement. This led to less-effective functioning, as many members were not aware of their roles and often schemes in the villages would get approved without due process in the GPEC meetings or Gram Sabha. Over last two years of engagement, GPEC meetings in Kanko have been fixed on the 5th

of every month to ensure ease of attendance. This fixed-date system proved to be successful in encouraging participation and was adopted by Tham and Tamai GPs. Despite increases in GPEC meeting attendance, it is important to note that the socio-political milieu of Kanko (prevalent caste dynamics and competing political ideologies within the panchayat) is delicate and, requires a deeper and meaningful engagement for better GP functioning. It is interesting, however, to witness discussions in the GP where members acknowledge their differences and still find a way to debate and collaborate.

In addition to maintaining regular registers and records outside the GPEC, Kanko GP also maintains an asset register and Gram Sabha register to better track its resources and citizen engagement. In addition, positive change in thought processes and behavior are critical milestones in Kanko. The members' ownership over their roles can also be seen through their generosity and problem solving: the GP gave up a room in the panchayat bhawan for Pragya Kendra activities, making sure the offices were open regularly for proper functioning. These 'quick wins' are small but catalyzing movements that increased ownership, responsibility and institutional thinking among the GP members. Apart from these achievements, Kanko has established a well-functioning tailoring center, is setting up a farmers' market to enable the farmers to sell their produce locally, and it is building a toilet from CFC funds for public convenience.



Farmer camp in Kanko GP, Jharkhand

The reason for this journey can be traced to engagement style adopted by PRADAN, which includes regular visits and mentoring by the Block Coordinator. Also, in Kanko (as well as in Pipradih and Tamai) the field team took the initiative to invest in building ward member capacities through trainings aimed at increasing involvement in the GP. These trainings covered important topics such as a legal understanding of the PRI system, GPEC, GPDP, engagement in MGNREGS, and the specific roles of ward members. The exposure visit to Kerala provided a key eye-opening moment for Kanko participants – they saw in Kerala a vision of what their panchayat could aspire towards. During the visit they interacted with members from GPs that worked smoothly and effectively; the GPs opened at regular times, meetings were held regularly and with good attendance, and members (especially women) were able to voice their concerns and thoughts.

SIGNING OF MOUs

A Memorandum of Understanding (MoU), is a tool used in the GPOD process to encourage GPs to make the official commitment to strengthen their panchayat. The document itself indicates the formal willingness of members to engage with the GPOD process. It is important to note that this particular step should be exercised either post or during the GP profiling activity; decisions on the timing of this process are made on a case-by-case basis depending on the readiness among members of the panchayats.

At any point during the GP profiling and initial conversations, a GP can choose not to engage in the journey and therefore can choose not to sign the MoU. This choice was exercised by GPs in both Jharkhand and Madhya Pradesh. Giving the GPs the agency to choose, the signing of the MoU is the first step in creating a sense of autonomy and purpose amongst the panchayats; it develops a realisation that they are a body corporate, as recognised by law, and thus have the power and mandate to make independent decisions.

The MoU is a bipartite agreement between the GP and the facilitating organization in order to establish: project objectives, stakeholders' roles and responsibilities, timelines and possibly a list of quick wins (discussed in the next section). Once the language of the MoU is agreed upon by both sides, it is signed on stamp paper to emphasise the formality of the decision and this initial step in the GPOD process. The Mukhia, ward members, and the panchayat secretary usually sign the document on behalf of the whole panchayat.

The premise of the GPOD process is the belief

that GPs have the agency and ability to enact their own decisions with relation to their community's needs. In contrast to requiring GPs to work on the basis of mandatory orders from higher-level institutions, the MoU process provides a space where GP members can use their discretion and identity as a body corporate to act with autonomy and authority. For this reason, the MoU signing can be a stumbling block for some GPs who might be reluctant to engage in formal agreements or commit themselves to the journey and its deliverables. The process of MoU signing is lengthy, sometimes taking over two months, if the project timelines allow, for GPs to take final decisions on whether or not to enrol and sign.

The signing of the MoU is an important and non-negotiable step in the GPOD process; if a GP does not wish to sign, then the implementation of the framework will not occur in that panchayat. As the MoU is a formal document, it is important for the GP to associate the agreement with mandatory actions that must be performed. During the initial enrolment and GP profiling stages, the MoU component is introduced to the panchayats and they are given the space and opportunity to discuss and consult amongst themselves whether they want to sign the MoU. While there is a standard template for MoUs that is used by the facilitating organization across states, GPs have the discretion to redraft clauses as deemed suitable for their own context. The final decision on whether or not to sign the MoU is that of the GP, and emerges over the course of multiple meetings and communications with the facilitating organization.



MoU signing in Dhapada GP, Shahpur block, Madhya Pradesh



JOURNEY OF DHAPADA



The enrolment of Dhapada panchayat was initially a tentative process due to social politics between the current and previous GP administrations

As Dhapada was one of the later panchayats to be co-opted into the SPACE program, there was minimally intensive initial engagement to kickstart the GPOD. This led to the GP profiling exercise not occurring during the enrolment phase. Pratibha, the field coordinator for the panchayat had already been working in Dhapada for 1.5 years prior to the GPOD exercise, mainly on livelihoods and agriculture. Dhapada was selected as a GPOD panchayat given its history of collaboration between community based organizations (CBOs) and the Panchayati Raj Institutions (PRIs).

Due to Dhapada's knowledge and regard for PRADAN's work on the ground, the field coordinators were easily able to approach the panchayat about the GPOD. The MoU between PRADAN, Anode and the Dhapada Panchayat was drawn, discussed and signed quickly within three meetings. While Dhapada represents one of the fastest buy-ins for the program, the key reason was the relationships of trust that existed between the community in Dhapada and PRADAN. In the first meeting with the GP, PRADAN field coordinators initiated the conversation asking the ward members their understanding of 'good governance'. This spurred discussion regarding the

relationship between ward members and the perception of the panchayat vis-à-vis the community. Ineffective communication within the panchayat, as well as subpar coordination among members was highlighted as a key reason for the GP's lack of action.

Particularly in this interaction, the specific role of the Sarpanch, Upsarpanch, Rozgaar Sahayak (GRS) and Sachiv were discussed. The second meeting between PRADAN and the GP was much more difficult to establish, with many of the ward members not showing up or being disruptive due to animosities between the current and past elected panchayat members. When the second meeting finally occurred, albeit delayed, PRADAN centred the discussion around why the panchayat wanted to enrol in GPOD, using the organization mapping tool as an example of how the panchayat can benefit from the GPOD process. This brought up discussions of service delivery within the GP, with the members understanding and identifying the need for establishing proper communication systems and norms for decorum. During the last meeting in May, the GP and PRADAN professionals set a concrete date for the organization mapping exercise.


The enrolment of Dhapada panchayat was initially a tentative process due to social

politics between the current and previous GP administrations, lack of information sharing between villages due to their distance from each other, and generally low ownership and action seen from the Sarpanch, Up-Sarpanch, Sachiv and GRS. However, PRADAN professionals have noted that Dhapada has been one of the most active panchayats at the outset with regards to ward members energy and participation. The members are motivated to work on issues in the panchayat and for the community.

Unfortunately, as Dhapada was one of the later GPs to be enrolled into the program, there was no time for the GP profiling exercise. However, the existing relationship were leveraged by the team to develop a mentor-mentee relationship between the Coordinators and the panchayat. Quick wins were identified, the first one being the organization of the Ward Sabha (WS), largely inspired by the exposure visit to GPs in Maharashtra. During this visit, Dhapada members began to reflect that their ward members needed to be more active in the GP, sparking the idea of volunteering and accountability for one's own political space. Thus, the need for the WS was born. With continuous

weekly follow-ups and encouragement, the first Ward Sabha - Dhapada Ward in Dhapada Panchayat - was conducted after eight months and represents the GPs first completed quick win. This step forward showcased the panchayats ability to see themselves as representatives of the community with ownership of their actions and responsibilities. This in turn encouraged the GP members to organise monthly meetings to discuss issues and take decisions.

PRADAN conducted the organizational mapping exercise soon after the GPOD enrolment, using it as a catalyst to engage the GP leadership and establish regular Gram Panchayat Executive Committee (GPEC) meetings. The organizational mapping tools were used to create a strong base for ward sabhas, where members were encouraged to understand their roles. This shows a marked shift in the ward members perceptions of themselves - before the organizational mapping exercise, many of them believed that their presence was not needed in the GP and overall there was confusion about their roles and responsibilities. This engagement with the WS has increased interest in the GPEC meetings which were then convened regularly on the 23rd of every month.



Dhapada has been one of the most active panchayats at the outset with regards to ward members energy and participation

QUICK WINS

Establishing easy, attainable quick wins for the GP during the first stage of the GPOD process is key in creating a sense of productivity and accomplishment amongst members and elected officials. A quick win is seen as a low-hanging, achievable task that the GP can undertake and complete with little to no resource mobilisation. Examples of quick wins include: opening the office every day at designated/agreed upon timings, clearly displaying operational timings of the panchayat office, fixing basic furniture and facilities in the GP, arranging files and registers, recording minutes in each meeting and even those related to providing citizen services such as enabling widow pensions, camp for Aadhar cards etc..

The key goal of identifying and implementing quick wins at an early stage is to build the initial momentum of change amongst GP members; setting and achieving these wins allows the facilitating organization and the GP to realise the tangible benefits of their partnerships from the outset. This instils a sense of self-confidence in the GPs and signals to the larger community, citizens, and the state government that the GP is taking its first step towards change.

WHAT ARE THE EXPECTED OUTPUTS?

The main outputs from the enrolment step come out of the three exercises: GP profiling, MoU signing and establishing quick wins. At the completion of this step, the facilitating organization will have completed a profile of the GP, have a signed MoU, and 5-7 quick wins which the GP can begin to implement. At this point, the facilitating organization will have a solid grasp of the GP, its elected members and the community environment; with the MoU formalizing the grounds for further engagement and facilitation.

HOW DOES THIS CONNECT WITH THE NEXT STEPS?

Enrolment sets the stage for the formal institutional relationship between the facilitating organization and the GP. By establishing this initial engagement and beginning the process of GPOD facilitation through quick wins, the GP is better equipped to begin engagement with the next steps in the GPOD journey: organization mapping and creating a shared vision and mission.



**QUICK WINS
ACROSS KEY
PARAMETERS OF
FUNCTIONING
IN JHARKHAND
AND MADHYA
PRADESH**

Organizational functioning:

- GP office (panchayat bhawan) is opening regularly
- Roster for ward members to be maintained in the GP
- Functional computer with internet facility
- GP has appointed MIS operator and ensured their training
- Minutes recorded in the mandated registers

Citizen participation:

- Ward Sabha meeting convened by the ward members
- Ensure participation of ward members in National Rural Livelihoods Mission (NRLM) planning

- Wall painting in the Gram Sabha through contingency funds of the Mukhia

Services:

- Aadhaar camp organised at the GP
- Complaint box in the GP
- GP forwards 40 widow pension applications to the block
- Collect information on the status of schools through ward members
- Soak pit construction in the schools by GP
- Sorting out labour payments under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

WHAT ARE THE LESSONS LEARNT?

• In order to ensure the GPOD framework is being applied as per intended spirit, the knowledge partner must be in continuous contact with the facilitating organization.

• Sufficient time should be taken to train the facilitating organization in the GPOD process, the theory of change, and the legal framework.

• Ample time should be given for GP profiling activities in order to encourage deeper insights and interactions with the elected members and staff.

• The instrumentalities of the MoU have many potential interactions and can be used to further strengthen GPs as organizations.

• MoUs should be drafted in the simplest terms in order to allow for better understanding amongst GP members.

• At the quick wins stage, it is important to begin introducing discussions regarding the delivery process, future plans, and responsibilities moving forward.



Stage 2 DIAGNOSIS & REFLECTION

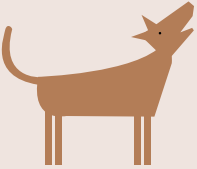
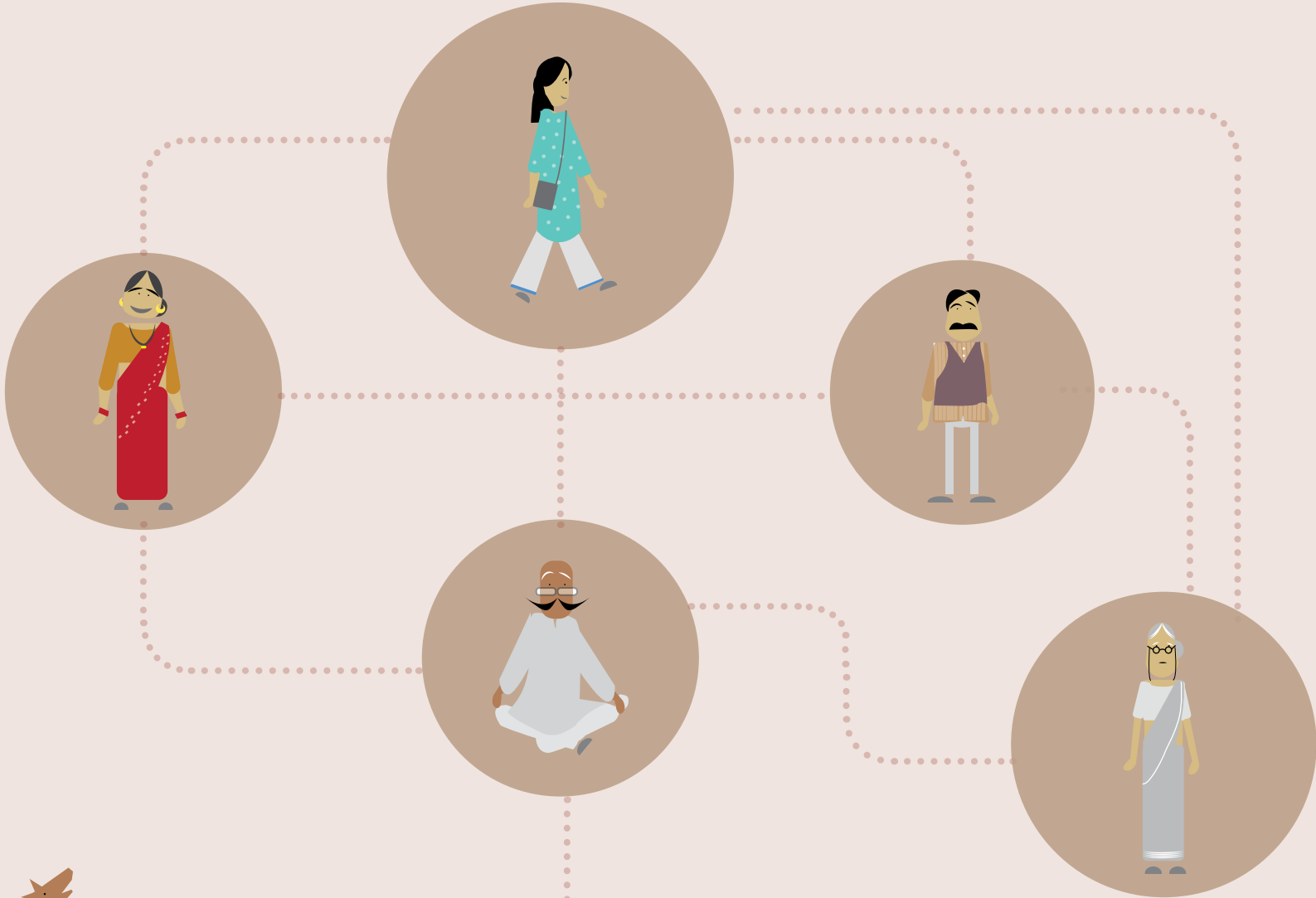
Deepening engagement with GPs initiated in Stage 1 in a structured manner that fosters both ownership and agency. It is a participative process that helps the GP understand its status as an institution through self-assessment and reflexive exercises. This stage encompasses GPOD Step 3 – organization mapping.

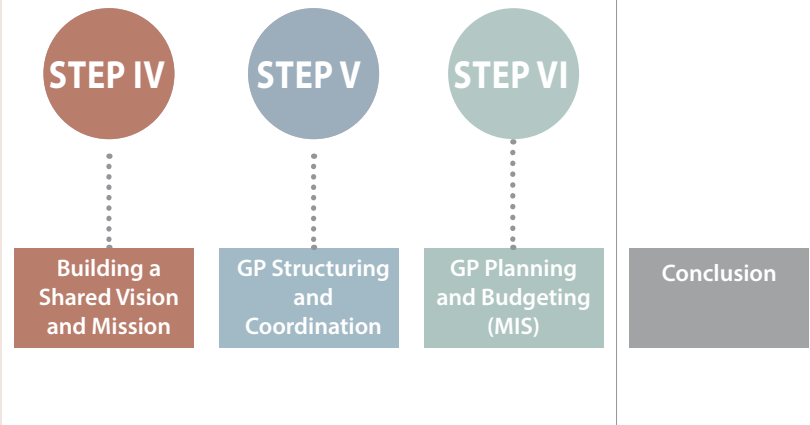


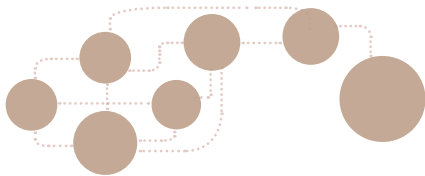
STEP III

CHAPTER
6
ORGANISATION
MAPPING









WHAT IS ORGANIZATION MAPPING?

Organization mapping is a self-diagnosis exercise (undertaken through designed tool(s) that encourage the GP to map itself across several dimensions of an effective organisation, with the legal framework of the state being embedded in the parameters and sub parameters of the tools. Broadly, these tools are designed to gain answers to questions pertaining to the values and vision of the GP; their service delivery mechanisms; structures and systems, institutional strengths; members' understanding of the statutory framework; interactions with the citizens; and internal and external funding resources. The panchayat rates itself on the basis of each parameter and sub-parameter, with the tools specifically designed by the knowledge partner and administered by the facilitating organization.



OBJECTIVES

1. Continuing the process of gaining an in-depth understanding of the GP;
2. Showing a mirror to the GP to encourage reflection and an understanding of itself as a unit of self-governance;
3. Enhancing and deepening the GPs understanding of the statutory framework;
4. Enabling GPs to rate themselves with facilitation by the facilitating organization.

OVERVIEW

INPUTS

GP profile, tools designed to elicit a diagnosis of the GP's functioning and citizen engagement, momentum built from quick wins, GP's willingness to participate in the self-rating exercise

STAKEHOLDERS

Facilitating organization, knowledge partner, implementation agency

RATIONALE

To deepen the engagement with GPs initiated in Stage 1 in a structured manner that serves as a baseline for future processes while forstering ownership and agency

OUTPUTS

Organization map and self-rating by GPs on two tools; GP Functioning and Citizen Engagement, Renewed list of quick wins

IMPLEMENTATION



STEP 1

Organization mapping tools are developed by the knowledge partner based on the principles of OD. The legal framework of the state are embedded in the tools and serve as the guiding factor.

STEP 2

Facilitating organization administers the diagnostic tools alongside the GP to develop an understanding of the current status. This is done through group exercises, allowing the GP members to engage with various parameters and sub parameters to understand requirements of an effective GP organisation as well as for engaging with citizens.

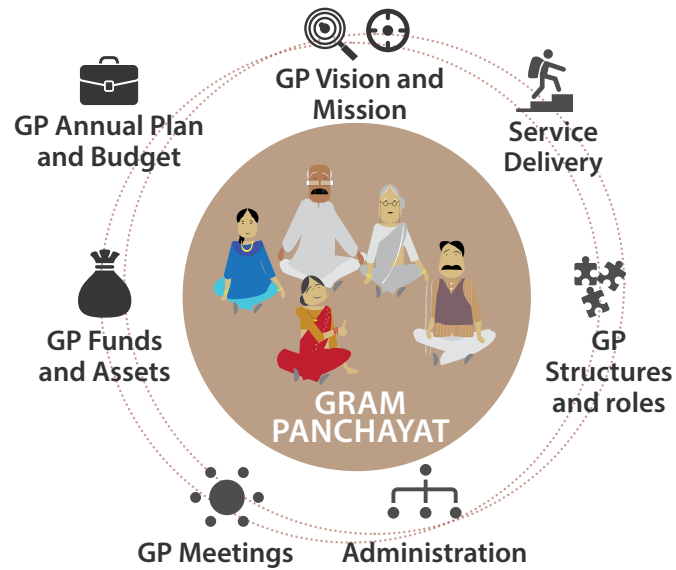
STEP 3

The facilitating organization works with the GP to enable self-assessment. This involves the GP rating itself on either a numerical or colour-coded scale with regards to their knowledge and participation in the areas outlined in parameters and sub-parameters of the diagnostic tools. They are encouraged to think through ways the GP can improve their functioning and roles to improve efficacy.

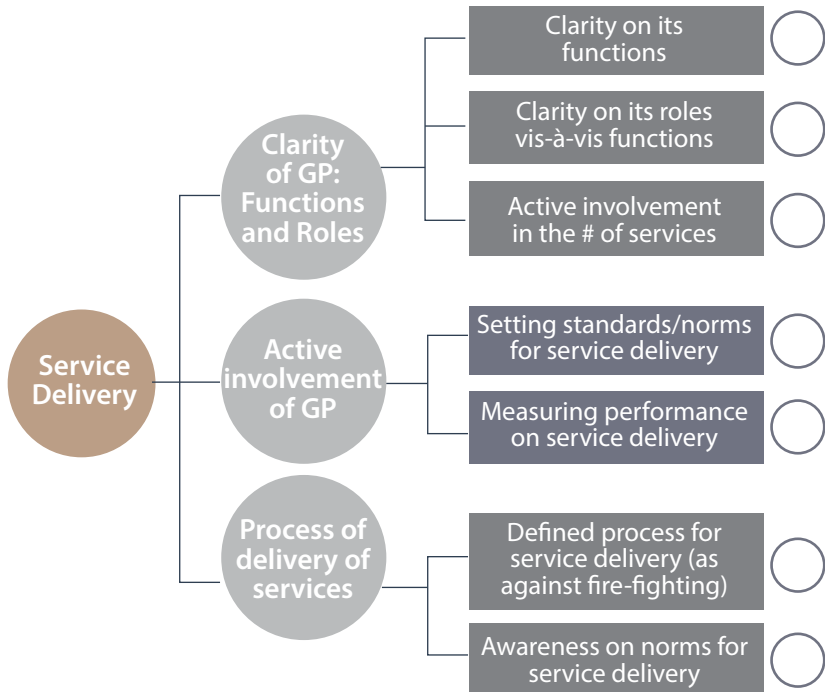
STEP 4

The field teams and GP have a conversation surrounding the parameter of vision and mission, this is followed by an assessment of this parameter. This may be done last in order to feed into the next stage of the GPOD process: a shared vision and mission.

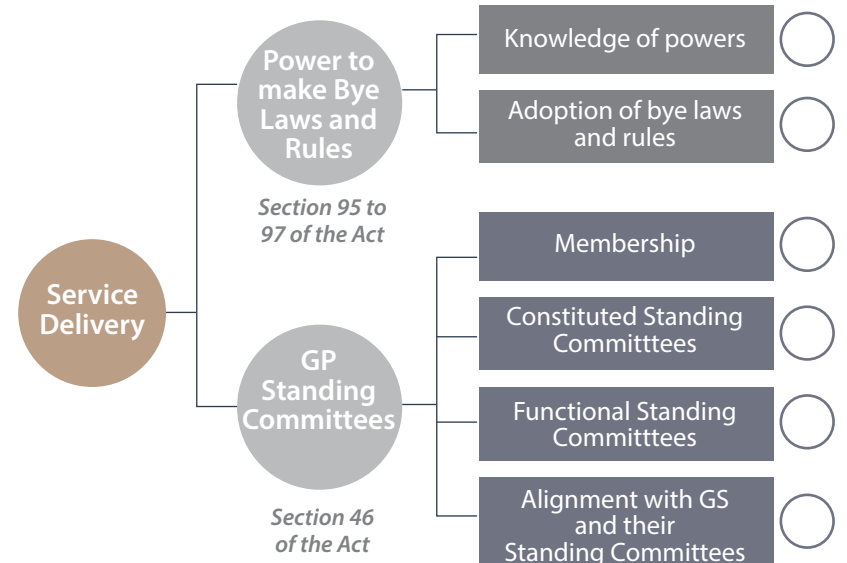
FIGURE 12. GRAM PANCHAYAT DIAGNOSTIC TOOL – GP FUNCTIONING



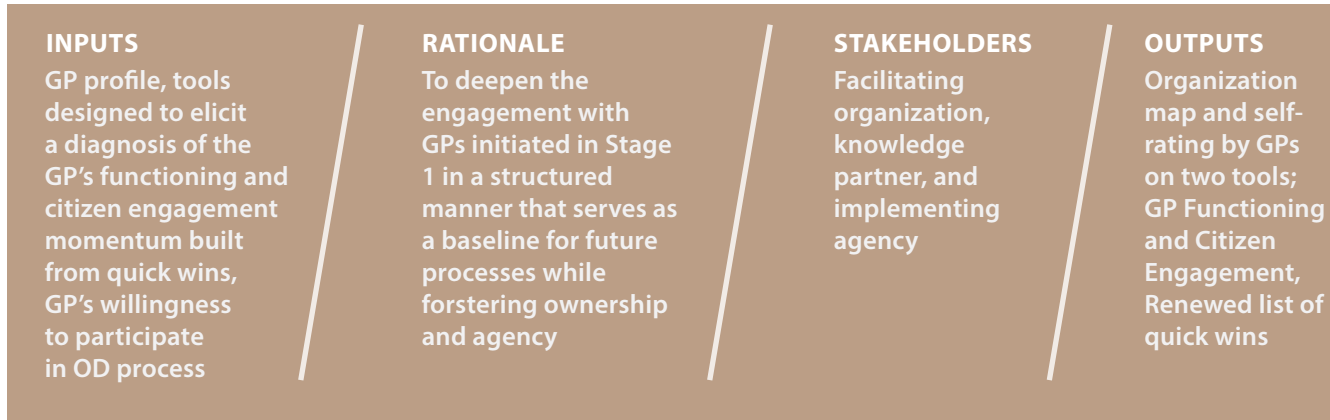
SERVICE DELIVERY SUB-PARAMETERS



Section 75 of the MP Panchayat Raj Acam Gram Swaraj Adhiniyam Act



Section 75 of the MP Panchayat Raj Acam Gram Swaraj Adhiniyam Act



This chapter documents Stage 2 of the GPOD framework, which entails a self-diagnosis by the GP and reflection of its members on the institution attempted through tools designed by the knowledge partner and the facilitation organization and administered by the latter with the GPs.

WHAT IS ORGANIZATION MAPPING?

Organization mapping is a diagnostic tool that combines the legal framework guiding panchayats, as well as components of effective organizational functioning; it is designed to bring in an understanding and reflection on both, through a process of self-assessment. Accordingly, the self-assessment is designed along certain parameters and sub-parameters that reflect the systems and processes critical to effective GP functioning. For instance, the GP is mapped against parameters like: whether it has a vision, service delivery mandates, and

whether the GP has an understanding of the unique contributions it can make. If these are fulfilled, it is further important to understand whether GPs have the required structure and systems in place to deliver on its vision, roles and responsibilities and mandated functions. This further goes into understanding if the GP has access to enough funds to deliver on these mandates, and whether they are aware of the funds and resources they can access to raise their own revenue?

The mapping exercise is facilitated through tools designed specifically to answer these questions, and aid in defining the parameters and sub-parameters. In outlining the parameters and the sub-parameters, the GP functioning and citizen participation tools evoke the various provisions as laid out in the statutory framework. The tools rely on the State Panchayat Raj Acts and its rules, drawing

upon other documents such as department notifications, and operational guidelines for the 14th Finance Commission.

WHY IS ORGANIZATION MAPPING IMPORTANT?

The organization mapping exercise aims to deepen the engagement with the GPs (initiated in Stage 1) in a structured manner, where the GP starts to assume greater ownership of the process, while enlisting itself as an active participant in its own assessment. Specific objectives of the organization mapping include:

1. Continuing the process of gaining an in-depth understanding of the GP as an organization;
2. Showing a mirror to the GP for it to understand its own standing as an autonomous unit of self-governance;
3. Further enhancing and deepening understanding around the statutory framework and the provisions therein;
4. Enabling a self-rating of the GP by the facilitating organization – this can serve as a baseline for the GP, and encourages the GP to reflect on their status and thereby design their change process.

The organization mapping exercise is critical in that it triggers a process of reflection within the GP as an organization as well as where it stands vis-a-vis its roles and mandates as outlined in the statutory framework.

WHAT ARE THE MAIN INPUTS?

The organization mapping exercise is facilitated through tools that are deployed by the facilitating

organization along with the GPs. Depending on the context, tools can be designed to elicit a diagnosis of the GP against various functions and its overall effectiveness. For both Madhya Pradesh and Jharkhand, two tools were designed:

- **Tool One:** Effective functioning of GP
- **Tool Two:** Effective citizen engagement (Gram Sabha)

While the first tool aims to develop a detailed understanding of the GPs internal functioning and management process through a rating system, the second tool seeks to gauge the level of participation that the GP is eliciting from citizens in its day-to-day functioning, management and decisions.

EVOLUTION AND DESIGN OF THE TOOLS

Jharkhand: The GP functioning tool was designed around the components of organization development to build an understanding of the requirements of an effective organization. The mandate of the GP vis-à-vis the parameters of the tool are drawn from the various legal frameworks applicable to the state of Jharkhand. The parameters, sub-parameters and key legal provisions referred are shown in Figure 15.

The initial scale was a 4-point scale, where each sub-parameter was further split into 4 possible scenarios, where Level 4 indicated the best scenario. While law has been extensively referred to, the scale seeks to map its essence and application (as against mere adherence). For example, in the parameter related to the



Organisation mapping workshop in Ajgar GP, Madhya Pradesh

vision of the GP (Figure 12), the legal provisions referred to were those related to 1) the GP being a body corporate which can decide its priorities and hence should articulate its vision, and 2) reservations in the GP based on its demographics, which implies it represents the interest of all its citizens.

A checklist was prepared based on the components of a GP with Level 4 maturity (highest); the self-rating, which was facilitated through discussions with GP members, was done based on a comparison from this ideal state. The checklists and ratings used in this post-pilot tool are shown in Figure 13. The design of the citizen

OM TOOLS: BUILDING CONTEXT SPECIFICITY

In Madhya Pradesh and Jharkhand two tools were designed for the organization mapping exercise: one focused on the internal functioning of the GP and the second on the GP's understanding of, and efforts towards, mobilizing citizen participation. This latter tool encapsulates one of the critical dimension to GP functioning. Additional tools can be designed to capture other elements of the organization. For instance, while

implementing the GPOD framework in Karnataka, a detailed baseline on the status of services was prepared; this drew upon data available from government agencies which was used by the GPs to decide their priorities. In both Jharkhand and Madhya Pradesh, the GPs needed more time and space to understand service delivery processes, which were incorporated in the GP functioning tool.



ORGANIZATION MAPPING IN JHARKHAND

“
**The learnings
 from the pilot
 engagement
 fed themselves
 into a guide
 that was
 then used to
 improve future
 OM exercises
 in other
 panchayats.**

PILOTING THE TOOL

Before the OM tool was rolled out in all Jharkhand panchayats, it was piloted in three GPs: Bhondo, Pindarkon, and Pantha, as per the agreed framework for introducing each project step (Refer Levels of work for each project step, Chapter 3, Figure 9). Through this initial exercise, the field coordinators learned how better to facilitate panchayat engagement, how to encourage discussions between members, and the importance of unpacking issues being discussed in order to foster energy. This pilot OM rollout was conducted in April 2017 in order to identify the gaps in field implementation and provide an opportunity for PRADAN and Anode to engage with the GPs, build trust and improve facilitation approaches.

It was initially identified that from a delivery standpoint, the timeline for the completion of the tool was too short and the roles of team members were easily confused during facilitations. This was accompanied by the fact that many of the legal points were hard to understand thus creating missed opportunities to link with the tools. In some of the cases, the legal provisions were shared with the members en masse, leading to less absorption and lower energy. This interaction highlighted that a key use of the tool is to build need among the GP members to increase their knowledge and awareness – for this reason, it is best to prioritise utilisation of the OM tool rather

than engaging in a training-type exercise with the members. It was noted that the facilitators should rather clarify the requisite and corresponding legal provisions to each parameter, rather than fully training the GP members on this background. Seed ranking exercise, which was included in the initial organisation-mapping tool to understand the status of key services in the GP, was dropped as establishing linkages between GP, GS service provision in the GP seemed too ambitious during this early stage of engagement with the GPs. Initially, the PRADAN facilitators were uncomfortable with the tool due to a lack of clear objective, causing there to be minimal in-depth interaction with the parameters.

Through the pilot, we understood that in order to better facilitate the tool in future engagements: it is necessary for the facilitators to set decorum standards, re-emphasise the need to strengthen the GP, take more time to understand the parameters and legal provisions before bringing them in the panchayat, bring in more women's perspectives, and ensure that issues discussed are continuously unpacked in order to sustain energy and momentum. Specifically with regards to the PRADAN team capacity, it was highlighted that there was a need for (1) various methods of engagement for each context (switch between flip boards, groups discussions, sharing, etc...); (2) usage of more sub-groups where vulnerable populations

can be better heard; and (3) training on OM facilitation, JPR Acts and rules for project team staff and (4) need for two facilitators, one focusing on engaging with the participants and ensuring their energy levels remained high, and the other on bringing linkages with the legal framework with each component of the organisation mapping tool.

The learnings from the pilot engagement fed themselves into a guide that was then used to improve future OM exercises in other panchayats. This booklet on OM has outlined formats and activities to improve the functioning and absorption of the tools. Some of the formats and activities that were formalised through this pilot exercise were: simplification of key information in the parameters and sub-parameters, checklists for discussions, standardised questions to help GP members rate themselves at the end of each discussion point, and facilitator formats to fill in after discussions.

Engaging with the OM exercise after this pilot exercise led to a smooth transition and execution on the part of the PRADAN professionals. Across all GPs, the self-rating exercise was planned from April to June 2017, with only Ranichuan delayed due to its late enrolment into the SPACE project. The end design of the organization mapping tool in Jharkhand was developed as follows: (1) the team engages in discussions in GPs to help build awareness among the GP members and self rate their GPs; (2) OM outputs would be shared in a reflection meeting at the GPEC level; and (3) a second OM would be conducted a year later by the block coordinator, this second



Seed ranking exercise, Organisation mapping workshop, Jharkhand

exercise would act as a mid-line measure for progress in the GP. As of 2019, all GPs have completed this first part of the OM journey; however only Pindarkon and Kanko GPs have shared these outputs and reflections in the GPEC. The second OM exercise was done by the block coordinators themselves based on their understanding of progress made in GPs, post which a self-reflection tool has been introduced in the GPs, for the GPs to rate themselves on key OM parameters.

FIGURE 13. PARAMETERS DESIGNED FOR DIAGNOSTIC TOOLS IN MADHYA PRADESH

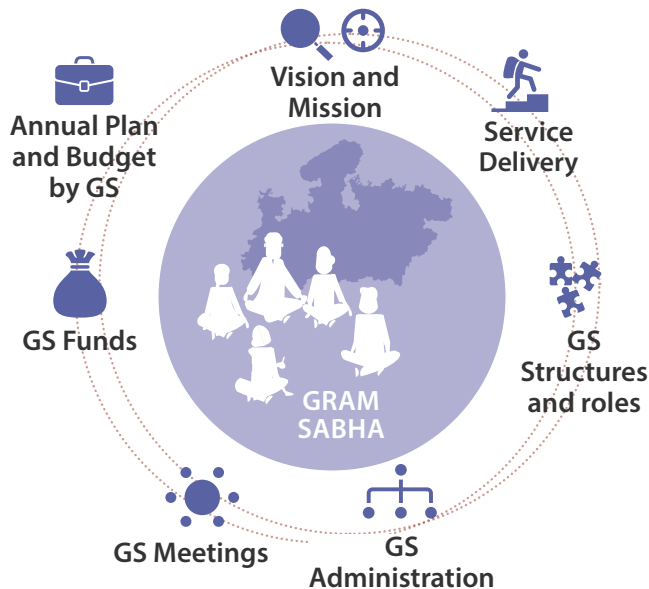
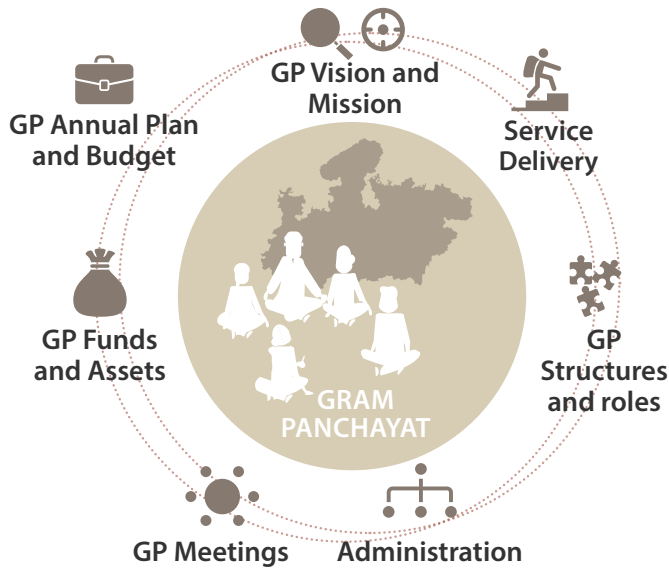


FIGURE 14. CHECKLISTS AND RATINGS

Sub Parameter	Check-list
Process of visioning	Elected members have collectively arrived at a shared vision of how they want to see their GP Shared vision is of over the next 10-15 years
	Listed down goals and plans of GP are in accordance with its vision
	Reflects interest of all sections of citizens
Clarity on focus areas and shared values	GP clear on issues they want to focus on
	GP has collectively arrived at some core principles and values

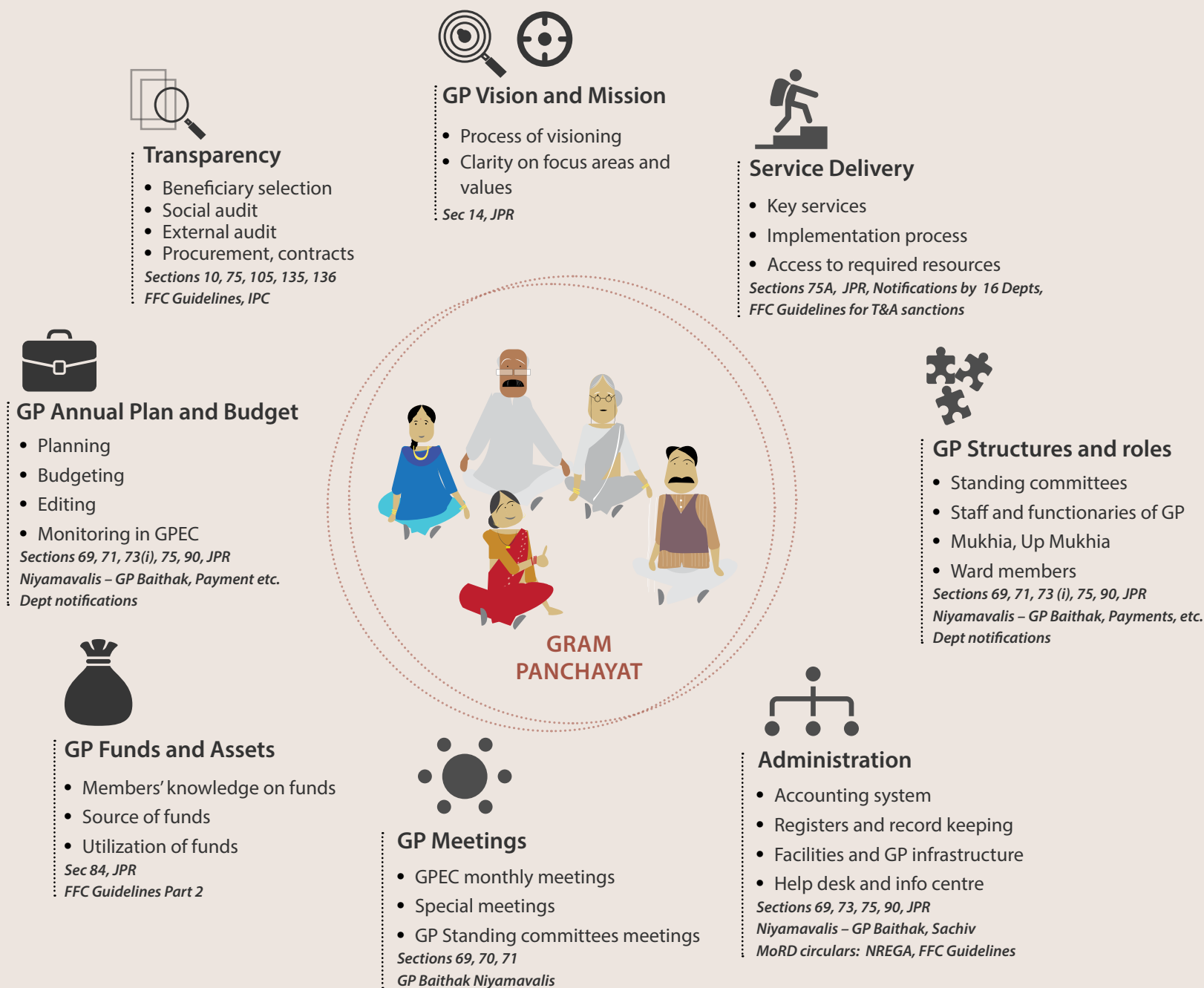
participation tool also followed the same journey. The key parameters included were designed for GP members to understand provisions and mandates related to citizen participation in their GP.

Madhya Pradesh: The two tools deployed in Jharkhand were improvised further in Madhya Pradesh, and focused on creating a better understanding and ease in facilitation. The main departures were 1) alignment of key parameters in both tools, 2) shift to a 3-point scale through colour coding, and 3) a simplified visual depiction. Figure 15 identifies the key parameters for the diagnostic tools developed in Madhya Pradesh for the GP and GS levels, while Figure 16 goes deeper into these parameters and identifies sub-parameters and their associated legal provisions.

HOW IS THIS PROCESS IMPLEMENTED?

Organization mapping is a continuous exercise and is required to be done at least 2-3 times during the GPOD cycle. The rationale is that once the initial self-

FIGURE 15. PARAMETERS, SUB-PARAMETERS AND KEY LEGAL PROVISIONS





ORGANIZATION MAPPING IN MADHYA PRADESH

98



The field teams tracked the GP themselves across various indicators and brought this data back to the panchayat to create a mirror for the GP

The OM exercise in Dhapada, began with a motivational video of Rajiv Gandhi's speech on the powerful role of GPs in the decentralisation agenda. This was followed by a facilitated discussion on whether the GP members felt real autonomy. This discussion, in turn, saw the ward members and Sarpanch sitting together and identifying six things that were required for the panchayat to function better. Rather than going directly into the parameters and sub parameters of the tool, the field coordinators engaged in discussions and teased out main themes. The OM tools were converted into five discussion points: (1) role of the GP, (2) administration, (3) funds, (4) annual budget and (5) service delivery. In addition two other parameters were discussed: internal cohesion of PRI members, and the relationship between Sachiv and GRS with PRI. The GPOD concept was presented once again to the GP; highlighting the meaning of organizational development and its principles: vision, strategy, skills, incentives, resources and action plan. Overall, there was great enthusiasm – the Sarpanch was present during the exercise and offered his constituents support and knowledge about the panchayat.

While the self-scoring exercise was attempted, the Sarpanch and the ward members had very divergent ideas about roles, ownership and responsibilities within the panchayat. Rather than being done individually, the field coordinators felt it was best to administer the self-rating exercise in a group so that participants

could interact and engage with each other throughout the process. In the end, the ratings were collected from the groups, discussed, debated, and a final list of scores were averaged/decided upon through collective acquiescence. Due to the Sarpanch's heavy engagement during these meetings, ward members marked most of the parameters as yellow (having moderate confidence/ knowledge). However, there was no clarity on the annual budget of the GP. The exercise was conducted at PRADAN's campus in Kesla over two days.

SAMNAPUR

In Samnapur block, the OM exercise did not take off as effortlessly as in Shahpur. Overall, there were many key barriers to implementation. First, was a baseline level of low action and engagement from the GP which made it hard for block coordinators to engage deeply with the members and functionaries. Due to this, the entire process took almost one month of engagement through regular meetings. Rather than conducting a workshop in a condensed period of time, the field coordinators adopted a different approach to gain buy-in from the panchayat members and build their momentum for change. As Samnapur block is socio-politically quite different from Shahpur, the roll out of the self-reflection exercise in particular had to be adapted. Low Hindi literacy levels in the area caused great difficulty in using the tools and worksheets that were prepared for the

exercise. This led the team to move away from the tools developed for the exercise and adopt an engagement that continuously reinforced the ideals of organizational structure, leadership, team work, ownership, roles and responsibilities.

Overall, the engagement in MP has been very intensive on the handholding front, with the field teams spending extensive time and energy ensuring that the larger process of institutional capacity building is understood and owned by the panchayat. For example, instead of engaging with the self-reflection exercise outlined in the OM tools, the field teams tracked the GP across various indicators and brought this data back to the panchayat to create a mirror for the GP. This allowed the ward members to see what the panchayat looked like as an entire institution, and consequently gain more respect for each other's presence, roles and responsibilities. While the engagement with the OM process has diverged from the framework operationally, it has maintained the core understanding and structure of the GPOD capacity building process.

As is further highlighted in the MP case study for GPOD enrolment, the OM process was a pivotal point for the MP panchayats, giving them the space and encouragement to develop an understanding of themselves as an institution with responsibilities, power and ownership over their actions. This can most strongly be seen in Dhapada, where, as a direct result of the OM exercise, the ward members gained awareness of their power and



Organisation mapping workshop, Madhya Pradesh

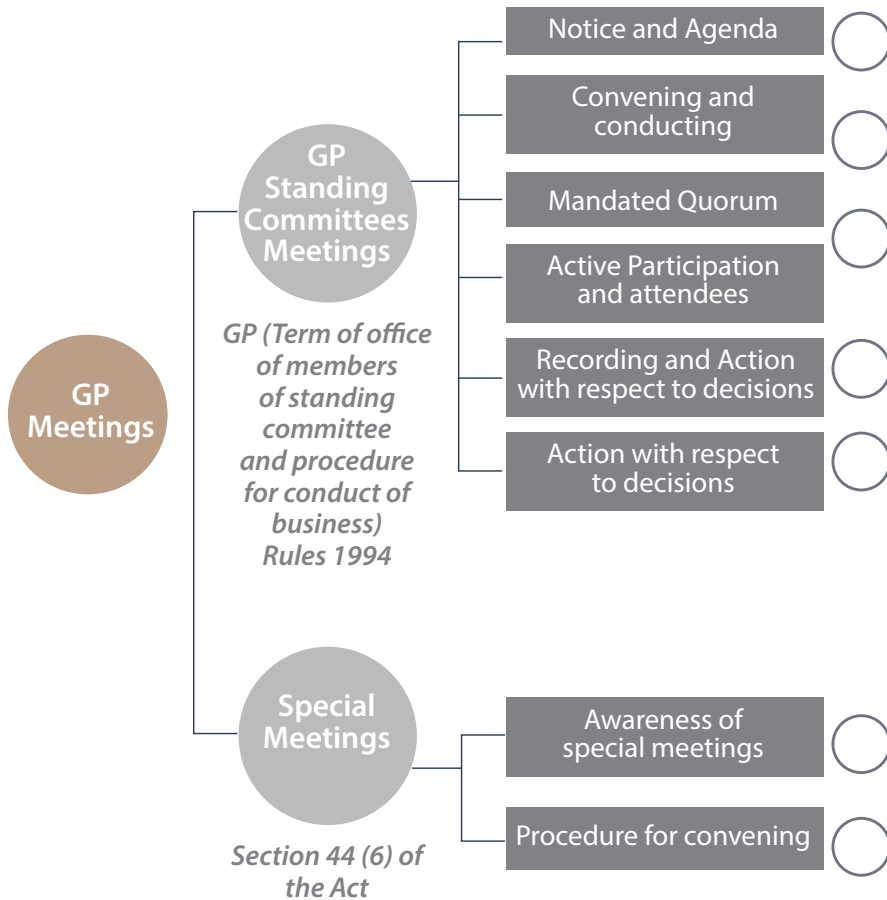
role within the panchayat and began convening and participating in ward sabha meetings. In this way, the highly contextual approach taken by the field teams has fostered an environment where panchayat members are eager to engage.

FIGURE 16. SERVICE DELIVERY SUB-PARAMETERS

Are the GPs meetings taking place as per due process?

How inclusive are these meetings?

Are the discussions taking place in these meetings relevant to the agenda?



assessment / rating is in place, a revisit is essential to establish the degree of progress or success. In a manner it is also a baselining process for both the GPs and project managers and implementers. The deployment of the two tools is done as a two part process. Given that it is a journey that encompasses a process of recurrent and deep engagement with the GPs over several months, part one of the exercise is reflective of the facilitators assessment of the GP that he/she has gained largely through stage 1 (Context setting, GP profiling and MoU signing). In MP this engagement occurred over 3-4 months in most GPs. Part two of this exercise is validating this assessment/understanding with the GPs and the individual members over the next 2-3 months. What this implies is that one, the process is continuous and two, that this assessment is not frozen as a one-time exercise. In this context, the outputs of the org mapping tools should be viewed as work in progress – one that can change/morph in the coming months.

The tools are administered as a joint exercise where all the three stakeholders : - knowledge partner, facilitators and the GPs - jointly reflect on the parameters and the sub-parameters to attempt 'self-rating'. While it is recommended that this be done as a continuous exercise over a period of time along with the GP at the Panchayat Bhavan, it can also be done as residential exercise i.e. in one central location with one or two GPs. For instance, in Madhya Pradesh, given the distances between the villages in a GP, mobilising ward members (panchs) to participate in meetings has been a challenge. Hence, part two of the organization mapping exercise was done as a residential exercise in the PRADAN Campus.

Step 1: The GP members are encouraged to look at the internal organization of the Panchayat - that of the roles of the Sarpanch, Upsarpanch, ward members, Sachiv and Rozgaar Sahayak primarily for them to gain an understanding of how the Panchayat functions. The members are encouraged to think through effective ways of improving their own functioning. Similar facilitation is carried out where GP members are encouraged to deliberate and discuss the various parameters and the sub-parameters.

*“The participants were divided into subgroups based on their panchayats and each topic was first discussed and rated according to their own understanding; then we gave a brief understanding based on the act, and asked them if they would like to revisit their rating”.*⁷

Providing information on the attendant mandates and stipulations as spelt out in the statutory framework is part of the facilitation. Feeding this information serves the purpose of a critical assessment of the functioning of the GP along the various parameters.

Step 2: The second part of this exercise is **validating the assessment** with GPs and individual members over the course of 2-3 months. What this implies is that first, the process is continuous and second, the assessment is not frozen as a one-time exercise. The outputs of the organization mapping tools should be viewed as a work in progress – one that can morph in the coming months. The outputs of Tool 1 and 2



Organisation mapping workshop, Jharkhand

in Rampur Mal, Madhya Pradesh can be found in below in Box 3. It is recommended that this process be done as a continuous exercise over a period of time along with the GP.

WHAT ARE THE EXPECTED OUTPUTS?

The main output of this exercise is the **self-rated tools** that provide a nuanced understanding of where the GP stands on various parameters and associated sub-parameters. The tools provide a nuanced understanding on some of the critical challenges that the GP is facing. While the parameters give a peek into the dimensions

⁷ Organization Mapping for Salimet, Shahpur Block, MP, 11th and 12th June, 2018

where the GP is totally lacking (as well as those where the GP has understanding), the sub-parameters provide specificity on the strengths and weaknesses of the GP and identify specific actions that can be taken up.

This information and self-realization, is critical to **mobilise action** around some of the minor challenges within the GP that can be self-corrected. The tools help galvanize actions in the field, and help re-affirm quick wins arrived at in Stage 1 and/or arrive at a renewed list of quick wins.

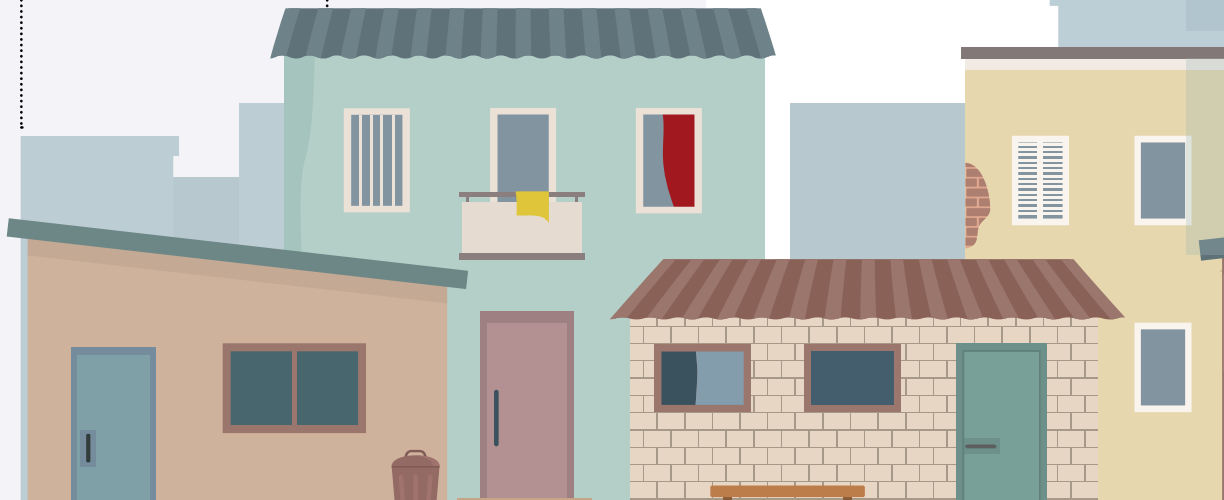
How does this connect with the next steps?

The first time it is conducted, the organization mapping exercise culminates with discussions and deliberations around the vision and mission parameter – which is the first parameter in the design of the tool. In culminating the organization mapping exercise with an assessment of this parameter, the objective is to create a bridge into the next step of the GPOD – for the GP to develop a vision for itself and set achievable goals (mission). This is discussed in greater detail in Chapter 7.



WHAT ARE THE MAIN LESSONS?

- The tools need to be designed simplistically. Given the complexity of the tool, many team members found the tool cumbersome and difficult to administer.
- The design and deployment of the tool, as well as training of the facilitators, needs to be sharpened further to achieve the desired objectives. In many instances in Jharkhand, especially as the tool was to be deployed in the initial stage of the intervention, the block coordinators struggled with the purpose and process of organization mapping.
- Effective administration of the tool requires good facilitation skills and knowledge of the legal framework. It is critical that the facilitating organization has this knowledge for it to assist the GP to understand its mandate and develop a need for change through the non-threatening process of self-rating.
- Deployment of the tool, at regular intervals in the project with regular conversations, can emphasize the centrality of the tool against it being seen as a one-time step. This needs to be integrated in the project design upfront.



Stage Three DESIGN, PLANNING & OPERATIONALISATION

Stage 3 marks the transition into the GP taking lead on decision making towards achieving shared goals. Stage 3 is comprised of two steps: GPOD Step 4 – Shared vision and mission; and GPOD Step 5 – Process mapping and GP structuring. In Step 4 the GPs build a shared ideal and identify goals that can realise this vision. This feeds into Step 5 where GPs learn to understand in detail the processes, structures and functions required for them to achieve their vision. This stage orients the GPs and their constituents towards a common set of goals and purpose, redefining the relationships between members and the citizenry, and building the knowledge and momentum for sustained change.



STEP IV

CHAPTER

7

BUILDING A
SHARED VISION
& MISSION

STEP V

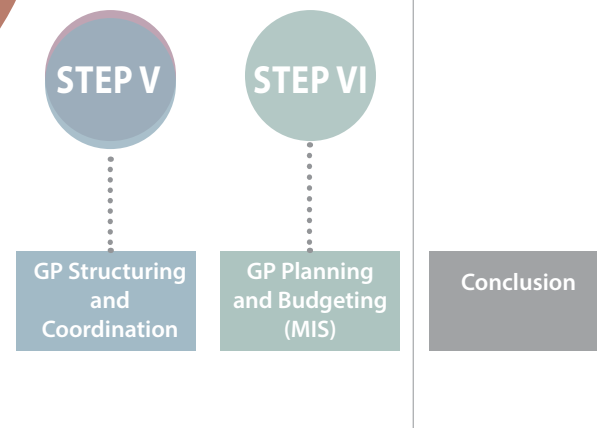
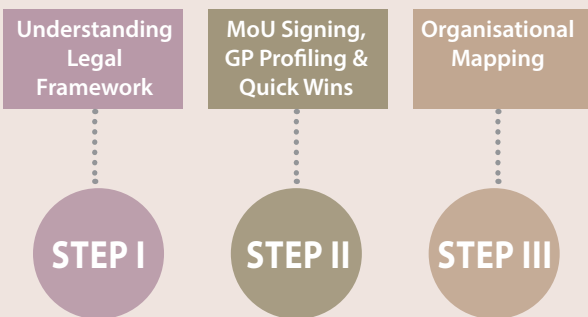
CHAPTER

8

GP STRUCTURING
AND
COORDINATION









WHAT IS A VISION?

A **vision** is created based on the shared ideals of the GP and citizenry and represent the picture of an ideal, desirable state. The visioning process can be utilised to **inspire GP members and citizens** to aspire collectively, and **predict possible changes** to the panchayat. It enables the GP and the citizens to begin **collective thinking** and develop common goals towards a momentum for change in the panchayats. Creating the vision as a shared process helps build upon the idea that the GP is available as an organisation to lend infrastructural and communal strength to its constituents.



WHAT IS A MISSION?

The **mission** focuses on the GP as an institution and why it exists, grounding the more ephemeral vision into practical and actionable terms. A mission statement operationalises the vision through the articulation of long-and short-term goals that move the panchayat closer to its vision in 3-5 years.



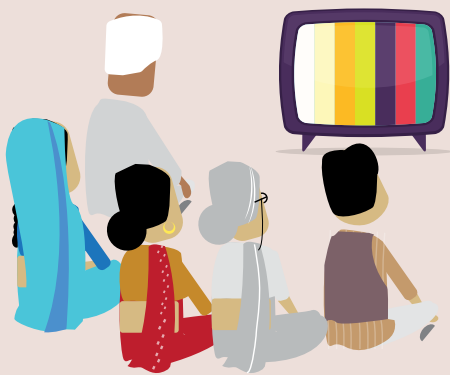
VISION OBJECTIVES

1. Orienting people to a common set of goals and purpose
2. Redefining relationships, bringing together citizens and building momentum for change
3. Creating an informal code of conduct that can guide the design of a GP's programmes and activities

MISSION OBJECTIVES

1. Encourage the GP to understand its positioning, identity and scope of power within the larger legal and state framework.
2. Develop achievable goals that can be finalised in 3-5 years and move the GP closer to its vision.
3. Build a relationship of trust between the GP and implementation partner to solidify participation and engagement at personal and collective levels.

IMPLEMENTATION



STEP 1: REFLECTION & PREPARATORY MEETINGS IN THE GP

These meetings review initial progress within the GP and introduce vision and mission. Discussions take place in small groups allowing members to focus on their strengths, issues, goals and personal takeaways. GP profiling, organization mapping and quick wins should be revisited here. To ensure ownership by the GP, decisions on identification of participants from the citizenry and those related to logistics are finalised by the GP.



STEP 2: VISIONING WORKSHOP

This workshop imparts specific knowledge to guide the GP and citizenry increasing their shared vision. The workshop should: introduce the concept of a vision; include exercises to engage the participants, facilitate participants to draw their dream panchayat, and arrive at themes which can be consolidated into a shared vision



STEP 3: MISSION WORKSHOP

This workshop helps the GP arrive at 4-5 goals that are related to the vision, to be implemented during the panchayat's term. The workshop should: introduce the concept of a mission; share the vision and key takeaways from the workshop; identify focus-areas through group exercises; and, conduct seed-ranking exercise to help prioritise goals and achievable actions.



In order for an organization to function effectively, there needs to be clarity of purpose and long-term goals – this principle also applies to Gram Panchayat organizations. Step four - building a shared vision and mission statement in the GP - signals the beginning of the third stage of GPOD, which focuses on design, planning and operationalization. This is a distinctly two-part process that includes first developing a collective vision for the panchayat, and finally developing an actionable mission statement that can be approached by the GP during its elected tenure. During the shared visioning and mission process, it is important to place emphasis on the word ‘shared’. Within the context of the GPOD framework, the GP’s vision embodies the collective aspiration of the elected members, panchayat functionaries and citizens. The vision and mission work as

an interconnected pair, the former informing the mandate of the later. The mission-related dialogues among participants focus on developing an understanding of what is unique about the GP. Specifically, it is key to understand how its mandate, powers and functions are different from other government and non-government organisations. This allows for an understanding of what goals should be set to move towards its vision, and in what direction key decisions should be made. While the Indian Constitution lays down the overall framework and mandate for panchayats, the context of each of these institutions is unique vis-à-vis geographies, cultures, demographics, political milieu, etc... The GP as a local self-government institution, therefore, needs to articulate its dreams and aspirations within the context of and with inputs from the citizenry. The process of



Members thinking of their dream Panchayat during vision workshop in Tamai GP, Jharkhand

developing vision and mission is a collaborative effort in this direction.

WHAT IS A SHARED VISION?

A **vision** is defined as a living picture of a future, desirable state. The focus is on a changed and desirable future, where circumstances are different and better than the current situation. The vision is premised on values that the GP and its citizens would like to nurture. Its aspirational nature does not require the GP to focus on operationalisation, rather it sets an ideal towards which the GP wants to direct their journey. Hence, the vision statement is not merely a wish list, but aims to reflect collective values and aspirations. Despite being a forecasting process, the vision does not concentrate on how

to achieve the future, simply how it should be pictured. The use of the term ‘shared’ in the visioning process is particularly salient as it builds the idea that the vision binds a team and lends emotional strength to individuals to work within the values and goals set by the team.

WHY IS A SHARED VISION IMPORTANT?

A vision can be used in two different ways: to **inspire** and **predict**. The vision can inspire GP members to reach towards something they collectively desire, and predict changes in the future that can be aligned with interests they have. A shared vision:

Enables the GP and its citizenry to think collectively and collaboratively to articulate their

“
A vision is defined as a living picture of a future, desirable state. The focus is on a changed and desirable future

DISCUSSING KEY QUESTIONS RELATED TO FUNCTIONING OF GP AS A LOCAL GOVERNMENT

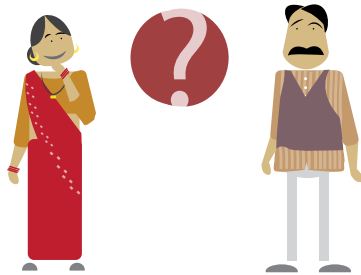
Who are its stakeholders?

What are the services GP is to provide?

How will it provide these services?

Finalising goals to help achieve the shared vision.

Understanding how to prioritise and decide goals in a participatory manner.



aspirations;

Helps participants introspect and voice what they value most;

Orients the GP towards common goals, develops a momentum for change among participants, and even redefines relationships and binds the teams.

Vision objectives:

Orientation to common goals: Articulation of vision and mission helps orient people to a common set of goals and purpose. The vision and values can be termed akin to a lighthouse, which helps the organisation steer in the desired direction.

Redefining relationships and building momentum for change: The process brings together citizens from different economic and social groups, sharing stories of their challenges and achievements, builds a special bond and momentum, at times even starting a process of redefining relationships.

Code of conduct: The values articulated during the visioning exercise are to form an informal code of conduct, which are to guide design of GP's programmes and activities, while helping the institution make choices and resolve conflicts.

WHAT IS A MISSION?

The **mission** comes as the next logical step after the GP and citizenry have developed

their shared vision for the panchayat. While the vision process is speculative and forward-thinking, the **mission** more directly focuses on the institution and why it exists. In a way, the mission can be seen as grounding the vision ideal into practical and actionable terms. Both vision and mission statements look towards the future, however the mission is more streamlined and links itself to goals rather than dreams.

The mission process in the GPOD framework seeks to answer the following three questions about the GP:

1. For *whom* does the institution/ organization exist?
2. *What* are the products/ services provided?
3. What makes the institution/ organization special and *how* does/ should it do what it is meant to do?

The mission is different from the vision in that it specifically articulates where an individual or organisation sees themselves or wants to be. Within the context of the GPOD framework, the mission statement articulates the purpose of existence for the GP. While the vision defines the character of an organisational body, the mission defines the *raison d'être* and helps stakeholders make key decisions.

WHY IS A MISSION IMPORTANT?

The mission helps the GP understand its unique status vis-à-vis other institutions, therefore articulating its unique contribution towards



VISIONING IN MADHYA PRADESH



After 2-3 months of discourse the GP members were beginning to take ownership of their roles

RAMPUR MAL

Rampur Mal panchayat in Shahpur Block governs two villages. Introducing the GPOD framework in Rampur Mal was initiating the process from ground zero, where almost no infrastructure existed and there was scepticism towards both the program and the need for a panchayat. The visioning and organizational mapping exercises were a result of numerous conversations held between the PRADAN team and the GP officials in order to explain the process and develop the tools. Despite buy-in for GPOD taking its time from the panchayat's side, after 2-3 months of discourse the GP members were beginning to take ownership of their roles, responsibilities and agency as an organization. Months later, the vision statement which sits written on a board in the panchayat office, helps quell conflicts that arise during meetings and reminds the panchs and ward members of the direction they have decided to pursue.

SALIMET

Once the agricultural work in Salimet ebbed at the end of September the visioning process was started. A meeting was called for this exercise and Salimet saw good representation from each of the four villages, an impressive feat considering residual tensions that exist between the Sarpanch and ward members. The visioning process here began with an ice-breaking session where the game 'two truths and a lie' was played among the GP members, breaking tension and improving parlance in the meeting. Discussions on perceptions of local governance and



Gram Sabha in Rampur Mal GP, Madhya Pradesh



Vision statement of Rampur Mai GP, Madhya Pradesh

panchayat as an institution were opened up to encourage people to voice themselves and slowly develop a group identity. These reminded the GP of the 29 functions outlined in the Constitution that they have the power to own and control. Issues of land rights, PDS and employment were highlighted as areas to be addressed by women coming from satellite villages. After debating on various issues spanning from land rights to health care and labour opportunities, the panchayat narrowed their decision to the following three things: access to water for irrigation, income generation up to 1.5-2 lac, and ensuring the attendance of children at school until class 12.



BROAD STEPS OF VISION AND MISSION PROCESS

- ◆ Pre-Vision Meeting
- ◆ Beginning with observations of org mapping, quick wins and affirmatives
- ◆ Relating to one another and sharing personal values
- ◆ Seeing the need for a shared vision
- ◆ Negotiating and arriving at a list of goals
- ◆ Articulating GP's Vision statement
- ◆ Introduction to Mission
- ◆ Prioritisation of goals
- ◆ Discussing who, what and why wrt these goals

the achievement of goals. Building a mission statement has three primary objectives:

Understanding its unique identity and services helps the GP to reflect on its own identity. The GPOD framework, starting from the process of signing an MoU emphasizes its identity as a local self-government, which has its own mandate and powers and hence unique offerings. The shared mission exercise encourages the GP to understand its positioning, identity and scope of power within the larger legal and state framework. This can include knowledge of being able to perform actions such as formulating by-laws governing usage and protection of shared resources and levying taxes.

Developing achievable goals in 3-5 years.

Distinct from the vision, which is a broader directional endeavor. The process of developing a mission is to facilitate the finalisation of goals that will help a GP move closer to its vision.

Building a relationship of trust between the GP and facilitation organisation. This is key for the process to succeed, as developing a shared and actionable mission statement involves engagement with participants at both personal and collective levels.

HOW IS THIS PROCESS IMPLEMENTED?

When the vision and mission aspects of the GPOD framework were being rolled out in Karnataka, Jharkhand and Madhya Pradesh there were many discussions regarding the sequence of steps to be followed, and whether

the visioning process should be conducted before or after the organisation mapping. While the visioning process contributes to building excitement and momentum for change, the organisation mapping process, which precedes this step can enable a more informed participation of elected members in the vision and mission building process. This process is facilitated through the implementation of a multi-day visioning and mission workshop held by the facilitation organisation to guide the GP.

The vision and mission process typically take place when the partnership with the GP is close to six months and is an interaction between the implementing agency and the panchayat members. During the journey of past few months, the identity of GP as an institution of local self-government is consistently being emphasized. Therefore, as much as possible, the ownership of conducting the vision and mission process has to be transferred to the GP. While most GPs are not ready to assume the role of planners and implementers at this stage, the design of this process further stresses on building this ownership, which starts with the reflection and preparatory meeting. Here, the implementation of few quick wins helps the GP gain confidence in its abilities to articulate and pursue more demanding goals that are articulated in the visioning process.

Throughout the visioning and mission process, it is important to acknowledge the facilitation role of facilitation organisation. Developing an ideal future with actionable ways to reach

FIGURE 17. BROAD SESSIONS OF REFLECTION AND PREPARATORY MEETINGS IN JHARKHAND



SPOTLIGHT

Ward member trainings in Jharkhand

In Bhondo and Aragara, PRADAN conducted ward member trainings in order to foster a greater sense of ownership over their roles and responsibilities to the citizens and within the panchayat. The session began with a question aimed at the participants – what are you expecting from this training? Members wrote down their expectations on pieces of paper and the facilitators read back some of the commonalities. Most people wanted to know more about their rights, responsibilities and duties as ward members, and few demanded knowledge on more specific things such as remuneration and sector development (health, education and agriculture specifically). This icebreaker was followed by a review of the GPs over the last year, and the members participating in listing their expectations for the year to come.

The PRADAN team used a gamified activity to encourage self-identification as ward members; this included members identifying other roles they play in society and then

answer why these identities were important and what characteristics they embody. These answers were collected by the teams and were used to make the panchayat understand that despite all of this diversity and responsibility, the one role they all had in common was being a ward member. While this realization and acceptance was not immediate, the PRADAN facilitation encouraged them to collectively establish ideals and characteristics of what would constitute a “good” ward member. This eventually led to the acceptance and ownership of a collectively understood role – ward member. After this identity was established, the ward members were asked to work in teams to create pictorial representations of what they understood a team to be, encouraging them to reflect on the qualities and aspects of good teams and teamwork. A legal grounding finished off the training session, as the ward members’ roles were reinforced through an overview of Jharkhand Panchayati Raj Act.

THE REFLECTION AND PREPARATORY WORKSHOP

Objectives

Building context for the visioning and mission process by bolstering GP's identity as a local self-government where members can have their own vision as leaders

Introducing concepts and needs related to developing a vision and mission statement

Planning future logistics for the vision and mission workshops

The reflection meeting



The preparatory meeting



“
The vision and mission process typically take place when the partnership with the GP is close to six months

their goals is a critical step for the GP that leads towards building institutional and organizational capacity.

For this reason, the tools and techniques used to develop the vision and mission statements are offered below as a potential pathway rather than a prescriptive step. In capacity building initiatives, it is of utmost importance to ensure that the steps taken to enhance internal structures are relevant and reactive to the local socio-economic, geographic and political milieu. While the order of the implementation should be adhered to in theory, the tools and methods used to impart knowledge and engage the community should be developed dependent on the behaviours, attitudes and relationships with the panchayat community.

STEP 1: REFLECTION AND PREPARATORY MEETINGS IN THE GP

After the pivotal organisational mapping exercise outlined in Chapter 6, the knowledge obtained from the exercise feeds into either a combined or set of meetings between the facilitation organisation and the GPs that go over: (1) a reflection of the GPOD process so far, looking at challenges, successes and learnings; and (2) a preparatory meeting to introduce concepts of vision and mission and prepare for the exercises (Figure 17).

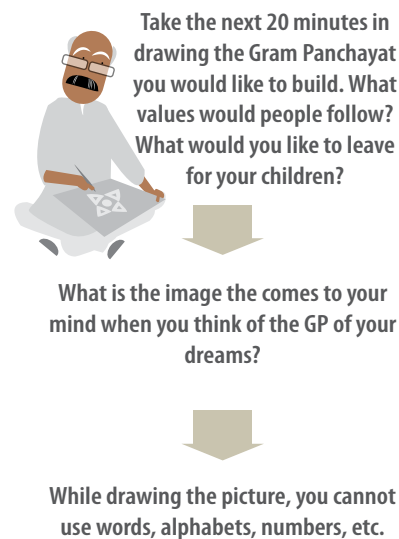
The objectives of the reflection and preparatory meetings are:

1. To guide the GP members through a self-reflection of their journey over past six months,

2. To share and discuss ratings from the organisational mapping exercise,
3. To discuss key takeaways from the process for both the GP and the GS; these can span issues, strengths, and specific goals.

These activities and discussions should take place in small groups that allow members to focus on their strengths, issues encountered throughout their journey, specific goals and personal takeaways. During the reflection meeting, it is important for the facilitation organisation to reiterate and reinforce the importance of the GPOD as a process, and the statutory framework that imbues the essence of autonomy and the devolution of power.

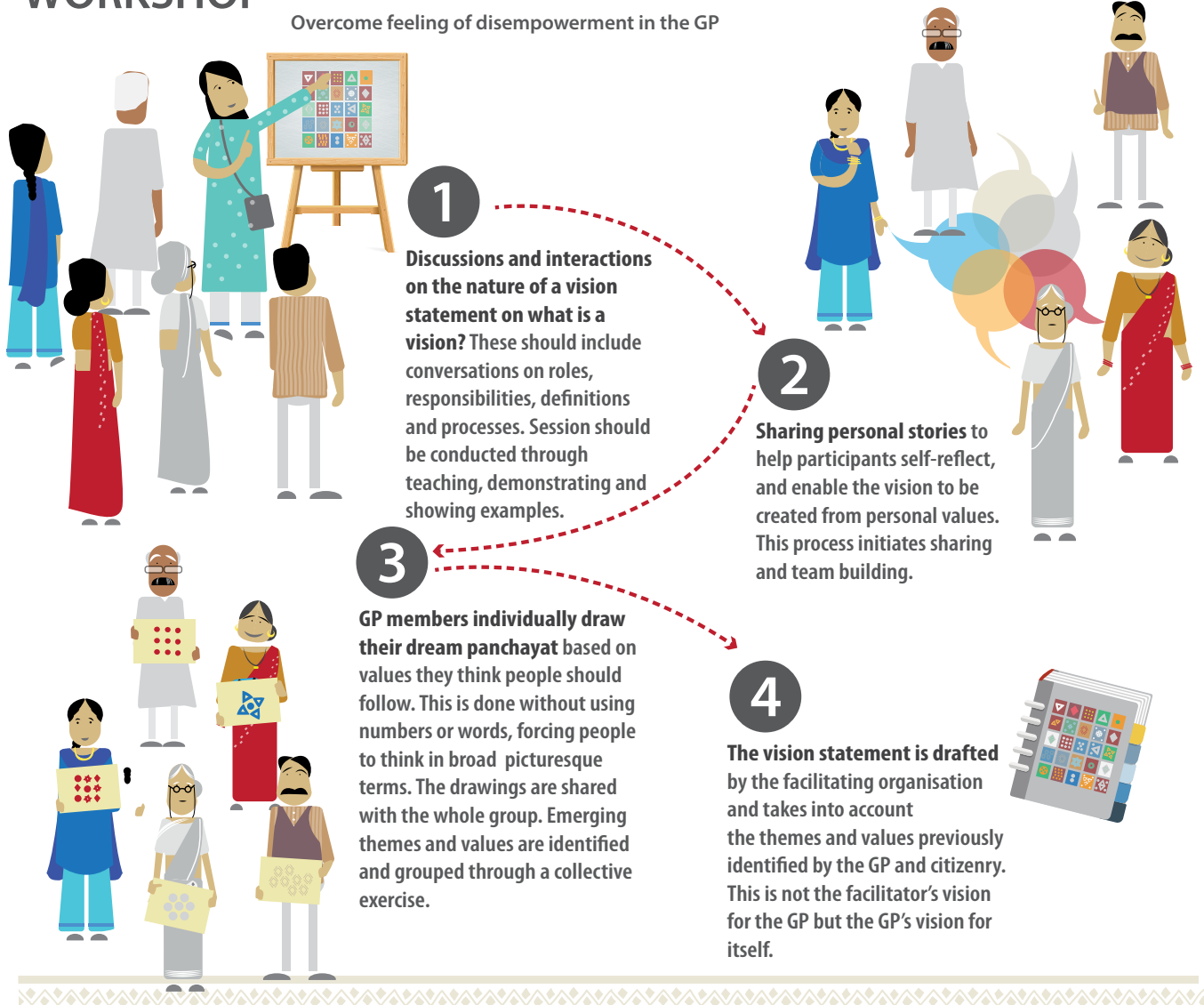
FIGURE 18. GUIDELINES TO PARTICIPANTS AS THEY START DRAWING THEIR DREAM PANCHAYAT



THE VISION WORKSHOP

Objectives

- Develop GPs sense of direction to guide future actions
- Build a sense of team with the GP
- Encourage articulation of issues, challenges and community values
- Overcome feeling of disempowerment in the GP



THE MISSION WORKSHOP

Objectives

To discuss key questions related to functioning of Gram Panchayat as a local government: Who are its stakeholders, What are the services GP is to provide, How will it provide these services?

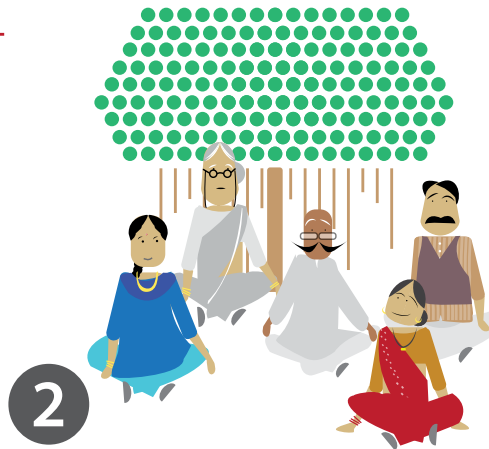
To finalise goals to help achieve the shared vision

To understand how to prioritise and decide goals in a participatory manner



1 **Discussion on what a mission is**
Using the three questions, and presentations of takeaways from the vision workshop. This reminds participants of the vision statement and the themes identified in the process.

3 **Participants develop criteria for selecting the final 4-5 GP goals.** This is complemented by the facilitator reminding participants of the functions devolved to the GP and the sectors within which goals can be set. The final goals are selected through a collaborative seed ranking system.



2 **Group exercises to develop GP focus areas** gives participants the space to think of how and where the GP institution can focus efforts. Groups asked to arrive at 4-5 focus areas which are later shared with all participants. Facilitator to consolidate and identify 8-10 broad focus areas.

4 **At last, the mission statement is developed based on the vision and the 4-5 goals previously identified.** GP can either create one statement summarizing the key goals and related focus areas, or develop multiple missions relating to these points.



FIGURE 19. MISSION WORKSHOP AGENDA AND SESSION PLAN – JHARKHAND

Session	What	Why	Expected Outcome	Likely duration	Preparation
M1	Introduction to mission and discussion on 3 key mission related questions	Understands GP's unique status vis-a-vis other institutions	Summarize what makes GP special	1.5 hours	Material and charts from previous workshop
M2	Presentation of key takeaways from vision workshop	Recall themes from Visioning	How it can work towards different themes arrived during visioning		
M3	Small group exercise to develop focus areas for the GP	Give space to small groups to think of areas they want their GP to focus on	Arrive at long list of goals consolidated from each group	1 hour	Chart paper, markers
M4	Plenary exercise: Seed ranking	To prioritise focus areas/goals for the GP	4-5 goals finalised for the GP	1 hour	Chart paper, markers, seeds/pebbles

STEP 2:

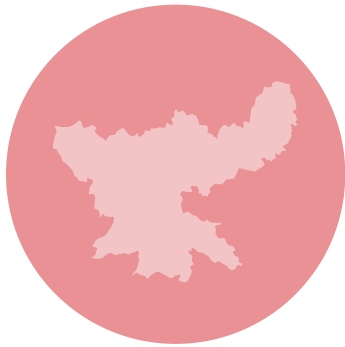
This visioning workshop aims to impart knowledge on the importance of developing a shared vision, through this delivering a sense of direction that can guide the GP's actions. This workshop experience is designed to help build an environment of trust among the participants, redefining relationships between different members and hence laying the foundation for better teamwork. The main objectives of the vision workshop are as follows:

1. To help the GP develop a sense of direction, which in turn guides action at all times, including those when there are conflicting views;
2. To build a sense of team within the GP. As the output is a negotiated vision among different participants, the end product signals a

collaborative effort;

3. To encourage the GP and citizenry to articulate what they are emotionally attached to, creating public commitment and building the momentum for future change;
4. To overcome feelings of disempowerment in the GP, as they are often under the impression that they do not have freedom outside what is ascribed by government mandates.

The session on personal stories, for example, helps participants to reflect on their strengths and values, which help individuals and institutions, move forward. The concept of vision as participants draw their dream panchayat therefore embodies values and not just amenities and infrastructure, the guidelines for this exercise are laid out in Figure 18.



GP JOURNEY

Journey of Pindarkon



Not only were many members and citizens not aware of their roles and responsibilities, there was little motivation to gain this knowledge and skills

Pindarkon is the story of a GP that has a strong presence within the project and in the surrounding area. Its Mukhiya, Kamakhya Singhis a role model to many other Mukhias and GP members. A Masters in Rural Development with previous work experience in Jharkhand State Livelihoods Promotion Society (JSLPS), Kamakhyaaji stood for elections to the GP to affect direct change within his community. He identified lack of knowledge on the PRI system and capacity of GP and the citizenry as key issues to be addressed. Not only were members and citizens not aware of their roles and responsibilities, there was little motivation to gain this knowledge and skills. With the SPACE programme Kamakhya Singh saw the opportunity to bring in the required change. Post deep deliberations over 2-3 meetings with the project team, the MOU was signed by Pindarkon GP.

Given the motivation of the Mukhiya, Pindarkon GP, however, had initiated improvement efforts prior to GPOD. In 2015, Kamakhya Singh identified the need to reconstruct the panchayat bhawan to ensure that the GP work moves from his home to an assigned public space. A relationship with the Zilla Parishad was fostered to discuss the reconstruction, a decision that was neglected by the previous administration. Although the process of these negotiations was arduous, the GP came together and was able to complete the construction in 2016 over a period of 1.5 months. The realization of this goal came



as a culmination of effective teamwork and collaboration between the Mukhiya, Up Mukhiya and ward members, whose initiative and continuous follow-ups yielded results.

Further triggered by the GPOD process, the bhawanis opened and operated regularly, on a rotation basis by the GP members. The processes facilitating rotation and shifts of ward members led to the setting up of a roster system. This has, in turn, increased GP participation and citizen's interest in GP activities. Within the GPEC meetings, ward members took ownership of their roles and discussed challenges on GP's functioning and processes. For instance, during one GPEC meeting, the ward members questioned the participation of one member's husband on her behalf. The practice was eventually stopped. Other instances include moving beyond legal provisions to include SHG members in the GPEC meeting; and GPEC deciding on



Gram Panchayat Executive Committee Meeting in Pindarkon GP, Jharkhand

norms for democratic processes and participation. Pindarkon holds regular Gram Sabhas as per the JPR Act. Gram Sabhas were held to discuss annual plans, which were taken to the GPEC meetings by the respective ward members for consolidation and prioritisations as per resource/scheme/budget availability.

Kamakhya Singh emphasises need for continuous trainings for ward members to increase their knowledge and deepen their conviction to work as community representatives. Whereas the initial trainings were not fruitful, eventually a change began, especially after the exposure visit and organization mapping exercises, whereby members started understanding their roles and responsibilities within the larger organizational structure. He believes that prior to the GPOD engagement, the GP did not have a vision to work towards. Rather, decisions were made through small meetings directly with Mukhiya, entirely bypassing the GP as an institution. The visioning exercise resulted in clarity of goals i.e. prioritising education and agriculture, to start with.

The Act provides for seven Standing Committees (SCs). Post the vision, all GPs, including Pindarkon were encouraged to activate SCs relevant to their shared vision. In Pindarkon, the committees were those related to Agriculture and Education. GP had chosen these two areas as majority of the families in the panchayat rely on farming and increase in agriculture incomes are of interest to

one and all; and while most students are enrolled in government schools, the status of these schools is far from satisfactory. During the visioning exercise, the panchayat also prioritised women empowerment, given the strong SHG movement in the area. Accordingly, the Committee for women, children and social welfare committee was activated. With need based SCs emerging, regular meetings that focused and addressed sectoral issues became a norm. In late 2018 the panchayat took the initiative to activate a fourth SC on environment as the community-highlighted the need for environment protection. The GP has nominated Adhyakshas of each of the SCs: the agriculture SC Adhyaksha, Lokeshwar, is a progressive farmer, and the education SC Adhyaksha, Dinaram was selected as he was educated and passionate about education. The Adhyakshas share regular updates on activities they have taken up in the GPEC meetings. Kamakhyaji regularly mentors the Adhyakshas of these committees to take initiatives and assume more responsibilities.

Pindarkon's engagement with the GPOD framework has improved its ability to understand and respond to community needs. For instance, farmers in Pindarkon followed a process for collective procurement of seeds and fertilizers. However, the process was not streamlined, and farmers continued individual procurement, in-turn, incurring high input expenditure. The GP, acting through the agriculture SC established a revised



Plans are discussed in the Gram Sabhas, and brought to the GPEC by the ward members

process. It conducted meetings with farmers and collected their input requirements, identified seed companies and connected farmers to them. While procuring from seed companies, the GP also agreed to be a guarantor for the farmers in case some are unable to pay within the stipulated time. There are many instances where the GP has successfully leveraged State programs to meet farmer requirements. A rural haat was established in the GP, in collaboration with NABARD. The panchayat has been aiming to bring irrigation facilities to all its farmers, a very relevant goal in a state where irrigation coverage is just over 10%. Through continuous liaising with the Minor Irrigation department, lift irrigation systems to the tune of Rs.7crs have been leveraged. Other GPs in the surrounding areas are now in conversation with the department too.

In Education, prior to this intervention, the GP would invite headmasters from all schools to discuss challenges and attempt to resolve them at school level. However, head masters were not sure of GP's role in education and these interactions did not yield consistent results. The need was to create a platform where key stakeholders got together to collaborate. To meet this purpose, a core committee was constituted. It consists of headmasters from each school in the panchayat, education SC Adhyaksha, School Management Committee

(SMC)Adhyakshas from each school, few other SMC members, students from Bal Sansad, and parent representatives. It is held at different schools on rotation basis, instead of inviting teachers to the GP office. The GP has initiated several interventions to enhance engagement of students, such as sports events including a football tournament for girls. Institutional thinking is applied for organising individual events too. For each sports event, the GP creates a temporary sports committee consisting of Education SC Adhyaksha and Up-Adhyaksha and a few other members from different villages nominated by the GP.

The relative success of Pinkarkon can be attributed to the conviction and dedication of its leadership, specifically the Mukhiya. In the absence of a desire for change from within the GP, effective enhancement of institutional capacity as witnessed in Pindarkon would not have gained such momentum. Once processes were operationalized and routines were established, ward member commitment and accountability to the panchayat and citizenry was nurtured. With his experience, and an enhanced understanding of the PRI system and knowledge of other government institutions, Kamakhya Singh is able to identify areas where more support and capacity development is needed. These include: less fighting among ward members; evidence and data-driven decision

making; need for citizen participation, especially women; effective management of GP funds; and, human resource support to panchayats to formalize relationships higher level state functionaries, such as Jal Sahiya, Krishak Mitra.

Consistent improvement has allowed Pindarkon to internalize organizational development principles. The GP has transitioned into an institution that has

regularised various meetings and forums, has its own monitoring mechanisms; collects data about its constituents; promotes transparency and accountability through CBO collaboration and regular Gram Sabhas; makes decisions based on need and skills; deals with interpersonal and political issues, and maintains regular communication and interface with the block agencies.



The relative success of this GP can be attributed to the conviction and dedication of the GP leadership, most specifically the Mukhiya

STEP 3: MISSION WORKSHOP

This vision workshop and the themes established during the engagement with the GPs feeds into the establishment of the mission statement. The purpose of the mission workshop is to arrive at 4-5 goals that the GP can achieve in the near future, developing a pathway towards its vision. The emphasis is to set those goals which the GP is uniquely placed to achieve, vis-à-vis other institutions and its own skills and functions. Figure 19 shows the four sessions developed to enhance the GPs understanding of the mission exercise and facilitate their engagement and development of a mission statement or goal.

The mission workshop begins with an explanation of the differences between the vision and mission, followed by a discussion on what makes the GP itself unique, asking questions such as: for whom does the institution/ organization exist? What are the products/ services provided? What makes the institution/ organization special and how does it do what it is meant to do? It is in this context that the participants arrive at a long list of goals to pursue their vision; these goals are finally ranked in order of prioritisation using a seed ranking exercise.

WHAT ARE THE EXPECTED OUTPUTS?

The visioning and mission development process

is the core identity-building component of the GPOD framework. These activities help develop tangible outputs and improve the GPs sense of self as a collective unit and organization comprised of interconnected components. Expected tangible outputs from this exercise include (1) a vision statement, (2) GP's mission in form of actionable and attainable goals which a panchayat can achieve in 3-5 years, and (3) the GP's resolution to formalize its vision and mission.

HOW DOES THIS CONNECT WITH THE NEXT STEPS?

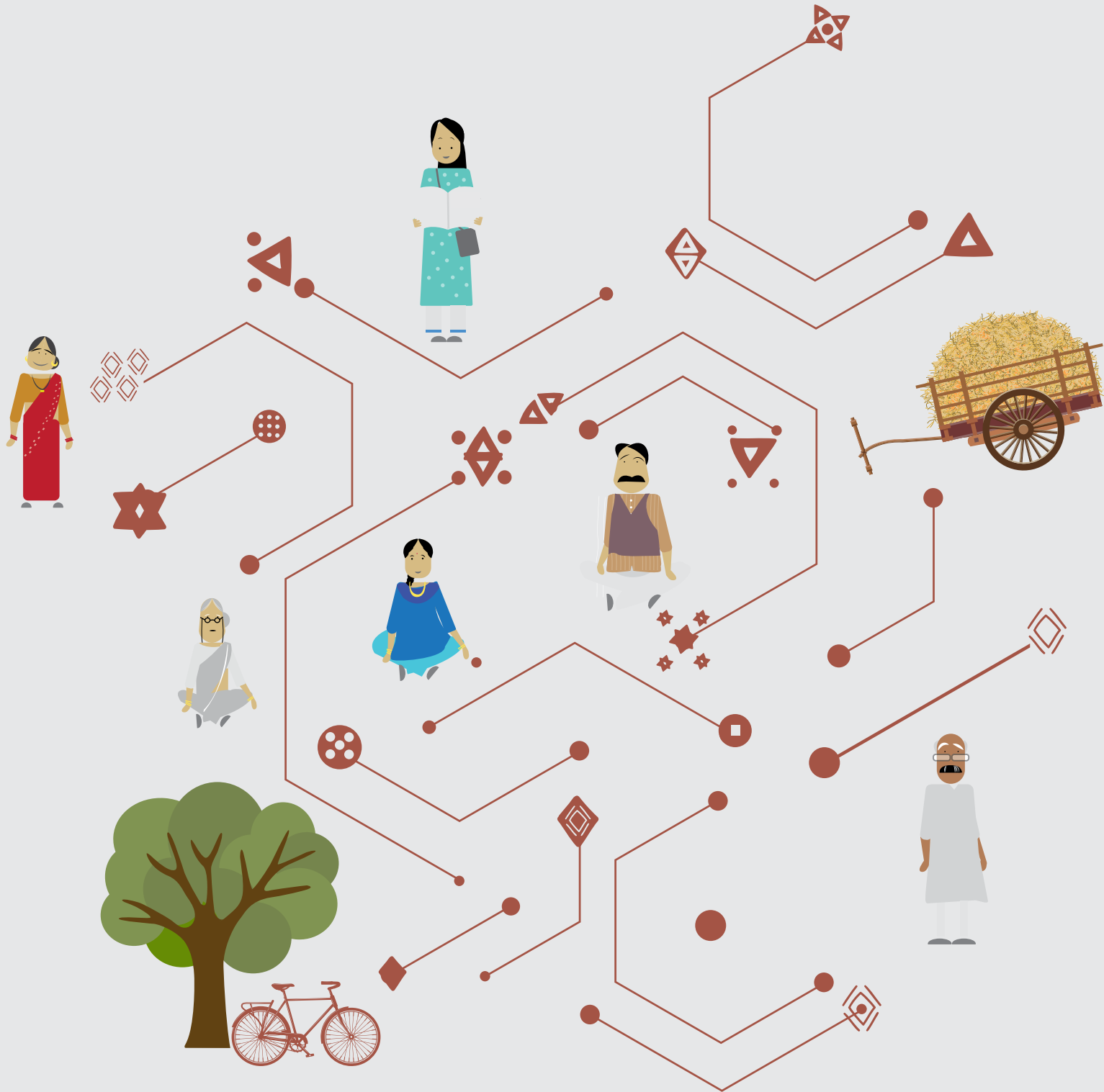
Visioning and developing a mission statement are the GPs first important encounter with creating something by themselves and for themselves – the identification of the quick wins earlier in the framework gives a basis upon which to develop these ideas. As this process is done through collaboration with elected members of the GP and invited citizens, a shared vision is able to emerge that articulates the direction of the GP. While this statement and identification of goals are the primary inputs leading into the next process: process mapping of functions related to GP's goals, they provide a context for all other processes to follow.

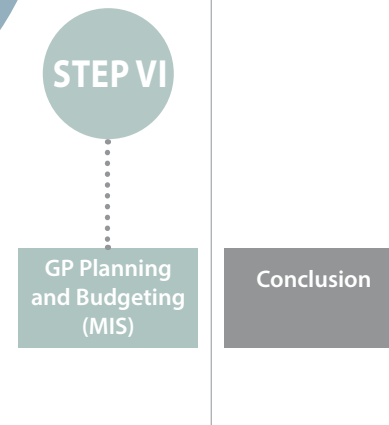
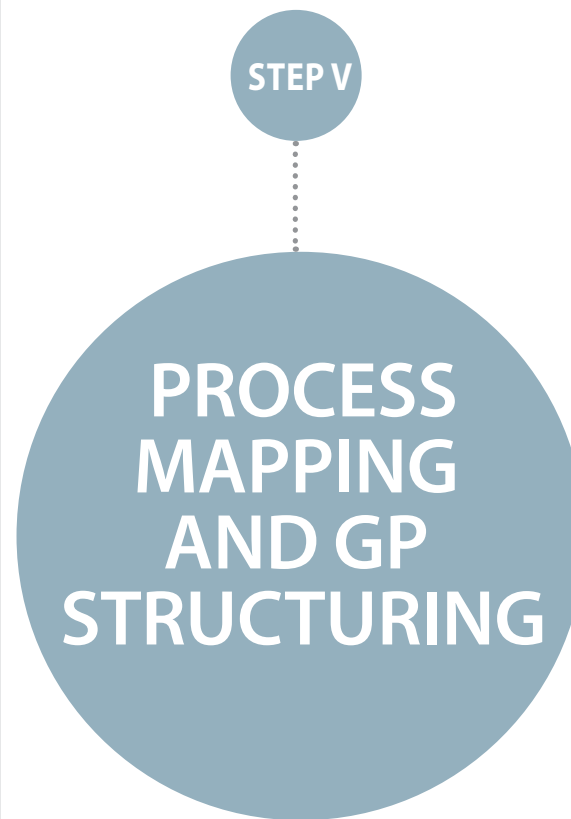


WHAT ARE THE MAIN LESSONS?

- Due to its interactive nature and design, the process was a favourite, both of the facilitating organisation as well as the GPs. The teams further added films and group exercises.
- Groups developed for workshop discussions should be well mixed in order to elicit productive conversations as well as build deeper bonds. For e.g., during the session on personal stories in Jharkhand, while the facilitators felt there should be separate groups for men and women, the participants thought otherwise, much to our surprise.
- While engaging in group discussions, it is important to let the charge of discussion and direction be taken by the GP members themselves. The facilitators must remain non-judgmental and objective while listening to the inputs from the community and GP members
- Articulation of mission needs to be supplemented with a more structured discussion on the unique identity of the Gram Panchayat and what are its offerings and mandate that are different from other institutions and needs to be designed further.
- Connections with the previous (organisation mapping) and next steps (process mapping) need to be emphasized further for the GPs to be cognizant that organisational development is a journey. Reflection needs to be institutionalized in regular monthly meetings, so that members see the connects and hence take part in the design of subsequent processes in an informed manner.







PROCESS MAPPING

WHAT IS PROCESS MAPPING?

This step entails understanding, planning, managing and operationalizing identified goals and the specific activities within. It allows the GP to visually understand and describe the flow of work and steps needed in order to complete an activity. The process mapping exercise ascertains the degree of autonomy with which the 3Fs are made available to PRIs, and the distribution of the 3Fs among PRIs themselves. Process mapping is done with the specific objective of understanding *what, who, how* and *when* of any given activity, and to describe the flow of work. This helps understand and unpack who and what is involved in a process, and can be used to reveal areas where a process should be improved.

OBJECTIVES

1. Identify bottlenecks or constraints in a given process
2. Identify various points of contact (of the GP with other hierarchies) within the process
3. Determine those tasks that are most critical to the process. This, by extension helps foreground these activities as the focus of improvement across various tiers of the PRIs and the state.
4. Understand the interaction between the tiers of the PRIs and the state and central government, and the extent to which mechanisms of information passing from one level to another.

OVERVIEW

INPUTS

Organization mapping self-ranking exercise, GP vision and mission statements and goals

STAKEHOLDERS

Knowledge partner, facilitating organization, and implementing agency

RATIONALE

Supporting the GP in understanding the entirety of a process helps them better prepare their resources and define responsibilities

OUTPUTS

Mandate of GP, Recommended processes for 1-2 key areas/ functions, broad goals for next 4-5 years

IMPLEMENTATION

WHEN THE GP IS ALREADY PERFORMING THE IDENTIFIED FUNCTION

STEP 1

Determination and finalisation of the sector or process to be analysed.

STEP 2

Brainstorming of the different activities and the underlying processes.

STEP 3

Prioritising key activities, and using a workshop to further discuss these activities.

STEP 4

Mapping of the broad processes involved within the identified sector.



STEP 5

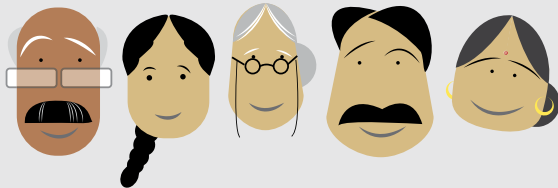
Mapping of specific activities and tasks under each of the processes.

STEP 6

Analyse the finding through a workshop(s) where participants are encouraged to clarify on the doubts emerged in the mapping through steps 1-5.

STEP 7

Applying findings concluding with an action plan and the decision to start working on a long term (4-5 years) development and implementation plan



WHEN A GP IS NOT PERFORMING THE IDENTIFIED FUNCTION

STEP 1

Identification of thematic anchors to bring in the required domain knowledge

STEP 2

Secondary research analysing the role and mandate of the GP in identified functions to arrive at an initial understanding of the value chain, as-is processes and stakeholders

STEP 3

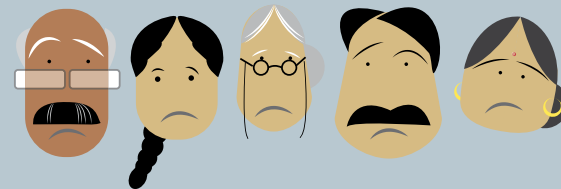
Interaction with key agencies to supplement understanding of existing processes and identify gaps

STEP 4

Developing recommended processes and roles using a RACI (Responsibility, Accountability, Collaboration and Information) matrix

STEP 5

Discussion with GP to arrive at broad goals to be achieved in the long term (4-5 years)



GP STRUCTURING

WHAT IS GP STRUCTURING?

GP structuring builds upon the mission and helps translate it into action by helping the GP gain a better understanding of its roles, responsibilities, organizational structures and coordination mechanisms. The structures identified from the process mapping exercise feed into building an understanding of the GP as an organization with responsibilities and power. Helping the GP to understand organizational structuring requires an iterative engagement with the members that allows them to sustainably incur responsibility and realise their shared goals. Throughout this engagement the provisions and rules of the Panchayati Raj Act provide a reference.

OBJECTIVES

1. Encourage a strong organizational structure, including a definition of roles and responsibilities within the GP that can allow it to pursue its vision.
2. For the GP to become a space with distributive leadership amongst the elected members; ensuring transparency, accountability and the ability for members to grow and learn.

OVERVIEW

INPUTS

GP mission and vision, process map, legal provisions in the State PR Act, and notifications or executive orders by line departments recommending required structures and roles

STAKEHOLDERS

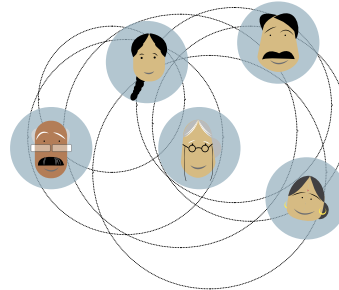
Facilitating organization and GP elected members

RATIONALE

GPs with clearly defined structures and roles required for organizational tasks are better equipped to reach their vision.

OUTPUTS

Activation of standing committees and various forums that are constituted to enable collaboration within the GP and between GP and other stakeholders



IMPLEMENTATION

STEP 1

Prioritise the GPs focus areas based on the shared mission and vision.

STEP 2

Using the State PR Acts, identify standing committees and roles that can be activated in the GP.

STEP 3

Engage with the GP in order to reconstitute/activate the standing committees and their Adhyakshyas.

STEP 4

Induct GP members so that they are able to deliver on their responsibilities.

STEP 5

Constitute/activate/strengthen mechanisms to enable collaboration within the GP and those between GP and its key stakeholders





This chapter details two activities in the GPOD framework – process mapping and the setting-up and strengthening of GP structures. Both of these activities follow the development of a shared vision and mission. Process mapping and enhancing GP structures are critical parts of the 5th GPOD step, signifying action with and by the GPs. Process mapping is attempted immediately after the vision and the mission exercises, while the GP structures are simultaneously strengthened. Both of these processes are iterative exercises that help the GP move from delivering basic, to more complex services. This is a shift that requires the development of higher-order processes, structures and roles. Part one of the chapter covers process mapping and part two covers the strengthening of GP structures.

PART I PROCESS MAPPING

Process mapping is a planning and management tool that visually describes the flow of work or describes the steps involved through a series of activities, towards an anticipated or identified result. To operationalize the 73rd CAA, and to ensure that PRIs are equipped to work on the 29 subjects listed in the 11th schedule, state governments are required to identify what should be done by the different

tiers of panchayats at each level. The objective is to ascertain the degree of autonomy with which the 3Fs are made available to PRIs, and the inter-tier distribution of these 3Fs among the PRIs themselves (between the district, block and GPs). Process mapping can be shown as either a process flowchart, functional process chart, process model, or list of activities and sub-activities along with stakeholders involved. This exercise

highlights areas where processes are unclear and therefore require improvement and streamlining.

WHY IS PROCESS MAPPING IMPORTANT?

Process mapping has the specific objective of understanding the *what, who, how* and *when* of a given activity. The idea is to describe the flow of work and help the GP understand and unpack *who* and *what* is involved in a given process. It is commonly used in institutions to reveal areas where a process can be improved. Once defined, understanding and laying down processes helps the GP approach its functions in a structured and systemic manner. This is contrast with how many GPs currently work, in a fire-fighting mode. Whenever problems occur, members scramble for resources and ideas - often addressing symptoms rather than arriving



Meeting with officials of Department of Agriculture, Basia, Jharkhand

IMPROVEMENT IN FARM INCOME

In Jharkhand, as most GPs had identified improvement in farm income as one of their key focus areas, the project team took a decision to assist all GPs in this function.

With PRADAN's expertise in livelihoods, their technical support was readily available to the GPs during this activity. Based on shared vision and mission, the other focus area finalised in the 11 GPs of Koderma and Hazaribagh was improvement in education. The 5 GPs of Basia decided on effective implementation of NREGA. These decisions were finalized and formalized during the GPEC meetings in the various GPs.

The discussions in Madhya Pradesh took a slightly different journey. The project teams felt that the GPs were already burdened with scheme-specific targets handed down by the upper tiers of the state (through central and state specific schemes). These included the central government housing scheme - PMAY and state government provision of concrete and cement (CC) road connectivity to all the GPs. Given the context and makeup of the GPs, PRADAN felt it would be beneficial to assist the GPs in meeting these targets, even though they supported a top-down agenda. In order to balance between the government agendas and assisting the GPs work in relevant sectors, it was decided that the process mapping activity would focus on one sector from the two central and state specific schemes (PMAY and CC roads) and one as identified by the GP. After much deliberations, the two sectors arrived at by the GPs were PMAY and MNREGA. In Madhya Pradesh process mapping was attempted around these two sectors.

at systemic solutions. Process mapping is an activity that helps the GP to begin functioning and thinking like an institution.

WHAT ARE THE MAIN INPUTS?

The main inputs into process mapping are the GP's shared vision and mission statement from the previous GPOD step (Chapter 7). Process mapping works to strengthen accountability and responsibility mechanisms in the GP, in order to help it pursue its vision and enact its mission. The foundation of this step is built on the GP revisiting its mission statement to orient their process mapping activities.

HOW IS THIS PROCESS IMPLEMENTED?

Process mapping involves intensive work from both the facilitating organization and the GP. As the processes mapped were different in Jharkhand and Madhya Pradesh, they chose divergent paths and thus engaged with different methodologies. Jharkhand focused on the mapping of functions (Agriculture and Education)⁸, while Madhya Pradesh focused on government programs (PMAY and MGNREGA). Both methodologies are defined in this section.

⁸ While Basia GPs had identified implementation of MGNREGA as one of the key focus areas, this process was not mapped by the team, as the GPs were already following the CFT program of Ministry of Rural Development.



Discussions with Livelihoods Committee, Pokhta GP, Jharkhand

PROCESS MAPPING IN MADHYA PRADESH

In Madhya Pradesh, the need for and understanding of, process mapping was facilitated through a workshop - the length of which was determined by the nature of the process that was being mapped. Prior to the workshop, Anode mapped processes around MGNREGA and PMAY (relying mainly on secondary data available on government websites and policy documents), and held a detailed discussion on the same with PRADAN in a day-long workshop in Bhoura. This workshop also saw the participation of the district MGNREGA officer. In this workshop, the mapped activities and sub-activities were connected to their responsible stakeholders while the locations for the activities were added alongside.

FIGURE 20. IDENTIFIED PROCESSES AROUND MGNREGA

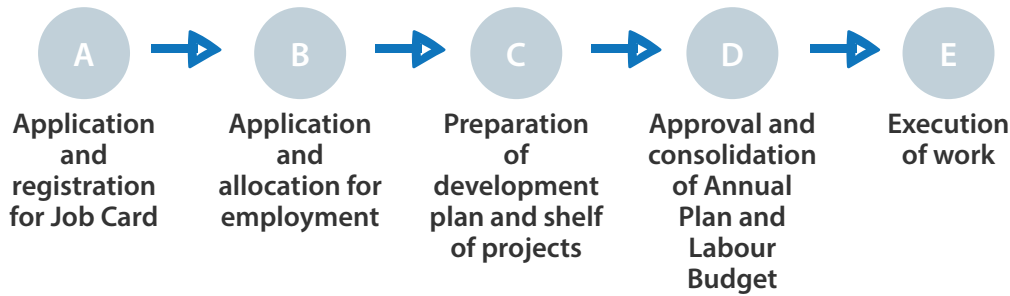
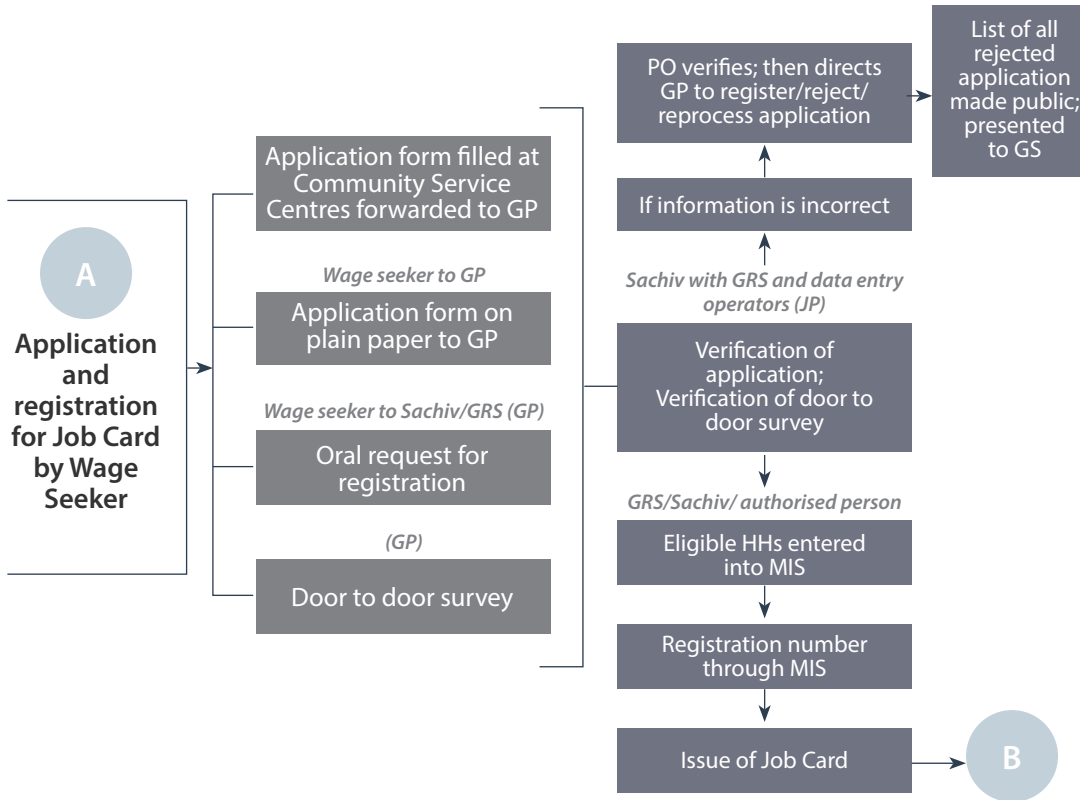


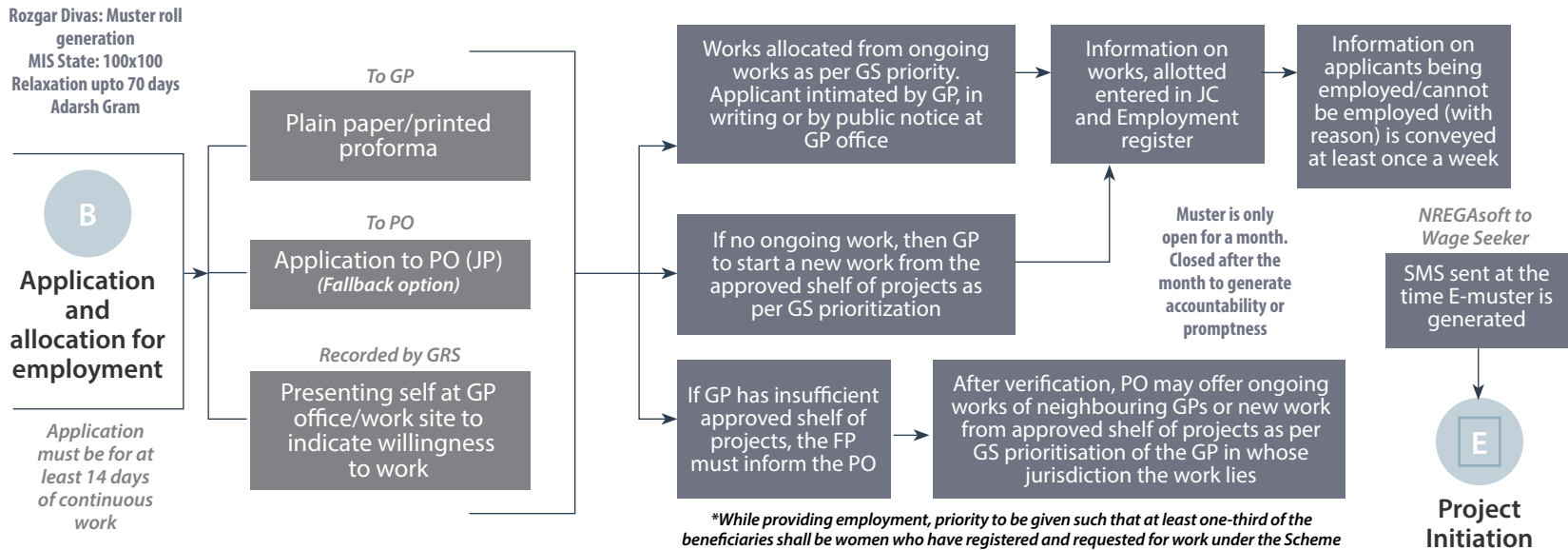
FIGURE 21. APPLICATION FOR REGISTRATION OF JOB CARDS



After two rounds of discussions between Anode and PRADAN during the workshop, the process maps (Figure 22) were taken to the GPs for further discussion. The key steps included:

1. Reiteration of the sectors or process to be analysed.
2. Brainstorming the different activities and their underlying processes.
3. Prioritising key activities with discussions focused around them. The priority is determined by the quantum of role that the GP has in the given activity. Other factors included: effectiveness (or not) of the activity, and the ‘explicit’ and ‘tacit’ knowledge required to understand the task.
4. Clarifications were sought (on the questions that arose while mapping the activities with the stakeholders) either from the GP where the activity or the task was performed, or through discussions with district and state officials. The output was a detailed mapping and understanding of all the actions, stakeholders and locations for where the activity was undertaken. In figures 20 & 21, within the larger process of “A - Application for registration of Job Card by wage seeker” the result should be the issuance of a job card and a list of all rejected applications which are required to be made public by sharing it in the GS. The issuance of a job card would lead to “B - application for and allocation of employment” (Figure 22).

FIGURE 22. APPLICATION AND ALLOTMENT FOR EMPLOYMENT



5. Discussions and brainstorming on how the process maps can be used to make improvements in activities across the PRI's and the state departments with a specific focus on the role of the GP.

Steps 1-5 should conclude with an action plan and the decision to start working on a long term (4-5 years) development and implementation plan – the next step of the GPOD framework.

PROCESS MAPPING IN JHARKHAND

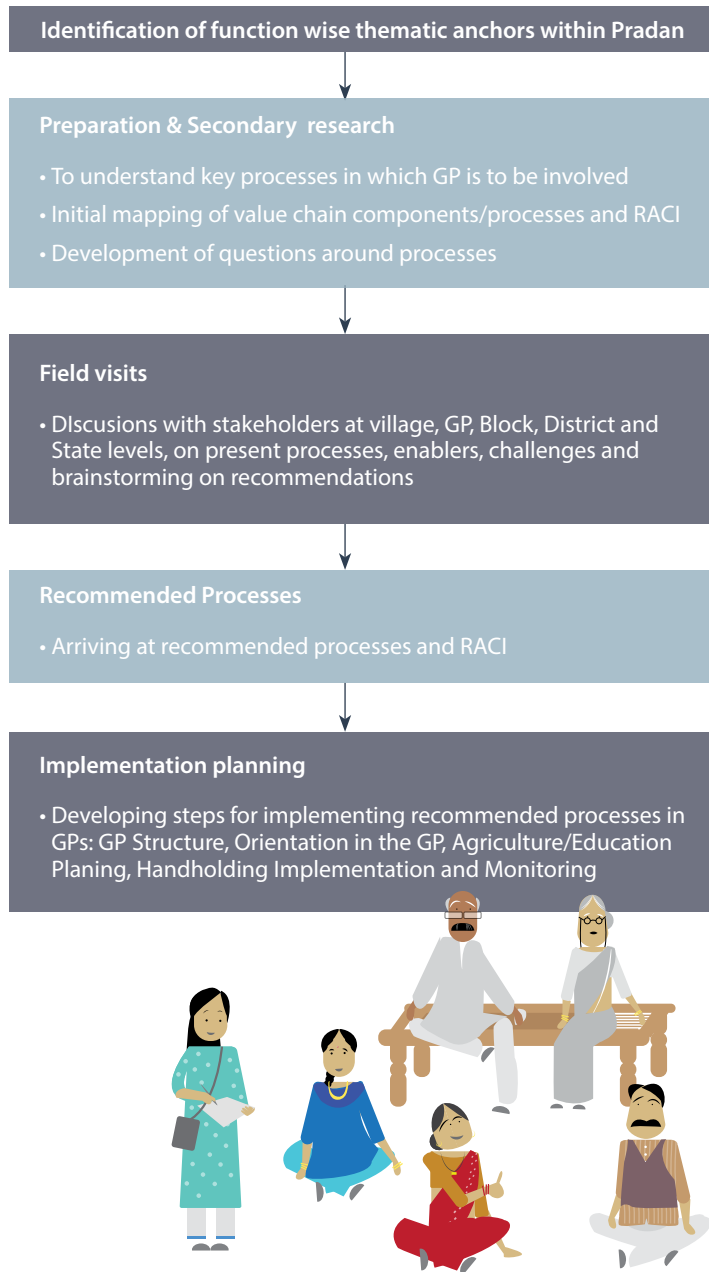
In Jharkhand, initially the GPs were barely engaged in any of the two functions they wanted to work with: agriculture and education. The

task at hand, therefore, was to a) understand the mandated role of the GP; b) analyse the effectiveness of the current service delivery processes; c) arrive at potential areas where GP could contribute; and d) develop processes for GPs to engage in planning and implementation of identified areas. The steps followed in are outlined in Figure 23.

1. Thematic anchors (from the facilitating organization or other sources) were identified to bring in the required domain knowledge related to the function. As far as possible, these thematic anchors should continue engaging with the GPs during the planning and implementation stages.



FIGURE 23. JHARKHAND PROCESS MAPPING RACI



2. Conduct secondary research to analyse the role and mandate of the GP in agriculture and education as per the Jharkhand Panchayati Raj (JPR) Act and the notifications by the concerned departments. In order to identify which processes need to be mapped, value chain components were studied with respect to the two functions (Figure 24 shows value chain components related to agriculture).
3. Interaction with key agencies was undertaken to confirm/ supplement understanding of existing processes and to identify gaps. Field visits to interact with agriculture department officials at the state and other levels, such as Village Organizations (VOs), livelihoods committee members and PRADAN teams, were conducted. These helped improve the understanding of existing structures, processes and the roles of different stakeholders with respect to various components of the value chain.
4. Recommended process maps were developed along with the RACI (Responsibility, Accountability, Collaboration and Information) matrix to describe roles of different stakeholders. Figure 25 shows the key processes and value chain components for Agriculture and Education while Figure 26 describes the recommended activities and roles for the first process: Preparation of Farmer Database.

FIGURE 24. VALUE CHAIN COMPONENTS RELATED TO AGRICULTURE

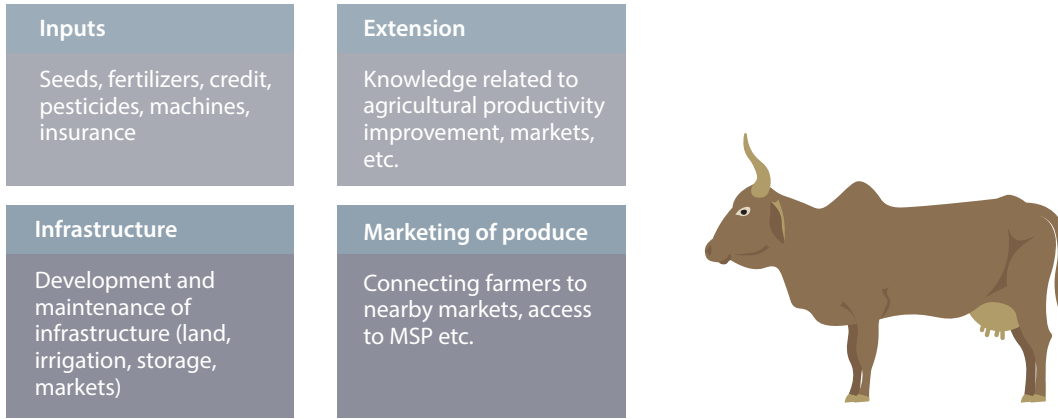
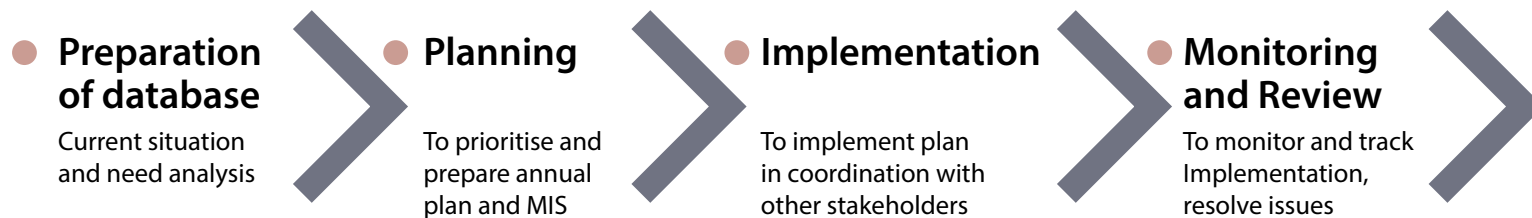


FIGURE 25. KEY PROCESSES MAPPED AND VALUE CHAIN COMPONENTS IN AGRICULTURE AND EDUCATION



Agriculture: Inputs, infrastructure, including irrigation, Extension, Markets



FIGURE 26. SUGGESTED PROCESSES FOR PREPARATION OF FARMER DATABASE AT THE GP LEVEL

Processes	Village	GP	Block	District	State
Collection/ Collation of Farmer database*	R: Arya Mitra R: GP SC	A*: GP SC Adhyaksha R: Sachiv R: Krishi Mitra	R: BTM, BAO, Sup-Hort, B SCO, Single Window R: Revenue Department	C- DAO, PD (ATMA), DHO, DSCO	
Triangulation of data collated by various departments	R: GS SC	A*: GP SC Adhyaksha R: Sachiv			

* Gram Panchayat to take responsibility for consolidating a farmer data base at the GP level, either through primary data collection or through accessing existing data at different levels, as the case maybe.

WHAT ARE THE EXPECTED OUTPUTS?

The aim of process mapping is a clear understanding of the larger processes, activities and tasks involved in the implementation of a function or scheme. Based on the existing understanding in the GPs, process mapping should assist in the following:

- Understanding the mandate or role of GP within a function/scheme;

- Identifying bottlenecks/ constraints (i.e. where processes are not defined, failing or where steps are experiencing delays);

- Identify various points of contact (of the GP with other hierarchies of the state like the block and district) within the process;

- Determine those tasks/ activities that are most critical, and by extension, how they can be foregrounded to emerge as the focus of GP improvement;

- An understanding of existing (or not) systems and structures that are required to plan and

KEY ISSUES EMERGING IN AGRICULTURE IN JHARKHAND

No database of farmers exists at any level in the department.

Planning unit of Department of Agriculture is a cluster.

There is no bottom- up planning. Rather, planning is based on targets set by the

state agriculture department and

is guided by coverage of schemes, districts, clusters and crops.

Implementation-related issues persist across the value chain including: lack of staff at the local level, especially for training and day-to-day support to farmers; delays in dissemination of benefits, especially inputs; lack of infrastructure related to agriculture (such as irrigation, storage and market facilities etc.)

Baseline data is scattered and could not be accessed. There is no MIS presently designed for agriculture at the village- and GP-levels.

Finally, the GP has none or little role in activities related to agriculture. The concerned GPSC exist only on paper.

implement the processes, activities/ tasks and sub-activities as identified within a sector.

HOW DOES THIS CONNECT WITH THE NEXT STEP?

Once there is a clear understanding around these dimensions, it is anticipated that planning, budgeting, implementation and monitoring will be streamlined positively, giving greater clarity on *who does what, when, how, and where*. In parallel,

a simultaneous setting up and strengthening of existing GP structures is initiated in the field. Thus, building up existing/ new GP structures and attendant mechanisms, systems and processes is a simultaneous task as described in Part II of this chapter – building and strengthening GP structures.

PART II GP STRUCTURING

WHAT IS THE GP STRUCTURE?

The GP structure is facilitated to define and distribute roles and responsibilities among members of the organization so that it can achieve its goals. It includes streamlining the processes of internal coordination and decision-making. GP structures include mechanisms to ensure collaboration within the GP, as well as between the GP and other stakeholders. These include mandated mechanisms such as the GP Executive Committee (GPEC), GP Coordination Committee (GPCC), and project-specific ones such as the Core Committee (education specific), PRI-CBO forums and Block Coordination Committee (BCC).

In both MP and Jharkhand, the State Panchayati Raj Acts lay down the key aspects of structure (i.e., functions and powers of President and Vice President of the Panchayat). The key functionary, (i.e., the secretary) who is aware of the procedure and conduct of GP meetings, can recommend the formation of a standing committee structure to perform different functions within the GP. The Panchayati Raj Acts in both states also specify structures mainly in terms of the GPSCs that will deliver on the mandate of the GP.



Meeting of Joint Agriculture Standing Committee, Hazaribagh, Jharkhand

WHY IS BUILDING AND STRENGTHENING GP STRUCTURES IMPORTANT?

From the perspective of organization development principles, organization structure helps build the necessary framework and skills needed for an institution to achieve its goal. In most GPs, the structures are not operationalized to their potential. GPSCs mostly exist on paper, and moreover have no clearly laid down accountabilities. Additionally, participation of elected representatives is weak. Given this context, and keeping the provisions of the acts and rules, the purpose of building GP structures

is to lay down and implement processes which will enable the GPs to have a functioning organizational structure, with roles manned by people who are both suitable and interested. The key objectives are:

1. Establishing clear organizational structures with clarity on responsibility and accountability.
2. Leveraging distributed leadership among elected members. The structure affords each member the opportunity to perform and learn, thereby building their expertise and knowledge, creating a platform for higher transparency and accountability.

What are the main inputs?

- **Gram Panchayat vision and mission:** Clarity on their vision and mission provides the required direction to GP members. In the absence of this, members find little meaning and relevance in participating in GP processes; leading to structures recommended by the state PR acts mostly not being operationalized.
- **Required processes to deliver on the GP goals:** Process mapping brings in clarity on the kinds of tasks to be performed, and therefore the capacities required.
- **Legal provisions in the State PR Acts** related to GPSCs and their functions, roles of Sarpanch, UpSarpanch, ward members and functionaries.
- **Notifications and/or executive orders** by line departments, which detail roles of panchayats further in different subjects.

GOVERNMENT NOTIFICATIONS WITH GPSC DETAILS

In Jharkhand, the notification by the Government of Jharkhand (GoJ) dt. 16.05.2011 details rules related to GPSCs. The Act, -recommends 7 committees: General Administration Committee; Committee for Health, Education and Environment; Agriculture, Cooperatives; Government Estate and Industries Committee; Committee for Women; Children and Social welfare; Gram Rakhsha (Village Security) Committee; Development and Works Committee; and an Infrastructure Committee.

In Madhya Pradesh, on the other hand, the Panchayati Raj Adhiniyam of 2001 recommends three standing committees at the GP level: the General Administration committee, Construction and Development Committee, and Education, Health and Social Welfare Committee. In addition, there is a provision (Section 7-A (2)) for the constitution of Tadarth Samitis (Adhoc Committees) by the GS. These are constituted on a needs basis and are required to be dismantled when their purpose is served.

HOW WAS THIS PROCESS IMPLEMENTED?

In alignment with the objectives of this stage of GPOD process, the key design principles and how they are manifested in the structure are described here:

1. Structures need to be GP-specific, evolving and maturing based on its needs and requirements.

GPs to create GPSCs based on its focus areas as prioritised in the vision and mission process. As the GP expands its goals, other committees may be formed.

2. Responsibility can be shared among many people, but accountability should be placed with one individual.⁹

While investment in leadership capacities of the Mukhia as the executive head of the GP is understood and agreed by all, the debate was on activation of GPSCs as a group and its Adhyakshas. Given the pervasive experience of non-functional GPSCs and the challenge of mobilising many groups within the GP to get involved in particular subjects, it was decided to initially focus on GPSC Adhyakshas. The Adhyakshas in turn would eventually work with other members of the committees and strengthen their capacities and knowledge. With Adhyakshas assuming accountability and gaining the knowledge and capacity to negotiate with various governance systems, there is a gradual distribution of leadership and the ensuing change in power equations within the GP. Similarly, accountabilities of the GP staff, especially the Secretary and the GRS, need to be defined, and their capacities built.

⁹ This principle and its manifestation of focus on individual leaders versus collective responsibility were debated vigorously within the project team.



Meeting with Education Adhyakshas and Mukhiyas in Koderma district, Jharkhand

3. While the GP structure emphasises individual accountability, there is need for simultaneous efforts towards strengthening mechanisms that build collaboration - both internally, as well as with external stakeholders, and build skills among members so they are able to participate meaningfully in these structures.

GPEC, GPCC, Core Committee (Education Specific), PRI-CBO forums and the BCC are some of the key mediums that serve as platforms for collaboration. Efforts towards operationalizing and empowering these forums are an integral part of strengthening structures in GPs

BOX 6. STRENGTHENING STRUCTURES WITHIN AND ACROSS GPS

Within GPs	Across GPs
<p>GPEC - the monthly meeting of GP members along with its staff (mandated in both Jharkhand and Madhya Pradesh PR Acts).</p>	<p>Joint meeting of Mukhias, where Mukhias in a block, or at times across blocks, get together to exchange ideas and learn from each other (Jharkhand specific: initiated with this project)</p>
<p>GPCC - chaired by the Mukhia, the other participants are government functionaries from different departments operating in the GP area (Jharkhand specific: mandated through a circular by GoJ).</p>	<p>Joint Adhyaksha meetings, or monthly Central meetings of Adhyakshas of different Standing committees, where Adhyakshas come together to plan their activities, and discuss the next steps on implementation. This forum is to help build capacities and leadership among Adhyakshas (Jharkhand specific, developed during this project)</p>
<p>Gram Sabha meetings - the Mukhia being responsible for convening GS meetings, and meetings in non-scheduled areas. In scheduled areas, these meetings are to be convened by the traditional head (MP and Jharkhand, mandated in both State PR Acts)</p>	<p>Block Facilitation Committee (BFC), to bring together GP Mukhias and department functionaries for mutual exchange of information, as well as for GPs to share the issues they are facing and support they can sought from the block</p>
<p>PRI-CBO forums - chaired by the Mukhia, brings together members of women's collectives and panchayat members, to exchange ideas and build processes to leverage each other for the larger development of the villages (forums for both Madhya Pradesh and Jharkhand were developed)</p>	<p>Block- level Coordination Committee for NREGA: Monthly meeting of Mukhiyas and Block level stakeholders on issues related to implementation of MGNREGA (Jharkhand specific, being followed in Basia, it being a CFT block, mandated in guidelines of NRLM-MGNREGS-CFT project of the Ministry of Rural Development)</p>
<p>Core Committee - composed of the Mukhiya, Adhyaksha of the Education Standing Committee, Headmasters and School Management Committee Adhyakshas, to bring coordination and joint action to improve functioning of schools in the GP (Jharkhand specific, being followed in 11 GPs of Koderma and Hazaribagh, development during this project to further GPs goals towards improvements in education)</p>	<p>Meetings of Elected Women Representatives (EWR), coordinated by project team, to bring EWRs from different panchayats on a common platform to share their challenges and build capacities and confidence in them to engage with the governance processes (MP specific, developed as a part of this project)</p>
<p>Tadarth Samiti (Adhoc Committee) - Madhya Pradesh Specific and provisioned in the State PR Act</p>	

4. Matters of structures are to be decided by the GP body, as they impact internal relations.

To ensure alignment among members some broad norms for decision making were followed, such as criteria for selecting members to Standing Committees as well as for their heads, process for selection/nomination etc.

Steps undertaken for operationalizing structures, as they panned out:

Prioritise the GPs focus areas based on the shared mission and vision.

Identifying relevant Standing Committees to be activated within the GP, defining roles and responsibilities of the standing committees and their members. Process analysis and notifications from concerned departments provided the initial reference points for developing mandates for the two portfolios in Jharkhand.

In MP, the panchayats have taken the route of Tadarth Samitis (Adhoc Committees), For instance, in Rampur Mall, there are 3 Tadarth Samitis, one each for managing panchayat's water tanker, initiating work on a high school and a Nal-Jal Samiti to get piped water supply in the villages. Each Tadarth Samiti has an Adhyaksha, and members are drawn from the panchayat as well as citizens. As of now, the standing committees and their Adhyakshas in Madhya Pradesh are still to be activated.

Revisit the constitution of present committees, if required. In Jharkhand, the GPs were encouraged to evaluate the relevance of existing

Standing Committee members, particularly whether the Adhykashas, were appropriate as well as interested in the role. 6 out of 16 GPs in Jharkhand reconstituted the committees and changed the Adhyakshas, while others decided to activate the already existing committees. The decisions in case of the latter were not always guided by merit of the case, but rather by existing power equations. As the institutions mature, it is hoped and expected that the GPs will gradually understand the need for motivated and capable leaders, and strengthen their decision-making process.

Induct the role holders to perform their responsibilities.


Induction through training programs and exposure visits was planned for newly activated Standing committees and their Adhyakshas.

5. Develop/ strengthen collaboration mechanisms (Box 6)

Functioning and progress related to each of these forums is further explained in Chapters 9.

WHAT ARE THE EXPECTED OUTPUTS?

GP structuring is a key process where leadership starts getting distributed among various members in the GP. This sharing of roles provides an additional positional identity from being a ward member, creating opportunities for members to learn and specialise. The immediate outputs of the organization structure are the finalization and activation of GPSCs, as well as the various forums that are constituted and


In Rampur Mall, there are 3 Tadarth Samitis, one each for managing panchayat's water tanker, initiating work on a High school and a Nal-Jal Samiti to get piped water supply in the villages



Planning meeting in Okba GP, Basia block, Jharkhand

activated to enable collaboration within the GP, and between the GP and other stakeholders.

HOW DOES THIS CONNECT WITH THE NEXT STEPS?

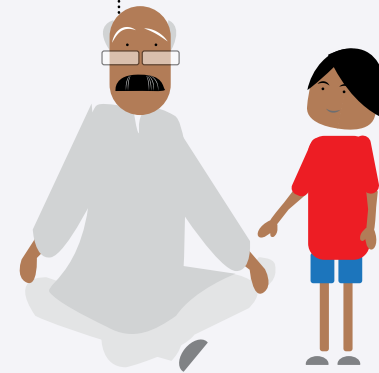
The next step in the GPOD framework is to enable planning and budgeting, and

handholding of towards GP implementation. Activated structures help streamline these processes as different members are to assume accountability for their portfolios and roles. Similarly, the different activated forums feed into operationalizing and deepening the effectiveness of planning and implementation processes.



WHAT ARE THE LESSONS LEARNT?

1. Given that process mapping can serve various purposes, it is important to develop a strategy on why process mapping is being done, so that the focus is clear and the methodology can be designed appropriately.
2. Despite decisions on GP structures being formalised in the GPEC through resolutions and ratifications, many role holders do not actively assume accountabilities assigned to them. Some methods are being tried and further exploration needs to be entertained regarding how to strengthen their engagement.
3. There are many existing structures, within which work is initiated. Concerted strategies for strengthening these existing structures and building capacities need to be formulated and implemented.
4. While the focus has been on elected members and building their capacities as grassroots leaders, the executive has an equally critical role in enhancing the functioning of the GP. The interaction with GP functionaries, especially in Jharkhand is limited. This strategy needs to be revisited as the key government functionaries, the Secretary, GRS and MIS operator, play important roles in the functioning of the GP. Moreover, there needs to be a complete alignment between these elected representatives and the GP functionaries.
5. While GPOD does not engage directly with the GS, there needs to be a focused effort towards panchayat members engaging with the GS and representing their interests and concerns in GPEC meetings. This needs further, organized attention.
6. Managing the transition from one electoral cycle to the next is a critical emerging imperative. While there are many ways to do so, a formal document on GP structures, roles, desired competencies and process of decision-making needs to be prepared and maintained in the GP as a part of the transition strategy for the next elected body.



Stage 4

HANDHOLDING IMPLEMENTATION

Is the final stage of the GPOD journey. From Stage 1, the GPs have built the knowledge, organizational skills and tools required to establish a momentum for institutional change. This change is realised during Stage 4, where the GPs take the lead in planning actions, allocation of resources, building member capacities and connecting with the citizens. In this stage there are two final steps: Step 6 – GP planning and budgeting (MIS); and Step 7 – Enabling implementation. The focus of this stage is to build plans as per the GP's shared vision and ensure implementation, Plans need to articulate actions that help GPs build their institutional and systemic capacity to deliver.

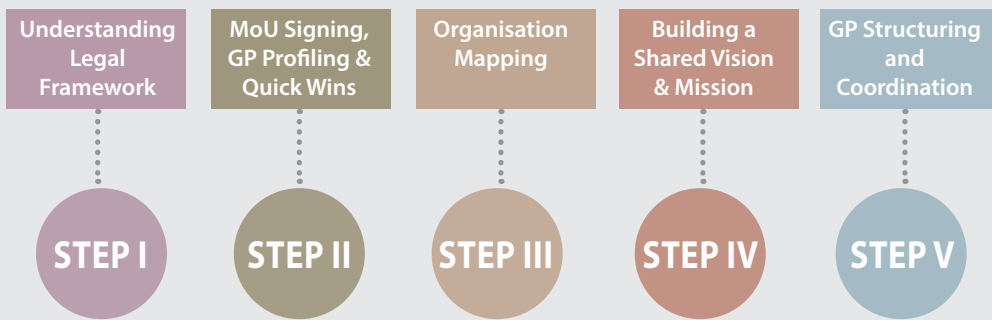


STEP VI

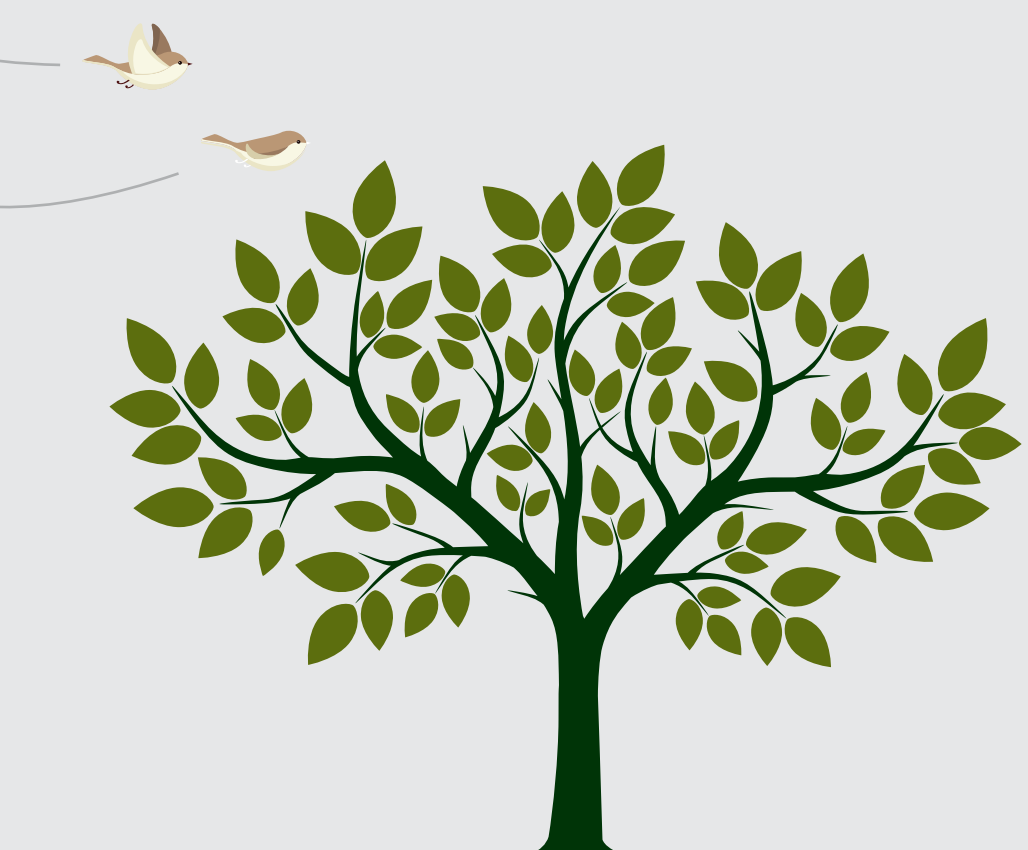
CHAPTER
9
GP PLANNING
AND
BUDGETING







Conclusion



WHAT IS PLANNING, BUDGETING AND HANDHOLDING IMPLEMENTATION?

Planning and budgeting, from an OD lens, is a collaborative process that identifies the actions and resources required to move the panchayat and its citizens towards their desired goals. This includes planning actions and allocating resources for service delivery to citizens, building institutional capacities, and systems and processes of GP. In order for the GP to engage effectively with its own development, the facilitating organization and knowledge partner move from a facilitation role into that of handholding to help the GP perform its constitutional mandate. These steps help the GP build plans as per their vision and ensure its implementation; these plans articulate actions that help GPs build their institutional and systemic capacity to deliver.

OBJECTIVES

1. Build the panchayat's institutional capacity to plan for structures, systems, databases, processes, enhance / strengthen its decision making capacity and by extension deliver on the plans
2. Providing services and infrastructure to citizens based on the needs and vision of the community.



OVERVIEW

INPUTS: Gram Panchayat Vision, mission and goals, Required processes to deliver GP goals, Functional GP structures

STAKEHOLDERS: Knowledge partner, facilitating organization, and implementing agency

RATIONALE: To help GPs improve and become independent in their institutional functioning to make decisions, plan, negotiate with various agencies, garner resources and ensure implementation

OUTPUTS: GP implementation plan (sector-wise focus), GP MIS and initiation of implementation actions

IMPLEMENTATION

STEP 1

The identified thematic (Education and Agriculture in Jharkhand and MNREGA and PMAY in MP) and associated goals (as articulated in the mission statement) are further unpacked to identify focus areas. This is through combined workshops with standing committee members and mukhiyas at the block level. This involves building awareness of the GPs roles and responsibilities towards the identified functions

STEP 2

Development of GP plans by translating focus areas into goals and further into plans

STEP 3

Handholding implementation of plans through building capacities of role holders (Standing Committee members, Mukhia and UpMukhia etc.) and institutionalising required structures within the GP

STEP 4

Support GPs in development and usage of GP MIS to track plans and their implementation status. Support GPs to review plans and their implementation at the GP level.

STEP 5

Developing collaboration mechanisms with external stakeholders to leverage resources for implementation of GP plans





WHAT IS PLANNING, BUDGETING AND HANDHOLDING IMPLEMENTATION IN THE CONTEXT OF GPOD?

The terms: planning, budgeting and implementation need little explanation. However, there is a need to elaborate on their definition from the OD perspective; in the context of the GPOD, planning, budgeting and implementation are approached rather differently from how they are treated by the present mandate of the central government directive of preparing plans - Gram Panchayat Development Plan (GPDP).

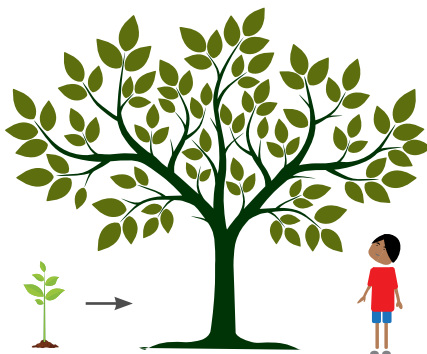
Planning and budgeting is a collaborative process that identifies the actions and resources required to move the panchayat and its citizens towards its desired goals. This includes planning actions and allocating resources for: service delivery

to citizens, building institutional capacities, and systems and processes of GP. Handholding implementation refers to the continuous support and advice given to the GP by the facilitating organization during this last stage of the GPOD framework. By handholding the GP through the implementation of their plans, the facilitating organization supports their capacities and institutional growth.

WHY ARE PLANNING, BUDGETING AND HANDHOLDING IMPLEMENTATION IMPORTANT?

In the context of the 73rd CAA, Article 243G, planning and implementation are the key responsibilities of panchayats:

“Powers, authority and responsibilities of Panchayats- Subject to the provisions of this



Constitution the Legislature of a State may, by law, endow the Panchayats with such powers and authority and 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;
- (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 the Eleventh Schedule” (Indian Constitution, 73rd CAA, Art. 243G, 1992).

The four stages of the GPOD framework aim to develop the GP as an organization that has the capacity to perform its constitutional mandate. This last stage of planning, budgeting and handholding implementation is best reached when key organization components (processes, structures, skills etc) are in place. In the absence of these, planning is likely to be a mechanical exercise with plans remaining on paper, or taken over by another agency – unfortunately, the latter is often the case. The focus of the GPOD, therefore, has been to enable panchayats to define their own priorities, articulate these as a plan, and take ownership of their decisions while developing responsibility for ensuring implementation on a sustained basis.

As the focus of this stage is to build plans as per the GP’s shared vision and ensure

implementation, in addition to planning for infrastructure and citizen services, GP plans need to articulate actions that help them build their institutional and systemic capacity to deliver on their identified goals. Gaps such as lack of information, reliable datasets or collaboration in panchayats can come in the way of effective delivery.¹⁰

This stage is crucial in ensuring systemic change in the GPs – success at this stage indicates the existence of a base institutional capacity amongst elected members and the leadership.

WHAT ARE THE MAIN INPUTS?

Gram Panchayat vision, mission and goals.

Required processes to deliver GP goals: Process mapping helps identify key gaps and where GP’s efforts should be targeted and hence planned.

Active GP organizational structures:

- a. Functional Standing Committees;
- b. Active members and Adhyakshas equipped with knowledge and ability to leverage governance structures, programs and funds;
- c. Effective GPEC that discusses, prioritises;
- d. Effective coordination mechanisms with line department functionaries and other relevant stakeholders.

¹⁰ For example, to achieve the goal of enhancing learning levels in schools, a key issue is lack of coordination between schools, parents and panchayats. Similarly, if the panchayat aims to enhance income of its farmers, it needs to have access to a farmer database, on the basis of which it can plan targeted efforts towards training, extension and infrastructure creation. Actions such as building and nurturing collaboration efforts between GPs, schools and parents, and developing farmer database, require effort and resources, and need to be a part of a GP’s plan.

HOW ARE THESE PROCESSES IMPLEMENTED?

Step 1 - Arriving at focus areas:

The identified themes (Education and Agriculture in Jharkhand and MGNREGA and PMAY in MP) and associated goals (as articulated in the mission statement) are further unpacked to identify focus areas. This is through combined workshops with standing committee members, concerned GPSC Adhyakshas and mukhiyas at the block level. In contexts where relevant GPSCs do not exist, the facilitating organization must constitute these committees and ensure Adhyakshas are elected. The facilitating organization uses these workshops to build awareness of the GP's roles and responsibilities towards the identified functions. These workshops further allow clarity and sharpening of GP-wise and goal-wise focus-areas. During this step GPs should be encouraged to include efforts required to build institutional and systemic capacities (baselines and databases) to achieve their goals. Figure 27 shows Pindarkon GPs goals and focus areas, including plans related to structure and coordination, farmer databases and specific initiatives related to agriculture.

Step 2 – Developing GP plans: after the formation of relevant GPSCs that align with the GPs goals and focus areas, GP plans are developed at the ward-level. After the ward-wise negotiations and meetings, ward-level plans are collected and consolidated by the GPSCs and presented to the GPEC. In the GPEC, the final

plan is developed and its long-term facilitation is drafted.

Step 3 - Handholding implementation

of plans: once the plans are set, there is a continuous effort towards handholding and building the capacities of role holders to pursue identified goals or focus areas. Structures such as a Joint Mukhia meetings (where all panchayat Mukhias meet on a periodic basis to share and learn) and central Adhyaksha meetings were institutionalised, where the participants meet to discuss goals, their progress and challenges, and jointly find solutions to common problems.

Following the 'learning by doing' approach, such meetings are set up to facilitate the Mukhias' and Adhyakshas' to evolve methods and mechanisms of goal setting and understand requirements and challenges of implementation. For example Mukhias in 5 GPs in Jharkhand committed to data collection using a panchayat app within 2 months of this step and leveraged contingency funds from the 14th FC grant. Unfortunately, the panchayats underestimated the time and resources required, and using contingency funds for this purpose proved to be procedurally tedious. This anecdote serves as a case to emphasize the need for goals to be realistic and feasible.

Step 4: Enable the GP to develop and use a GP MIS to track both plans and their implementation. GP MIS has been attempted to aid GPs and GPSC Adhyakshas track progress; this comprised basic activities, targets and monthly achievements. While the GPs and their Standing Committees have made good

FIGURE 27. GOALS AND FOCUS AREAS RELATED TO AGRICULTURE (PINDARKON GP, JHARKHAND)

GOALS
1. Give priority to poor families
Ensure food security through the year for the 20% most poor families
Improve annual income of 100 poor families by Rs. 8,000-10,000
2. Enable 70 middle income families to increase their income to Rs 1 lakh
3. Include 500 farmers in Crop insurance scheme
4. Register 200 farmers with Kisan Credit Card (KCC) scheme
5. Prepare list and conserve agriculture resources

↓

FOCUS AREAS
Structure and coordination
1. Monthly meetings of Agriculture Standing committee, along with Agri department's frontline functionary (Krishak Mitra) and CBO representative
2. Bi-monthly meeting with Block Agri department to share progress/ challenges
Specific Initiatives
1. Consolidate farmer database to identify most marginalised and poor farmers in the GP
2. Consolidate kharif plan of farmers and share with block to enable access to fertilisers and seeds
3. Arrange for crop related training to farmers
4. Upload farmers' (25 nos) land records for registration under KCC
5. Identify and register 500 farmers under Crop Insurance scheme
6. Irrigation infrastructure through leveraging funds of Minor irrigation department



strides vis-à-vis their goals, the formalisation of an MIS within the GP has been a challenge, and the responsibility of tracking plans versus implementation largely remained with the block coordinators. A slice of the MIS prepared for the agriculture Adhyakshas in Jharkhand is displayed in Figure 28. It is pertinent to point out that, at this initial stage, not enough attention was paid to the budgetary allocations for various activities.

However, while the MIS is being institutionalised (as different GPSCs and their Adhyakshas assume responsibilities for implementation of goals) the block coordinators encourage the Mukhias to invite each Adhyaksha to share progress on their function in the GPEC. These processes enable the panchayat body to understand and contribute as a team to the performance of different functions, and gradually assimilate skills and processes required in any other sector or function. The GP then starts building the capacity to plan and deliver at a comprehensive level, spanning multiple sectors and functions.

In case of Jharkhand, during the 2019-20 GPDP exercise, with their experience of working in agriculture and education, the panchayats in Koderma and Hazaribagh were able to include specific plans related to these functions in the GPDP in a more informed manner. This led them to conduct planning exercises in a more informed manner across other sectors.

Step 5: Develop collaboration mechanisms with external agencies (PRIs at block and district levels, departments, and also CBOs such as the SHG collectives) to leverage different resources for the implementation of plans. Regular communication

INITIATIVE: EDUCATION AND GRAM PANCHAYATS

158

“
Once the focus areas are arrived at, there is a continuous effort towards handholding and building capacities of role holders to pursue identified goals/ focus areas

GOAL SETTING AND FOCUS AREAS

A workshop was conducted for ward members of all GPs, facilitated by the block coordinators, to build awareness on GP's roles and responsibilities in the Education sector. Objective of the workshop was based on the role envisaged for GPs in education based on both the Panchayati Raj Act notifications as well as the Right to Education Act. The workshop covered the role of GP Standing Committee and its Adhyaksha, as well as the structure of the Department of Education in Jharkhand. This enabled the GPs to identify opportunities for intervention, in addition to understanding roles of various stakeholders in the government schools ecosystem. Besides the envisaged role of GP's in improving attendance and reducing drop outs, institutional mechanisms like Core Committees were identified as a way for GPs to engage with schools to understand issues being faced by teachers and to build a working relationship with the schooling system.

This workshop helped build the need for the GP to play a supportive role rather than a monitoring and supervisory role with the school system. This approach was critical in enabling the GP to lay the foundation for successful interventions.

STRUCTURE AND COORDINATION

1. Formation and institutionalization of Core Committees to build relationship and for GPs to jointly address identified goals in collaboration with teachers. Constituents are GP Mukhiya and SC Adhyaksha, teachers and SMC Presidents of all

the schools in the GP. This meeting is held once a month.

2. Monthly Education Standing Committee Adhyaksha meetings to share learnings and best practices.

HANDHOLDING IMPLEMENTATION

Once the focus areas are arrived at, there is a continuous effort towards handholding and building capacities of role holders to pursue identified goals and focus areas. Structures such as Joint Mukhiya meetings and central 'Adhyaksha' meetings were institutionalised, where participants meet to discuss goals, their progress and challenges, and jointly find solutions to common problems. Following the 'learning by doing' approach, such meetings are to facilitate Mukhiyas and/or Adhyakshas towards goal setting and implementation.

Handholding implementation facilitates the GP to find workable and contextualized solutions to emerging issues. In addition, panchayats build problem solving capacities which they can use in other areas too.

Some of the specific goals include:

1. Address issue of attendance and drop outs.

While the teachers identified attendance and drop outs as an area for GP support in the Core Committee, there was reluctance to share actual data as there was a concern that it may conflict with the DISE data. After discussions with the teachers, it was agreed that data will be shared verbally with the Mukhia and Standing Committee Adhyaksha.

Three main initiatives identified to address the issues related to drop outs were:

- Inter school sports and cultural competitions to improve engagement of students with the school. These are conducted by the GP.
- Data on attendance and drop outs to be shared by GPs in the PRI-CBO meetings. VO to address this issue with concerned parents in VO meetings. Shiksha Sathi to facilitate this process.
- Mukhia and Adhyaksha meetings with parents of children who have dropped out and those with low attendance in the school along with the Head Master. Parents were encouraged to ensure their ward was attending schools regularly.

2. Support improved learning levels

- A pilot of subject matter test conducted by the GP across all schools, in collaboration with the teachers, reflected the gaps and areas of improvement of students. This data was shared with the respective teachers of all students, so that they can provide better scaffolding to the weaker students.
- Given the government's plans to introduce 'board level exams in Grade 8, the Core Committee decided to run this exam at the beginning of the Grade 8 academic session so that teachers have an understanding of weaker students, well ahead of the final exams.

3. Improving school infrastructure

- Ensure functional toilets and water availability in all schools.
- Others as needed like playground, boundary wall etc.

4. Building Citizenship

- Putting structure in place for Bal Sabha's and supporting its functioning. Pilots have shown considerable enthusiasm from the students. Bal Sabhas foster students interest in taking responsibility and ownership as citizens, while also helping to address attendance and other school related issues and a broad array of societal issues.

KEY LEARNINGS

Formation of Core Committees provided a constructive platform for GP intervention in Education. Building and nurturing institutional mechanisms to enable coordination between GPs and departments help address issues at the last mile. Similar forums could be instituted at the block level.

Area's requiring community engagement are a natural fit for GPs to play a meaningful role. This initiatives focus on attendance and drop out issues is a good example where GP has taken initiative with the community.

There is a symbiotic relationship between CBOs and GPs. Developing and leveraging this relationship will strengthen GPs as well the community.

FIGURE 28. SLICE OF AGRICULTURE MIS

Goals/Activities + Unit of measurement	Target for the GP as a whole	By when	Budget required, if any (Rs)	Sources of funds (FFC, Department, etc.)	Status Month: June	Remarks
Structure and Coordination mechanisms (Standing Committees, etc.)						
SC Adhyaksha, Mukhia, Up Mukhia and 1 more member	Established		NA			
Whether monthly GPSC meetings held, along with Krishak Mitra, CBO Representative (Y/N)	Monthly meeting	Monthly	NA		Y	
Sharing plan with Block/Department	Kharif plan	First week of June, 2018				
Bi-monthly meeting with dept to share progress/challenges	Once in 2 months	Bi-Monthly				
Baseline data collection						
D@GR App	1219 HHs	Sep, 18	20,000	FFC Contingency	25	
Ward wise farmer data	14 wards	20th June, 2018	NA			
Identification of most marginalised and poor farmers in the GP (ward-wise)	List of marginalised farmers		NA			
Identification of farmers for Training	List of farmers for training		NA			

and partnership enables access to different knowledge and skills, information on programs, funds and other opportunities relevant to the GP. Developing these relationships enables GPs to influence decisions at different levels.

WHAT ARE THE EXPECTED OUTPUTS?

By this stage, the GP has started taking ownership of its plans and deliverables; hence there are two outputs

1. Sectoral plans, and/or a comprehensive GP plan, supported with timelines, actions, and budgets;
2. GP MIS, to track implementation vis-à-vis the plan.

HOW DOES THIS CONNECT WITH THE NEXT STEPS?

In a way, this is the last stage of the GPOD journey, but the process is indeed iterative. As the panchayat moves to higher levels of maturity, it needs to revisit its status as a local government and also its vision, through which it will identify renewed priorities and hence build its capacities (structures, systems, processes) to deliver them. There is a need, therefore, after an initial two-year journey, to revisit different key stages in the GPOD process (GP profiling, organization mapping, vision and mission, and process maps) with renewed knowledge and experience.

WHAT ARE THE LESSONS LEARNT?

From a planning and implementation perspective

- The focus of planning is to enable economic development and social justice in its constituency through providing required services and infrastructure. However, to be able to do this, GP also needs to plan and allocate resources for building its own institutional capacity, which includes development of databases, collaboration mechanisms and any other processes that help the GP deliver different functions. This needs far more attention than it is accorded today.
- Planning requirements of the GPs by the state are laid down irrespective of the institutional maturity of the panchayats.

In cases where panchayats are not mature, their agenda is taken over by state agencies. In order to ensure the panchayat's agenda anyways gets primacy, there is a need to have formal mechanisms (such as Nodal Officers deputed by the State) to handhold GPs which are not organizationally strong.

- Line departments, through their notifications, prescribe roles of panchayats in different functions, but do not provide required functionaries and funds, without which the GP may not be able to prepare informed plans and further implement them. To ensure panchayats possess the required

thematic/sectoral knowledge as well as resources from the departments, there is need to lay down norms for reverse accountability, from line departments to panchayats. These could be in forms of MoUs or service contracts, where the line departments commit to training the panchayat/assign functionaries, sharing data and information, and also allocate funds.

- With line departments not performing this role, the gap is filled by thematic partners/NGOs. Perhaps this too presents an alternate solution and may be formalized.

From a facilitation perspective

- At the initial stage, the GP MIS needs to be basic and manageable by the GP, its Mukhia and Adhyakshas. In the current GPOD engagement, a somewhat comprehensive (and hence complex) MIS was rolled out, but was unable to be institutionalised. The lesson learnt was to handhold the Adhyakshas in performing basic activities and getting familiar with their function for a period of 6-8 months, before which a simple MIS or another, more suitable mechanism for tracking progress, can be evolved through discussions with them

- Finally, the dilemma of every facilitating organization: to what extent should we handhold? With the purpose of the GPOD being to develop GP institutions, the role of the facilitating organization is to facilitate change and not take over the delivery, especially with panchayat not possessing required thematic knowledge and expertise. In the field, however, there is often a thin line between facilitation and implementation. To avoid this slippage from facilitation into implementation, there is need to develop project

milestones which underscore the identities of each of the three stakeholders: the knowledge partner, the facilitating organization and the implementation agencies.





Joint Mukhiya and UpMukhiya meeting, Hazaribagh & Koderma, Jharkhand



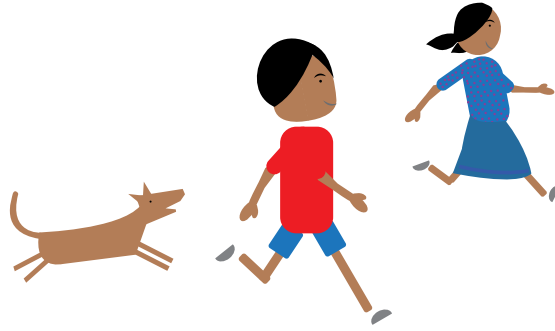


Chapter

10



CONCLUSION



CONCLUSIONS AND THE WAY FORWARD

The framework (stages and steps) has been received varyingly in different states by the facilitation teams as well as the GPs. This variation can be attributed to the degree on fulfilling the key assumptions outlined in the theory of change articulated in Chapter 2, reproduced below:

1. The State government is a willing and equal partner in enabling systemic change and acknowledging the GP as an autonomous government.
2. Facilitating organisation teams have a complete and comprehensive knowledge of the GPOD, the inherent philosophy and attendant theory of change. This would enable the team members to transfer information to the GPs in a contextual and absorbable manner
3. The GP is a willing and equal partner driving the theory of change;

4. The GP continues to function collaboratively and consistently throughout the journey as facilitated by the teams;
5. Facilitating organisations like PRADAN who operationalize the GPOD framework should not assume the role of implementers.
6. Data collected at any point in process is rigorous
7. Citizens are willing to engage with the GP
8. GPOD process to be designed and implemented over a five-year electoral cycle, contextualised based on maturity of GP institution

The design and deployment of GPOD framework impacts and is simultaneously impacted by realisation of assumptions listed in the theory of change. Either a partial realisation of these assumption or non-achievement in some cases, has led to varying results in the ground. More critically, these variations have led to several

learnings which, in turn, allow for a more informed framework. Chapters 4-10 of this handbook have concluded in learnings and lessons that hold value for practitioners and other users of this handbook.

The rest of this chapter brings together emerging lessons during the implementation of the various stages and steps of the GPOD framework. The lessons learnt, in turn, are a valuable feedback to the overall design and deployment of framework. These are elaborated below

PART I INSIGHTS

STAGES AND STEPS OF THE GPOD FRAMEWORK.

1. Context and Enrolment (Stage 1, Steps 1&2):



Understanding the legal framework, MoU signing, GP profiling and quick wins. This stage as the name suggests is all about setting the context for the implementation of the GPOD framework

and through an understanding of the legal framework, GP profiling, and signing of the MoUs. A simultaneous identification of quick wins is expected to create a space that will lead upto the next stages and steps that involve self-reflection and diagnosis. Stage 1 allows not just an understanding of the GP, but also serves to initiate a process

around thinking of the GP as a unit of local self-governance mandated in the 73rd CAA, 1992 and articulated in the State Panchayati Raj Acts. The initial stages of the framework demand a relatively higher time and human resource investment. Excellent facilitation skills and consistent conversations with the GPs are critical to lay a good foundation for the journey that the GPs need to be prepared for. It is recommended that

- a) Adequate time be slotted within the programme cycle for this stage. This time should be utilised for i) an intense engagement in the GP both with the members and the functionaries; ii) a deeper understanding by the team of the legal framework as well as the different stages of the GPOD framework.
- b) The initial design of the GPOD had envisaged 3-4 month for GP profiling, MoU signing and context building. The time allocated (2-3 days) for the transfer of the legal framework, the method (workshop) envisaged is inadequate. This period can be extended to six months. In addition, the transfer of knowledge on the legal framework and the GPOD should not be a stand alone activity. Rather, it needs to be a simultaneous co-production throughout the project duration involving the three main stakeholders: the knowledge partner, the facilitation team and the GPs as the implementing partner.



- c) The instrumentalities of the MoUs should be thought through, debated and drafted collaboratively in simple terms to allow better understanding amongst GP members.



2. Diagnosis and Reflection (Stage 2, Step 3) entails organisation mapping attempted through tools that are designed to allow



facilitators to have conversations with panchayat members to assist them in understanding their mandate as an institution and develop a need for change. The tools

encourage a self-rating. Given the complexity of the process as also its deployment at an initial stage of the framework, facilitating teams struggled with the purpose and the process of organisation mapping. Yet, at a later stage, as the project matured and the facilitation teams understanding of the various stages, steps and associated tools increased, the organisation mapping tools were administered a second time, this time to understand the movement of the various GPs. Some critical lessons learnt during this stage include:

- Sharpening the design and deployment of the tool and the training of the facilitators to achieve the desired objectives.
- The tools be simplified to the extent



possible to ease understanding and deployment by the facilitating teams.

- c) While initially the framework envisaged a one-time deployment of the tool, deployment at regular intervals was tried in Jharkhand to achieve the objective of getting the GP to see its own movement. Regular conversations around the same in Madhya Pradesh, emphasize the process centricity of the tool, as against it being a defined step. This needs to be integrated in the project design upfront

3. Design, Planning and operationalisation

(Stage 3, Steps 4 & 5) is a process that allows the GP members to be aspirational and idealistic about their Panchayats - through a shared visioning process (step 4) - while simultaneously allowing themselves to set realistic goals and priorities - through a shared mission (step 4) - which can be



achieved over the next 2-3 years. Due to its interactive nature and design, the process was a favourite, both with the facilitating organization as well as the GPs. Lessons learnt during this step are as follows:

- Connections with the previous (organization mapping) and next steps (process mapping and GP structuring) need to be emphasised further for the GPs to be cognizant that organizational

development is a journey. Reflection on the journey needs to be institutionalised in regular monthly meetings, so that members see these connections and hence can take part in designing subsequent processes in an informed manner.

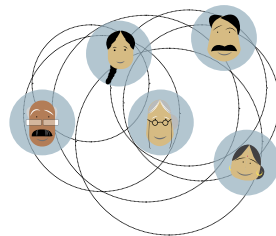
- b) Discussions on the sequencing of the vision and mission steps - before or after the organisation mapping stage - of the GPOD framework occurred in several geographies as well as amongst the team members. The visioning process contributes to building excitement and momentum for change and given its aspirational nature, there are arguments that it should be untethered. There are also arguments that in conducting the organisation mapping process prior to the vision, there is the advantage of an informed participation of elected members in the vision and mission building process.
- c) Articulation of mission needs to be supplemented with a more structured discussion on the unique identity of the Gram Panchayat and what are its values, capabilities and mandates and how these can be leveraged and enhanced to achieve the goals that the GP has set for itself.
- d) While engaging in group discussions, it is important to let the charge of discussion and direction be taken by the GP members themselves. The facilitators must remain non-judgmental and objective while

listening to the inputs from the community and GP members.

- e) Groups developed for workshop discussions should be well mixed in order to elicit productive conversations as well as build deeper bonds. For e.g., during the session on personal stories in Jharkhand, while the facilitators felt there should be separate groups for men and women, the participants thought otherwise. Additionally, a mixing of groups allows for a layering of perspectives which lends diversity and strength to the aspirations as well as the associated goals.

4. Process mapping and GP Structuring


(Step 5): This step marks a stage in the journey where the GP autonomy begins to take shape. With the framing of the mission statements, GPs are expected to start focusing



on the sectors around which the goals are set and prioritized. In this step the GPs are facilitated to understand the processes involved around the realization

of each of these goals and, more critically, the role - direct and indirect - that the GP has in these processes. Gaining from this understanding, the GP engages in building the relevant and appropriate structures. The roll out of this step provided the following insights and lessons

Given that process mapping exercise can serve various purposes, it is important to develop a clarity on how process mapping will be utilised


Planning requirements of the GPs by the state are laid down irrespective of the institutional maturity of the panchayats. In cases where panchayats are not mature, their agenda is taken over by state agencies.

- a) Given that process mapping exercise can serve various purposes, it is important to develop a clarity on how process mapping will be utilised. For instance, process mapping in Jharkhand was done to understand GP mandate and identify key processes the GP can contribute to. In MP, apart from understanding the role of the GP, an additional purpose was to give inputs on streamlining the planning and implementation of MGNREGA so that it can help the citizens access its benefits. In our earlier experience in Karnataka, the function identified was installation and maintenance of streetlights. Processes around the same were mapped with the primary objective of bringing in efficiency and saving costs for the GPs. In other words, identifying the objective of process mapping can bring in better clarity on who should be involved in process mapping as well as the stages at which the GP members are to participate in the process. Once this clarity is achieved, the process of simultaneous strengthening of GP structures is that much easier and streamlined.
- b) Structuring is a step towards formalizing the functioning of the GP institution. There are many existing structures, that may be on paper or partially functioning, with which work can be initiated earlier in the project. Concerted strategies for strengthening these existing structures with approaches for building capacities need to be formulated and implemented.

- c) Despite decisions on the GP Standing Committees being formalised in the GPEC through resolutions and ratifications, many role holders do not actively assume accountabilities assigned to them. Methods on how the engagement can be strengthened need to be devised and incorporated in the framework.
- d) Managing the transition from one electoral cycle to the next is a critical emerging imperative. While there are many ways to do so, a formal document on GP structures, roles, desired competencies and process of decision making needs to be prepared and maintained in the GP, as a part of transition strategy to the next elected body.

5. Handholding Implementation (Stage 4, Steps 6 & 7). This includes facilitating the GP to prepare detailed plans around its goals and identified focus areas, think through and identify budgetary allocations / sources and finally handholding implementation. From this stage onwards, with an understanding



of required systems and structures, the GP should be sufficiently equipped to undertake the activities around preparing plans and allocating resources for the implementation of these plans. Some of the lessons include:

- a. Planning requirements of GPs are laid down by the state irrespective of the institutional maturity of the panchayats. In cases where panchayats are not mature, their agenda is taken over by state agencies. In order to ensure the panchayat's agenda gets primacy, there is a need to have formal mechanisms (such as Nodal Officers deputed by the State) to handhold GPs which are not organisationally strong. Line departments, through their notifications, prescribe roles of panchayats in different functions, but do not provide required functionaries and funds, without which the GP may not be able to prepare informed plans and further implement them. To ensure panchayats possess the required thematic/sectoral knowledge as well as resources from the departments, there is need to work towards laying down norms for reverse accountability, from line departments to panchayats. These could be in forms of MoUs or service contracts, where the line departments commit to training the panchayat/ assign functionaries, sharing data and information, and also allocate funds.
- b. Further linking to varying insitutional maturtiy of the panchayat, at the initial stage, the GP MIS needs to be basic and manageable by the GP, its Mukhia and Adhyakshas. In the current GPOD engagement, a somewhat comprehensive (and hence complex) MIS was rolled out the institutionalisation of which was a challenge and could not be achieved. It was

realised that one needs to handhold the Adhyakshas in performing basic activities and getting familiar with their function for a period of 6-8 months, before which a simple MIS or another, more suitable mechanism for tracking progress, can be evolved through discussions with them. For the GP to undertake Steps 6&7, there is a need to plan and allocate resources for building its own institutional capacity, which may include training its members, development of databases, collaboration mechanisms and any other processes that help the GP deliver its mandate. How to include such initiatives in the planning and implementation processes in the GPs needs to be thought through and added in the framework.

- c. Finally, the dilemma of every facilitating organization: *to what extent should we handhold?* With the purpose of the GPOD being to develop GP institutions, the role of the facilitating organization is to facilitate change and not take over the delivery or even become the implementer. The risk is high, given that the panchayats do not possess the required expertise and associated knowledge. In the field, however, there is often a thin line between facilitation and implementation. To avoid this slippage from facilitation into implementation, there is need to develop project milestones which underscore the identities of each of the three stakeholders: the knowledge partner, the facilitating organization and the implementation agencies.



PART II INSIGHTS

DESIGN AND DEPLOYMENT OF THE GPOD FRAMEWORK

1. Program structure and human

resources: Effective implementation of the GPOD framework rests on efficiency of and, coordination between the knowledge partner, the facilitation teams and the Gram Panchayats, where the roles of each agency is clearly articulated. From perspective of human resources, at the GP level, placement of skilled facilitator(s) is critical to ensure intensive handholding through the foundational steps. On an average, 1.5 trained facilitators can ensure 2 to 3 visits to a GP in a month, individually or as a pair, to be able to facilitate various GPOD steps and processes. It is important to note, however, that the trained facilitators need to be supported by a dedicated team comprising members from the Knowledge partner and Facilitating organisation, to provide training, design new initiatives as per needs of the GP and to collaboratively address issues which emerge during the engagement.

2. Timelines, Stages and Steps of the

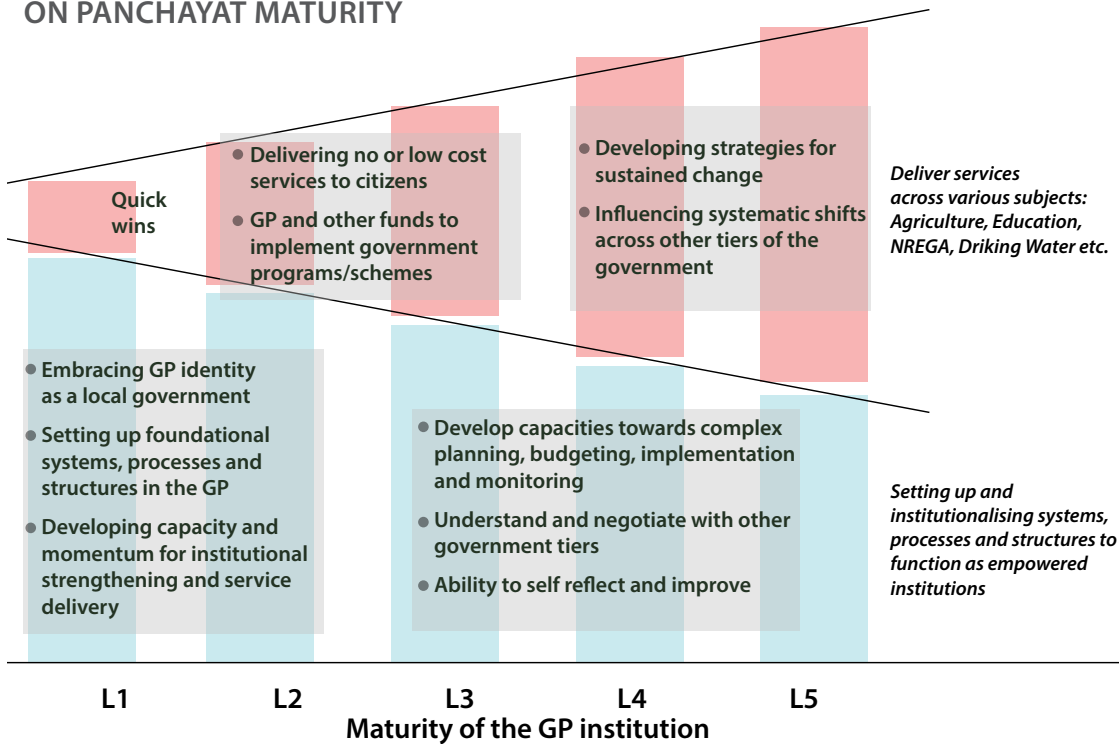
Framework. Stages 1&2 (Steps 1-4) of the framework, constitute the most critical steps as these are foundational and are to lead to high level of engagement and motivation from GP for it to participate actively in the realization of the GPOD steps. Given that engagement of most GPs is rather low to start with, the general perception is that the time allotted to these steps is inadequate,

especially with the current structures. In addition, given the need to administer the organisation mapping tools (diagnosis stage) multiple times (elaborated in point number 3 below), there is a critical need to provide for more time for these steps. In other words, contextualised timelines and resources are to be designed. given GPs progress at varying paces. Finally, Stages 1 and 2, inclusive of steps 1, 2 and 3 and 4 collectively aim to set the context of the GPOD implementation through an understanding of the statutory mandate of the Panchayat, profiling it, gaining commitment to change, creating a momentum for movement – through the identification of quick wins – to finally getting the Panchayat to understand its own status through a baseline arrived at in the deployment of organisation mapping tools. As a timeline, Stage 1 is assigned a completion within 3-4 months while the objectives of stage 2 are set to be achieved in another 3 months. Given the challenges of the field, this timeline was considered ambitious. It is recommended that Stage 1 & 2 can be combined as the objectives are overlapping and similar i.e. setting the context, profiling the GP and creating a baseline.

3. In addition, **overall timelines of the stages and steps**, inclusive of the associated milestone, outcomes and outputs were considered ambitious. Ideally the implementation of the GPOD stages and steps should pan out over one electoral cycle i.e. five years. For various

“
Ideally the implementation of the GPOD stages and steps should pan out over one electoral cycle i.e. five years.

FIGURE 29. LEVELS OF PLANNING, BUDGETING AND IMPLEMENTATION BASED ON PANCHAYAT MATURITY



exigencies, this may not be possible always. In both the states, the work was initiated in the middle of the electoral cycle which essentially created a time crunch. Ideally, the deployment of the framework should co-incide with the beginning of an electoral cycle. For reasons where it is not feasible, it is critical to manage the transition from one electoral cycle which would entail a partial or complete change in the elected representatives. One way of doing this would be roping in potential and aspiring elected representatives into the philosophy and objectives of the GPOD as the stages and steps

get deployed in the field. Engagement with these individuals needs to be factored in within the larger framework as part of a 'transition management' stage.

4. Diagnosis of the GP at multiple stages:

Broadly, the GPOD framework aims to equip the GPs to access information and assimilate knowledge on its roles / responsibilities to function, over a period of time as a unit of local self-governance. This is a process and a journey, the results of which unfold over a period of time. How long this journey is likely to pan out depends largely on the status /

baseline of the GP when it agrees to be a part of this journey. An understanding of this baseline – also indicative of the maturity of the GP - is gauged initially from the outcomes of the organization mapping exercise. The objective is to affect a positive movement in this baseline: facilitating the GP to move from L1 to L4 and 5 below. At Level 1 a GP scores less on the various parameters and sub-parameters of organization mapping. At this level of scoring, the GP needs to invest substantially in institution building which, in turn, requires careful facilitation and handholding at various stages and steps of the journey. GPs at L4 and L5 can be seen as having the ability to deliver services, develop strategies for change, and begin influencing shifts in other tiers of the government. At these higher levels of maturity, GPs' internal systems have evolved to the extent that they can leverage these to plan for itself, independent of state mandates. In this process of maturity, the GP is expected to engage in developing long-term strategies and implementing more advanced and complex plans. Establishing its identity starts with negotiating with government departments and other PRIs as an equal intergovernmental body, seeking systemic shifts in prioritisation and decision-making processes at various levels (See Figure 29).

5. In both MP and Jharkhand, most GPs were in levels 1 and 2. Some GPs such as Pindarkon and Tamai in Jharkhand and Rampur Mal in Madhya Pradesh, with dedicated Mukhias

and ward members, gained pace and started operating at L3 in some aspects of their work. This tracking of the GP from the initial stages towards achieving varying levels of maturity requires the organisation mapping tools to be administered multiple times through the journey. In the initial framework organisation mapping constitutes stage 2 step 3 of the journey. In Jharkhand, with the GPs gaining momentum in this journey, this step has been re-administered to gauge the movement within GPs and has proved insightful. The framework design needs to accommodate resources for this exercise.

6. Engaging with Gram Sabhas: The GPOD framework does not engage directly with Gram Sabhas. Yet, a strong Gram Sabha is critical to an efficient Gram Panchayat. Focused engagement with the Gram Sabha and its processes and functioning requires organized attention and processes in the GPOD framework.

7. Maintaining momentum, involvement of ward members and early results: In addition to quickwins, there are many medium to long term requirements which emerge from the organisation mapping and visioning processes, such as streamlining finance and accounts systems, enhancing GP's own revenue, activating ward members as a means to evolve an informed agenda for the GP are a few that emerged in the two states. Based on implementation of GPOD in multiple locations, some of these can be identified and designed before hand, so that interventions

aiming these in the GPs can follow quickly after the foundational steps. In particular, in MP, the activation of Ward Sabhas was identified as a means to enhance the involvement of the ward members and arrive at an informed agenda and action points for the GP to initiate work on. Thus, engaging with and activating Ward Sabhas needs to be embedded within the framework stages and steps.

8. Focus on soft skills: The GPOD process focusses on learning by doing and thereby, helping members develop required behavioural skills to perform their role as elected members. In the course of the engagement, we witness transformation of many ward members from quiet and apathetic to being active, engaged and productive. This could be further supplemented by class room training on leadership, communication, negotiation etc., which while are essential requirements for their role, may also be used in their personal lives.

9. Approaches to identifying panchayats for GPOD should be streamlined and improved to avoid engagement issues. Criteria to shortlist GPs needs to be evolved carefully. In both the states, active SHGs and their transition to elected members of the GP was one of the criteria in shortlisting a GP. An emerging criteria, specifically applicable to geographies where the facilitating organisation is active with the SHG movement is selecting GP jurisdictions / geographies that are saturated on the SHG/ Collectives engagement. This will serve two objectives: First, the facilitating organisation will be in a position to influence the GP as an agency and a space requiring focused attention. Second, strengthened SHGs or an SHG rich geography should ideally reflect as an efficient Gram Sabha. Other contextual criteria need to be evolved while shortlisting GPs as partners in the framework.



REFERENCES

- Benne, K. D. (1978). Societal Changing and Organizational Development Southern Review of Public Administration, 1(4), 416-432.
- Borah, Pankaj (2012). Unfinished Agenda of Gandhi's Gram Swaraj- Present Status of Panchayati Raj in Assam. Research on Humanities and Social Sciences Vol. 2, No. 9
- Bowers, D. G., & Hausser, D. L. (1977). Work Group Types and Intervention Effects in Organizational Development. Administrative science quarterly, 22(1), 76-94. doi: 10.2307/2391747.
- Braunstein, D. N. (1974). Behavioural Science: Organizational Development: What's in a Name? Interfaces, 4(3), 37-39.
- Chandrashekar, B. (1989). Panchayati raj bill: The real flaw. Economic and Political Weekly, 1433-1435.
- Constituent Assembly Debates Official Report, Volume VII, 04-11-1948 to 08-01-1949.
- Cutcher-Gershenfeld, J. (2008). Organizational Change Capability: Undervalued and Deeply Needed. Perspectives on Work, 12(1/2), 5-8.
- Gandhi, M. (1963). Village swaraj: Navajivan Publishing House Ahmedabad.
- Hefner, L. L. (1988). The Change Masters: Organizational Development in a State Archives. The American Archivist, 51(4), 440-454.
- Karashima, N. (2012). The Past as known from Tamil Inscriptions: Village Community and Challenge to the Caste System. Paper presented at the Traces of the Past: The 2012 Annual Tamil Studies Conference, Toronto, Ontario.
- Kegan, D. L. (1971). Organizational Development: Description, Issues, and Some Research Results. The Academy of Management Journal, 14(4), 453-464. doi: 10.2307/255060
- Kimberly, J. R., & Nielsen, W. R. (1975). Organization Development and Change in Organizational Performance. Administrative science quarterly, 20(2), 191- 206. doi: 10.2307/2391694
- Mathew, G., & Hooja, R. (2009). Republic of India. In N. Steytler & J. Kincaid (Eds.), Local government and metropolitan regions in federal systems (pp. 164-199): Mcgill Queens University Press
- McKendall, M. (1993). The Tyranny of Change: Organizational Development Revisited. Journal of Business Ethics, 12(2), 93-104.
- Mehta, A. (1979). Committee Report on Panchayati Raj: Government of India: New Delhi.
- Mishra, S. N., Mishra, S., & Pal, C. (2000). Decentralised Planning and Panchayati Raj Institutions: Mittal Publications.
- Mishra, S. N., & Singh, S. S. (1993). Roads to Model Panchayati Raj: Review of Panchayati Raj Acts in the Context of 73rd Constitutional Amendment Act: Mittal Publications.
- Whitcomb, D. B., & Whitcomb, S. W. (1977). Organizational Development Approaches to Faculty Development California Journal of Teacher Education, 4(1), 26-40.
- Srivastava and Rajadhyaksha, Can organisation development principles in India's local governments improve governance? Commonwealth Journal of Local Governance 2016, 19, 5450, - <http://dx.doi.org/10.5130/cjlg.v0i19.5450>





The *Gram Panchayat Organisational Development (GPOD) Framework* is based on the premise that Gram Panchayats need to be strengthened as organisations to be able to deliver their vast constitutional mandate. Application of organisation development principles provides pathways to work with elected members and staff of panchayats to design and develop systems, structures, processes and capacities of Gram Panchayats. The process document describes the stages and steps followed while working with the GPOD framework in 26 Gram Panchayats of Jharkhand and Madhya Pradesh, and also captures the experiences of the teams and panchayat members during implementation journey.

