

# Gram Panchayat Organization Building Project

## *Project Evaluation Report*

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## TABLE OF CONTENTS

<b>SECTION 1. OVERVIEW OF THE GRAM PANCHAYAT ORGANIZATION DEVELOPMENT (GPOD) PROJECT .....</b>	<b>3</b>
<b>SECTION 2. PURPOSE OF EVALUATION .....</b>	<b>4</b>
<b>SECTION 3. METHODOLOGY .....</b>	<b>4</b>
<b>SECTION 4. PROJECT EVALUATION FRAMEWORK &amp; QUESTIONS .....</b>	<b>5</b>
<b>SECTION 5. FINDINGS .....</b>	<b>7</b>
1.1. Project Design And Relevance .....	7
1.2. Project Process & Progress .....	9
1.3. Project Outcomes .....	11
<b>SECTION 6. PROJECT LEARNINGS AND RECOMMENDATIONS.....</b>	<b>16</b>
<b>SECTION 7. PROJECT SCALE UP / REPLICATION .....</b>	<b>18</b>
<b>ANNEXURE: ABOUT PHICUS SOCIAL SOLUTIONS.....</b>	<b>21</b>

## SECTION I. OVERVIEW OF THE GRAM PANCHAYAT ORGANIZATION DEVELOPMENT (GPOD) PROJECT

*Nobody can go back and start a new beginning, but anyone can start today and make a new ending*

Maria Robinson

The GPOD project was conceived to help Gram Panchayats (GPs) deliver on their mandate of enhancing citizen participation, improving delivery of rural development programs, and act as a unit of local self-governance. In 2008, Arghyam conducted ASHWAS (A Survey of Household Water and Sanitation) in Karnataka. They took the findings back to the participating Gram Panchayats with a hope that these organizations would act on the recommendations. What they were confronted with instead was a range of inaction stemming from indifference /despondency / anger. These organizations did not have the gumption for action owing to a range of issues that pointed towards the need for strengthening the Gram Panchayat as an institution.

From this trigger was born the GPOD, an action learning project, which is working at building institutional capacity in two pilot Gram Panchayats, Oorkunte Mittur (O'Mittur) in Kolar district and Dibburhalli in Chikballapur district.

The project has now been underway for about 2 years.

The objectives of the project are:

1. To develop a step by step framework for developing a strong GP organisation
2. To initiate a process of real time change in two Gram Panchayats in Karnataka, while implementing the above framework
3. To leverage local strengths and capacities

Over the 2-year period, key project steps have been completed. Key elements of the journey thus far have been - the identification of two NGOs to support ground level work in the two Gram Panchayats, shortlisting of the GPs and subsequent selection of two GPs using objective criteria; creation of a vision, process mapping of key functions, organization structure and Perspective Plan that have been created and are being implemented.

As the project is poised to go into the next Phase with these two pilot GPs, of implementing systems and processes that have been put in place, supporting implementation of the annual plans, capacity building and advocacy, Phicus was commissioned to conduct a project evaluation and stakeholder feedback exercise to determine effectiveness of the journey and its key steps thus far, and also to help in making any modifications / improvements going forward.

Phicus Social Solutions is a not for profit organization that is focused on building capacity to support organizations enhance and accelerate social change.

The key players in this journey have been: the two Gram Panchayats (Dibburhalli with its 19 members and O'Mittur with its 13 GP members), the two supporting NGOs, Gram Vikas and Foundation for Ecological Security (FES), a core team within Arghyam led by Sonali Srivastava, T R Raghunandan, the project advisor and Panarc Consulting, a Delhi-based HR consulting firm.

Thus far, post identification of the two NGOs, evaluation of the shortlisted GPs and finalization of the two, signing of MOUs between Arghyam, the respective NGO and the GP, the project commenced with a visioning exercise, followed by community needs gathering and mapping. Process mapping was conducted to clarify the various portfolios (of the total 29 functions of a GP, 17 were mapped as these were

identified as being most critical and frequently occurring). This was followed by creation of the role of 5 Heads (for Production, Amenities 1 and 2, Social Justice that map back to the 3 standing committees of Production, Amenities and Social Justice. Amenities were divided into two, as the portfolio was large. A fifth role, Capacity Building head was created as well. The GP members selected the Heads from within themselves through a consultative process. Finally, Perspective plans were created for the rest of the GP's term and Heads were made accountable for their respective plans.

Currently, the plans are being implemented and have been in progress for 2.5 months in Dibburhalli and 5+ months in O'Mittur. At the ground level, the respective NGOs are working closely with the GP to support / enable / trouble shoot as they work towards plan implementation.

## **SECTION 2. PURPOSE OF EVALUATION**

The objectives of the project evaluation are:

- Examine the project process and key components and determine impact and effectiveness
- Review project facilitation / management and determine impact on the project
- Explore contribution of key stakeholders on the project
- Share key findings and recommendations with a view to positively contributing to the next Phase of this project as well as any scale up plans

## **SECTION 3. METHODOLOGY**

Data gathering comprised two main elements – review of secondary data which included a sample of project related documentation, reports, online newsletters and videos and discussions with key stakeholders. The latter was done using a semi-structured questionnaire format, with a predominance of qualitative questions and a few quantitative items as well.

Stakeholder data was gathered through a combination of one on one interviews and small group discussions. A list of the people we met is given below:

<b>O'Mittur Gram Panchayat</b>	<b>Dibburhalli Gram Panchayat</b>
<ul style="list-style-type: none"> <li>- Two team meetings with Gram Vikas</li> <li>- One on one meetings with the Adhyaksha and 4 of the 5 Heads</li> <li>- Three small group discussions – with GP members, staff and with citizens</li> <li>- Meeting with the Executive Officer</li> <li>- Joint meeting with the Secretary and PDO</li> </ul>	<ul style="list-style-type: none"> <li>- One meeting with FES team</li> <li>- One on one meetings with the Adhyaksha and 4 of the 5 Heads</li> <li>- Three small group discussions – with GP members, staff (including the Secretary) and with citizens</li> <li>- Meeting with the AD, NREGA</li> </ul>
<b>Other Meetings</b>	
<ul style="list-style-type: none"> <li>- T R Raghunandan – Project Advisor</li> <li>- Sonali Srivastava – Project Architect</li> <li>- Rajendra Prasad – Project Field Manager</li> </ul>	<ul style="list-style-type: none"> <li>- GPOD Project Team</li> <li>- Team meeting with Kundalagurkhi GP</li> <li>- S Vishwanath – Advisor</li> <li>- Gaurav Markanda – Panarc Consulting</li> </ul>

## SECTION 4. PROJECT EVALUATION FRAMEWORK & QUESTIONS

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On commencing the project, post preliminary meetings with the Project team and a review of relevant secondary data to understand the project, we laid out the following evaluation framework and questions that we further then aligned with key study participants to ensure that each question would have atleast two data points and more importantly, to leverage the respondent for data that he / she had the maximum purview of.

### PROJECT DESIGN & RELEVANCE

1. Does the project address a relevant need? Was a needs analysis conducted at the start of the project? Is there baseline understanding of the problems/ limitations with present structure of GPs / leadership processes / decision making/ others
2. What are the main components of the project (*from needs analysis to partner selection to GP selection to intervention*)? How do they align / link to the project outputs and outcomes?

### PROJECT PROCESS

1. Progress vis-à-vis project plan
2. Satisfaction of GP members with their involvement in this project?
3. Satisfaction of GP members with the support received in this project?
4. Satisfaction of Arghyam team with NGO activities – on ground support, coordination, communication flow, reporting, tracking and monitoring, contribution to GPOD action research knowledge base
5. Log sheets and other monitoring templates / formats being maintained by individuals / NGO

### PROJECT OUTPUT

1. Vision
2. Goals
3. Process maps
4. GP structure
5. Perspective and annual plans
6. Plan vs. review on a monthly basis
7. GP skill map
8. Success stories / case studies

### PROJECT OUTCOMES

- I. GP Functioning
  - a. GP Self Governance
    - i. Is the GP functioning like a local self governing body? Key challenges to this.
    - ii. How has the decision making process been impacted by this intervention?
  - b. GP processes
    - i. How have the process maps helped in functioning of the Heads?
  - c. GP Vision and Goal setting:

- i. Has the process that has been followed to define the vision and goals strengthened the planning and implementation process and ability of the GP?
    - ii. Accountability demonstrated by the GP towards the vision and goals
  - d. GP Goal Achievement:
    - i. To what extent are the GPs on track vis-à-vis the plan?
    - ii. What are key enablers and hurdles?
    - iii. What are key programs the GP is running and how are they being managed?
  - e. GP Structure:
    - i. How has the new structure helped in serving the community more effectively?
    - ii. How well do GP members understand their role and responsibilities?
  - f. GP Capacity:
    - i. How have key skill gaps identified in the GP been addressed?
    - ii. Do GP members feel more empowered / better equipped as a result of the GPOD Project?
- 2. Ground-level Changes / Improvements
  - a. What are some key changes / improvements in the villages within the GP?
  - b. To what extent has the GP acted on key issues raised by the citizens prior to the visioning workshop?
  - c. How does this GP vary from the control group / neighbouring GPs?
- 3. Citizen Participation
  - a. To what extent are citizens involved in Gram Sabhas and other interactive forums with the GP?

#### PROJECT LEARNINGS

1. What key changes should be made to the project to enhance achievement of objectives?
2. What are the lessons learned for the future from the perspective of replicability and scalability?
3. Opportunities to be leveraged for better / faster achievement of objectives
4. Gaps not envisaged in the planning but identified and addressed through experience
5. Other key stakeholders – how have they been impacted and how can this be further enhanced?
6. Is there any additional support that the GPs require to enhance outcomes?

## SECTION 5. FINDINGS

In this section we have captured our key findings. We have also summarized each sub-section with a 'Spotlight'. In this area, we will highlight some key learnings and / or implications / thinking points for the project designers.

### 1.1. Project Design And Relevance

- **Project Impetus:** The GPOD Project emerged as a result of the ASHWAS survey. The primary symptom was reluctance on the part of Gram Panchayats to take on and action some of the recommendations from the survey. The root cause was a perceived lack of empowerment and accountability on the part of the Gram Panchayats. Arghyam recognized the underlying problem and built an action learning project around this need. Their primary premise was – help build / augment / strengthen the GP as an institution, apply sound organization building principles and thereby support Gram Panchayat growth.
- **Baselining Exercise:** No separate baselining exercise was done by Arghyam to determine key enablers, deterrents or capacity building gaps of the Gram Panchayats.
- **Project Components:** The main components of the project are: Visioning, Community needs' gathering, Process mapping (this was done for 15 – 17 of the 29 identified processes that the Gram Panchayat (GP) is accountable for as per a study done in 2005 of the Panchayati Raj by another NGO). This was followed by an organization structuring exercise and articulation of the role of a Function Head and an 3 year planning exercise accompanied by ongoing support from an on the ground NGO.
- **Community Needs' Gathering:** A noteworthy point here is that the main components of the project mentioned above were consistently and uniformly rolled out across both GPs. The only point of distinction was the process followed to gather community needs – In Dibburhalli a process called PRA (Participatory Rural Appraisal) was used while in O'Mittur, focus group discussions were conducted with a stratified sample in each village.
- **NGO Selection:** The two NGOs were selected opportunistically. The two Gram Panchayats (GPs) were selected using the following process: the NGOs first created a shortlist of GPs based on their understanding and familiarity. Then, these were rated against certain criteria and metrics including regularity of meetings, budgets, and so on that led to the selection of O'Mittur and Dibburhalli Gram Panchayats
- **Criteria for Selection of GPs for GPOD:** A key part of the process was the evaluation of the shortlisted GPs vis-à-vis criteria such as regularity of meetings, revenue generation of taxes, regular auditing of the accounts, frequency of ward and gram sabha meetings, panchayat meetings' regularity and topics discussed in the meetings. This process was rigorously followed by both the NGOs.

*"We did not have this confidence in the Gram Panchayat two years ago..."*

O'Mittur  
Citizen



- The key project elements and process used, right from GP selection to the planning process have been unanimously acknowledged as relevant and value adding. Every GP member that we met, without exception, be he/she a Head holding a Portfolio or a GP member recollected every step in the GPOD journey accurately and was also able to articulate how it helped / added value to them

- The single largest factor impacting project success, based on our observations is the extent to

which the GP members are committed to serving their communities. This was evident especially from the visit to Kundalagurkhi GP. Hence, it is important to more directly map interest and commitment of the GP members to the process and their people as part of the GP selection process. For instance, can the GPs make a presentation to the selecting committee to 'pitch' for the GPOD's support?

- Is there merit in mapping the needs of the GP as part of the baselining exercise when community needs are being mapped?
- What are criteria that need to be used in selecting the NGO partner? Both the present NGOs have been very successful despite being very different in approach, strengths and engagement styles. It is important to distil these into criteria in the identification of other NGOs, to support project scale up



#### Kundalagurkhi Gram Panchayat - Against all odds...

*We met with the Gram Panchayat members of the Kundalagurkhi Gram Panchayat, a neighbor to Dibburhalli. This was one of the GPs that had been shortlisted for the intervention and did not make the cut. We met them to get a sense of what a control group GP might look like...*

*Every Gram Panchayat member was present for the meeting... over tea and biscuits they shared with us their journey, key challenges and accomplishments...A new primary health care center, a meeting hall above the Gram Panchayat office...they show us their forested hillock with pride: "We have appointed a security guard to ensure no cutting of trees is done on that hillock". We ask about the impact that political differences have had on their functioning. They proudly tell us that it has not impacted their day to day functioning at all!*

*This is a poor area of our state, rain deprived... and yet we clearly see the zeal and commitment of the GP members to make a difference. Without a vision, without a structured plan, with existing systems and processes, this Gram Panchayat is delivering for its people. The single largest contributor? A committed GP led by an experienced, ardent leader.*



## 1.2. Project Process & Progress

1. Project Progress vis-à-vis Plan	
Dibburhalli	O'Mittur
<p>Progress here seems to be slow. In reality, they have been able to work on their plans for just about 3 months. The election process for the Adhyaksha position took away a lot of time and energy. The heads also agree that they have just begun working on their plans and have rated their progress at about 50% achievement.</p> <p>Some work seems to have happened in terms of a water distribution system in Byappanahalli, clean up of the ration card system, engaging with SDMC members and parents through the government schools, securing water for villages through payment and tax collection.</p> <p>However, the predominant works being showcased are those that have been ongoing due to FES efforts under NREGA.</p>	<p>The Heads are working as per the plan. They showed us their plans with completion status. They appear to be closely in touch with day to day citizen complaints. They have a vibrant system to gather citizen complaints that are regularly addressed. For instance, they have looked into the ration card issue, done a dharna for a pipeline to one of the villages to ensure water, coordinated with the government department to obtain seeds for farmers, doing teachers' sabha, bal sabha and gram sabhas regularly and have also raised water and property tax.</p> <p>It is noteworthy that the citizens spoke very highly of the GP's achievements. Among others, they listed cleaning of drains, helping poor people's children attend school, waste collection and disposal, and enabling the construction of a cement road.</p>

*"Before (GPOD)... we would come, eat tiffin, drink tea, sign and go... Only after FES did this training have we understood our roles,... Earlier we would discuss a matter here and finish it. Now we go to the impacted area, examine the problem and address it."*

D'Halli Head

2. GP Heads' Satisfaction with Project Progress, their Involvement and Support received	
Dibburhalli	O'Mittur
<p>All GP Heads that we met were unanimous in their hearty appreciation of the GPOD project and the support provided by FES.</p> <p>We met 4 of the 5 Heads. The Social Justice Head, Mr. Venugopal appears to be the most active, followed by Amenities I Head, Mr. Narsimha Reddy. The engagement of the Heads with the project is varied. Political issues within the GP preoccupy them somewhat.</p>	<p>All GP Heads that we met were unanimous in their hearty appreciation of the GPOD project and the support provided by Gram Vikas.</p> <p>We met 4 of the 5 Heads. All the four were actively engaged in the project, stated the vision of their GP effortlessly and appeared deeply engaged with the project and their roles.</p>

3. Documentation & Other Project Outputs	
Dibburhalli	O'Mittur
<p>A log of time being spent by the GP Heads in the GP Office is being maintained by the GP Assistant.</p>	<p>A log of time being spent by the GP Heads in the GP Office is being maintained by the GP Assistant.</p>

<p>The process maps were not being leveraged much.</p> <p>Similarly, except one Head, the level of familiarity with and reference to the Plan was not evident.</p> <p>The vision of the Gram Panchayat is on display in the GP.</p>	<p>The process maps appear to have been integrated into their plans seamlessly. The plans are visibly on display in the GP Office and are being tracked.</p> <p>The vision of the Gram Panchayat is on display in the GP.</p>
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*“Going forward, our (NGO’s) focus will be advocacy... help GPs understand their role in good governance, empower them with information about various government programs and help keep the pressure on on the Government and the political system.”*

Mr. Rao,  
Gram Vikas

<b>4. Role and Support of the NGO Partners</b>	
<b>Dibburhalli</b>	<b>O’Mittur</b>
<p>FES is widely respected in the area. Both citizens and GP attribute a lot of the success they have achieved in this project to FES.</p> <p>Their key perceived strengths have been stated as a strong systems and processes orientation and ability to influence the GP and drive activity.</p> <p>The political vagaries within this GP appear to dominate life and limit the impact of the NGO’s activities. They appear to be focused very tactically and the overwhelming attention seems to be on NREGA projects.</p>	<p>Gram Vikas is an old and venerated NGO. They have great traction with the GP as well as with the citizens. The GP members are vociferous in their acknowledgement of the supported provided by Gram Vikas.</p> <p>The project coordinator, Asha is perceived as a advisor and the Head of Gram Vikas as a Mentor and Guide.</p> <p>The role of the NGO appears to have very nicely transitioned with the project – from being deeply hands on and driving the pace initially to playing a supporting, mentoring and enabling role now and letting the GP Heads take the lead.</p>



**Standing Committees and Other GP Members... Engaged or not?**

There appears to be a wait and watch stance that the other GP members in both locations are taking. There is agreement that the process that is underway is good and helpful. However, when asked the question: “Would you like / want to be Head?”, we did not hear a single emphatic “Yes!” The responses varied from... “Its too much work” to “maybe... if given a chance”. The Standing Committees in both GPs do not function. In O’Mittur, there is a more direct attempt to revive these Committees but their role and how to leverage these Committees is an opportunity for future work.

- The impact of local politics is huge and cannot be wished away. The Adhyaksha election in Dibburhalli had essentially stalled any work on the perspective plan for 2 months. GP members in both locations cited anecdotes of where a gorund level improvement effort was thwarted because it did not suit the vagaries of the political party in prevalence there or the pressure of the political allegiances that they constantly deal with. This is a potential deal breaker in this project and perhaps one of the greatest risks. Therefore, can the extent / impact of political affiliations on the shortlisted GP be assessed and it become a criterion in GP selection?

- The role of the NGO needs to be defined more closely to ensure appropriate levels and kinds of support through the various project phases, with a goal to move the GP towards a self-reliant state

### 1.3. Project Outcomes

We looked at project outcomes from 3 perspectives:



1. GP Functioning – How has the functioning of this GP been impacted as a result of the GPOD project? How have the various project components including visioning, structure, planning and process mapping impacted the GP?
2. What are on the ground changes and improvements that have happened in each GP?
3. How has citizen participation been impacted?

#### 4. GP Functioning

We asked the GP Heads and the Adhyaksha a few key questions regarding their functioning and also asked them to rate the extent of their agreement as a percentage. In each location, the sample size was 5 (4 of the 5 heads + 1 Adhyaksha).

As is clear from the data, Dibburhalli GP members are still settling into the project while the O'Mittur Gram Panchayat appears well-settled into the new way of functioning.

ITEM	Range (to what extent do you agree? As a %)	Average (Median)	Range (to what extent do you agree? As a %)	Average (Median)
	DIBBURHALLI		OMITTUR	
Our project is on track vis-à-vis the plan	50 – 95%	60%	90 – 100%	100%
Our GP is functioning like a self governing body	30 – 90%	70%	50 – 100%	80%
The planning process has helped the GP function more effectively	70 – 100%	80%	90 – 100%	100%
I understand my role as a GP Leader / Head	80 – 100%	80%	90 – 100%	100%

The Dibburhalli Adhyaksha refers to the 6-member team comprising himself and his 5 heads as the 'Thinktank'...

His growth strategy?

He would like a Multi-national company to 'adopt' their GP and support them with resources!



We probed various dimensions of the GP's functioning during the discussions. The key highlights under each of the dimensions of the GP's functioning and reflections are summarized below:

*"This (the Head's role) is not an easy role... citizens put a lot of pressure, and the Taluka level people are not supportive at all...60% of the GP members feel that they don't want to do this job because it is too demanding..."*

O'Mittur Head

DIBBURHALLI	O'MITTUR
<b>GP Self Governance</b>	
<p>The GP has made a promising start with key actions that they have taken, primarily the increase in taxes which has positively contributed to the GP's revenues and more importantly, has created a sense of empowerment and self direction.</p> <p>The Heads and Adhyaksha however feel that they are a ways away from this state. Primary challenges that they shared include – lack of adequate funds, political interference, presence of 'older' GP members (those who have served terms already) who tend to dominate and the granting of personal favors.</p>	<p>In this GP, the ownership and accountability have come from a positive cycle of addressing difficult citizen issues successfully, positive acknowledgement and resultant motivation to serve the community further.</p> <p>The Heads do believe that the two big challenges to this are varying levels of commitment amongst the Heads and significant issues in terms of working with and through the Taluka level officials.</p>
<b>Structure</b>	
<p>The Heads have a fair degree of clarity regarding their roles. The creation of this role has unanimously created a sense of accountability and in a few, ownership as well.</p> <p>The role of the Capacity Building head is unclear, the mandate is unclear and ownership is also flimsy.</p>	<p>The Heads are crystal clear about their roles, responsibilities, deliverables and outcomes.</p> <p>Here as well, the role of the Capacity Building head is unclear and the mandate is unclear despite an eager and willing role holder.</p>
<b>Vision, Process Maps and Planning</b>	
<p>The process that has been followed as part of the GPOD has been welcomed by the GP. They are aligned around the purpose of the project and the process of working through the vision, then the community mapping followed by the planning has helped them feel a sense of responsibility. As mentioned previously however, they have not made significant headway on their plans and ownership is varied.</p>	<p>The entire GP is very appreciative of the process that has been followed in the GPOD project. There was a very high degree of recall and consistency in terms of how they described the early trajectory of events. The process maps by themselves do not have much recall value. It appears that these have been integrated into the plans that have been created for each Head for each of their portfolio areas.</p>
<b>Decision Making</b>	
<p>All key decisions are made in the GP meeting and matters are usually put to a vote. A couple of the members did admit that at times, political party affiliations do intrude.</p>	<p>Decisions are typically made consensually in this GP.</p>
<b>GP Engagement</b>	
<p>The level of GP members' engagement is varying. However, it is important to note that the GPOD project itself appears to have contributed</p>	<p>The level of engagement in O'Mittur appears to be higher and more consistent. Here, it is important to point out that well before the GPOD</p>

<p>significantly to this engagement. As one GP Head pointed out, previously the GP members would come to meetings, mark their attendance and go away. Today, the level of involvement is much higher with atleast a couple of Heads being even proactively engaged in their mandates</p>	<p>began, on formation of this GP, the members had approached Mr. Rao of Gram Vikas seeking his guidance on what they should do. Hence, it would be fair to say that the project has fuelled a positive intent to serve their community that already existed.</p>



**O'Mittur Gram Panchayat...  
The Utopian Juxtaposition of Enablers!!**

After 30 years of a 'monarch' running the GP at O'Mittur, due to his sudden demise, the way was paved for a brand new GP... 13 new members who had never been in the Gram panchayat before... On the day they came into office, sought out Mr. Rao of Gram Vikas for advice on what they should do, how they can bring about change... On this day, they also made a firm commitment to each other, to not let politics intrude on their functioning as a GP!

**5. Ground-level Changes / Improvements**

In both GPs, noteworthy movement has been made on the ground. Some of the examples that were shared with us included:

In Dibburhalli – regularization of ration shop practices and cards, awareness building amongst citizens through the school system about their rights and the GPs roles, a system for recording complaints, resolution of pressing water issues (a lever mechanism to regulate water supply, checkdam, payment from the GP to source water for a few villages), increase in taxes, reduction in plastic usage in hotels and housing for poor people.



In O'Mittur – System for complaints' logging by citizens, regularization of salaries to GP staff, securing a pipeline for a needy village, securing permissions to build a health care center, increasing taxes, promptly addressing day to day concerns around drainage and lighting, waste collection and information access.



In both GPs, it is interesting to note that the respective Head has been deeply involved in the ground level changes that

have happened in his / her portfolio.



A significant difference that we see between the two GPs is the role played by the supporting NGOs. FES is a very active NGO with significant projects that have already been running in the Dibburhalli area, especially in securing NREGA projects and monies. They had also set up a Resource Center for information to citizens in this area.



In O'Mittur, the changes and impact that we see on the ground are more organic and emerging directly in response to citizen issues and complaints, with Gram Vikas playing a supporting and enabling role.

*“There is not enough citizen accountability... Only when citizens ask and demand will there be movement”*  
D'Halli Citizen

## 6. Citizen Participation



In O'Mittur 13 citizens came for the meeting and 7 in Dibburhalli. The citizens in O'Mittur were a lot more vociferous in their acknowledgement of work done by the Gram Panchayat and readily shared examples. What is interesting to note here is that most examples that they shared were instances of a solution to a pressing citizen issue.

In Dibburhalli as well, citizens were able to list the changes that they have seen, on the ground, as a result of the GP's actions. However, they appeared more reserved in their acknowledgment of the Gram Panchayat's efforts.

In both GPs, Ward and Gram Sabhas have been conducted recently, as per schedule.



- Citizen participation, awareness, urgency is a potential game changer in a Gram Panchayat's journey. What role can the supporting NGO play in mobilizing the community and raising the level of citizen awareness regarding their rights and the responsibilities of the GP so that they may exert pressure on their GP for delivery?

## SECTION 6. PROJECT LEARNINGS AND RECOMMENDATIONS

*“What will really help (further project impact) is information about schemes that are available to them, coaching and cross-GP learning and sharing”*

Sonali  
Srivastava,  
Chief  
Project  
Architect

- I. **The GPOD Model:** The model works. All the key elements, commencing with GP selection to initial engagement with them, the community needs survey, the visioning exercise, building community consensus around it, process mapping and planning are critical. Specific elements that one may want to augment / consider / revisit include:
  - a. Community needs gathering – The focus group process seemed more organic, intuitive and appears to have built greater engagement – both for the GP members with the needs and the community with the intent of this project. It is also a simpler process to transition and scale. Hence, going forward, we may want to standardize this process.
  - b. Criteria for GP selection – There are two key elements which are deal breakers in the success of this project and have to be more directly mapped / assessed at the point of GP selection; these are –
    - i. GP’s interest in and commitment to serving their community and
    - ii. The relative strength of political allegiances
  - c. Process mapping – These are of relevance in helping the GP Heads understand their portfolios clearly and as an input into the planning exercise.
  - d. Head roles – The creation of this role has been very useful in aligning needs with owners. The Heads clearly feel accountable for their portfolios and have been deeply involved in all the ground level improvements in their area of work. The role of the Capacity Building head is unclear as is the portfolio. It is clearly not a key role during this initial phase of the project that we reviewed. It would be good to consider integrating into the Adhyaksha role the two key elements of this portfolio – mentoring the other Heads and being a SPOC for determining development / capability building needs of the Heads. The division of Amenities into two portfolios appears to be useful.
  - e. Planning, review and tracking mechanism – while the planning process appears to have been strong, it is important to ensure a robust tracking and review process.
2. **Alignment with Standing Committees:** In the next Phase of the project, it is important to align the Heads and their portfolios with the Standing committees and also to more directly articulate a rejuvenated role for the Standing Committees. This will also help in engaging the rest of the GP more directly and actively and serve as an internal monitoring mechanism for the GP.
3. **NGO selection criteria, support process and role:** This is an area for further work. In this pilot phase, the identification of the NGO has been opportunistic and the role has organically evolved. A key first step in defining this is to first articulate – what do we want the NGO to do with the GP and the community over the various Phases of the project? How will their role evolve as



the project progresses and the GP gains greater maturity and hence the support they need to provide at each step? In O'Mittur, for instance, the level of perceived self-empowerment and action amongst the GP Heads is notable. The support they need now is in terms of coaching to strengthen actions and help them institutionalize the good work.

4. **GP Engagement and Maturity scale:** Our visits to the three GPs we met clearly indicate that they are at different levels of evolution and maturity. It would be interesting to crystallize a scale that captured the GP's level of maturity, awareness and hence readiness for supported action. This will also be helpful in more tangibly and evocatively communicating the impact of the intervention to all concerned
5. **Community engagement:** A more active, engaged community that understands its rights as citizens and is clear about what their Gram Panchayat needs to do for them is the only true and real key to sustainability of this initiative. It is therefore useful for us to consider mechanisms for raising community awareness around these issues as a part of the project.
6. **Additional support to GPs to enhance outcomes:** Clearly, the lack of funds is seen as a serious blocker to GP activities, intent, progress. The project should more directly engage with the GP, in a facilitative, enabling, supporting role, to help them evaluate their own funds, create a strong budgeting system / process, understand other sources of revenue (e.g. taxation, government schemes, innovative alternatives) and mentor them in this area. This is key to project sustainability and ensuring that the changes being brought about the project are institutionalized.
7. **Environment and Stakeholder management and support:** The environment in which any organization / institution / body operates is critical to its success / failure. As we have repeatedly seen across a wide variety of organizations in the corporate and social space, each of these institutions operates in a complex web of environmental pressures and stakeholders. The GP as an institution needs to engage with this varied environment of political pressures, Zilla and Taluk level bureaucracy, citizens, to name a few, and working with and through and at times, despite them, achieve their objectives. As this project progresses, it is important to more directly evaluate the GP's environment and build capacity in the GP to engage and manage their environments more effectively.
8. **Next Phase of this Project with the current GPs:** A solid tracking and review mechanism to ensure that the plans are executed, deliberation around the role of the NGO and how they can support their respective GPs, support in a budgeting process and thinking through revenues, community engagement around rights and GP duties, greater alignment with the Standing committees and focused capacity building for the Heads are important areas of focus as the project progresses with the two pilot GPs.
9. **Replication and Scale:** As the project architects think about scaling this project, we believe it would be useful to consider a 'saturation' approach in the next Phase. If a number of GPs in the same area / Zilla are targeted for this intervention, we believe several positive outcomes are likely to occur which will only serve to enhance impact and even sustainability. Some of these would include – creating stronger traction amongst the GPs and hence being able to bring greater pressure on the bureaucracy for action, peer learning in an

*“This (change) will happen when people want it... sometimes you need things to break down...”*

TR  
Raghuandan,  
Project

atmosphere of competition and collaboration (*this will have to be nurtured by the NGO involved*), greater community engagement owing to proximity and hence permeation of information. Of course, all other aspects highlighted in this section will need to be carefully evaluated from the perspective of scale and suitably adapted / augmented / process-ized to allow for transportability without any loss in transmission.

In summary, our findings show that there are three key success factors, in the context of the GPOD that are critical to project success: the commitment of the GP



members to serve their communities, citizens' awareness about their own rights and the GP's role and responsibilities and finally, the support and mentorship of the NGO. Factors that acted as a deterrent include – the strength of

the political allegiances of the GP members and its impact / influence on the day to day functioning of the GP, the responsiveness of the officials at the Taluk and Zilla level and the availability of and access to funds.

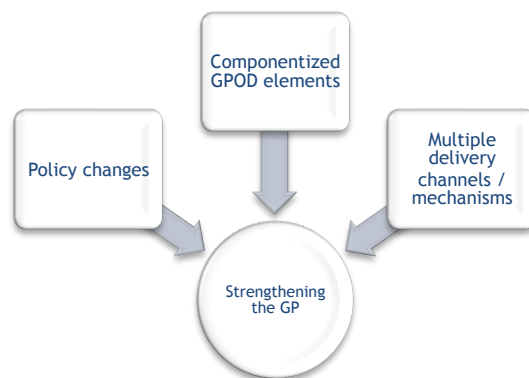
## SECTION 7. PROJECT SCALE UP / REPLICATION

In this section, we have captured our recommendations with regard to scaling up the project. Two key questions come up when we consider scaling this project:

1. To scale or not to scale? There is a fair degree of cynicism about the Gram Panchayats. One school of thought is that since GPs are primarily political bodies, any changes can be effected only by modifying the 73<sup>rd</sup> Amendment to the Constitution of India
2. Which aspects of the project can be scaled? As we have shared below, in our opinion, this question is secondary in importance to two more critical questions – who will scale this project and how can scale up be enabled through a componentized / deconstructionist approach

This project has definitely given us a glimpse of possibilities – greater citizen involvement and participation, enhanced sense of GP members' accountability, responsiveness to on the ground problems and situations; in a nutshell – a more robust, active, agile and involved last leg of governance.

However, we also believe that for scale up to happen, we need to approach it from multiple perspectives. Policy changes and capacity building support will need to go hand in hand.



Currently, the major challenge from an institution capacity building perspective, as conceived by the GPOD project, is that it is a very resource intensive effort. Further, it places a giant portion of the onus of project success on the NGO. Our approach to scale up therefore looks at a three way solution – policy changes on the one hand, the current GPOD project ‘deconstructed / componentized’ and multiple

delivery / deployment channels and mechanisms as the third leg of the tripod.

- 1) **Policy / central changes** – These can be effected to look at systemic support for on the ground changes that we want to implement / see. Some of the areas that such policy changes can consider include -
  - a) Enhance empowerment on financial and hiring matters to the GP
  - b) Enhance the role of the PDO to play an enabling and facilitative role to mentor and support the GP
- 2) **Componentized GPOD Project** – The GPOD project has thus far focused on GP Institution support. Going forward, it is also looking at GP member capacity building. To scale this effort up, we will need to explore creating modules / components of this capacity building effort that can be plugged and played based on the maturity level of the GP / its readiness for such empowerment (see #4 in Section 6 on creating a GP maturity scale / index). Three buckets of componentized solutions emerge - GP Institution Support, GP Member Support, Community engagement (which, as we have pointed out earlier, is a key success factor). We have shared ideas below on each of these. These are only indicative at this stage.
  - a) GP Institution support - modulate components into a Workshop series (e.g. Visioning workshop followed by homework to be done by GP on community needs gathering; Process mapping; Planning); explore integration with current GP training delivery mechanism
  - b) GP Member support – Here, our current solution is the NGO. Going forward, can we look at alternative, locally embedded people – e.g. respected community members / enhance Secretary / PDO role? How can we look at building a peer-to-peer network? There is ample research evidence that points to the power of communities learning from one another. In fact, this principle is leveraged extensively in the work on arresting HIV Aids.
  - c) Community engagement and awareness building – This can be driven locally by NGOs working in the area, through other government functionaries in the area (e.g. ASHA workers and Anganwadi workers) as well as through mass media campaigns
- 3) **Multiple delivery channels / mechanisms:** In the GPOD project, currently the primary conduit for all capacity building efforts is the NGO. We are proposing a multi-pronged delivery approach for two reasons:
  - a) Delivery will happen by the agency / group that is best suited to / already aligned to this objective – e.g. SIRD being leveraged for GP Institution Support components
  - b) Distributed delivery will allow us to access / reach multiple stakeholders simultaneously – the GP, community, Taluka / Zilla officials

The goal is to apply multiple vectors of force on the system as we are attempting to change old ways of working and introduce paradigm shifts.

“If you want to bring a fundamental change in people’s belief and behavior...you need to create a community around them, where those new beliefs can be practiced and expressed and nurtured.”

*Malcolm Gladwell, [The Tipping Point: How Little Things Can Make a Big Difference](#)*

## ANNEXURE: ABOUT PHICUS SOCIAL SOLUTIONS



*Committed to working with all Organizations, Programs, Collectives and Individuals that seek to bring positive change in the world we live in... that seek to positively impact life*

Phicus is a not for profit organization that provides solutions for Social Impact Entities (Organizations and Programs / Projects) and collectives of Individuals who are agents of change. We work with Foundations, Governments, Programs, Projects, NPOs, Corporates, Funds, Donors, Communities and Collectives across issues (spanning Livelihoods, Poverty, Health and Sanitation, Human Rights, Environment, Responsible Business, Resettlement and Education) by providing the following categories of support / solutions:

- φ **Institution Building Solutions: To strengthen organizations and programs that drive / enable social change**
  - System process solutions across Finance, IT, Legal and HR; Project / Program solutions spanning design, M&E, program management and capacity building; Organization Development, change management & solutions for Employee and End customer / beneficiary engagement and CSR / Socially responsible business solutions
- φ **Capability Building Solutions: To strengthen agents of social change**
  - Role centric capability building leveraging assessments, training programs and coaching across project management and leadership skills to help change agents be more effective in their roles; Mission centric capability building to communicate / educate / build awareness in key stakeholders, leveraging multiple channels of communication
- φ **Social Labs: Sowing seeds of change**
  - Sector / Issue-based applied research and social innovation projects and products that aim to accelerate the change process

The multi-disciplinary and multi-functional team / network that comprises Phicus brings the following core skills and expertise:

Functional Core Competence	Domain Core Competence	Skills / Capabilities
<ul style="list-style-type: none"> <li>φStrategy</li> <li>φHuman Resources</li> <li>φChange Management</li> <li>φFinance</li> <li>φSales and Distribution</li> <li>φLegal</li> <li>φOperations</li> <li>φCapacity Building</li> <li>φCreative Design</li> <li>φMarketing and Communication</li> </ul>	<ul style="list-style-type: none"> <li>φEducation</li> <li>φMicrofinance</li> <li>φHuman Rights</li> <li>φCorporate Social Responsibility (CSR / Responsible Business)</li> <li>φLivelihoods</li> <li>φHealth and Sanitation</li> <li>φResettlement</li> </ul>	<ul style="list-style-type: none"> <li>φVision articulation</li> <li>φStrategic roadmap creation</li> <li>φInstitution building</li> <li>φProgram management</li> <li>φSolution design</li> <li>φFacilitation skills</li> <li>φLeadership development</li> <li>φOperational excellence</li> <li>φTraining</li> </ul>



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