Panchayati Raj

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Training Needs Assessment

of Panchayati Raj Institutions for WASH and Other Services Provisions in India

Study Report
2022

Advisors form UNICEF

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Study Report 2022

Submitted to:

Panchayati Raj

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Government of India

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Rajasthan, India

कपिल मोरेश्वर पाटील
राज्य मंत्री
पंचायती राज मंत्रालय
भारत सरकार

सशक्त पंचायत सतत् विकास

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

KAPIL MORESHWAR PATIL
MINISTER OF STATE
MINISTRY OF PANCHAYATI RAJ
GOVERNMENT OF INDIA

Message

The 73rd Amendment of the Constitution of India empowered Gram Panchayats to manage basic services in villages, which are considered as core functions of Panchayats. The Panchayati Raj Institutions (PRIs) are playing a crucial role in executing drinking water and sanitation services under SBM(G)-II as well as JJM programmes focusing on community involvement. The PRIs act as a unit of local self-governance with support of relevant government department for supporting the provision of health, nutrition and education services to the community.

The increased financial support to the social sector especially the support of Fifteenth Finance Commission (FFC); Gram Panchayats now have significantly higher resources to ensure that they provide the best services to their own communities, thus functioning as 'public utilities' with a focus on 'service delivery to the user'. Panchayats are now also responsible to ensure that such services exist in schools, Anganwadi centres, PHCs/CHCs, community centres, marketplaces, playgrounds, etc. on a sustainable basis.

It is essential that the Panchayati Raj Institutions have the knowledge of and capacities to shoulder the responsibility on them. The capacity building of the PRI members and other stakeholders need to ensure that they can use the resources optimally and effectively and fulfil their role by taking ownership and leadership for provision of basic services. Strengthening the capacity of PRIs and other stakeholders of all the three levels and sharing relevant information on WASH sector with them will be critical to improve local governance and provision of services.

I am sure that this TNA study report will not only help the training institutes to develop the capacity building activities of elected representatives and functionaries of PRI, but also will be considered as a milestone in designing different training programmes for them in the near future.

Kapil Moreshwar Patil

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सत्यमेव जयते

आज़ादी का अमृत महोत्सव

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Foreword

Keeping in view the needs and aspirations of the local people, Panchayati Raj Institutions (PRIs) have been involved in programme implementation of various flagship programmes. These institutions have major role to play and are at the core of decentralized development through the GPDP planning process and its implementation. This reflects the activation of the idea of devolution of administrative and financial powers and responsibilities to PRIs as envisaged under 73rd Amendment Act of the Constitution of India.

India with a population of nearly 140 billion is currently celebrating "AzadikaAmritMahotsav". In the last 75 years, many programmes have been implemented to provide basic services especially towards providing safe and adequate drinking water, safe sanitation, health, education nutrition services to the rural population. The Ministry of Panchayati Raj (MoPR) has taken up multiple initiatives to build the capacity of PRI members and associated stakeholders to deliver quality WASH, Health, and Nutrition services to the community, and with many successes. Across India, we are seeing many panchayats preparing excellent GPDP plan in consultation with government departments and ensuring quick and efficient implementation and services delivery.

It is, however, now clear that we are now living in a new environment where the issues of health pandemics; Global Warming and Climate Change resulting in changes in regular climate patterns and resultant disasters are placing great pressure on the service delivery systems. This coupled with people's increasing aspiration of leading a quality life, especially in rural areas, with the demand for minimum service levels of basic services is now at its peak. The rural population can no longer be provided a lower service level as compare to what the urban population gets. These services also need to be sustainable, dependable, affordable and accessible to all.

All this makes it incumbent to build the capacity of PRI functionaries and stakeholders for effective local self-governance and ability to plan and develop such services.

To implement the programmes successfully, PRIs play a crucial role and their capacity need to be strengthened. In 2021, UNICEF and MoPR had initial discussions on the need to do a Training Needs Assessment (TNA) of all 3 levels of the PRIs; so that the learnings could inform all future capacity building efforts. The UNICEF in consultation with Ministry of Panchayati Raj and in collaboration with IIHMR University, Jaipur, have now done the study on ***"Training Needs Assessment (TNA) of the Panchayati Raj Institutions (PRIs) on Water, Sanitation and Hygiene (WASH) and other services in India."***

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This TNA report is very comprehensive and has identified many crucial needs and have made important recommendations.

I am sure that the recommendations will induce MoPR, State Governments, NIRD&PR and SIRDs to develop appropriate training programmes addressing the needs and gaps, which will directly benefit the sustainability of the various flagship programmes of GoI and State Governments.

I congratulate officials of MoPR, Sujoy Mojumdar and Koushiki Banerjee from UNICEF, Mr. Goutam Sadhu and the faculties and Research Officers of IIHMR University, Jaipur, for carrying out the study and identifying the training needs for the PRIs, specially focusing on WASH programmes while also looking at aligned services in sector such as health, education, nutrition, livelihood, Disaster Reduction Resilience (DRR) and climate change. I am also grateful to Dr. Bala Prasad for advising the study work.

17.11.22

Date: 17th November, 2022

(Sunil Kumar)

Message

The mission of UNICEF is focused on meeting the needs and fulfilling the rights of the most vulnerable children to safe and affordable water, sanitation and hygiene (WASH) services. This is in full alignment with the national development agenda, legislative framework and programmes and schemes on rural drinking water supply and sanitation of the Government of India.

WASH programme of UNICEF India has been providing support to the Government of India and too multiple state governments supporting major flagship programmes, namely the Swachh Bharat Mission (SBM) Phase II and the Jal Jeevan Mission (JJM) on WASH; the National Health Mission (NHM) in Health; the Poshan in nutrition, education and DRR programmes. UNICEF also had the opportunity to support convergent programming in various institutions, digital learning for school students and teachers, and infrastructural investments in schools and preschool centres or anganwadi centres (AWCs). All was done to ensure that access to WASH services was easily available inside the home and otherwise, thereby providing an enabling environment for all.

The unexpected spread of the COVID-19 pandemic highlighted the extreme importance that WASH plays in ensuring the safety and well-being of the population. With communities becoming vulnerable, the access to continued WASH, health, education and nutrition services water, continued sanitation and hygiene (WASH) services became more important than ever. Increasingly the role of the PRIs has become critical as agencies of self-governance as well as service providers for critical services to the population.

To enable the PRIs to play their rightful role, it is important to bridge their knowledge gaps – both thematic and programmatic on various aspects of WASH and related services, that is, health, nutrition, education, climate change adaptation and disaster risk reduction. To access the capacities of the RLBs in effective and timely delivery of these services and efforts to bridge the identified gaps, UNICEF consulted with Ministry of Panchayati Raj (MoPR) and supported the study on **"Training Needs Assessment (TNA) of the Panchayati Raj Institutions (PRIs) for Water, Sanitation, and Hygiene (WASH) and Other Service Provisions in India."** The assessment study was conducted by IIHMR University, Jaipur, with the support of UNICEF, New Delhi, between December 2021 to January 2022 across six states of Assam, Uttar Pradesh, Madhya Pradesh, Jharkhand, Telangana and Maharashtra in India.

The report has identified capacity gaps, suggested the training needs and training contents to enable the PRIs fill their knowledge and information gaps (thematic and programmatic) on various aspects of water, sanitation and hygiene (WASH) and other services, that is, health, nutrition, education, climate change adaptation, disaster risk reduction and gender issues to play their rightful role.

It is expected that with appropriate interventions, capacities of the representatives of Gram Panchayats will become better and as a result, they will be capable of performing their responsibilities regarding provision of core services and ensure inclusion in the Gram Panchayat Development Plan (GPDP) planning process; ensure mobilization of resources; effectively use available funds; ensure operation and maintenance of systems and implement communication campaigns more effectively and efficiently.

Sujoy Mojumdar
WASH Specialist
UNICEF, India

Koushiki Banerjee
WASH Officer, M&E Focal Point
UNICEF, India

Preface

PRIs prepare the Gram Panchayat Development Plan (GPDP), Block Development Plan (BDP) and District Development Plan (DDP) of their respective areas. This planning is in accordance with the subjects allocated to them in Article 243G of the Constitution of India, with respect to the preparation of plans for economic development and social justice and implementation of schemes for economic development and social justice as vested with them including those in relation to the matters listed in the 11th Schedule.

Under these provisions, the delivery of clean water, sanitation and hygiene (WASH) facilities for rural communities is the responsibility of the Gram Panchayat (GP). More specifically, in the context of WASH, the PRIs design and implement the operation and maintenance (O&M) of different national flagship programmes such as Jal Jeevan Mission (JJM) and the Swachh Bharat Mission- Gramin (SBM-G). Water, sanitation and hygiene (WASH) play a pivotal role in reducing morbidity and mortality. Besides, the PRIs also have a critical role to play in supporting the provision of aligned services like health, nutrition, education, disaster risk reduction, climate change and other subjects listed in the 11th Schedule of the Constitution to the community with the support of the respective line departments.

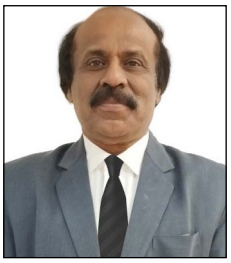
IIHMR University, Jaipur, a premier postgraduate research university, under the stewardship of MoPR&RD, and UNICEF has taken an initiative in India for the first time to understand the grassroot-level challenges of implementing WASH and other aligned programmes in rural India by conducting a training need assessment.

I am happy to learn that MoPR&RD and UNICEF in collaboration with IIHMR University, Jaipur, has come-up with a report titled **"Training Needs Assessment of Panchayati Raj Institutions for WASH and other Service Provisions in India".** This study report demonstrates the scale of involvement of MoPR&RD, NIRD, SIRDs, UNICEF and other stakeholders in building the capacity of the PRIs, identifying their gaps and recommending the processes to bridge the gaps by a systematic process.

IIHMR University, Jaipur, is determined to continue the processes and momentums with collaborative efforts with other agencies, government and community to maintain this impetus. I extend my heartfelt thanks to MoPR&RD, UNICEF and the study team for bringing out such an informative report, and confident that this study report will encourage all stakeholders to move forward to maintain the commitment of government to achieve the Sustainable Development Goals (SDGs) at the local level too.

Dr. P.R. Sodani
President, IIHMR University
Jaipur

Date: 06/01/2023



Acknowledgement

It is my pleasure to present this study titled Training Needs Assessment of Panchayati Raj Institutions for WASH and Other Services Provisions In India. The purpose of the study is to identify the capacity development needs of Panchayati Raj Institutions and other stakeholders to strengthen the delivery of essential water, sanitation and hygiene (WASH) services as well as those in health, nutrition and education. It also provides recommendations to the Central and State governments to bolster their training initiatives and to NIRDPR and SIRDs for incorporation in their training content.

The study team is indebted to many contributors at various stages, and I am very grateful to Mr. Kulwant Singh Sethi and Mr. Alok Nagar, Joint Secretary, and other officials of the Ministry of Panchayati Raj, GoI, for their guidance and encouragement in conducting the research in six states of India.

I am thankful to UNICEF, India – particularly, Mr. Sujoy Mojumdar, Senior WASH Specialist, Ms. Koushiki Banerjee, WASH officer, Monitoring and Evaluation Focal Point, and other functionaries- for their insights, perspective and for their hands-on support to the study team. This is the generous grant from UNICEF, India, enabled us to undertake the assessment.

I am also obliged to Dr. P.R Sodani, President, and Dr. Arindam Das, Dean (Research) and Prof. Rahul Ghai, Dean (SDS), IIHMR University, Jaipur, Rajasthan for their continuing encouragement and leadership. A special note of gratitude is due to our Senior Project Advisor, Dr. Bala Prasad, former Special Secretary, Ministry of Panchayati Raj, GoI, for his continuous guidance at every stage of the study.

I wish to acknowledge the commendable and tireless efforts of the entire study team of IIHMR University, Jaipur, for their technical support at all the stages of the study, right from the design to the draft of this report, including sampling, instrument development, fieldwork for qualitative data collection, data analysis and reportage. Specially, I wish to thank faculty members, Dr. Hemanta Kumar Mishra, Dr. Piyusha Mazumdar, Ms. Sunita Nigam, Mr. S.P Chatterjee, Mr. Laxman Sharma, as well as research officers, Mr. Parvinder Sharma, Dr. Fahad Afzal, Mr. Divyansh Sharma and Ms. Sailaja Devaguptapu, and field managers, Mr. Vishnu Kant and Ms. Shabnam Khan for the fieldwork and other support including data analysis for report writing. My sincere gratitude goes to all the team members for understanding the tools and their valuable contribution based on their experience.

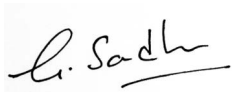
I am also grateful to all the respondents of the six sample states (Uttar Pradesh, Madhya Pradesh, Maharashtra, Telangana, Jharkhand and Assam): UNICEF Team Members: Pankaj Mathur and Nageshwar Patidar, MP; Tithal Parmar, Assam; Kumar Premchand and Laxmi Saxena, Jharkhand; Yusuf Kabir and Anand Ghodke, Maharashtra; Nagendra Prasad Singh, Ananya Ghoshal

and Kumar Bikram, UP; and Venkatesh Aralikatty, Telangana; Principal Secretary, DoPR&RD, Director and Faculty of NIRD and SIRD, Zila Pramukhs, block development officers (BDOs), Gram Pramukhs, PRI members, Block Medical Officer (BMO), Assistant Engineer (AEn), Public Health Engineering Department (PHED) officials (RWS officers), accredited social health workers (ASHA), auxiliary nursing midwives (ANMs), anganwadi workers (AWWs), school headmasters, members of the school management committees and all community stakeholders who provided basic information patiently and participated in our qualitative research.

However, this acknowledgement would be incomplete without mentioning the inputs of Ms. Juhi Shah who provided intellectual assistance and technical help (including editing) to bring out this study report.

I am sure these findings will be a valuable resource for the Government and NIRDPR and SIRDs for developing requisite training modules for PRIs in the delivery of WASH, health, nutrition, gender, education, climate resilience, and disaster management services.

Any omissions or errors are unintentional and the sole responsibility of the authors.



Dr. Goutam Sadhu
Principal Investigator

Contents

Abbreviations

AFHC	adolescent friendly health clinics
ANC	access to antenatal care
ANM	auxiliary nurse midwife
ASHA	accredited social health activist
AWPB	annual work plan and budgets
AWW	anganwadi worker
BCC	behaviour change communication
BDO	Block Development Officer
BDP	Block Development Plan
BLDP	Block level Development Plan
BMoIC	Block Medical Officer In-charge
BRGF	Backward Region Grant Fund
BSR	basic schedule rate
CBF	capacity building framework
CBO	community-based organization
CC	climate change
CCA	climate change adaptation
CFC	Central Finance Commission
CSR	corporate social responsibility
DLAMC	District Level Advisory cum Monitoring Committee
DLTT	District Level Trainers' Team
DP	District Panchayat
DPC	District Planning Committee
DPP	District Panchayat Pramukh
DPR	detailed project report
DRR	disaster risk reduction
ECCE	early childhood care education
ETC	extension training centre
FAQ	frequently ask questions
FC	Finance Commission
FGD	focus group discussion
GoI	Government of India
GP	Gram Panchayat
GPDP	Gram Panchayat Development Plan
HMIS	Health Management Information System
HRVCA	hazard risk vulnerable and capacity assessments
ICDS	Integrated Child Development Scheme
IEC	information, education and communication
IHHL	individual household latrines
IIHMR	Indian Institute of Health Management Research
IP	Intermediate Panchayats
IRB	institutional review board
JAS	Jan Aryog Samiti
JJM	Jal Jeevan Mission
KII	key informant interviews
LHV	lady health visitor
LMS	learning management system
MDM	mid-day meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIS	Management Information System
MoIC	Medical Officer in-Charge
MoPR	Ministry of Panchayat Raj
MP	Madhya Pradesh
MPW	multipurpose worker

NBA	Nirmal Bharat Abhiyan
NGO	nongovernmental organization
NIRD&PR	National Institute of Rural Development and Panchayati Raj
NRDWP	National Rural Drinking Water Program
NRHM	National Rural Health Mission
NRLM	National Rural Livelihood Mission
NSA	Natural Supplements Alternatives
O&M	operation and management
ODF	open defecation free
OOPE	out-of-pocket expense
PHED	Public Health Engineering Department
PMAY	Pradhan Mantri Awash Yojana
PNC	postnatal care
PPC	People's Plan Campaign
PRI	Panchayati Raj Institute
PwD	person with disability
RMNCH+A	reproductive, maternal, newborn, child health &adolescents
RO	reverse osmosis
RWH	rainwater harvesting
RWS	rural water supply
SBM(G)	Swachh Bharat Mission (Gramin)
SC&ST	Schedule Caste and Schedule Tribe
SDG	Sustainable Development Goal
SDS	School of Development Studies
SHG	self-help group
SIRD	State Institute of Rural Development
SJJM	Swajal Dhara Jal Jiban Mission
SLMTT	state-level master trainers' team
SMC	school management committee
SPSS	Statistical Package for Social Science
SSA	Sarva Shiksha Abhiyan
TNA	training needs assessment
ToR	terms of reference
TSC	Total Sanitation Campaign
TWAD	Tamil Nadu Water Supply and Drainage Board
U5MR	under 5 mortality
UNDP	United Nations Development Programme
UNICEF	United Nation Children Fund
UNPFA	United Nations Population Fund
UP	Uttar Pradesh
VHSC	Village Health Sanitation Committee
VHSND	Village Health Sanitation Nutrition Day
VISWA	Vishweshvaraiya Institute of Sanitation & Water Academy
VWSC	Village Water and Sanitation Committee
WASH	water, sanitation and hygiene
WASMO	Water & Sanitation Management Organization
WCD	Women and child development
WER	women elected representative
XLRI	Xavier School of Management
ZPP	Zilla Panchayat Pramukh

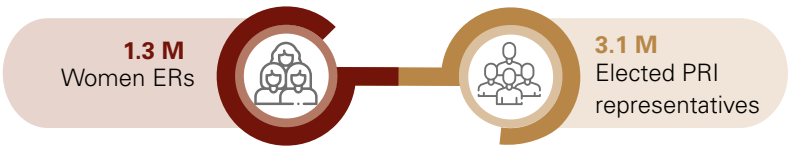
Executive summary

The role of Panchayati Raj Institutions (PRIs) is critical to bringing development to the grassroots and localizing Sustainable Development Goals (SDGs) 2030. For peoples' representatives to be more accountable to the people for the timely delivery of quality services, they should have the capacity to comprehend development issues and aligned activities. Highly significant issues like WASH (water, sanitation and hygiene) practices and services, therefore, need to be understood at the Gram Panchayat (GP) and village level as the primary delivery requirements to manage community health and well-being, even more so in view of the COVID-19 pandemic and to tackle emerging global health, social and economic crises.

However, PRIs have multitudinous responsibilities to plan, execute and monitor several other development programmes along with implementing WASH programmes and schemes and managing operation and maintenance of WASH infrastructure. Also, there are many challenges that PRIs face with regard to funds, functions, capacities, skills, human resources and specialist support from institutions established for them that despite the enormous push by the Government, the active involvement of GPs in many interventions remains flimsy. All these factors hamper PRIs in discharging their mandate.

Over the years, **the Ministry of Panchayati Raj (MoPR) has taken laudable initiatives to build the capacity of PRI members** and stakeholders to deliver quality WASH, health and nutrition services to the community, and there have been many consequent positive developments. **However, the challenges of rapidly evolving conditions,** not least global warming and climate change, as well as people's increasing aspiration of leading a quality life **make it necessary to reassess the capacity needs of PRI functionaries and stakeholders for effective local self-governance.**

Capacity building and training of PRI stakeholders is a complex task in India



The challenge is to reach out to these diverse groups while ensuring high quality, context specific content

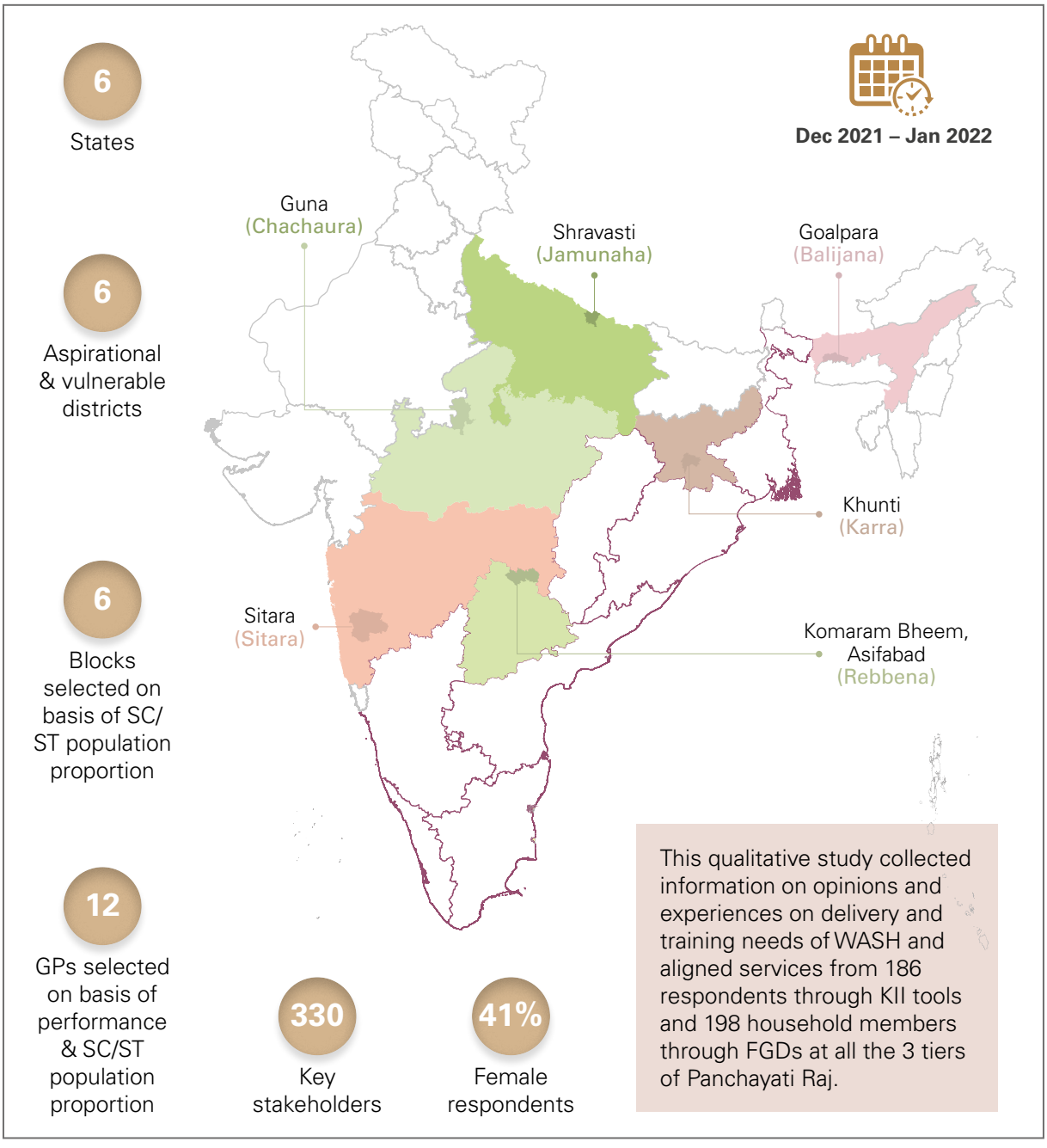
Therefore, the objectives of this study, **Training Needs Assessment of Panchayati Raj Institutions for WASH and Other Service Provisions in India,** are as follows:

1. Evaluate the priority training and capacity development needs of PRIs and other stakeholders to improve service delivery of essential WASH and aligned services like health, nutrition, education, gender, climate change and disaster risk reduction (DRR).

2. To offer recommendations, based on our study, to MoPR and state governments to strengthen training initiatives and to National Institute of Rural Development (NIRD) and State Institutes of Rural Development (SIRDs) for incorporation of suitable modules in training content.

This qualitative study was conducted in collaboration with **MoPR** and **UNICEF** in six states in different zones of India – Uttar Pradesh, Madhya Pradesh, Telangana, Maharashtra, Jharkhand and Assam. **Twelve** high- and low-performing **GPs** of **six blocks** in **six districts** were selected on the criteria of aspirations or vulnerabilities. For the study, **186 key stakeholders** were interviewed using pre-tested and approved qualitative tools of **key informant interviews (KIIs)** and **22 focus group discussions (FGDs)** with **198 household members** conducted separately with men and women. Stakeholders' analysis was also done to gauge the competency level at different levels categorized as high, medium and low on the basis of their individual composite scores of knowledges and attitude. **The number of interviews was modified from 186 to 330 upon discussion with UNICEF. It had been earlier decided to conduct one FGD per GP, but to elicit more information, it was later resolved to conduct separate FGDs for males and females in every GP, which increased the number to 22 FGDs in 12 GPs. This ensured greater and more exhaustive participation.**

Training needs assessment of PRIs on delivery of WASH and aligned services



Key findings

In line with the objective of analysing the knowledge and capacity of PRI members in setting up and delivering WASH and other services at the GP level, the key takeaways from this study are as follows:

- **PRIs have moderate knowledge of WASH, health, nutrition, education and gender issues** at the GP level and their role and responsibilities in the delivery of these services.
- **However, they lack clarity on how to meet these obligations sustainably** through community participation and involvement of institutions such as the Village Water and Sanitation Committee (VWSC) or line departments. **They also possess low to negligible information about DRR and climate change.**

- Remarkably, **their high knowledge of** and positive attitude towards preparing and executing the **Gram Panchayat Development Plan (GPDP)** or the People's Plan Campaign **is not matched by their implementation** and monitoring **of nutrition, education, health and climate change programmes.** This negative attitude is a cause of concern for any training design.
- **There is also a visible gap in intersectoral convergence of schemes and training[1] as well as a lack of coordination within the PRI system,** which renders the GPDP less effective and out of alignment with localized community needs. For example, a point of concern is the lack of participation of subject specialist stakeholders in the delivery of WASH and aligned services – the school management committee (SMC) and the headmasters prioritize mid-day meals, but are not concerned about school health programmes, or how the PRIs can play a role in controlling dropouts and DRR sensitization. Similarly, auxiliary nurse midwives (ANMs) and accredited social health activists (ASHAs) do not have high awareness of the role of GPs in community health programmes.

WASH and PRIs

While PRI members possess knowledge of their responsibilities in water service delivery and benchmarks at different levels, there are still gaps in programme implementation. It can be concluded that P**RI functionaries and stakeholders' lack of knowledge** – about the role and constitution of VWSC, for example – **impacts practice at the GP level.** They are more aware of water schemes, such as Jal Jeevan Mission, and maintenance of water sources and systems than they are of water quality aspects or the criticality of rainwater harvesting (because the construction of big check dams to supplement water resources is not enough). **There is a mismatch between the demand and the training conducted by SIRDs and other aligned institutions:** the demand for critical training on harvesting, storage and treatment of rainwater for household use was raised from almost all communities in FGDs and needs to be addressed urgently by training institutions.

Sanitation, hygiene and PRIs

The knowledge of construction of individual household toilets is excellent at all three levels of GPs, which vouches for the success of the implementation of Swachh Bharat Mission-Gramin. However, **stakeholders' low awareness of school sanitation programmes, solid and liquid waste management, hand hygiene, operation and maintenance (O&M) of sanitary complexes and anganwadi toilet management indicates a critical training need.** In Maharashtra, Uttar Pradesh and Telangana particularly, knowledge of sanitary complex is very low, while Madhya Pradesh needs a relook at the solid, liquid waste management (SLWM) training module. The challenges of sanitation are mostly around overflowing drains during the rainy season and clogged community toilets: the drainage system is either non-existent or overflowing across all sample states.

Only **33.3%** stakeholders are aware of the role of village water and sanitation committee

There is critical need of SLWM training: only **1.7%** GP functionaries possess any knowledge of it

[1] Related to the 29 subjects listed in the 11th Schedule of the Constitution of India.

Health and PRIs

As in WASH, the **key finding on the GP provision of health services is that implementation does not match conceptual clarity about the role of GPs.** Capacity must be built for the identification of the 4Ds (defects at birth, deficiencies, diseases and development delays, including disability) in children, formation of different committees and mobilizing the community for greater visibility of the programme's outcome. More precisely, **knowledge and practice of referral services, conducting health camps, participating in** Village Health, Sanitation and Nutrition Committees **(VHSNCs) and facilitating rallies for mobilizing the villagers is low. Women's participation in various committees is also a concern** and **GP-level awareness of government health programmes and schemes is low** in all the sample states, and **particularly in Jharkhand, Madhya Pradesh and Telangana.** The significant takeaways from COVID-19 – of ramping up coordination, organizing camps, referral system and distributing essential emergency supplies – need to be built into training programmes to mitigate future health vulnerability.

Nutrition and PRIs

Supportive supervision, convergence and facilitation are identified as a crucial area of training in nutrition. Apart from Jharkhand and some GPs of Telangana and Madhya Pradesh, where PRI members are quite active in reviewing mid-day meals and anganwadi centres, the practice of and training support for implementing nutrition initiatives are non-existent on the ground, except in Uttar Pradesh. The lack of monitoring is a major gap and the design and content should include more rigorous training on supportive supervision and facilitation. Due to the low involvement of key stakeholders, **the areas that need immediate attention are infrastructure issues in anganwadi centres (AWCs), absenteeism of children from AWCs and community sensitization of nutrition for pregnant women.**

Education and PRIs

Though the necessary infrastructure is available in rural areas as per the Right to Education Act (RTE), **only 33.3 per cent of PRI members are found to be fulfilling their role in ensuring RTE.** Their perception of their role is limited to monitoring schools, developing infrastructure and organizing camps to reduce dropouts. Discussions with the school management committees (SMC) and teachers reveal that PRI members' knowledge of the educational system is weak and **only 37.5 per cent of SMC members are satisfied with their role in the enforcement of RTE.** The coordination between the SMCs and PRI members is rated at a very low 9.2 per cent by the SMCs and headmasters. Women GP members are found to be even less informed about education services and ensuring female representation on SMC. There is an **urgent need for training women PRI members on delivery of education to the GP and sensitization of factors hindering girl child education.**

DRR, climate change and PRIs

Awareness of DRR and climate change **is low at all the three levels of PRIs,** especially in Jharkhand, Madhya Pradesh and Maharashtra. **There have been no special training programmes on these subjects for PRIs in the past two years.** This is a new area for PRIs and more programmes will bring improvement in training content.

Gender and PRIs

This study finds that 62.5 per cent of PRI members at the GP level are sensitive to gender representation, 66.7 per cent work on girl children's access to education and a good

number are cognizant of violence against women and equality in labour participation and wages, healthcare and political freedom for women. However, **analysis shows that PRI members rarely participate in committees related to women's issues formed at different levels. Hence, the issue of gender needs to be included in every training aligned with the specific sector.**

Capacity building and training (CB&T) framework

A capacity building and training (CB&T) framework with intersectoral convergence can overcome the present challenges to train PRI stakeholders in planning, coordinating, monitoring and, wherever required, regulating the implementation of WASH and other programmes for rural communities. While the Government of India has adopted a capacity building framework under the revamped Rashtriya Gram Swaraj Abhiyan (RGSA) of the Ministry of Panchayati Raj and Rural Development (MoPR&RD), the CB&T is a complex task because of the huge and diverse number of actors within the PRI ecosystem.

Considering this scenario, **the existing infrastructure appears quite inadequate to train PRI members frequently, properly, in a context-specific manner**[2] and adequately develop their capacity for effective institutional functioning as well as preparation of the development plan. **In keeping with this study's objective of analysing the institutional set-up for training and monitoring,** including training content and modality, **the recommendations herein will help bridge the existing CB&T gaps more comprehensively** and help achieve localized SDGs 2030 in rural India.

Conclusion and recommendations

In conclusion, there is **moderate knowledge** of WASH, health, nutrition, education and gender at the GP level, and low to negligible information about DRR and climate change, which matches the negative **attitude towards implementation and monitoring of nutrition, education, health and climate change programmes** even though knowledge and attitude on the preparation and implementation of GPDP is quite high. **There is a visible gap in intersectoral convergence as well as a lack of coordination within the PRI system.** Key findings about the process of planning and local development indicate that though **three-fourths of sarpanchs participate in GPDP and are aware of the 15th Finance Commission, they are not clear about the grant provisions, which can otherwise support them in planning their activities better.** Since many SDG targets are within the purview of GPs, GPDP presents an opportunity to achieve them. The **local SDG framework may be used as a consolidating tool for on-ground actions and impact on a range of issues that promote and support GP-level development in the long term.** However, **such a localization has to be developed with full and informed participation of all relevant stakeholders.**

While good coordination has been recorded regarding 'water for all' among BDO and PHED officials, **it is interesting to note that GP-level PRI members are not so involved in monitoring of water quality.** Hence, training programmes on O&M tariffs, village institutions accepting O&M responsibility, community participation by stakeholders, involvement of women in project implementation and fostering trust between line departments and villagers are imperative.

[2] There is a requirement of at least two residential training programmes, one foundation training and one refresher training after two years of the first training programme apart from other theme-based training programmes.

As is skilling in village water security planning. There is a community demand for rooftop rainwater harvesting (RRWH) and storage and treatment of rainwater.

Even after the successful launch of the SBM 1.0 in rural areas, the study found low knowledge of issues of the school sanitation programme, SLWM and hand hygiene among PRIs. Training programmes need to focus more on the O&M and construction of the sanitary complex and management of SLWM, anganwadi toilet and school toilet besides construction of sanitation units.

While **health service providers are aware of WASH and other service programmes, only some of their activities are monitored by PRIs.** Due to lack of effective communication system, all information is not shared with these grassroot functionaries. **Another critical area requiring training is the formation of VHSNC** (Village Health, Sanitation and Nutrition Committees) at the GP level with clearly identified roles, supportive supervision, convergence and identification of 4Ds. **Training on hand hygiene** is provided at the block and district level, but not in GPs in all the sample states. Also, hygiene-related challenges are mostly about overflowing drains during rainy season and clogged community toilets.

With regard to education, findings reveal a lack of coherence among teachers, SMCs and PRIs about their respective roles. There is absence of support and participation in meetings **and, to overcome this issue, more participatory mixed group training programmes must be designed in unison.** It was also observed that, due to distance, girls tend to drop out of higher education, which becomes a major reason for child/early marriage as well.

As far as **gender** issues are concerned, it is concluded that **majority of women elected representatives (ERs) do not take decisions independently** and leave them to male members (of their family, panchayat or political party). While a minimal number of women ERs admit to receiving support from the administration, **a majority hold the view that since male GP members would not support gender equity, their husbands might as well participate in their place.** PRI members at the GP level are sensitive to gender representation, access to education, equality of employment in labour participation and wages, healthcare, political freedom and violence against women. **Analysis shows that PRI members rarely participate in committees formed at different levels. Women members may voice their demands in GPDP, but there are fewer chances of their issues being considered.** There are even cases where the community is not even aware of the existence of GPDPs.

The level of knowledge on both **disaster risk reduction** and **climate change** is low among PRI members, especially at the GP level. They assume their role is limited to reviews of local level risk, sharing disaster-related risk information with the community, organizing awareness programmes for children, ensuring water conservation, green plantation, water harvesting and renovation of existing traditional sources. Similarly in climate change, they assume their role to be restricted to creating awareness programmes on livelihood and climate, afforestation and reforestation. The last three decades of development have brought many challenges with climate change, population dynamics, excessive use of resources and pollution. It is imperative to capitalize on the Government's fund provisions for GPs to strengthen infrastructure and services for mitigation through PRIs with respect to DRR and climate change resilience.

PRIs' role is key to development at every level of rural India, and the capacity building of ERs of PRIs remains a major

concern. The c**apacity building framework in this report offers a comprehensive approach to enable them to upgrade skills and knowledge to perform their roles effectively.** The r**ecommendations** (for detailed recommendations, refer chapter 7) herein may be instrumental in strengthening the Panchayati Raj system in the integrated exercise of planning and delivery of WASH and allied services.

Chapter 1

Introduction

1.1 Preamble

The Panchayati Raj system having a uniform structure of three tiers for rural local self-government under the 73rd Amendment of the Constitution of India is a remarkable continuation of a cultural tradition that is integral to the civilization of India. Our Panchayat Raj Institutions (PRIs) – (i) Gram Panchayat (GP) at the village level, (ii) Intermediate Panchayat (IP) at the block/ sub-division/taluk/mandal level and (iii) District Panchayat (DP) at the district level – provide remarkable local self-governance and institutional development for the economic and social welfare of the community.

To deliver WASH and aligned services to rural India, PRIs prepare the Gram Panchayat Development Plan (GPDP), Block Development Plan (BDP) and District Development Plan (DDP) of their respective areas. This planning is in accordance with the subjects delineated in Article 243G of the Constitution of India, with respect to:

(a) preparation of plans for economic development and social justice,

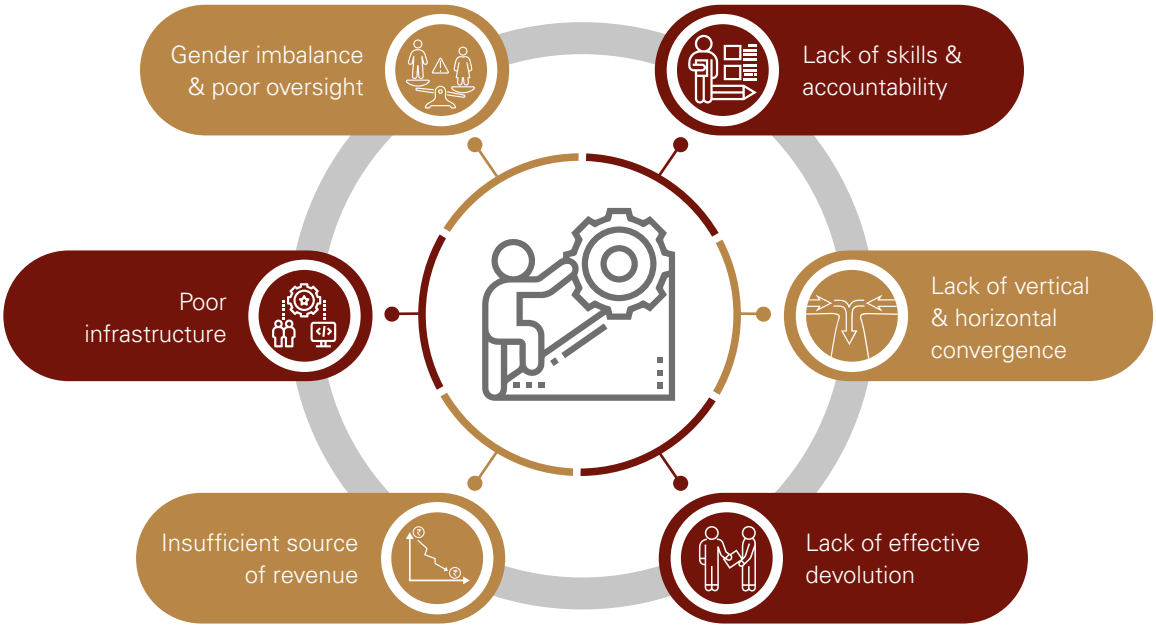
(b) implementation of schemes for economic development and social justice as may be entrusted to them including those in relation to the matters listed in the 11th Schedule.

Under these provisions, the delivery of clean water, sanitation, and hygiene (WASH) facilities for rural communities is the

Subjects listed in 11th Schedule of the Indian Constitution

1. Agriculture, including agricultural extension
2. Land improvement, implementation of land reforms, land consolidation and soil conservation
3. Minor irrigation, water management and watershed development
4. Animal husbandry, dairy and poultry
5. Fisheries
6. Social forestry and farm forestry
7. Minor forest produce
8. Small scale industries, including food processing industries
9. Khadi, village and cottage industries
10. Rural housing
11. Drinking Water
12. Fuel and fodder
13. Road, culverts, bridges, ferries, waterways and other means of communication
14. Rural electrification, including distribution of electricity
15. Non-conventional sources of energy
16. Poverty alleviation programme.
17. Education including primary and secondary schools
18. Technical training and vocational education
19. Adult and non-formal education
20. Libraries
21. Cultural activities
22. Markets and fairs
23. Health and sanitation including hospitals, primary health centres and dispensaries
24. Family welfare
25. Women and child development
26. Social welfare, including welfare of the handicapped and mentally retarded
27. Welfare of the weaker sections, and in particular of schedule caste and schedule tribes
28. Public distribution system
29. Maintenance of community assets

Figure 1.1.1: Key challenges faced by PRIs in India



responsibility of the (GP). More specifically, in the context of WASH, the PRIs must design and implement the O&M of different national flagship programmes such as Jal Jeevan Mission (JJM) and the Swachh Bharat Mission-Gramin (SBM-G). Besides, the PRIs also have a critical role to play in supporting the provision of aligned services like health, nutrition, education, disaster risk reduction, climate change, and other subjects listed in the 11th Schedule of the Constitution to the community with the support of the respective line departments.

But, even after conferring Constitutional status and protection through the 73rd Amendment (1992), the performance of PRIs has not been satisfactory. Various reasons contribute to this suboptimal performance:

- **Non-accountability:** Even though GP functionaries deliver crucial services like WASH, education, health, livelihood generation, disaster management, climate resilience and others, they are, in most cases, unaccountable to the GP and Gram Sabha.
- **Lack of horizontal and vertical convergence of action** at GP level is of prime concern. There is a clear lack of convergence of various Central and state development programmes. For example, two different stretches of a road may be constructed utilizing two different sources of funding like the 14th Finance Commission and Member of Parliament Local Area Development (MPLAD) Fund, but it is difficult to find one large activity with funding from multiple sources. Different guidelines by different departments are cited as a major constraint for lack of convergence of activities.
- **Lack of effective devolution:** Local government is a state subject, and consequently, the devolution of authority to Panchayats has been left to the discretion of states.
- **Insufficient grants/funds:** Despite the Constitutional empowerment, the local bodies face problems of inadequate finance to carry out various activities assigned to them. In most states, most

GPs are found reluctant to raise their own source of revenue (OSR); only a few generate OSR in the form of tax or non-tax revenue by house tax, clean water fee and renting out shops.

- **Infrastructural challenges:** Some of the GPs do not have their own building and share space with schools, anganwadi centres and other places. Some have their own building but without basic facilities like toilets, drinking water and electricity connection. With non-functional internet in many cases, Panchayat officials have to visit block development offices for data entry, which delays work.
- **Poor oversight:** There is poor oversight to check rule violations. Since elected representatives (ERs) lack administrative experience, their dependence on employees is high for programme implementation and can lead to exploitation by the staff or to collusion between ERs and officials.

To overcome these issues, and in response to the performance up to the 14th Finance Commission, the Government of India (GoI) decided to vest more power with the PRIs through financial investment and increased role. The 15th Finance Commission sanctions funds for rural and urban India from the central divisible tax pool – of this total grant, INR 2,36,805 crore have been sanctioned for PRIs, while urban bodies, that is, municipal corporations and municipalities, will receive INR 1,21,055 crore. Effectively utilizing this huge investment to bring significant change at the village level means PRIs must play a pivotal role in rolling out different programmes such as WASH, health, education, nutrition, gender equality and disaster management.

1.2 Background

A few institutes in India which train PRIs conduct training needs assessment (TNA) on a regular basis – mostly the state institutes of rural development (SIRDs) or administrative institutes – but there is no specific examination or documentation of their training methodology. Though TNA tool kits and guidelines exist, but they have not been assessed, especially in the context of Panchayati Raj. Often, more than the methodology itself, it is in the actual performance of TNA where they falter. In actual practice, the value of TNA is seldom emphasized in the design of the training programme as the approach is supply-based with 'leading questions' catering to state government's suggestions and on the source of funding. Thus, **TNAs are not part of an institutional culture and there is no systemic method to translate TNA findings into training design.** Finally, they rarely impact readymade training programmes because they are mandated by government departments or funding agencies.

Hence, **in view of the lack of sufficient PRI TNAs and proper training module contents, the capacity of PRIs members is not up to the expected level of the required knowledge and skills to improve service delivery of WASH and other crucial aligned services** in the rural areas covering health, nutrition, education, gender equality, disaster management and climate resilience.

WASH is a basic service included in the 29 functions listed in 11th Schedule of the 73rd Constitutional Amendment (Article 243G). As it is the prime responsibility of PRIs to ensure sustainable WASH for all, their role is very crucial in the implementation of programmes and schemes of Ministry of Panchayati Raj and Rural Development (MoPR&RD). They are mandated to function institutions of self-governance not as 'delivery mechanisms' as per the decentralization of powers related to the three Fs – functions, functionaries and finances – defined in the 73rd Amendment. Of the two Centrally sponsored schemes of Jal Jeevan Mission (JJM) and Swachh Bharat Mission-Gramin (SBM-G) mandated in every village, the

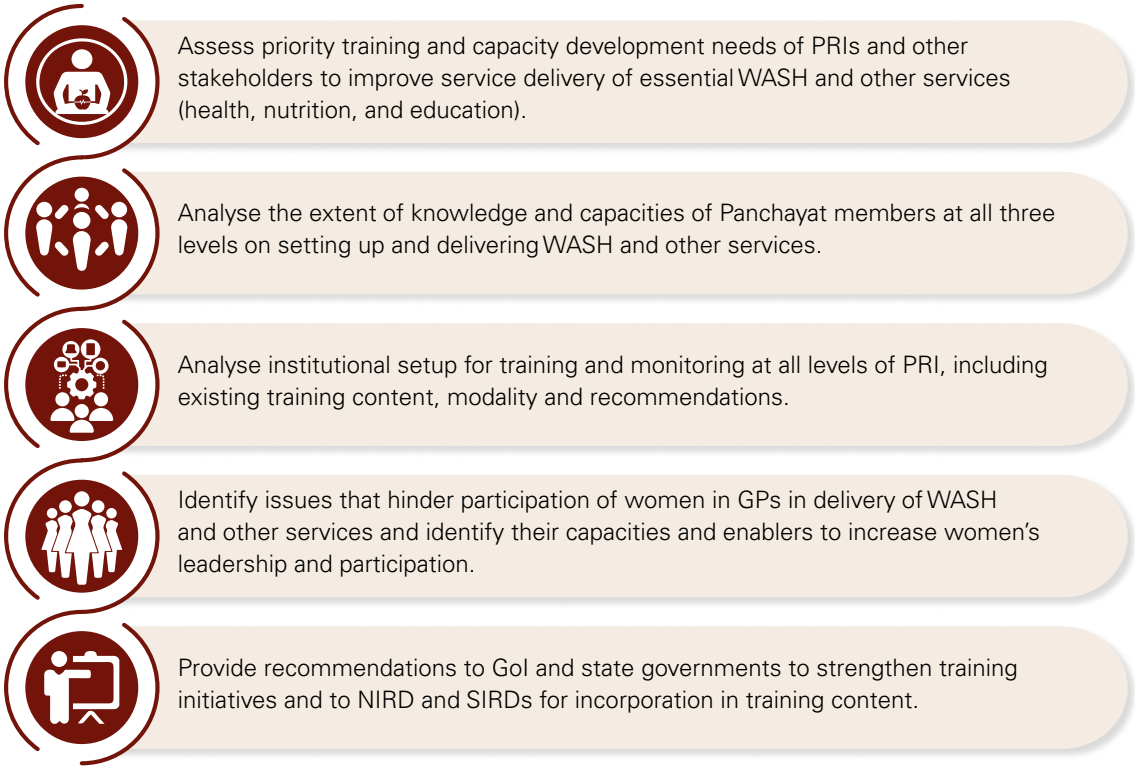
latter has made remarkable progress since 2014 and the key aim is to sustain Phase 1 achievement and promoting solid and liquid waste management (SLWM). Launched in 2019, JJM is focusing on providing functional household tap connections (FHTC) to all households by 2024. In light of these two GoI mandates, the role and action of PRI is pivotal in ensuring water for all by ensuring connections, its provisioning in GPDP, O&M of the sources and quality of water, besides other areas of sanitation and hygiene. Additionally, they have a crucial role to play in ensuring linked services pertaining to education, nutrition, livelihood, climate change and disaster resilience. However, PRIs face great challenges in executing Government's programmes due to mismatch in capacities for delivering, knowledge, fund crisis management and many others.[3]

Though some SIRDs have led TNA studies for states such as Kerala and Bihar, a national-level TNA for PRIs has not been conducted. Therefore, this qualitative study will contribute to influencing MoPR initiatives and NIRD/SIRD capacity building programmes. The findings from this TNA study, which is an important step in reviewing service standards and gender equity, will be useful in developing training modules to help PRIs upgrade skills to perform their core responsibilities such as GPDP; resource mobilization and fund allocation; O&M, information, education, and communication (IEC) campaigns, monitoring and supportive supervision.

1.3 Aims & objectives

This TNA study aims to provide clear and implementable recommendations on the topics that PRI representatives require training in; ways to roll out phased training to address knowledge and practice gaps by order of priority; and the way forward for planning training programmes to capacitate PRIs. The aims and objectives of the study are as follows:

Figure 1.3.1: Aims and objectives of TNA study



[3] For the monumental task of ensuring water for all, the 15th Finance Commission has provisioned 60 per cent of the total funds for drinking water and supply.

A training curriculum for PRIs and other stakeholders, based on TNA inputs, is expected to sensitize and inform PRI members in executing statutory services at all three levels of PRIs and the training programmes is also likely to strengthen the standing committees of PRIs at all levels. It is also assumed that training programmes would be developed and organized such that participants are enabled to understand the functional and operational aspects of conducting Gram and Ward Sabhas, decentralized planning, sanctioning of works, signing of bills, maintenance of accounts, reviewing of implementation and preparation and forwarding of utilization certificates and other executive skills necessary for office bearers to function.

1.4 Key research questions

Based on the findings of the literature review findings and subsequently referring to the terms of reference (ToRs), the following research questions emerged *(see Figure 1.4.1: Key research points and methods used).*

1.5 Scope

The study assessed the training needs of PRIs members by reviewing available literature, analysing training modules and through primary data collection at the panchayat, block and district level. It also evaluated the knowledge and awareness of PRI members with regard to the provision of WASH and other services, their understanding of their roles and responsibilities and their grasp of standard benchmark of services. The study team also investigated the overall institutional training set-up of PRIs – comprising training schedule, content on different technical and capacity sessions, infrastructure, monitoring, etc. – to identify the gaps in their capacities, which would be useful in recommending the specific training requirements.

Geographical coverage

The geographical coverage of the study encompassed six states: Assam (Northeast), Jharkhand (East), Madhya Pradesh (Central), Maharashtra (West), Telangana (South) and Uttar Pradesh (North) *(see map Figure 1.5.1: TNA study area highlighting blocks and districts in six states).*

Figure 1.4.1: Key research points and methods used

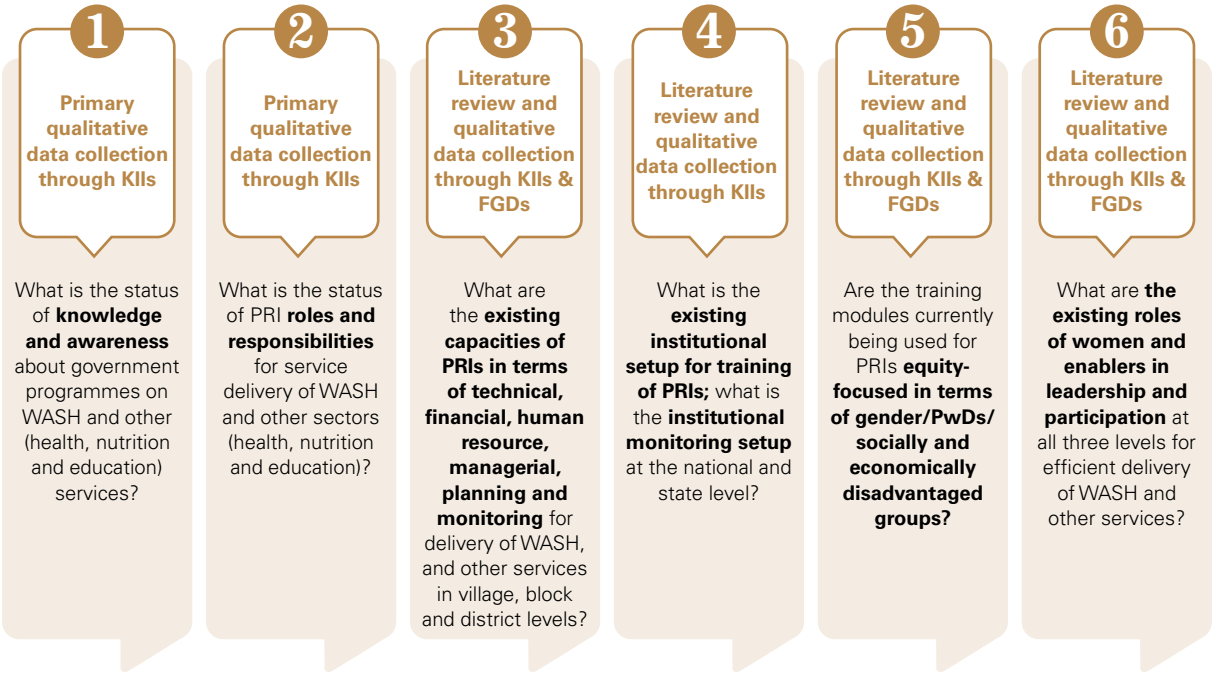
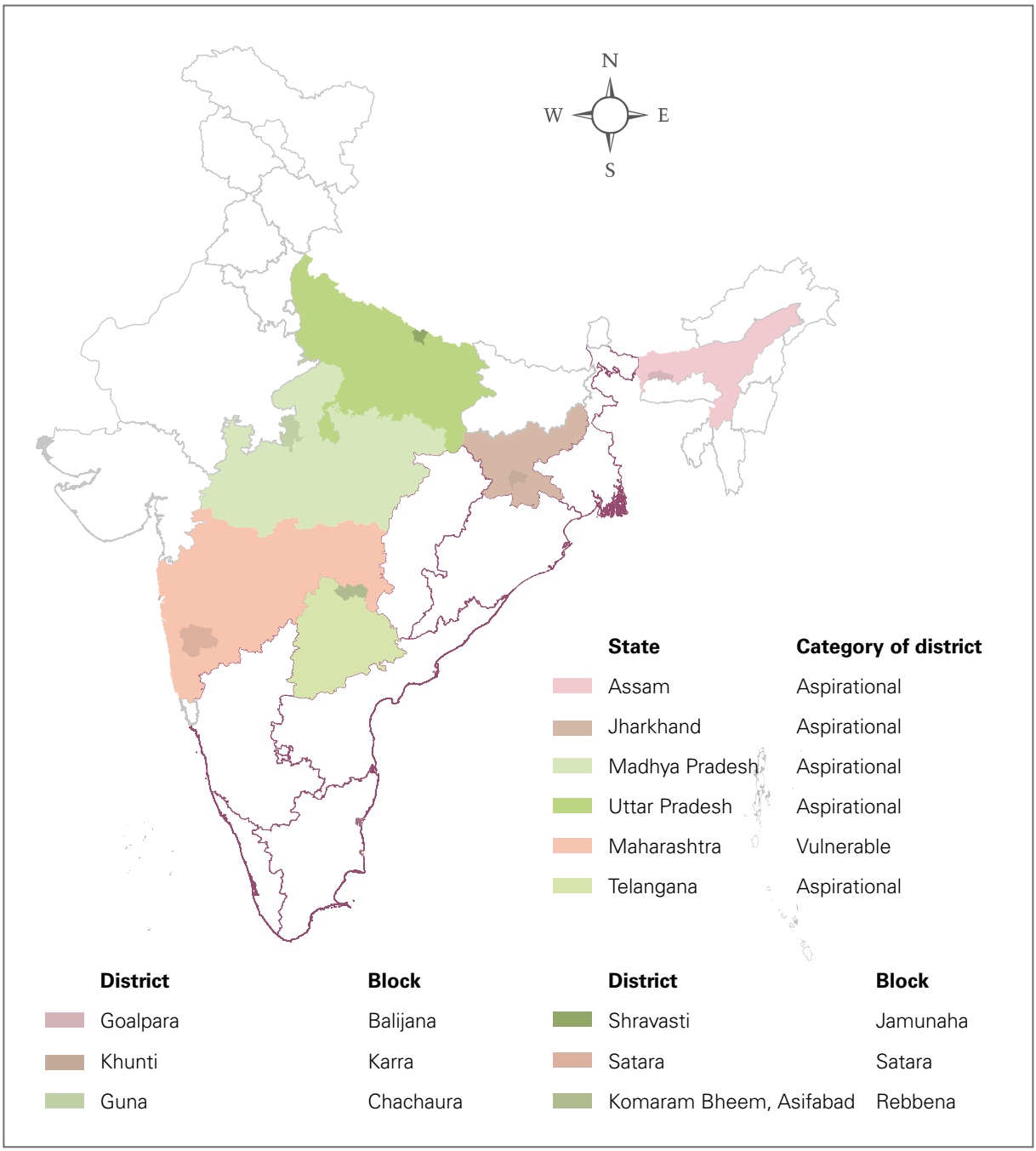


Figure 1.5.1: TNA study area highlighting blocks and districts in six states



1.6 Expected outcomes

The expected outcomes from the TNA is to establish:

1. what needs exist at three levels of PRIs;
2. whether they are important;
3. what is their level of knowledge, attitudes and practices;
4. how they have been defined in the existing training modules;
5. what the priorities are; and
6. how they may best be addressed in proposed training modules.

The current TNA study will help the government to design

- **Training curriculum on specific required issues:** Specific recommendations to conduct training programmes in consultation with stakeholders following the PRI's institutional culture, thus making it mandatory, regular and sustainable, while ensuring decisions on apportioning resources for training.
- **Training pedagogy:** Training pedagogy that suits the PRI context in respective states is simple but comprehensive. Hence, concept of institutional capacities versus resource availability must be analysed for further rolling out the actions best suited.
- **Training calendar:** Based on the selected pedagogy, training calendar with timelines covering the responsibilities of the trainers and facilitators.
- **Training content:** IIHMR University will propose the broad contents for the different training modules with TNA study report.

1.7 Limitations of the study

This is a qualitative study with a limited sample size; hence no quantitative data was gathered though efforts were made to understand qualitative issues by quantifying them. However, this limitation does not affect the findings and conclusion of the study because opinion was sought from key stakeholders residing in vulnerable and aspirational districts of India to minimize the limitations of the study. This has helped address the needs of the community and institutions from the most neglected and susceptible areas. Besides, the key information interviews (KIIs), focus group discussions (FGDs) and case studies collected during the study helped to understand issues in greater depth and the actual status of the PRIs in spite of quantitative limitations. Efforts were made to fill the gaps and understand issues by organizing the data, reading, coding, presenting and interpreting it. Based on its findings, conclusions and recommendations were made.

Chapter 2

A review of existing training in PRIs

Training is crucial for building capacity of PRIs and executing the programmes at the grassroot level. GoI has provisioned the engagement of institutions and aligned departments at the central and state level to facilitate this process. The IIHMR University's study team conducted discussions with the concerned departments and National Institute of Rural Development and Panchayati Raj (NIRD&PR) and state Institutes of Rural Development (SIRDs) during data collection from 19 December 2021 to 19 January 2022 to assess institutional role and understanding of building capacities of PRIs and executing WASH programmes.[4] Below are the findings.

2.1 Role of NIRD&PR in capacity building of PRIs

NIRD&PR's role is limited to and focused on designing training programmes at the macro level[5] and rolling them out at the state level is the SIRDs' responsibility. NIRD also recruits young professionals (YPs) to facilitate a more comprehensive understanding of grassroot issues and execution of its programmes. The research team found all the YPs very clear in their understanding of the 15th Finance Commission provision of both tied and untied WASH funds for conducting training programmes on watershed development and drinking water and sanitation facilities. However, as per discussions with NIRD officials, the following conclusions could be drawn:

- Both NIRD and SIRD training programmes for PRIs are currently customized to the state's needs or that of MoPR rather than as aligned with local needs.
- Implementation of child rights remains a challenge, even though issues and violations are discussed and debated in different consultations held between government stakeholders/PRIs, bilateral agencies, non-governmental organizations (NGOs), NIRD and SIRDs. Hence, central guidelines must be aligned with state-specific programmes and needs.

[4] Under the current practice, the MoPR instructs NIRD&PR to identify training needs for a particular year based on the guidelines shared from time to time. Following this, in consultation with the expert committee, NIRD&PR conducts workshops to review the annual action plan and design curriculum for 32 training topics prescribed by the Panchayati Raj Act. These modules are customized thematically by SIRDs as per local need. Besides, gender sensitization and health-related modules have been developed by NIRD&PR in association with the Centre for Gender Studies and UNICEF along with National Health Systems Resource Centre (NHSRC) and the department of health and family welfare.
As per NIRD&PR officials, various training programmes are identified across the 29-subject mentioned in the 11th Schedule of the Indian Constitution. In 2021, the regional level People's Plan Campaign (PPC) training programmes identified the gaps in training needs, on the basis of which NIRD&PR designed three different types of trainings, i.e., (i) induction (ii) refresher (iii) thematic. A ministry dashboard and every state portal highlight the progress of training programmes.

[5] Many NGOs are also working parallelly to develop capacity in PRI functionaries, such as PRADAN in Jharkhand and Bal Vikas in West Bengal.

- For any TNA, the priorities of PRI must be considered and requires convergence at all levels for a "lab-to-land" approach.
- Creating awareness at every level, including that of the higher functionaries, is essential for effective capacity building of PRIs.
- Exposure visits are a necessity for behavioural change among PRI members and need to be specifically budgeted for. The exposure will give them ideas on how to bring change at the community level with the existing resources and may be conducted though a kind of capsular conference for focused results. Further, best practices need to be shared where individual PRI members have effected significant change in the domains of WASH, health, education and livelihoods, for example, in COVID-19 protocols.
- NIRD needs to adopt a differential approach for capacity building of panchayats of different sizes.
- Training programmes can be effective with decentralized democracy.
- Training programmes are not effective because there is no need-based identification of participants, and they are not provided proper logistical support to facilitate attendance or training materials. It is observed that, frequently, due to lack of process, illiterate women are made to participate in gender-based training programmes to make up the numbers. Often, technicalities of drain construction are not shared with GP by Public Health Engineering Department (PHED) in WASH training programmes for example.
- Financial resource constraints need to be addressed at the proper time. For this, a training monitoring portal must be developed with the direct involvement of NIRD.
- True gender mainstreaming is absent.

2.2 Gaps in SIRDs' delivery of capacity building of PRIs

The importance of the role of SIRD in the capacity building of PRI officials and members cannot be overstated and the TNA study team found that the institutes are training different departments as well as Panchayat members in the study area (in a few of the sample states, the Panchayat Raj department has its own training institute[6]). SIRD Assam has mandated training for PRI members with a

Challenges for SIRDs

The nomination of and funding for trainee PRI members is a major challenge faced by SIRD in every study state. The issue is that busy PRI members are unable to attend training for 3–4 days.

Lack of sufficient remuneration to attend trainings is also a disincentivising factor. Apart from these, COVID-19 created additional issues of poor connectivity compounded by low levels of computer literacy.

While SIRDs are receiving different types of support from NIRD on training materials, guidelines, and customization as per state needs as well as ToTs for faculty, they are not equipped to conduct TNA studies for developing specific training modules, and expect support from the apex national body.

[6] Block and district level institutes conduct training under SIRD in Assam (District Panchayat Resource Centre), Jharkhand, Madhya Pradesh (Extension Training Centre, and Maharashtra (YASHADA).

five-day orientation programme, followed by specific training for two or three days as per requirement. However, the following gaps were observed in the delivery of adequate and appropriate training to PRIs:

- No TNA has been conducted for capacity building of PRI members.
- Subject specialist faculty members are insufficient in number.
- SIRDs are inadequate in providing locally customized, subject-specific content in the WASH, health, education, nutrition, DRR and climate change training modules and in handholding line departments to conduct the above training programmes *(see Chapter 5: Key findings).*
- While the pandemic precluded any offline training for PRI members by SIRD in the last two years, the study team found that, although a few SIRDs organized online orientation for PRI members on e-Gram Swaraj, Gram Manchitra and Mission Antyodaya, the number of online training programmes on COVID-19 protocols, or the 15th Finance Commission provisions, were much below the target.
- Despite the incorporation of gender issues in all the current SIRD training modules, there is a demand, particularly in Assam, from the grassroot level for women and children's charter.
- SIRDs' role in monitoring of capacity building programmes is limited – while pre- and post-testing assessment is carried out during the training, there is absence of any follow-up to evaluate the impact.

Awareness of 15th Finance Commission provisions on WASH and other SDGs

SIRD functionaries are aware of the WASH provisions of the 15th Finance Commission for tied and untied funds to rural local bodies for water and sanitation service delivery in convergence with the line departments. However, they are unclear about SDGs and issues.

Steps taken by SIRDs to enhance the capacity building programme for PRIs

SIRDs have adopted the following strategies in sample states to remain relevant in a rapidly evolving scenario:

- Faculty mentoring of GPs to identify gaps in the implementation of PRI activities as a tool to help them to design effective training for PRIs.
- Collaborating with other training institutes, such as DoPR institutional training centres, UNICEF and some NGOs to broaden the SIRDs' understanding of rural development issues.
- Social security training for PRI functionaries.

2.3 Status of WASH and other programmes

The work on WASH as mandated by the 15th Finance Commission is done by the Panchayat.

- **Water:** All the states have a water supply forum on Jal Shakti Mission with moderate to low (50 to 33 per cent) women's participation in VWSCs. Water conservation works and check dam construction are undertaken by the panchayat under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) while installation of hand pumps, tube and bore wells, water testing and piped water supply are undertaken by the PHED department under the JJM scheme.

- **SBM:** Work on open defecation free (ODF) and community toilets has been done in the first phase of SBM, and solid and liquid waste management is being undertaken in the second phase. Both activities are being conducted with the help of Swachhata Mitra and VHSNC.
- **Health and nutrition:** All the surveyed states have a nutrition fortnight (or month) campaign on with a focus on kitchen gardens, mother's garden and awareness programmes.
- **Aapda Prabandhan Samiti** has also been constituted in many places in the selected blocks for DRR, but it is unclear if the committee is functional. In the time of COVID-19, on issues such as migration or distribution of food, isolation work, vaccination campaigns, running awareness programmes or implementing lockdown effectively, the panchayats played a very important role. Online training programmes were administered to PRI members during COVID-19.

2.4 Status of People's Plan Campaign

People's Plan campaign for 2021–22 is complete and compilation under process for developing the annual plan. Frontline workers of all departments have been mapped on the website. Though participation has improved, more training is required.

2.5 Role of DoPR in PRI capacity building

While PRI training programmes could not be organized on a regular basis in the last two years due to the pandemic, a few SIRD online training programmes for officials as well PRI members have been organized on People's Plan Campaign (PPC), developing the plan and the 15th Finance Commission provisions. Annual training plans have been developed and approved by the state executive committees with a focus on GPDP, thematic trainings, orientation of newly elected panchayat representatives, training of trainers (ToT) and refresher training programmes. Information, education and communication (IEC) materials have also been developed. The departments have also aligned with training institutes, including bilateral agencies, that have a drilldown approach, infrastructure and resources pools at the lower levels.

DoPR monitoring and follow-up

In most of the surveyed states, district-level panchayat resource officials utilize the dashboard to monitor and follow up on the attendance, structuring of topics and re-training whenever required in training programmes organized at the district and block level. While the dashboard is employed to track training-related information like dates, subject, participant details and even progress monitored via video conferencing and suitable actions for improvement, there is a lack of impact assessment *(see Chapter 5: Key findings).*

2.6 Training of PRIs during COVID-19

It was noted that state DoPRs organized online training on developing the panchayat plan for 2021–22 under PPC as well as disseminated information on COVID-19 specific behaviour during the pandemic, including on

- returning migrant workers and their livelihood in a few states, such as Jharkhand;
- spraying and sanitizing;
- awareness generation via audio services in different languages and dialects; and
- setting up village-level quarantine committees.

Certain states also prepared a training module on COVID-19-related behaviour on counselling migrants during isolation or quarantine, nutrition and food distribution, immediate relief to distressed people.

There was a heartening convergence of various departments under the District Collector for sensitization and smooth delivery of COVID-19-related services – PHED for water distribution, health department's accredited social health workers (ASHA) and auxiliary nurse midwives (ANM) for awareness creation for COVID-19 testing, GPs for quarantine protocols and distribution of food (through Anganwadi centres (AWCs)). This model may also be followed for delivery of PRI training programmes as well *(see Chapter 5: Key findings for the impact of convergence)*.

2.7 Capacity gaps in gender and disability sensitivity and DRR

We observed during our assessment that the modules used for training of PRI members are gender-sensitive but interventions are required for other disadvantaged and vulnerable groups, and gaps exist mainly because of lack of conceptual understanding. **However, a positive finding is that DoPR has developed resource persons from that disadvantaged group itself to train special needs groups of PRI members.**

2.8 Department coordination with NIRD/SIRD

NIRD has played an important role in developing master trainers and thematic training of state and district officials while SIRDs are providing support on social auditing of rural development programme and a few training programmes on development issues for PRIs. NIRD and SIRD training plans include feedback from the department. There is also association with different training institutes that follow the drilldown approach, have resource pools at the lower levels and organize training programmes through respective training institutes like SIRD, VPCPTC and others. They have NIRD-certified resource people and resource group of in-house faculty members. A regional workshop on GPDP was organized by NIRD, hosted by MoPR Bhopal, and eight states participated in that workshop. During this TNA study, it was observed that the SIRDs have developed at different pace in different states, presenting a varied growth pattern and engagement with training and capacity building activities. A great degree of variation exists among them in terms of faculty strength, expertise, pedagogy, training modules, infrastructure and autonomy. This need to be streamlined for building the CB&T of PRI members.

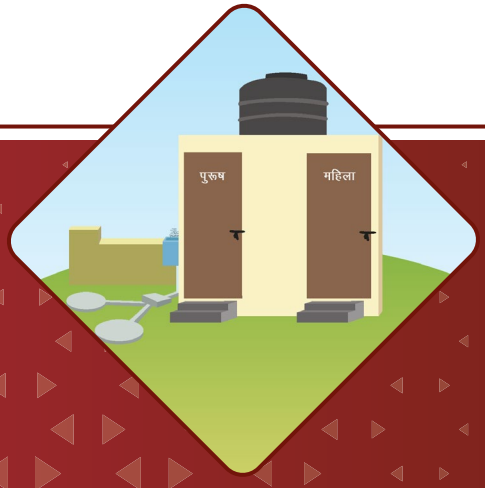
2.9 Subject-wise training of PRIs

The Directorates of Panchayati Raj in the study states are training PRIs on WASH, health, education, nutrition, gender, disaster and climate change under the provisions of the 15th Finance Commission. It is to be noted that the Jharkhand MoPR is also developing an induction training module for new PRI members, and in Assam, special emphasis is given on training PRIs on drinking water quality, sanitation, menstrual hygiene and nutrition with a focus on local agriculture produce.

However, with elections of new cadre due in February–March 2023 in Jharkhand, no training programmes were conducted during the study period (April–May 2022). **There is a demand in Assam for training on climate-resilient agriculture to tackle the frequent floods and the elephant menace that the state has to grapple with on a sustained basis.**

Chapter 3

Methodology



3.1 Sampling

The TNA study was undertaken in six UNICEF-supported states in the different zone of India – UP in the north zone. MP in central, Telangana in south, Maharashtra in West, Jharkhand in east, ans Assam in the hill and north-east zone – during the period of December 2021 to January 2022 on the basis of the following key considerations *(see Figure 3.1.1)*.

Purposive sampling was done on the basis of collective consciousness in respondents in 12 GPs of six blocks in six aspirational or vulnerable districts in consultation with MoPR and UNICEF *(see Table 3.1.1 for details of sampling)*.

Figure 3.1.1: Key considerations in shortlisting locations

Table 3.1.1: Districts and blocks selected for study

Study state	District status (as per NITI Aayog, GoI)	Selected district	SC/ST population (in %)	Selected block	Selected Gram Panchayat
Assam	Aspirational	Goalpara	29.4	Balijana	Agia
					Baladmari
Jharkhand	Aspirational	Khunti	41.7	Karra	Karra
					Chaata
Madhya Pradesh	Aspirational	Guna	35.41	Chachaura	Sanai
					Kekdiviran
Uttar Pradesh	Aspirational	Shravasti	18.2	Jamunaha	Sabalewadi
					Morewadi
Maharashtra	Vulnerable	Satara	53.5	Satara	Dewraniya
					Nadaidih
Telangana	Aspirational	Komaram Bheem, Asifabad	49.5	Rebbena	Kondapalli
					Narayanpur

This qualitative study was executed with different Panchayati Raj stakeholders – including PRI members (Sarpanch and Secretary); implementation workers (permanent and temporary/contractual working with the panchayats); health workers, Medical Officer in Charge (MoIC), accredited social health activists (ASHAs) and anganwadi workers (AWWs); and block, district, and state-level officials.

Overall, IIHMR University, Jaipur, collected qualitative information on opinions and experiences on training needs from 186 respondents, which was later raised to 330 respondents, at the GP, block and district level through pre-tested and approved qualitative tools such as KIIs and FGDs conducted separately with men and women in the selected GPs to get the opinion of the community on the role played by PRIs at the GP level during normal and pandemic times. The respondents comprised key stakeholders who hold important positions in the PRI system and are also accountable for executing WASH services at the grassroot level. The number is, therefore, significant to raise concern (refer to Table 3.2.2 for details of stakeholders). The different officials above the block level were also consulted *(See Annex-1, pp. 33–34).*

3.2 Data collection

The study team collected primary data from the field in all the six sample states, visiting the identified districts, blocks and GPs for over one month from 19 December 2021 to 19 January 2022 to contact the respondents. The data collection was facilitated by the Joint Secretary, MoPR, by issuing a DO letter to the six Principal Secretaries of Panchayati Raj and Rural Development and to the Directors of NIRD and SIRDs. A total of 186 respondents were interviewed through KII tools while 198 household members participated in 22 FGDs across the six states *(see Table 3.2.1 for details of sampling):* 59 per cent of men and 41 per cent of women who had an average age of 45 and 40 years, respectively.[7] To analyse the collected qualitative data, it was first coded, entered in MS Excel and then analysed using Atlas-Ti software and SPSS 22.0 Version (Statistical Package for Social Science). Verbatim responses acquired from the community through focus group discussions and case studies were backed up by the primary conclusions.

The modification in number of total interviews (KIIs and FGDs) from 186 to 330 was based on a discussion with UNICEF. It had been earlier decided to conduct one FGD per GP. However, looking at the issues in the field and to elicit more extensive information on WASH and aligned issues, it was later resolved to conduct separate FGDs for males and females in every GP, which increased the number to 22 FGDs in 12 GPs. This ensured greater and more exhaustive participation.

3.3 Tools

To accomplish the objectives, IIHMR University, in consultation with UNICEF and MoPR officials, developed 12 different qualitative thematic tools on WASH, health, nutrition, education, gender, DRR and climate change *(see Annex 3).* Training gaps were identified on the basis of respondents' existing knowledge, attitude and practices, and suggestions incorporated in this report. Questions were framed in a semi-structured form following a desk review of existing literature examining the research questions and the earlier findings. Table 3.3.1 depicts the tools developed to conduct the training assessment.

[7] Four FGDs per state, with the exception of Jharkhand where only two FGDs were conducted due to various reasons. *Refer to Annexure 1 for state-wise details of KIIs and profiles of FGD respondents.*

Figure 3.1.2: Details of stakeholders consulted

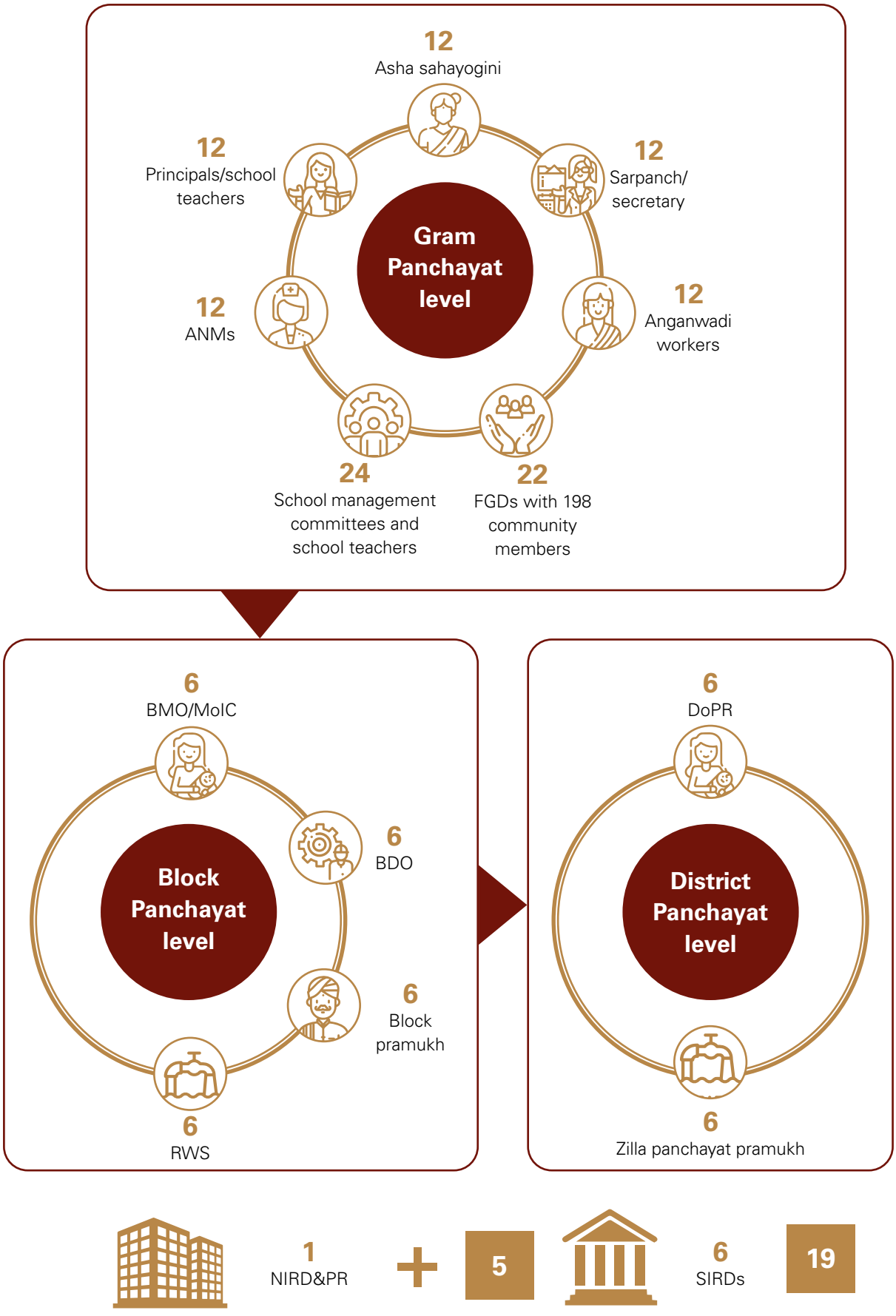


Table 3.2.1: Overall sample size for KIIs and FGDs for the primary data collection

Stakeholders	Number of interviews planned	Mode of data collection	Actual number of interviews
GP members, including Pradhan (50% women participation mandated)	4 (GP sarpanch; secretary; 1 Govt engaged WASH worker; 1 non-Govt WASH worker. **(4*12 GPs = 48)**	KIIs	4 (GP sarpanch; secretary; 1 Govt engaged WASH worker; 1 non-Govt WASH worker / block coordinator-WASH. **(4* 12 GPs = 48)**
Other functionaries	1 block development officer; 1 HM / schoolteacher 2 ASHA/ANM/AWW. **(4*12 GPs = 48)**	KIIs	1 block development officer x 6 = 6 (1*6 Blocks = 6) 1 HM / schoolteacher × 12 = 12 2 ASHA × 6 = 12 2 ANM × 6 = 12 2 AWW × 6 =12 (4*12 GPs + 6 BDOs = 54)
Other functionaries	1 MOIC of health centre 1 woman health visitor/ community health officer 1 school management committee member 1 block-level PRI member 1 district-level PRI member **(5/district*six districts = 30)**	KIIs	1 MOIC of Health Centre × 6 = 6 1 woman health visitor/ community health officer 1 school management committee member x 12 = 12 1 block-level PRI member x 6 = 6 1 district-level PRI member x 6 = 6 **(5/district * six districts = 30)**
Household members (50% women participation mandated)	12 FGDs in 12 GPs **5 HH members * 12 GPs = 60 household members**	FGDs	22 FGDs in 12 GPs (6 states). Total **198 household members** participated with 49% women (98) and 51% men (100).
186		**330**	
SIRD officials of six states	**26**	KIIs and FGDs	KII and discussion with Director, faculty and resource persons/ state resource group who imparted training to PRIs representatives and other officials.
NIRD and PR officials	**5**	KII and FGDs	Several round of discussion and brainstorming in three days with the faculty of NIRD&PR and two senior faculty of IIHMR University.

Table 3.3.1: Tools used for TNA

Tools used for training needs assessment of PRIs					
Key informant interviews					
▶ Pramukh, Zilla Panchayat ▶ Pramukh, Block Panchayat	▶ Sarpanch, Gram Panchayat ▶ Secretary, Gram Panchayat	▶ Health Worker ▶ BMoIC/MoIC	▶ RWS Officer ▶ BDO	▶ SMC ▶ School teacher	▶ SIRD officials ▶ NIRD officials
Focused group discussions					
Community					

Piloting and training of project team

The 12 tools were piloted in the Bassi GP of Jaipur district on 11 November 2021, under the guidance of WASH officer and M&E focal point, UNICEF India. Based on the findings from the pilot and suggestions from UNICEF, the tools were further modified by the study team and subsequently translated into English and other regional languages. They were approved by UNICEF Delhi and institutional review board (IRB) of IIHMR University before field visits. The TNA research team employed an explorative study design through qualitative tools *(see Figure 1.4.1 in Chapter 1 for the methods used to answer the key research questions).*

To build the capacity of the study team and to reduce bias and bring uniformity on the KII tools and the FGD checklist, a series of training programmes were organized by IIHMR University both in hybrid and offline mode for all team members involved in the study. The training sessions by UNICEF and MoPR included instructions on research ethics as per UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis and were in accordance with the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research. Additionally, Dr. Khushwant Sethi, Joint Secretary, MoPR; Dr. Bala Prasad, Senior Advisor to the project; Mr. Sujoy Mojumdar, Senior WASH Specialist, UNICEF; and Ms. Koushiki Banerjee, WASH Officer and M&E focal point, UNICEF, India, trained and updated the research team on the PRI system and the latest guidelines.

Confidentiality and ethical concerns

Research studies and assessments impact humans, animals and the society directly or indirectly and ethics are crucial to the privacy and safety of respondents. The study applied 'do-no-harm' principle during data collection (interviews and consultations) and took adequate steps to ensure both data confidentiality and ethical concerns. All the members of the field data collection team underwent training on ethics in research. Following due process with the of IIHMR University's IRB, individual verbal and written consent were incorporated in all the tools of KII to safeguard the confidentiality of the information shared by the respondents. Informed consent was sought and obtained from respondents prior to all the interviews. For FGDs, these were shared verbally with all the adult participants prior to the discussion. *(See Annex 3) for the informed consent document for KIIs and FGDs.)* De-identification of data by assigning of codes was followed during collection and analysis of data so that it cannot be traced to the respondent.

Analysis and documentation

All the qualitative information was coded for open-ended questions and entered in MS Excel and analysed with ATLAS.ti software, and IBM SPSS Statistics (Statistical Package for Social Sciences) V22.0. Following the coding of the responses received from different stakeholders, cross-tabulation triangulation was made with the help of bivariate data tables. Stakeholders' analysis was also conducted to understand the competency of PRIs at different levels on the basis of knowledge, attitude and the gap, identified and categorized as high (more than two-thirds; 66 per cent), medium (more than half; >50 per cent) and low (less than half; <50 per cent).

The key findings were supported by verbatim anecdotal evidence obtained from the community through FGDs and case studies. Tables, figures and graphs are presented as necessary in this report to showcase the key findings.

Chapter 4

Literature review

The mismatch observed in the existing delivery of capacity building training programmes in WASH and aligned services of health, education, nutrition and others and knowledge gaps of PRI members at the GP level necessitated a detailed review of literature. This review helped in mapping the study universe and assessing training needs, and consequently designing study instruments to capture the ground reality. The gaps and issues thus identified were incorporated in the TNA questionnaire.

The review was based on the existing subject-specific guidelines, annual reports from MoPR and line departments and evaluation at the institutional and individual level. In view of the lack of adequate number of published articles on PRIs' performance and gaps, the existing training modules on eight different thematic areas – WASH, health, nutrition, education, women empowerment, GPDP, disaster management and climate change – were reviewed. The literature review was also substantiated by the KIIs and FGDs during assessment.

To arrive at the probable answers to the research questions and study objectives more comprehensively, the role, responsibilities and performance of PRI members were reviewed to determine capacity gaps. The study team researched articles and grey literature in Google Scholar by applying Boolean search for the keywords WASH, PRI, Health, Education, Nutrition, Gender, Climate Change and Disaster Resilience and Response (DRR). The key findings by the thematic areas are summarized below.

4.1 PRIs and WASH

The Jal Jeevan Mission, a flagship programme of GoI, was launched with the aim to provide clean drinking water access through functional household tap connections (FHTC) by community-based planning, execution and O&M of drinking water sources on a demand-driven basis under the leadership of local bodies (for example, panchayats). The programme focused on creating sustainable water infrastructure, source sustainability, site-specific technologies and local capacities to ensure water supplies at the household level in adequate quantity and quality.[8] As per the 73rd Constitutional Amendment, the responsibility to operate and maintain water supply schemes lie with the panchayats. Sustainability of village-level water supply systems and water quality issues are also linked to adequate O&M of the systems. A system becomes sustainable if it is technically, financially and institutionally viable and is socially acceptable as well. Hence, the

[8] *Operational Guidelines for the Implementation of Jal Jeevan Mission (Har Ghar Jal),* Department of Drinking Water and Sanitation, 2021.

role of a facilitator was defined and envisaged for external/government agencies to empower and facilitate communities to take on a central role in community-based planning, implementation process and O&M of drinking water schemes. This was implemented in a demand-driven approach and led by the local self-governance system, that is, PRIs at village level while government agencies would continue to carry the responsibility of bulk water transfer, multi-village schemes and bid projects. Additionally, the literature review found that the in-village water supplies would be the responsibility of the designated Village Water and Sanitation Committees (VWSC) with technical support of line departments.

However, proper planning, implementation and O&M of water supply and water resources at all levels can only materialize through empowered and aware stakeholders through skill development. To enable and facilitate the village community, PRIs must play their rightful role, in terms of bridging knowledge and information gaps, both thematic and programmatic, on various aspects of drinking water. The National Rural Drinking Water Programme (NRDWP) envisages empowerment of the PRIs, especially at the village level, through a multi-pronged approach; education and effective communication with stakeholders could play a pivotal role in this context.[9]

A "Community Water Plus" review by Mekala et al.[10] of community support mechanisms and resources implemented in 20 successful community-managed water supply programmes across India finds that community management of rural water supply has a long history, with several well-documented success stories. However, communities **need support from government and other entities to deliver sustainable services, and GP is their first line of support.** Through the findings of case studies,[11] it maintains that the success of sustained WASH and other services in GPs depends on PRI functionaries, their planned role and coordinated action. And, to achieve success in service delivery, the PRIs must be sensitized about their roles, responsibilities and people's needs.[12]

Contaminated groundwater and out-of-pocket expenditure on emergency healthcare lead to a compromised human life value and are the most frequent causes of under-5 mortality (U5MR). Factors like awareness of the impact of hygiene and sanitation, the roles played by various key stakeholders and a proper implementation of a sanitation plan are pivotal in the management of safe sanitation.[13]

It is not enough for PRIs to simply take ownership of rural water supply; they must ensure its quality as well. Therefore, it is pertinent to understand how must these institutions deliver on water supply services. The case of Bakaram Jagir GP in Rangareddy, Telangana, managing access to a safe water supply system suggests that the actual realization depends to a large extent upon effective functioning and delivery to the people in an equitable, efficient and sustainable manner. The Bakaram Jagir Panchayat water supply scheme has been in existence for over two decades. The Panchayat collects a water fee of INR 40 per month through a karobar (tax collector)

[9] The Ministry of Drinking Water and Sanitation, GoI.

[10] Mekala, S., S. Smits, S. Jasthii, P. Hutchings, R. Poonia, C. Daniel and P.C. Dash (n.d.). 'Assessing the "Plus" of successful community-managed water supply programmes in India'.

[11] World Bank-supported rural water supply and sanitation programme in Punjab; Jalanidhi Programme in Kerala; WASMO in Gujarat; and the TWAD Board 'change management' experience in Tamil Nadu.

[12] Mekala, S., S. Smits, S. Jasthii, P. Hutchings, R. Poonia, C. Daniel and P.C. Dash (n.d.). 'Assessing the "Plus" of successful community-managed water supply programmes in India'.

[13] Ministry of Jal Shakti, GoI. *Guidelines for Swachh Bharat Mission (Gramin), 2017.*

appointed by the GP and has recruited a pump operator to manage the O&M of the system, including the public stand-posts. Committed to providing potable water to each house, the GP has, in recent years, has established a RO water purification plant whose O&M has been entrusted to a community member on rental. **What makes Bakaram Jagir stand out among other similar efforts is the emphasis on supply of 'safe drinking water', rather than just 'piped water' at the household level. In villages where the quality of potable water is a concern, the capacity of the PRIs can be enhanced to tap into alternative sources of safe water.**[14]

The success of national flagship programme SBM-G depended on the efforts and innovations of GPs, which was ensured through creating community awareness on regular use of facilities. However, **sustainability of the thematic areas of sanitation requires regular intervention for capacity strengthening of PRI members and field functionaries** such as Swachhagrahis and other Swachhata champions (ASHAs, ANMs, teachers) **on repair and maintenance of soak pits, compost pits, greywater management assets, repair and maintenance of toilet hardware and technology upgradation and sustaining sanitation behaviour.**

In this context, it is necessary to analyse the level of awareness, knowledge, and capacities of PRI members in setting up and delivering WASH services – including core responsibilities of (i) GPDP planning; (ii) resource mobilization and fund allocation; (iii) O&M; and (iv) conducting IEC campaigns. There is a dire need for an analysis of the institutional set-up for training and monitoring at all levels of PRIs, including existing training content, modality, budget and gaps in WASH delivery.[15] The SBM(G) Phase II operational guidelines, 2020, issued by the Union Ministry of Jal Shakti prescribes specific protocols to managers at state, district and GP levels. So, implementers need to act on the guidelines for community-based interventions, which facilitate hygiene promotion and sanitation in all areas. The guidelines hold significance as the country continues to deal with the COVID-19 pandemic as well as many disasters and negative consequences of climate change across the country.

A collective, strategic and organized effort from district, block and GP level to execute a time-bound implementation plan can achieve set targets, as can be seen in the successful case of rural Jharkhand where sanitation coverage increased from 16.25 per cent in October 2014 to 100 per cent in November 2018. Achieving this milestone was possible due to awareness and capacity building programmes for all ERs of PRIs; identification of community Swachhagrahis; training on community-led approaches to sanitation; and accelerating coverage with incentive-based deliverables. This case underscores the importance of the role of PRIs in achieving the implementation of WASH programmes in rural areas.[16]

The significance of efficient management of solid and liquid waste, a key deliverable of SBM, rises manifold in the rural areas, because the basic financial outlays required are minimal or absent, seriously limiting the proper provision of sanitation facilities. **Despite a number of innovative, demand-driven approaches** with a strong emphasis on IEC and capacity building through behavioural change communication, PRI

[14] Rout, S. *Managing Rural Water Supply through Panchayats: A Case Study of Bakaram Jagir Gram Panchayat in Rangareddy District, Telangana*. National Institute of Rural Development and Panchayati Raj, 2018.

[15] Ministry of Jal Shakti, GoI. *Operational Guidelines for The Implementation of Jal Jeevan Mission-Har Ghar Jal, 2019.*

[16] Department of Drinking Water, *Swachh Bharat Mission – Journey of Jharkhand. 2020.*

involvement and public–private partnerships, **the desired outcome could not be achieved in the absence of requisite capacity at different levels.** Campaigns such as Total Sanitation Campaign (TSC) in 2003–04 and later Nirmal Bharat Abhiyan (NBA) emphasized more on the construction and use of individual household latrines (IHHL) with a hike in the incentives for their construction.[17]

Two case studies in Punjab stand out. A case study on the role of PRIs in management of solid and liquid waste management in village Chakar in Ludhiana and another done on the role of PRIs in rural sanitation in Khadoor Sahib village in Tarn Taran[18] show that motivated ERs and community can overcome barriers such as population size, diverse traditions, caste and creed. The role of the ERs of the GPs in both the villages in Punjab was crucial because they were direct stakeholders not only in executing and implementing the scheme, but also in sensitizing beneficiaries and disseminating information and awareness.

Strengthening the capacity of key WASH implementers like Sarpanch, GP members, Nigrani Samiti, Swachhagrahis, ASHAs, anganwadi workers, Jal Sahiyas and pump operators and sharing relevant information on ODF Plus and JJM activities with them is also critical to achieve desired results.[19]

If relevant transparency, accountability and participatory (TAP) systems are in place, there is a higher level of WASH service delivery. This was demonstrated in a study on unit costs of WASH service delivery in 20 villages of Andhra Pradesh. Further, there is a clear difference among award-winning and non-award-winning villages on WASH service delivery across the different indicators of TAP.

This indicates that **community involvement in process of WASH services is not satisfactory, and the success of WASH programmes in GPs depends not only on TAP systems, but also on the role and commitment of GP/VWSC members.** This proves that there is a need to identify the gaps and requirements in the capacities of the PRIs and other stakeholders related to their core responsibilities in the WASH sector.[20]

4.2 PRIs and health

Health status is an important development indicator of the quality of life of people and has been duly recognized by the inclusion of family welfare, health and sanitation (including hospitals, primary health centres and dispensaries) in the 11th Schedule (Article 243G) and public health in the 12th Schedule (Article 243W). Improvement in community health requires coordinated efforts of the health sector and supportive activities of sectors such as nutrition, education, housing, water supply and sanitation.

The National Health Policy, 2017, also emphasizes implementation of public health programmes through local self-government institutions. The National Health Mission (NHM) provides necessary support to ensure that preventive and promotive interventions reach the vulnerable and marginalized through expanding outreach and linking with local governance institutions. Intersectoral convergence, community ownership steered through village-level health committees at GP level and a well-functioning public sector health system are, therefore, key to NHM success, and PRIs are critical to planning, implementation and monitoring of health programmes.

[17] Swachh Bharat Mission (Gramin), *Phase II Operational Guidelines, 2020.*

[18] Singh, D., *Documentation of Best Practices Under Thematic Area of Role of PRIs in Management of Solid and Liquid Waste, Village Chakar, District Ludhiana, 2018.* Retrieved from the National Institute for Rural Development and Panchayati Raj: http://nirdpr.org.in/

[19] Sujal and Swachh Gaon, *Resource material for field trainers.* Department of Drinking Water and Sanitation, Ministry of Jal Sakti.

[20] Ramachandrudu, M.V. and M. Snehalatha. *Can WASH services be improved by tapping? Insights from WASH Cost (India) Project.*

There are indications that PRI engagement in improving key health indicators is becoming a reality. However, to expedite the process and to make it more effective, consideration of key issues related to empowerment of panchayats through funds, human resources and capacity is essential. It is perhaps the only existing mechanism to achieve large-scale community participation and reach the marginalized and vulnerable, particularly women, children and the poor. The implementation of different health programmes and improving public health at panchayat level, particularly, requires better cooperation among panchayat members, Village Health Committee/Gram Sabha to make health for all an achievable reality. Studies reveal that the efficiency and impact of VHSCs/VHSNCs (Village Health Sanitation Committees/ Village Health Sanitation & Nutrition Committees) is very limited due to the following reasons.[21]

- Understanding of the role of VHSNC is highest among ANMs, AWWs and the ASHAs, followed by self-help groups (SHGs) and panchayat members. Majority of members are unaware of its functions, proceedings are not recorded and most VHSC/VHSNCs do not maintain village health, birth or death registers. There is no involvement of members other than ASHAs and PRI members in budget planning and expenditure exercises. None are involved in budget tracking; and SHG members are not even aware of provision and amount of annual grant provided to VHSCs as mandated in NHM Guidelines, 2021.
- There is a significant association between the type of stakeholder and knowledge. While PRI and SHG members are generally found ignorant of different aspects of VHSC, are unaware of their roles and responsibilities and admit to having received no formal training before being made members of the committee,[22] the role of ASHAs and ANMs are found to be limited mainly to the function of sanitation and they too have inadequate knowledge about VHSC functions.
- No capacity building for VHSC/VHSNC members has been undertaken so far. It appears that programme implementers (District Programme Manager under NHM and Block Medical Officers) are themselves not clearly instructed about the programme guidelines. There is a clear need to educate them about their roles and responsibilities, the importance of VHSNC and its role in ensuring healthcare for all. Regular updates and orientation of the stakeholders about the untied fund and its efficient utilization and strict monitoring at each level is also needed.

Training and capacity building of panchayat members, or at least of the GP health committees, can go a long way in empowering them, and in augmenting the accountability of local public service providers. However, this has emerged as a highly neglected area, notwithstanding claims to the contrary. Only about 15 per cent of Panchayat Pradhans and Ward Panches reported having received any training on the role of panchayats in the rural health sector whereas about 58 per cent of ANMs and multi-purpose workers (MPWs) received similar training. **The neglect of capacity building of the key stakeholders has resulted in lack of community needs assessment, low awareness levels and defunct health committees, as has been observed in Himachal Pradesh.** GPs have

[21] Malviya, A., S. Dixit, A.K. Bhagwat, S.B. Bansal and A.K. Khatri, 'Assessment of Functioning of Village Health and Sanitation Committees (VHSCs) of Indore District', *Online J Health Allied Sci,* vol. 12, 2013, pp. 1–5.

[22] Sah, P. K., A. V. Raut, , C. H. Maliye, , S. S. Gupta, , A. M. Mehendale, , B. S. Garg, , and W. Sewagram, ''Performance of Village Health, Nutrition, and Sanitation Committee: a Qualitative Study from Rural Wardha, Maharashtra', *The Health Agenda,* vol. 1, no. 4, 2013.

performed poorly in terms of the criteria for assessing local government performance in formulation of local health plans on the basis of community needs assessment; mobilization and management of resources (financial, human, material and social capital); communication and awareness generation and (health) programme implementation.[23]

Increased community participation through PRIs in the management of public health institutions and initiatives strengthens the public health delivery system, as can be seen in Kerala where a positive working relationship between health departments and PRIs has created an environment that responds effectively to different local needs with enhanced health infrastructure and a robust service delivery. An absence of understanding, capacity and confidence in ERs and officials of PRIs in addressing health issues lead to poor delivery. Health committees in all PRIs should be strengthened through capacity development programmes to make them more effective in better service delivery.[24] A 2014 case study on the role of ERs of PRIs in enhancing rural health services in Tumkur district of Karnataka finds that 70 per cent of the respondents had low involvement and low awareness of the rural health services. The study has clearly shown that this lack of knowledge has impacted the provision of health services to the community.[25]

A 2009 West Bengal case study concludes that to improve knowledge, performance, involvement and attitudes of the health committee members towards rural health and family welfare programmes, it is imperative to include them in meaningful ways in discussions on health issues. A health-oriented training would improve the efficiency of panchayat members.[26] In the state of Odisha, there are some initiatives to involve PRIs in healthcare, but there is limited evidence so far on their role in influencing the health services; mainly because the training initiatives are sporadic, unstructured and, moreover, targeted to health department staff on these committees rather than ER members from PRIs.[27]

4.3 PRIs and nutrition

Services for early childhood care and education, including maternal and child health at the village level, are heavily envisaged around and dependent upon AWWs from Integrated Child Development Scheme (ICDS), and ANMs and ASHAs from NHM. Since child nutrition, as a subject, is not directly devolved to the PRIs, it is not their mandate to demand accountability from the anganwadis. It is only through VHSC that the AWW is accountable to the GP. Therefore, awareness of nutrition matters is an important issue for PRI members presiding over VHSC meetings at the village level.

A concerted action of AWWs, ASHAs and ANMs, suitably backed by local GP members, to address social determinants can make some impact on the management and prevalence of undernutrition. While Village Health, Sanitation and Nutrition Days (VHSND) are being organized for some time

[23] Ray, S. 'Gram Panchayat and Health Care Delivery in Himachal Pradesh', *Sociological Bulletin,* vol. 56, no. 1, 2007, pp. 88–108.

[24] John, J. *A study on effectiveness of Panchayati Raj Institutions in health care system in the state of Kerala.* Planning Commission, Government of India, 2012. Retrieved from http://planningcommission.nic.in/reports/sereport/ser/ser_kds1803.pdf

[25] Kumara, N. and N.A. Farooquee, 'Role of Elected Representatives of Panchayat Raj Institutions (PRIs) in Enhancing Rural Health Services in Tumkur District of Karnataka', *International Journal of Home Science Extension and Communication Management,* vol. 1, no. 2, 2014, pp. 139–142.

[26] Barman, S., 'Role of the Elected Panchayat Samity Members in National Health and Family Welfare Programmes: A case study', *The Qualitative Report*, vol. 14, no. 1, 2009, p. 20.

[27] Rout, S.K. and S. Nallala, *Catalysing the Role of Panchayati Raj Institutions in Health Care Delivery in Odisha.* Editor's Note, 2016, p.18-21.

now, a serious evaluation is necessary to measure their effectiveness. Many district-level officials express reservations about the quality of implementation, agreeing that the concept is good, but operationalization is inadequate. A large majority of villagers (94 per cent) express satisfaction with the performance of anganwadi workers in not only ensuring adequate nutrition to children, but also playing a key role in immunization programmes and awareness generation about antenatal services. **However, though there is adequate coordination between the anganwadi workers and the ANMs, it is conspicuous by its absence between the panchayats and the anganwadi workers.** As gathered during FGDs and KIIs conducted during the assessment, none of the sample anganwadi workers bothered to inform the GP about malnutrition cases, even as the concerned ANMs were kept informed. About 48 per cent of Panchayat Pradhans have no clear idea of the role of anganwadi centre and its workers.

Contrary to this, GoI stresses on the direct role of PRI in planning and implementation of early childhood care and education (ECCE) programme[28] (GoI, 2012). In Himachal Pradesh, PRIs have been involved in monitoring, supervision of ECCE/anganwadi centres and identification of beneficiaries. Panchayats are authorized to check the regularity of functioning of anganwadi centres and to ensure coverage of all eligible beneficiaries, coordination with departments like health and family welfare and education to ensure non-formal preschool education at anganwadi centres, improve infrastructure, distribution of food and health services, construction of anganwadi centres in the jurisdictional areas, providing infrastructure facilities and other logistic support to facilitate implementation of the programme[29] (Govt. of Himachal Pradesh, 2014).

On the other hand, as another study on Himachal Pradesh concludes that the **panchayats' role in enrolment, providing and maintaining infrastructure facilities, monitoring, reporting and financial assistance is not satisfactory.** The same situation is applicable for the coordination between line departments, especially between anganwadi centres and PRIs. There is an immediate need to render panchayats more active in implementing ECCE programme and schemes. So, **the study recommends that panchayat members be sensitized and trained to function better as their role is crucial to the delivery of better nutrition to the community.** The National Food Security Act, 2013, has prescribed the role for local authorities, that is, PRIs, in the implementation of all schemes, including the Targeted Public Distribution System (TPDS), for ensuring that the subsidized food grains reach the targeted beneficiaries. It has mandated PRI members to conduct periodic social audits on the functioning of fair price shops (FPSs), TPDS and other welfare schemes, publicize findings and take necessary action. Therefore, their training/ orientation is needed to enhance knowledge and capacity on managing TPDS in their area.

4.4 PRIs and education

Education plays a major role in various aspects of development such as health, sanitation, hygiene and poverty mitigation. Acquiring new skills for better employment is also aligned to it. It contributes positively to children's health because they spend a significant amount of time in schools, making them the best place to learn, practice and inculcate good WASH behaviour. The benefits go beyond the classroom: school WASH contributes to the health of the future

[28] Care, E. C., & Rao, E. D. B. (2012). Early Childhood Care and Education. Retrieved June, 24, 2018.

[29] Attri. R., Role of Panchayati Raj Institutions in Early Childhood Care Education in Himachal Pradesh- An Appraisal, Issues and Ideas in Education, Vol- 2, No- 2, September 2014, pp. 229–245, DOI: 10.15415/iie.2014.22017

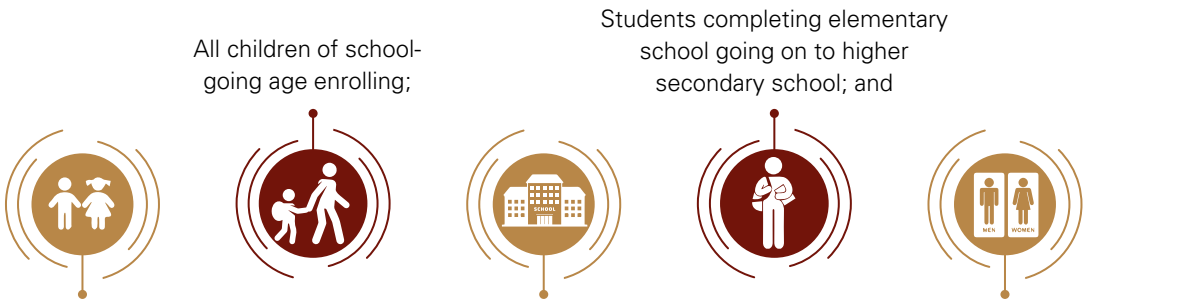
generation and thereby to the growth of the nation. As change agents, children can positively influence the behaviour of their family and community members. India enacted The Right of Children to Free and Compulsory Education Act, 2009 for children between 6 and 14 years under Article 21A of the Indian Constitution. However, education, especially primary education, requires more attention and to steadily maintain the performance of education in India by (i) increasing the enrolment rate, (ii) increasing retention rate and (iii) decreasing the dropout rate.[30]

PRIs can play a vital role in the development of primary education and implementing the Sarva Shiksha Abhiyan (SSA) successfully through Shiksha Samitis, Shiksha Mitras and other various committees. To a large extent, PRIs play a vital role in the eradication of illiteracy and facilitating primary education, but to ensure education for all, **GPs can work to facilitate, promote, strengthen and monitor access to entitlements like scholarships, uniforms, textbooks, mid-day meals, improvement of school and anganwadi infrastructure, including clean and safe drinking water and toilets, which play a large role in enrolment and retention.** During development of annual work plan for education, GPs need to focus on several areas.

Other studies find that education committee and Gram Sabhas are not involved in school activities and their monitoring and supervisory role seems a mere formality. Members hardly visit the school and do not have the capacity to participate in school management. Their role is peripheral in which they are neither interested nor motivated to get involved in. Involvement of PRIs should be an integral part of planning and implementation mechanism in school education. **This is only possible when powers are devolved in the true sense, capacity building programmes are conducted for PRIs and accountability fixed at various levels.** The school management committee (SMC), a necessary precondition for primary and upper primary schools, also has the mandatory participation of GP. It is, therefore, necessary that panchayats at village, block and district levels be strengthened and involved in planning and management of elementary education.[32]

The poor performance of PRI members in the management of elementary school may be attributed to the lack of knowledge or awareness about the Right to Education Act, 2009. Illiteracy and poor socioeconomic status of PRI members may be another reason for their non-involvement in school

Areas of GP focus during development of annual work plan for education



[30] Ministry of Panchayati Raj Government of India, *Localization of Sustainable Development Goals in Panchayat Raj Institutions.* Report of the Expert Group. Volume 2, 2021.

[31] Prasad, L. and A. Gautam, *Role of Panchayati Raj Institutions in Development of Primary Education,* 2013. Available at SSRN 2233460.

[32] Tyagi, R.S., 'Management of School Education: Role of Panchayati Raj Institutions', *Journal of Rural Development,* vol. 31, no. 1, 2012, pp. 95–114.

functioning. Hence, more educated people must be encouraged to fight elections to the PRIs, so that they can contribute better for the school and children. **Sensitization and orientation programmes for PRI members on their roles and responsibility in managing primary and elementary education, especially in the context of the RTE Act 2009, is a necessity.** PRIs have been entrusted with various roles in the management of formal and non-formal education. They should devise mechanisms to manage schools in their jurisdiction and involve communities in their functioning so that quality elementary education can be achieved.[33]

4.5 PRIs and gender

Article 243 D(3) of the Constitution of India stipulates one-third representation for women in the total number of seats and reservation of the post of chairperson in all three tiers of panchayats, which extends to women belonging to SCs/STs. **Twenty states have already provided 50 per cent reservation for women in the PRIs,** taking the national average to 13.75 lakh in PRIs, that is, 44 per cent of total ERs,[34] **and 10 states in the 5th Schedule Area have given 50 per cent reservation to women under the Provisions of the Panchayats (Extension to Scheduled Areas) Act (PESA);**[35] thus, tribal women are heading 50 per cent of the panchayats in PESA areas. The reservation for women has helped panchayats in catering better to the needs of women and children.

However, reservation alone is not enough. As can be seen in several studies, the 'trend of proxy' of women representatives running for Panchayati elections and working on behalf of men is one of the most common problems across the country.[36] **Experts cite lack of awareness of political processes and provisions of female participation, functioning of Panchayats and bureaucracy as hindering women's participation.**[37] For mainstreaming of women in the Panchayat system, they should be made adequately aware of their duties, rights as well the benefits at the individual as well as community level. Awareness is the first step towards any action.

The review of women's participation in local self-government reveals that **household activities often act as a barrier, because female Panchayat members' efficient participation is related to efficient household management.**[38] Family support, especially that of the husband, is often the most influential factor in married women's participation – in the form of motivation and

[33] Kumar, V. and R. Mohalik, 'Role of Panchayati Raj Institution Members in Managing Elementary Education in Bihar', *RA Journal of Applied Research*, vol. 3, no. 6, 2017.

[34] Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura, Uttarakhand and West Bengal.

[35] The Provisions of the Panchayats (Extension to the Scheduled Areas) Act, 1996 (PESA) provides for reservation for STs in proportion to the population in 5th Schedule Area states (Andhra Pradesh, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, and Telangana), reserving all seats of chairpersons of Panchayats at all levels for STs.

[36] Tiwari, N., 'Women in Panchayati Raj', *Indian Journal of Public Administration,* vol. 54, no. 1, 2008, pp. 34–47.
Pradhan, B.C. and N. Mallick, *Gender and human development: A study of Hailakandi district of Assam* (doctoral thesis). Department of Sociology, School of Social Sciences, Assam University, Silchar, 2015.
Dimitrov, B.E.G., 'A Case Study on the Performance and Problems Faced by Women Village Panchayat Presidents in Vadamadurai Block, Dindigul District, Tamil Nadu', *Pune Research Discovery,* vol. 3, no. 3, 2018.

[37] Kumar, V., and R. Mohalik, 'Role of Panchayati Raj Institution Members in Managing Elementary Education in Bihar', *RA Journal of Applied Research,* vol. 3, no. 6, 2017.

[38] Das, S., 'Women's Participation in Panchayati Raj: A case study of Karimganj district of Assam', *International Journal of Humanities and Social Science Studies,* vol. 1, no. 1, 2014.
Sindhuja, P. and K.R. Murugan, 'A Gender Perspective on Role Performance of Elected Panchayat Leaders in India', *Journal of International Women's Studies,*vol. 19, no. 3, 2018, pp. 199–214; Ministry of Panchayat Raj Report (2008).

liberty given, or in the proactive participation of male family members in canvassing for females during election campaigns and during day-to-day Panchayat activities. Besides finding a balance in household and Panchayat responsibilities, economic issues also come into play – **fear of losing daily wages due to involvement in GP activities hampers their engagement and can be viewed as an indirect impact of poverty.**[39]

With lower involvement and freedom, there is lack of decision-making by female PRI members and greater reliance on male members to execute Panchayat actions.[40] As evidenced even in Kerala, which ranked second in gender equality in 2020,[41], women GP members were not able to transform administration style due to political interference.[42] To attain maximum output from the PRI system, grassroot-level female workers have to be empowered to be fully active, possess leadership traits and should be a 'tool of implementation', free from bureaucratic pressure.

Lack of access to information, which is fully controlled by men, is another factor in lower participation of women as discussed in case of proxy representation. Panchayats are male dominated, and, in many instances, female presidents are disrespected and ill-treated for not following the family command.[43]

A few researchers do report women's involvement, even though the pace of participation and empowerment is slower than desired.[44] **The decentralization process in Karnataka all the way to the Gram Panchayat level is a huge step towards the devolution of decision-making.** A case study on the female president of a Panchayat in Himachal Pradesh highlights that the problem-solving actions by Smt. Mamta Dev despite several adversities got her elected as village Pradhan for two consecutive terms. The respondent gave credit to the seat reservation policy for enabling her and providing the opportunity for her initiation into the PRI system while citing community-based management (CBM) and proper networking with NGO and government agencies as crucial factors[45] (Paul, 2017).

As evidenced from Kerala, GPs have the potential of catalysing gender equality in rural areas. Varghese reports that 'Jagratha Samithi' could be used as a tool in developing awareness, sensitization of men and grievance redressal. Jagratha Samithi also has a significant role in addressing crimes against women and girls. However, there is a lack of sufficient societal support for its mission.

4.6 PRIs and disaster management

India being among the world's most disaster-prone areas, its rural communities – particularly women, youth, the elderly, indigenous communities, communities dependent on climate-vulnerable ecosystems, slum-dwellers, displaced people, people with disabilities, people living in coastal,

[39] Varghese, T., 'Women's Political Participation and Leadership in India: Examining the Challenges', *Viešoji politika ir administravimas,* vol. 19, no. 1, 2020 pp. 111–125.

[40] Jayamani, R., and R. Chinnadurai, *Powers, Functions and Performance Gaps of DPCs in Preparation of Integrated District Planning: A Status Analysis,* National Institute of Rural Development and Panchayati Raj, Hyderabad, 2021.

[41] NITI Aayog SDG Dashboard.

[42] Chathukulam, J. and M.S. John, 'Empowerment of Women Panchayat Members: Learning from Kerala (India)', *Asian Journal of Women's Studies,* vol. 6, no. 4, 2000, pp. 66–101.

[43] Dimitrov, 2018.

[44] Pradhan, 2015; Das, 2014; Ministry of Panchayat Raj, 2008.

[45] Paul, N. A Case Study on Women leadership in Panchayati Raj Institutions (PRI) at the Gram Panchayat level, 2017, unpublished report of Office of National Director CORD and CORD Training Centre, Sidhbari and NIRDPR (2017).

mountainous and flood plain areas – are among the most susceptible to climate extremes and natural, biological and technological disasters.[46]

Panchayats are the most crucial institutions because of their proximity, largely universal coverage and ability to enlist people's participation on an institutional basis. Their close involvement goes far in preparing people to prevent natural disasters and mitigate impact. PRIs can catalyse social mobilization and tap local traditional wisdom to complement modern practices in disaster management and risk mitigation. **PRIs can also provide a base for integration of various community concerns with NGOs and CBOs engaged in various developmental activities at the grassroot level.**[47] They can play a role in the disaster management system through arrangement of: (i) disaster shelters, (ii) awareness camp, (iii) forecasting warning system, and through (iv) repair of river embankment, (v) protection of vulnerable groups and (vi) providing relief, besides rehabilitation.[48]

The National Disaster Management Authority (NDMA), National Institute of Disaster Management (NIDM) and NIRD mandate mainstreaming DRR strategies through community-based management, assessment of climate change impact on agriculture and livelihoods and evolving climate-resilient agriculture and adaptation strategies. It requires synergizing with the new challenges of the pandemic – including coordination of COVID-19 responses, best practices to manage crisis for which substantial policies don't yet exist, issues related to transmission of the virus itself and uncertainty of evolving epidemiological aspects as the infection trajectories are yet to be fully understood.[49]

The standard operating protocols disseminated through initiatives like ePanchayat and e-GramSwaraj must be, therefore, expanded to make outreach more exhaustive and technology intensive for surveillance and arresting pilferage. In this scenario, **involving the youth in conception and operationalization of capacity building programmes may bring in new ideas, practices, strategies and approaches in disaster preparedness and risk reduction.**[50]

From the literature review, it can be concluded that PRIs are local governments responsible for planning and implementing economic development and social justice schemes. Several Centrally and state-sponsored schemes assign these roles to PRIs. Clearly, they have a key role to play in achievement of SDGs 2030 in rural India. They are also instrumental in ensuring people's participation and enforcing downward accountability. For good governance, PRIs have to function effectively as envisaged by the Constitution, and the MoPR and state governments have made various efforts in this regard. **However, the field realities of PRI capacity building are not encouraging.** Hence, it is imperative to empower PRI members at all three levels through capacity building programmes to close the existing gaps and address people's needs to enable them to function effectively.

[46] National Institute of Disaster Management, Ministry of Home Affairs, Govt. of India, 2021.

[47] Central Disaster Management Act, 2005, Section 41.

[48] Mondal, D., S. Chowdhury, D. Basu, and W. Bengal, *The Role of Gram Panchayats in Disaster Management: A Study in Aila Affected Areas in West Bengal,* 2014.

[49] Dutta, A. and H. W. Fischer, 'The Local Governance of COVID-19: Disease Prevention and Social Security in Rural India', *World Development,* vol. 138, 2021, p. 105234.

[50] Gireesan, K., 'Disaster Preparedness and Risk Reduction – Significance of empowering panchayati raj institutions', *Disaster and Development,* vol. 7, no. 1 and 2, 2013.

Chapter 5

Key findings

This qualitative TNA study was conducted with key Panchayati Raj stakeholders who hold important positions in the PRI system and are also accountable for executing WASH and other services at the grassroot level – PRI members (Sarpanch and Secretary); implementation workers (permanent and temporary/contractual working with the panchayats); health workers, Medical Officer in Charge (MoIC), accredited social health activists (ASHAs) and anganwadi workers (AWWs); and block, district and state-level officials. These **service providers were interviewed at the Gram, Block and District Panchayat level to assess their knowledge, attitude and perception about training needs pertaining to WASH and other services. This chapter seeks to thematically identify the existing gaps in the training received so far and the training required.**

Overall, qualitative information on opinions and experiences on training needs was gathered from respondents through piloted and approved qualitative tools such as KIIs and FGDs. Men and women were interviewed separately to understand the community perception of the role played by PRIs at the GP level during normal and pandemic times.

From the salient findings, it may be concluded that PRI members are aware of their roles and responsibilities related to water service delivery and benchmarks at different levels. Further, in view of the finding that the knowledge of the quality of the water is an issue in all the six states, it has been identified as a major training requirement within both the community and stakeholders. It was observed that there is a mismatch between the demand and training conducted by the SIRDs and other aligned institutions. There is also a lack of knowledge on the constitution and role of VWSC and the number of bigger check dams being constructed to supplement recharge of water resources is low. While Assam and Jharkhand were reported to be skilled at preparing a water security plan, the rest of the selected states need to be trained on this.

In sanitation, while the study found the knowledge of construction of individual household toilets to be excellent at all three levels, there is low awareness of school sanitation programmes, SLWM, hand hygiene, O&M of sanitary complexes and anganwadi toilet management, indicating a critical training need of key stakeholders in these areas. Except for Jharkhand and Madhya Pradesh, the knowledge of hygiene is good in all studied states. The challenges of hygiene are mostly around overflowing drains during the rainy season and clogged community toilets. On the health and nutrition front, while service providers are aware of the programmes and are performing well, formation of VHSNC at the GP level, supportive supervision and convergence have been identified as crucial areas for training.

Clearly, PRIs know their WASH responsibilities but are not very clear on how these responsibilities can be met in a sustainable manner through community participation and different institutions such as VWSC, or the Government. Some of the key requirements that may be considered for creating training programmes for PRIs and other stakeholders in the study area are provided in various sections that follow.

How TNA will facilitate local governance of WASH and other services

The process of TNA is based on empirical evidence and narrative reflection. It has attempted to bridge the existing gaps by identifying certain issues.

Issues identified for bridging the existing gaps in TNA

- The problems faced by ERs and other functionaries in performing their tasks;
- The concerns and topics of capacity building and training needs;
- The gap between existing knowledge and competency;
- The new requirements of ERs and other functionaries as the PRI system evolves; and
- Mapping the expectations of the people and the state and Central governments on how the PRI system should perform better and effectively on delivery of WASH and other services.

KII and FGD respondents' profile

As stated earlier in the report, 186 respondents participated in the KIIs – 59 per cent men and 41 per cent women, with an average age of 45 and 40 years, respectively. The oldest respondents (>50 years) were headmasters and schoolteachers, while the youngest (<40 years) were rural water supply (RWS) officers, ANMs, ASHAs, members of the school administration committee and Gram Pradhans. The average span of involvement with the PRI system was four years, with the Headmaster and Block Secretary having the longest association (>10 years). This data point helped understand their knowledge, attitudes and practices regarding the PRI system. *(See Annex 1: Table 5.1: for distribution of respondent profiles in terms of their gender, average age, and years of association of different stakeholders.)*

In this study, 198 household members, split into 51 per cent (100) men and 49 per cent (98) women, participated in the 22 FGDs across the six study states. Of these, 18 per cent of the males and 24 per cent of the females were in the 18–30 age group, 33 per cent of the males and 45 per cent of the females were in the 30–45 group and the remaining made up the over 45 years age group. As for the educational credentials, 21 per cent of the males and 39 per cent of the females were found to be illiterate, while 40 per cent of the males had completed secondary, and 22 per cent of the females had done higher education. *(See Annex 1: Table 5.2: Distribution of profile of FGD participants.)*

Stakeholders' analysis

The role of PRIs as instruments of rural reconstruction has been recognized with wider powers and financial resources. In the integrated exercise of planning and delivery of WASH and allied services, they play key role in decision-making and are facilitators of development. Therefore, for them to

participate successfully and be effective instruments of social and economic change, the PRI members need to be equipped with good knowledge of and attitude towards these thematic areas. This is critical to identify who can positively or negatively impact PRI activities. A stakeholder analysis for perspectives and gaps in knowledge, attitude and in execution threw up interesting findings.

At the GP level, while there is moderate knowledge of WASH, health, nutrition, education and gender, information about DRR and climate change is quite low as is the attitude towards implementation and monitoring of nutrition, education, health and climate change programmes. Interestingly, knowledge and attitude on the preparation and implementation of GPDP is quite high. Remarkably, both knowledge and attitude of the SMCs and headmasters on school health programmes, PRI role in controlling dropouts and sensitization to DRR is low while mid-day meals score high on both knowledge and attitude. ANMs/ASHAs too have low knowledge of Panchayats' role in community health programmes. *(See Table 5.3: Stakeholders' analysis of knowledge and attitude of Gram Panchayats.)*

At the block level too, findings are similar in high knowledge of block development plan (BDP), but low to moderate in knowledge and attitude to WASH, health, nutrition, education, gender and DRR. The RWS officers' attitude on preparation of village water security plan and proper monitoring of existing water supply schemes is not encouraging. However, the attitude to participation in PPC to prepare GDPD with Panchayats is quite high. In case of the block medical officers in-charge (BMoICs), their high knowledge of community health programmes is not reflected in their attitude. It is the same with WASH, disaster management, and health education. (For a detailed analysis, see Annex 1: Table 5.4: Stakeholder analysis of knowledge and Attitude at Block Panchayat.)

It is interesting to note the knowledge and awareness of Zilla Panchayat Pramukhs towards the effective implementation of different programmes in the field of WASH, health, education, gender and DDP are quite encouraging, as they fall in the high category. And while knowledge and awareness of nutrition and DRR fall in the moderate category, those on climate change can be placed in the low category and an area of concern. In terms of attitude and practice, again WASH and education lead the way along with BDP while health, nutrition and DRR are in the moderate category *(see Annex 1: Table 5.5: Stakeholder analysis of knowledge and Attitude at District Panchayats).*

5.1 WASH and PRIs

5.1.1 Water

Table 5.6 reflects the knowledge of the GP Sarpanch and Secretary about their roles and responsibilities related to WASH service delivery and benchmarks at different levels – including water supply schemes, such as Jal Jeevan Mission, supply and maintenance of piped drinking water, drinking water quality management and, in a lesser way, coordination with RWS officers and IEC. Significantly, the proportion was reported to be different for different states. From the data, **we can conclude that PRIs are more aware of the schemes and maintenance of water sources and systems than they are about water quality aspects,** importance of rainwater, maintenance of water source and soft skills – **only 33.3 per cent of the stakeholders are aware of the role of village water safety management.**

The findings from FGDs in Telangana, Assam, Jharkhand and Madhya Pradesh reveal that major sources of water are still traditional, such as handpumps and river streams.

Case Study

GP owns solution of groundwater contamination in Jharkhand

The content of iron in groundwater is a major concern for the villagers of Chhata GP of Khunti block of Jharkhand. When Sarpanch Vinita Dhan raised the issue of groundwater contamination, as a solution, PHED connected the groundwater with solar-powered overhead reservoirs to distribute to households with FHTC. But since it was untreated, consumers continued to experience an unpleasant, metallic taste in drinking water as well as early ageing and soap residue on the skin after bathing since water and iron do not physically mix well. PHED had resolved the supply issue but had not paid attention to the quality despite several complaints. But now that the issue has been taken up in GPDP under Swajal Dhara Jal Jiban Mission (SJJM) programme of rural water supply, the community is hopeful that their problem of contaminated water will be solved this year.

> ....as JJM and work on FHTC is in progress or yet to start and that connectivity in higher topography is a major deterrent. Water is scarce in most areas and receiving sufficient water as per JJM norms is a major concern, especially in the summer. Ongoing state-sponsored policies like Mission Bhagirathi in Telangana and various piped water supply schemes in MP are not proving sufficient in terms of accessibility as well as quality. Barring Assam and Jharkhand, there is no water tariff levied to the community.

Training needs

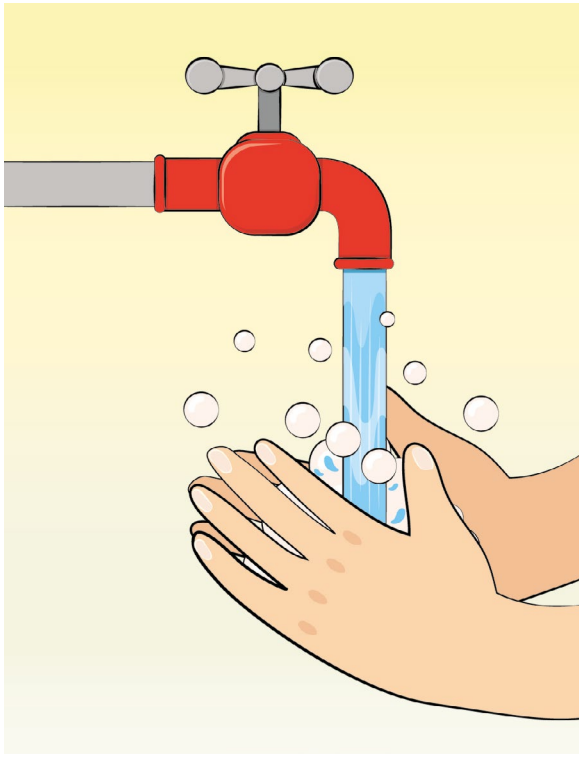
For bringing improvement in the service delivery system pertaining to water, PRIs require both orientation and refresher training on the importance of WASH, establishing convergence between different stakeholders to achieve the overall goal of JJM, how to impact the community by creating awareness on WASH and involvement in participatory planning for village water security. Aware stakeholders and communities can and do impact their environment as can be seen in the case of Chhata GP of Jharkhand, which took a proactive approach to quality *(see Case study 1: GP owns solution of groundwater contamination in Jharkhand).*

- **Training on water quality is acknowledged as a critical requirement for both key stakeholders and community** because awareness is very low on managing drinking water quality and ensuring village water security.
- Training is also required for the formation, role and coordination of VWSC.
- Knowledge of construction of check dams to supplement water resources and maintain groundwater levels is found to be inadequate, thus it should be incorporated in the PRIs' training.
- Rainwater harvesting (RWH) to be stored and treated for household use is a critical training need for the community. This is a demand that was raised by the community in FGDs in a discussion on the issue of water supply and quality.

> ... RWH is mostly for agricultural purposes, and villagers requested they be trained in storing and treating the RWH water household use as well. The major challenge is the non-availability of water even after laying of pipelines by the PHED and PRIs. The funds for borewells and taro pumps are also not distributed properly to the beneficiaries.

- PRIs should be trained on how to prepare village water security plans on the lines of Assam and Jharkhand, where the skill was found to be good.
- There is a demand from the community for training on maintenance of water sources and quality, storage and filtration, and dissemination of information on state and Central schemes. FGDs with both male and female participants revealed that water quality versus quantity is an issue in the community though, in some GPs, PRIs play an active role to address community concerns:

> ...the water is of bad quality in nearly half of the districts, high in iron and other chemical contents and non-maintenance of sources by PRIs. There has been an effort to treat it as per suggestions of PHED and GP members. Though some GPs are quite proactive (as in MP) in ensuring efficient supply, most GPs suffer bad water quality as well as quantity.



- PRIs must be trained in knowledge on water fitness for consumption since the potability of water is a concern. **This must be supported by proper knowledge on water quality, treatment and handling to make it potable.**
- PRIs require training in the constitution and role of VWSC, construction of bigger check dams for supplementing water sources for the implementation of multiple villages water schemes **and coordination with PHED at the block and district level.**

5.1.2 Sanitation

Similarly, as regards sanitation and hygiene at GP level, the Sarpanch and the Secretary, the two key positions of the PRI system, have low knowledge of SLWM, hand hygiene and school sanitation programme *(see Table 5.6 overleaf: Distribution of knowledge among GP Sarpanch and Secretary on WASH services).*

Discussion with community members also shows that **sanitation training programmes have to focus on maintaining toilets, sensitization on open defecation, waste management and general awareness...**

> ...the drainage system is either non-existent, or overflowing and poorly managed, as is the case in UP and MP. Regarding waste management, in most cases, people tend to dig a pit and throw the waste in it for later use as manure for agriculture. In Telangana though, vehicular waste collection has started, but a proper system is not yet established. In schools, separate toilets do exist, but are mostly unhygienic and girl students prefer to go outside and, in some places, there are no toilet facilities in the school. PRI role is largely limited to constructing community toilets and relaying funds under Swachh Bharat Scheme for ODF villages.
>
> ... According to the community, open defecation, poor drainage system, non-availability of water at the doorstep and are the major challenges of sanitation. Community toilets and drains are in disrepair or non-usable while toilets are not available in the Anganwadi centre at all, as is the case in Narayanpur in Telangana and there is no awareness creation on sanitation. The communities do not find PRIs fulfilling their roles to the fullest, with major resentment in GPs like Narayanpur in Telangana and Agia in Assam.

Training needs

- **Training is required on public health issues rather than just creating infrastructure for sanitary complex and SLWM, and management of toilets in school and anganwadi.** Open defecation is a problem that plagues more than half the GPs in the study area, with the exception of Jharkhand and Maharashtra. Interestingly, Kondapalli in Telangana has received the 100 per cent ODF GP award, but Narayanpur in the same block has individuals defecating in the open even with toilets in 90 per cent of households.
- Although SLWM training has been imparted by SIRD and NIRD, **PRIs require practical knowledge to scale up at GP level.** This can be easily added to the existing training as a separate session on how to implement this SLWM with the community.
- Similarly, **how to manage plastic and reuse of grey water at the village** level is not clear to the Sarpanch.

5.1.3 Hygiene

The stakeholder interviews reflect two major challenges for implementing WASH schemes: (i) lack of coordination among PRI members at different levels and (ii) lack of timely disbursement of fund for the implementation of GPDP. However, it was reported that 83.3 per cent of the Sarpanch and Secretaries are aware of the 15th Finance Commission provisions on WASH, health and other services *(see Table 5.6)*. Along with poor knowledge of hand hygiene, PRI members are found lacking in how to engage community in practising good hygiene behaviour. Discussions with the community reveal that…

> "... unhygienic conditions of overflowing drains and community toilets clogged with dirt and waste prevail in the existing set-up of sanitary complex and services."

"... unhygienic conditions of overflowing drains and community toilets clogged with dirt and waste prevail in the existing set-up of sanitary complex and services."

Exploring the roles of other stakeholders revealed that the ANMs and ASHAs are unclear about their role and responsibility in VWSC. *(see Annex 1: Table 5.3: Stakeholders' analysis of knowledge and attitude of Gram Panchayats.)* As reported in KIIs, this may be due to overburden of work and lack of coordination with the other PRI members, but despite this, they believe the health programmes implemented in their area are aligned with WASH requirements.

The AWWs reported that they are aware of all WASH activities conducted at the AWW centres except on use and handling of safe and potable drinking water. They also stated that they lacked PRI support at the grassroot level and the support they required was getting water supply connection and proper use and maintenance of sanitation facility. This implies that **the PRIs should also be oriented towards schemes of ICDS, health, education, livelihood, climate change and DRR comprehensively while being trained on how to establish communication with service providers** as they have a role in supporting supervision and monitoring of these activities *(see Annex 1: Table 5.7: Distribution of knowledge among Anganwadi workers on WASH services).*

With regard to the school WASH programme, the SMCs and school teachers were found to possess knowledge about GPDP, gender-specific WASH facilities at the GP level and participated in the PPC. They cited **lack of participation from PRI members** and PRI support, but reported support from the VWHSC for resource planning, manpower mobilization, monitoring and quality control of ongoing work *(see Annex 1: Table 5.8: Distribution of knowledge among School Headmaster/SMC on WASH services).*

Hence, it may be concluded that knowledge of different GP stakeholders on WASH was found to be significantly good as training has been given to PRI members at different levels. However, **lack of role clarity and responsibility, community mobilization for availing WASH services and building infrastructure are areas of concern and need to be strengthened.** *(See Annex 1: Tables 5.6 – 5.8.)*

Training needs

- **Hygiene training should focus on training individuals and on household hygiene, with special focus on menstrual hygiene for adolescent girls, as the community expressed their desire in household training.** In the FGDs, the community stated that public hygiene of the locality is in the hands of people as well since there are no Panchayat-appointed personnel in most GPs while citing…

> "… the **free distribution of menstrual pads in Jharkhand** to adolescent girls and women by ANM and Health Sahiya **as a good initiative to bring about hygiene behaviour as well as controlling school dropout rate of girls."**

Further findings suggest that a few training programmes on DRR, functioning of PRIs and GPDP have been given to service providers when it is expected that GPDP be prepared in consultation with them. Without knowledge of the importance of GPDP, GP members cannot prepare the action plan. This shows that, irrespective of the training given to PRI members, the execution of the programmes and policies is weak at the grassroot level. Hence, above information/data supports the **need for handholding support and refresher training to grassroots functionaries of PRIs**

in implementing the state and Central schemes in an effective manner. *(See Annex 1: Table 5.9: Distribution of stakeholders' opinion (ANMs) on WASH services received at GP level based on their experience; and Table 5.10: Distribution of stakeholders' opinion (AWW) on WASH services received at GP level based on their experience.)*

Data from the SMC and schoolteachers reveal that their role in ensuring safe drinking water, ODF awareness campaign at GP level, IHHL and personal hygiene are the key areas where they can contribute to the WASH sector. But interviews show that they face technical constraints due to lack of availability of water and know-how on construction of school toilet. Besides, non-availability of timely funds and community participation also constrain them in fulfilling their role properly. Critically, they also reported that **they are trained in health, wellness ambassadorship and resource planning, but not WASH.** *(See Annex 1: Table 5.11: Distribution of stakeholders' opinion (School HM/Teacher and SMC) on WASH services received at GP level based on their experience.)*

Table 5.12 in Annex 1 reflects that the stakeholders' opinion about sarpanches and Secretaries with regard to WASH services in the preparation of GPDP in the year 2021–22 was moderate, whereas in the previous year 2020–21 it was found to be comparatively lower. Though in two-fifths (79 per cent) of the gram panchayats Mahila Sabha was formed, it was not active. Hence, above information/data supports the **need for handholding support and refresher training to the grassroot functionaries of PRIs on GPDP and on the role and importance of Mahila Sabha.**

WASH training gaps identified on the basis of stakeholders' perception

The study team identified training gaps on the basis of perception of the stakeholders and training received in the last two years. Tables 5.13 to 5.15 summarize these stakeholders' perception on what they should receive as a capacity building process and system *(see Annex 1).*

- 50 per cent GP functionaries reported they need **more training on the WASH sector to ensure that WASH-related services are provided at the GP level.** While 66.7 per cent of the respondents wish to receive more **training on SLWM at the local level,** 75 per cent of them

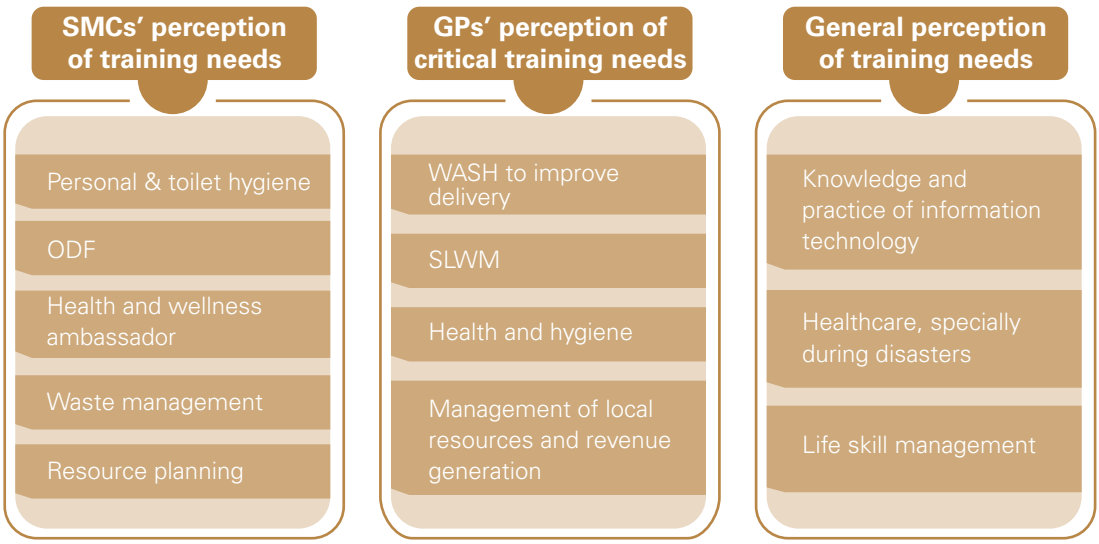
want training on **health and hygiene issues, especially during disasters like COVID-19.** While 45.8 per cent of the respondents require training on developing their leadership skills, 41.7 per cent need it on DRR and 58.3 per cent find training on management of local resources and revenue generation vital.

- On WASH training specifically, SMC requires training on **maintaining hygiene in toilet areas, healthcare, waste management, sanitation measures, ODF, adequate resource planning, monitoring and supportive supervision.**
- **Knowledge and practice of information technology** is reported to be a key gap area.
- While the maximum training given to the ANMs was reported to be aligned with WASH, according to SMCs, no training sessions had been held within the last two years on water management, sanitation and open defecation. The general need for training as detailed by SMCs were **on life skill management for students, personal hygiene, health care and as wellness ambassadors.**

WASH training needs as per GP office bearers (Sarpanch and Secretary)

The study also attempts to gauge the experience of PRI office bearers who are accountable at the GP level. According to the government guidelines, every GP must prepare GPDP by consulting the community and PRIs in a participatory mode by engaging with various responsible committees. The participation of Sarpanch and Secretary in GPDP planning is highlighted with regard to activities conducted in their institutions and support received by PRIs. The triangulation of information shows that both these functionaries were actively involved in the preparation of GPDP and PPC in 2019–20 and 2020–21 and they believe enough care has been taken in placing gender as an issue for achieving the goal of WASH. The responses of healthcare service providers, AWWs, SMCs and school teachers also indicate sufficient initiatives on WASH activities at schools and AWCs. However, variation was reported across the studied states and districts, which may be due to the impact of the pandemic. It was also reported that PRIs were aware of Mahila and Bal Sabha, however they have not been formed except in only one GP. In-depth analysis suggests that the **need for training**

Figure 5.1: Stakeholders' perception of training needs



sessions on child rights were identified as one of the areas where the GP needs to be strengthened. Below are some of the critical training needs that emerged from experiences at the GP level:

- The PRIs reported that they were not given any training on various development programmes and accessibility is a barrier in attending the training sessions. A few stated a lack of coordination with government officials on providing WASH and its other aligned services as an area of concern.
- Internet connectivity for attending virtual training sessions and meetings, and IT knowledge was raised as a concern where "knowledge on the use of IT will empower them to provide WASH and different services at the village level".
- A majority of them reported that the bulk of training programmes during the last two years had been organized at the block level, and only 54.3 per cent of GP functionaries were trained on how to implement WASH services. More specifically, only 12.5 per cent received training on how to use water testing kit; 5.0 per cent on sanitation; and 1.0 per cent on awareness on rights of villagers. This implies a scope for further training on other issues related to WASH.
- Regarding the quality of training, PRI members reported that training was not up to the mark as expected. Further it was also observed from the study that mostly female PRI members remain untrained. Around one-fourth of the respondents believed that the **training modules lack gender sensitization issues, person with disability issues and provision for socially and economically disadvantage groups.**
- According to their experiences, they suggest that **technical and managerial training and combining both training for females through the health department** could yield better results. It was also revealed from the study that most of the stakeholders were not trained on Bal Sabha and Mahila Sabha.

WASH training needs as per GP stakeholders' experience (ANMs and AWWs)

While most ANMs were aware of being a part of the VHSNC and Rogi Kalyan Samiti, 66.7 per cent of the AWWs were not consulted in the formation of VWSC despite them practising most of the hygiene practices and behaviour. Neither sets of stakeholders had a clear understanding of their role in these committees. Both sets reported receiving lower amount of WASH-related training than those on health, nutrition and gender in the last two years. Further, AWWs were involved in resource planning, monitoring and quality control in some states, but not in all the studied states. Perhaps because of the pandemic situation many states did not conduct any training sessions. Again, in most cases, these training sessions were conducted at the block level. FGDs revealed that though…

> **… door-to-door vaccination services were provided during COVID-19, PRIs are not playing a major role in health sector and intervene only when requested. On the other hand, when ANM visits were made compulsory by PRIs in Jharkhand, they had a visible impact," which reflects the potential of the role of PRIs in health and nutrition.**

WASH training needs at the block level

The role of the block panchayats is very important in terms of establishing coordination among GP members, higher-level officials and the community to ensure WASH services. The BDO and BPP (Block Panchayat Pramukh) have a responsibility in bringing overall development to the villages of the block by formulating strategies and utilizing the available funds under different government schemes. Discussions with BDO, BPP, RWS officer and BMoIC regarding their knowledge and training needs revealed their awareness of their roles and the current schemes and programmes under JJM and SBM-G, some of which are implemented through the AWCs and government schools *(see Annex 1: Table 5.16: Responses of MoIC/BMO on the role played by PRI in the implementation of WASH programmes).*

- More specifically, BPPs say their roles are to facilitate supply of piped drinking water (50.0 per cent), maintain drinking water source (100.0 per cent), manage water quality (66.6 per cent), plan for village water security (66.6 per cent) and coordinate with line departments (100.0 per cent). In sanitation and hygiene, they said their priorities are ensuring individual household toilets and school toilets, followed by anganwadi toilet construction (66.6 per cent), sanitary complex toilet construction (33.4 per cent), SLWM (33.4 per cent), promoting and maintaining hand hygiene practices at the community level (50.0 per cent) and fumigating during the pandemic and disease control (66.6 per cent). The MoICs were also found aware of the schemes of JJM and SBM.
- Similarly, BDOs reported maintaining drinking water source (66.7 per cent), coordinating with RWS officers (100.0 per cent), construction of individual household toilets and school toilets (100.0 per cent) as their key functions. Supply of piped water (66.7 per cent), drinking water quality management (33.4 per cent), village water safety management (33.4 per cent), anganwadi toilet (83.3 per cent), sanitary complex (66.7 per cent) and SLWM (66.7 per cent) are also cited as their roles as well as ensuring hand hygiene by maintaining handwashing stations at the community level (66.7 per cent) and fumigation for dengue control (50.0 per cent). *(See Annex 1: Table 5.17: Knowledge and awareness of WASH and its practices at the Block Panchayat level.)*
- The role of BPPs and BDOs is also crucial in the implementation, monitoring and ensuring O&M at block and GP levels and their awareness of these roles is very high – facilitating GPDP at the GP level for and conducting Gram Sabha (100 per cent), conducting awareness campaigns for water conservation, quality and hygiene (100 per cent), O&M of water sources (83.3 per cent), constitution of village water source committee (50.0 per cent), construction of bigger check dams supplementing water resources in the multiple villages and GPs (66.6 per cent), executing Central and state government schemes and programmes related to WASH (100.0 per cent) and coordination with Block Pradhan, BDO and PHED to ensure water for all (100.0 per cent). *(See Annex 1: Table 5.17 Knowledge and awareness of WASH and its practices at Block Panchayat level and Table 5.18: Block Panchayat Pramukh/BDOs on WASH implementation, monitoring, and O&M at GP level.)*
- While RWS officers have a high knowledge of regional water supply scheme (50.0 per cent), JJM (66.6 per cent), and pump and tank scheme (33.3 per cent) and others (50.0 per cent), their awareness of Jal Samriddhi Yojana and Swajal Dhara is low at 16.6 per cent. Follow-up discussion revealed that 83.3 per cent of the RWS officers are aware of their role in ensuring potable drinking

water to rural households and providing potable drinking water to every rural household with a FHTC by 2024. *(See Annex 1: Table 5.19: Knowledge and awareness of RWS officers on various community water supply schemes.)* A similar response was elicited on the various aspects of JJM scheme.

WASH training needs as per Block Panchayat stakeholders' perception

Questioning block stakeholders on planning and implementation threw up red flags on the following, identifying them as immediate training needs:

- **Quality-of-service delivery** (lab testing, establishing labs, and training and providing kits for five women); ensuring pre-post monsoon O&M; collection of tariffs; village water supply and sanitation committee and solar system-based groundwater lifting and distribution.
- **Block-level monitoring mechanism on WASH:** 33.3 per cent of GPs were reported to be less engaged in monitoring as compared to the community (66.6 per cent)
- **Clarity on fund sources and 15th Finance Commission provisions for** the decentralization of the fund management to empower PRIs and make them sustainable.[51] *(See Annex 1: Table 5.20: Responses of RWS officers on water-related scheme/programmes planning and its implementation).*
- **Knowledge of GPDP, managerial skills and procedures of VWSC:** Though RWS officers are aware of the existing committees, including VWSC, and their roles, and although they participate in the preparation of GPDP in the special Gram Sabha, they are not conversant with the preparation and procedures of GPDP and VWSC and lack the managerial skills to fulfil their functions. Therefore, this TNA study has zeroed in on **lack of proper knowledge of GPDP preparation as an immediate training need.**[52] *(See Annex 1: Table 5.21: Responses of RWS officers on various committees and their roles; Table 5.22: Responses of RWS officers on GPDP)*
- **Ensuring quantity, lack of coordination between stakeholders and O&M** are major technical problems in implementing rural water supply schemes. Therefore, to ensure sustainability of GPDP and O&M of water supply schemes **training in participatory rural appraisal (PRA) and need assessment, providing scientific and technical inputs to committees, ensuring certification of source and ensuring appropriate water treatment technology have been identified as important needs for stakeholders.** *(See Annex 1: Table 5.23: Responses of RWS officers on challenges faced in implementing rural water supply schemes.)*
- Though training on water sources and supply, sustainability of drinking water, management of water quality, village water safety assessment, O&M and revenue management, management of drinking water during disasters, village water security plan, knowledge of policies and procedures and practice have been received earlier by state-level PRIs, they are flagged because they were too few. Based on the discussion, **training is required for VWSCs and PRI members on knowledge of caretaker role, payment collection, recording**

[51] However, PHED officers stated that currently the department was managing WASH services and their O&M through MGNREGA (50.0 per cent), finance commission grant (50.0 per cent) and also from MPLAD fund (33.6 per cent) wherever possible.

[52] A major challenge **is the lack of PRI members' involvement in the preparation of the Village Action Plan:** Only one of six AEn/PRI members/GP Secretary/ ISA and one mandal-level RWS officer admitted to participating in this exercise.

of water users, electrical issues and pump operations, improving women SHGs' service delivery, planning and implementation along with record keeping, role and responsibilities of VWSC and water quality. *(See Annex 1: Table 5.24: Responses of RWS officers on training needs for better performance.)*

- Analysis of qualitative data gathered from BMO/MoIC shows that the Health Department organized training sessions for them on WASH issues, such as handwashing and WASH (83.7 per cent), biomedical waste management (66.6 per cent), water cleaning (33.6 per cent), disease profile (50.0 per cent), interpersonal communication (33.6 per cent) and COVID-19 protocols (100.0 per cent) in the last two years. Simultaneously, however, it is important to note that PRIs received only training on awareness creation on COVID-19 from the respective state Departments of Health and Family Welfare. This again points to urgent convergence of resources and materials to effectively deliver capacity building at the GP level.
- **While 83.7 per cent of MoICs claimed participation in village meetings and supporting service providers, 50 per cent of them reported lacking knowledge on the role of women PRIs in addressing health issues of women and adolescent girls.**
- *(See Annex 1: Table 5.25: Response of BMOs/Doctors on WASH training received from healthcare service providers in the last two years and Table 5.26: Suggestions by BMOs /Doctors on capacity building for PRIs to improve service delivery at village level.)*
- MoIC found PRIs to have clarity on their role in implementation of WASH programmes but pointed out the simultaneous execution of programmes like water disinfection, vaccination, handwashing, awareness programmes through schools, anganwadis, ANMs and ASHAs, JJM and SBM as the probable reason for their role clarity. But they do, however, suggest that their capacity related to WASH must be augmented through a more active convergence of PRI and support services participation, based on local requirements. *(See Annex 1: Table 5.27: Responses of MoIC/BMO on PRI role in implementation of WASH programmes.)*

Preparation of Block Level Development Plan (BLDP) is an important activity for the BPP and BDO through a rigorous process of review and consultation on GPDP and both officials are aware of the correct process of inclusion of different stakeholders while preparing the plan. This also holds for the committees – VWSC (100 per cent), VHSNC (50.0 per cent), Jan Arogya Samiti (33.3 per cent) and SMC – formed at GP and village level to facilitate WASH implementation.

WASH training needs at the district level

At the district level, the Zilla/District Panchayat Pramukhs (ZPP) are also reported to be aware of their role regarding WASH, such as coordination with RWS officers (100.0 per cent), supply of piped water (83.3 per cent), maintaining water sources (66.7 per cent) and drinking water quality management (50.0 per cent). Similarly, stakeholders appeared well informed on sanitation and hygiene issues – individual household toilets, anganwadi toilet construction, sanitary complex construction, SLWM, hygiene at community standpost, handwashing and dengue and malaria control programmes *(see Annex 1: Table 5.28: Responses of Zilla Panchayat Pramukh on knowledge of WASH).*

The ZPP plays an important role in providing direction in developing the District Development Plan (DDP), BDP, GPDP and ensuring proper

implementation of the schemes in collaboration with government counterparts. According to the respondents, their primary role on WASH is to execute different Central and state government schemes and programmes related to WASH, coordination with the Block Pradhan, BDO and PHED to ensure water for all, preparing the GPDP, conducting Gram Sabha, conducting awareness campaign for water conservation, quality and hygiene followed by O&M of the water sources, constitution of VWSC, construction of bigger check dams to supplement water resources and maintain water table *(see Annex 1: Table 5.29: Responses of Zila Panchayat Pramukh on programme implementation and O&M of WASH).*

In the process of developing all plans from GP to the district level, the ZPPs report that all the line departments, CEO Zilla Panchayat and members sit together to review the plans, which are finalized by committees like the District Level Advisory cum Monitoring Committee (DLAMC), District Planning Committee (DPC), GP Committee, Agri Development Committees and Standing Committee. However, some variation across some districts was also reported *(see Annex 1: Table 5.30: Problems faced by PRI members and support required to implement WASH and other aligned programmes).*

WASH training needs as per Zilla Panchayat stakeholders' perception

In-depth analysis suggests the grassroots level stories are different from the findings above. **PRI members face challenges in two different dimensions. The first and most challenge is the systemic constraint of untimely disbursement of the funds. The second is that of management – no training has been given to them on WASH issues in the last two years. The third is an urgent need for skilling the PRI members in IT to enable them to attend online capacity-building programmes.**

Hence, knowledge and use of digital tools and technology by PRI members to improve the efficiency of service delivery is a requirement. For this, every GP member should be equipped with the desired logistics and strong broadband connection so that they can take part in need-based training and utilize the opportunity for cross-learning as well.

5.2 Health and PRI

Health is a state subject and it is interconnected with WASH. To ensure good health for all at every level, the Ministry of Health and Family Welfare (MoHFW) and Department of Health and Family Welfare (DoHFW) established a three-tier service delivery through the PRI system. At the Block and GP level, PRIs play an active role in facilitating these services by helping the community and improving standards at the institutional level by supporting supervision, reviewing, participating and promoting community awareness on different health issues. An important aspect of PRIs at these two levels is to participate in the VHSND and facilitate the discussion on different issues including WASH, health, nutrition and RMNCH+ services. While various training programmes are imparted to PRI members and service providers to clarify their roles and make them effective, service providers from six study states were contacted and interviewed for their experiences to identify the gaps in knowledge, practices and need.

Service providers reported that PRIs played an important role in delivering and monitoring their RMNCH+ activities and school health programme (of registering beneficiaries, providing them family planning services and creating awareness) by providing transport for referral (33.3 per cent), conducting health camps (50.0 per cent), attending VHSND (58.3 per cent), creating awareness through health rallies (58.3 per cent) and IEC on health issues (33.3 per cent). The knowledge of PRIs was also reported to be at par as that of service

providers – organizing monthly VHSND meetings (45.83 per cent), supporting ANMs and ASHAs to provide timely health services (91.0 per cent), organizing health camps (58.3 per cent) and assisting the health department (70.8 per cent) *(see Annex 1: Table 5.31: Distribution of knowledge of PRI role in providing health services from ANM/ASHA).*

The major challenges of healthcare at the GP level, revealed by FGDs with the community, are non-availability of health centres and doctors; lower capacity of health workers; and poor road conditions. Though there are training programmes organized for health workers on primary healthcare, general awareness, timely treatment and on pandemic as well, awareness programmes for girls and women also need to be conducted.

> **...PRIs do not play a major role in the health sector and intervene only when required and requested. When PRIs are proactive, it has a very visible impact on community health, as in Jharkhand where ANM visits have been made compulsory. In most GPs, there is an absence of health centre, or it does not open regularly. People have to go long distances to visit private facilities or government hospitals in the district. The community expects PRIs to construct or repair health centres, ensure availability of doctors and ANM in the village, and maintain civic infrastructure. Though services are provided for pregnant women, like Mamta Bhawan in Jharkhand, and ANMs and ASHA help with deliveries, but bad infrastructure becomes a hindrance sometimes – in Narayanpur in Telangana, two women suffered stillbirth and miscarriage due to the poor roads hampering timely arrival at health centres.**

Looking at their knowledge and practices, it is observed that while PRIs have full information on their role – in organizing health awareness campaigns, monthly VHSND, supporting service providers and in conducting health camps – referral service is missing from the list *(See Annex 1: Table 5.32: Distribution of knowledge pertaining to role of PRIs on providing health services from GP Sarpanch/ Secretary).* On implementation of programmes, monitoring and O&M, PRIs know their role in the use of untied funds, monitoring of VHSNC and of functionality of health institutions at GP level, supporting ANM–ASHA–MoIC in organizing the health camps, immunization programmes and facilitating deworming sessions among children in the 1–19 age group *(See Annex 1: Table 5.33: Distribution of stakeholders' experience (ANMs) and their role in health services provided by PRIs).*

Tables (annex 1) 5.34 to 5.37 comprise the experience among the studied stakeholders, that is, ASHA on health services provided by the PRIs and their role, opinion/perception of stakeholders (ASHA) on training required for delivering health services, PRIs' knowledge and awareness of health and its practices at GP level and Block Panchayat Pramukh/ BDOs' responses on health programme implementation, monitoring and operation and management at the GP level falls under the category of moderate to excellent.

However, according to BMoIC, the PRIs have played a small role in COVID-19-related works, non-communicable diseases, mental and physical health of adolescents (33.4 per cent), awareness creation (33.4 per cent), kayakalp and disaster issues (16.6 per cent), WASH (33.4 per cent) and informing the community about different community programmes (16.6 per cent). MoICs and BMoIC opine that GPs are more interested in infrastructure development and implementation of health awareness campaigns. They state that though GPs' role is defined as block leaders in the

health sector and though they participate in BDP (100 per cent), their participation and presentation of health demand in the PPCs is almost negligible. Secondly, they feel that GPs lack knowledge of BDP special grants for health programmes. *(See Annex 1: Table 5.38: Responses of Block Medical Officers on role of GP in community health services and issues related to developing BDP.)*

Similarly, Tables (Annex 1) 5.39, 5.40 and 5.41 reflect excellent knowledge and positive responses of Zila Panchayat Pramukhs on Block Development Plan and issues incorporated, knowledge of health programmes at the community level, on health programme implementation and regarding the roles and responsibilities of stakeholders towards nutrition.

Training needs

- **PRI functioning and practices:** A key finding on the role of PRIs in providing health services at the GP level is that **while members are conceptually clear about their roles, their functioning, or lack of, is central to the failure of government programmes.** For example, knowledge is low on facilitation in early identification and early intervention for children from 0–18 years to cover the 4Ds (defects at birth, deficiencies, diseases, development delays, including disability). *(See Annex 1: Table 5.32: Distribution of knowledge pertaining to role of PRIs on providing health services from GP Sarpanch/ Secretary.)* When they play a proactive role in delivery of health services, they can change the face of the village as happened in Sanai, Madhya Pradesh *(see Case Study 2).*

- **WASH and ANMs:** The experiences of stakeholders were captured to understand the gaps between their knowledge level and what is expected of them. **The key finding is that while ANMs and ASHA are members of different committees such as VHSNC, Rogi Kalyan Samiti, VWSC and Mahila Sabha** where issues related to WASH and other sectors are discussed, t**heir participation is exceptionally low.** Similarly, very few (only 4 per cent) report attending the Gram Sabha and presenting the community demands pertaining to WASH (1 per cent) *(see Table 5.33).*

- **Coordination training for ASHAs and PRIs:** The experiences of ASHAs on the execution of different activities related to GPDP differ somewhat from those of ANMs – 75 per cent of ASHAs attended the special Gram Sabha, 58.3 per cent presented their issues, and 41.6 per cent reported inclusion of their submissions in the GPDP. But **data on the specific support they had received from the PRIs (even during the pandemic period) elicits a negative response, reflecting poor coordination among stakeholders (specifically between PRIs and ASHA).** *(See Annex 1: Table 5.34: Distribution of stakeholders' experience and their role (ASHA) on health services provided by PRIs.)*

- **Delivery of health services training for ASHA:** Interviews with ASHA revealed that there was no discussion related to WASH and health in the Mahila Sabha, which is an important platform to generate demand regarding services from the government through PRIs. Hence, ASHAs and other PRI members should be given re-orientation towards WASH and health linkages and how they affect community health *(see Annex 1: Table 5.35: Distribution of opinion/perception of stakeholders (ASHA) on training required for delivering health services).*

Secondly, **modules on menstrual cycle, nutrition, breastfeeding, and mother and child health, family planning awareness, immunization, breastfeeding and pneumonia, health and hygiene and**

care for pregnant women need to be strengthened by making capsular modules for women.

- At the district level, it is observed that the knowledge and attitude of Zila Pramukh towards implementation of health programme is excellent except for facilitation of early identification of 4 Ds for children and a moderate level of knowledge on referral services (66.6 per cent). However, this does not reflect at the grassroot level in discussion with community and other stakeholders. *(see Annex 1: Table 5.40 and Table 5.41: Responses of Zila Panchayat Pramukh on knowledge of health programmes at the community level and health programme implementation).* In-depth discussion reflects that if the Zila Pramukh could provide handholding support to PRI, it would bring a positive outcome on the health programme. Therefore, **orientation training on health issues may be given to Zilla Panchayat members, especially on the identification of childhood disease for referral.**

- According to BMoIC, PRIs also have low awareness of health schemes and have a different perspective on the programme's coverage. They point out that **delivery of preventive health services is hampered by lack of a GP feedback mechanism, weak coordination among different departments and lack of orientation of new members to health and hygiene.** These are the GP training needs that need to be inculcated in the training programmes for the PRIs, they articulate. *(See Annex 1: Table 5.42: Responses of doctors on knowledge and awareness of PRI members on health schemes and programmes to improve service coverage.)*

All these training modules must be developed based on participatory approach and must include a worksheet for PRIs and other participants to understand their own role, functions and responsibility, and the role of the community to achieve universal health coverage (UHC).

5.3 Nutrition and PRIs

The role of PRIs in providing nutrition services to the community for different age groups has been defined in the Constitution of India. One of the key schemes that provides nutrition services is the Integrated Child Development Services (ICDS) programme. The other programme is the School Mid-Day Meal (MDM) managed by the Ministry of Education. In this study, efforts have been made to understand the role of PRIs and other stakeholders in providing nutritional services, and responses of the stakeholders are summarized.

Interviews with AWWs revealed that they are cognizant of their role and responsibilities in the delivery of nutrition to children, along with PRI members, schoolteachers and SMCs. However, AWWs reported lack of support from PRI members in Poshan Abhiyan though support was forthcoming for Anaemia Mukt Bharat Abhiyaan in the form of mobilizing the community. As per AWWs, PRIs also facilitate them in healthy childhood care programme and MDM programme. This was corroborated by the school teachers and SMCs.

A proportion of the RPI members know about their role and responsibility on nutrition. More specifically, 70.8 per cent of the PRIs know about services (such as registration of children (3–6) years, pregnant women and lactating mothers for Poshahar at AWC) and monitoring anganwadi centres to identify malnourishment and referral. Similarly, the 80.3 per cent of AWWs have knowledge of monitoring school MDM programme. However, investigation suggests that PRIs are less aware of monitoring of RTE and ICDS guidelines, and monitoring of AWC activities other than for food supplementation. As

already stated, awareness on referral services is also reported to be low.

Further, looking at their experience and attitude as compared to knowledge, despite a majority being GP or village-level committee members, the maximum part of their meetings are unstructured with only issues related to health discussed. Hence, there is a need for issues related to WASH, nutrition for different age groups and participation of the community to be included in the meeting agenda. Lack of coordination and community participation related to WASH and nutrition was observed in the field *(see Annex 1: Table 5.43: Distribution of experience of AWW regarding nutrition activities).*

At the block level, both BDO and BPP have knowledge of nutrition **except for indicators for monitoring anganwadi centre and referral service**s *(see Annex 1: Table 5.44: Knowledge and awareness of nutrition and its practices at GP level; and Table 5.45: Responses of BPPs/BDOs on nutrition programme implementation, monitoring and O&M at GP level).*

At the district level, the Zilla Panchayat Pramukhs reported high awareness of nutrition at the community level – especially of registration of children (3–6 years), pregnant women and lactating mothers for Poshahar, monitoring of anganwadi centres, identifying malnourishment and referral and monitoring school MDM scheme. This finding was at par with their attitude. They reported participating in growth monitoring, monitoring of AWC activities and monitoring of RTE and take home ration (THR) to the beneficiaries. However, they said referral services related to nutrition and health need to be strengthened by themselves and they need training on it.

Training needs

- 54.1 per cent of AWW respondents cited monitoring of their activities as a crucial role for PRIs. Hence, more rigorous training on **how to conduct supportive supervision and facilitation must be included in the training programme.** This finding also aligned with conclusions from community FGDs:

> In the Anganwadi centres across all the states, during the COVID-19 time, children and pregnant/ lactating mothers were provided dry ration and take-home ration, respectively. The ration consisted of rice, pulses, wheat and vegetables. Along with food distribution, Anganwadi centres are also used for vaccination and immunization of women and children and for keeping growth records of children. In states like Assam and Uttar Pradesh, Nutritional Rehabilitation Centres are also used for referring malnourished children. In Narayanpur, nutri-gardens were also established for better nutritional supplements. For MDM, in many states, the facility provides superior quality food for children, including dry rations. In Jharkhand, a certain amount of money is transferred to the bank account of children by the school authority for buying vegetables, lentils and cereals.
>
> But due to COVID-19, in most cases, MDM facility has been stopped altogether. While PRI members in Jharkhand and a few GPs of Telangana and Madhya Pradesh are quite active and take regular updates regarding MDM and anganwadi centres along with monitoring children's growth. **But in other states, there have been no referrals to the NRC, and no PRI dissemination of information on nutrition to the public.**

- Community FGDs reveal that the major challenges plaguing the nutrition are: irregular growth monitoring of children, the impact of COVID-19, closing of MDM, infrastructural issues and inconsistency in the delivery of nutritional supplements. **The demand for required training programmes in nutrition includes follow-up of schemes, increased usage of local natural resources like fruits and vegetables, better management of MDM and training programmes for AWWs/helpers.**

- In light of the information from PRI members on their responsibilities, this TNA study attempted to understand the role they play in the nutrition enhancement of target groups at the GP level. Findings suggest low to mid-level awareness among the PRI members in some aspects *(see Annex 1: Table 5.46: Distribution of knowledge regarding roles and responsibility of stakeholders such as School HM/Teacher/SMC regarding nutrition).* Accordingly, the key areas where they need training on nutrition are IEC campaign for awareness (8.3 per cent), quality and safety of food (25.0 per cent), identification of agency for cooking/ supply of cooked MDM (33.3 per cent) and preparation of annual work plan and budgets (33.3 per cent).

- Training on structuring meetings, setting agenda for issues related to WASH, nutrition for different age groups, participation of the community. and for the agenda to be shared with other stakeholders in advance are required for PRI members to better deliver health services. This should be a part of the training curriculum.

- School teachers and SMCs also said that along with them the PRIs must be trained to learn about adulteration of food and water contamination. It must be based on a practical approach with training on using water at the school safely for drinking and cooking. *(See Annex 1: Table 5.47: Distribution of SMC perception on training needs.)*

- To understand the knowledge and attitudes, some questions were also asked to the AWWs, which are summarized. The table concludes that the **PRIs need training on how to prepare GPDP and their role in delivering nutritional services.** They also suggested that the PRIs and service providers must be oriented towards identifying children and women with anaemia and other child-related diseases, along with the roles and responsibilities of PRI members. *(See Annex 1: Table 5.48: Distribution of AWW perception on training needs).*

5.4 Education and PRIs

The Right to Education (RTE) Act guarantees every child the opportunity to study free of cost up to the age of 14 years. The necessary infrastructure was also made available in rural areas to facilitate the Act. However, PRIs are not involved to the extent they are required to be. **Only 33.3 per cent of PRI members are found to be fulfilling their role in ensuring the adherence to RTE Act.** This was supported by the 9.2 per cent rating given by SMCs and headmasters on the coordination between SMCs and PRI members. On girls' education, the SMCs reported that the PRIs mobilize the community to send girl children to school, minimizing dropout rate of girls, avoiding early marriage and promoting handwashing and maintaining personal hygiene. However, according to PRI members, their role was limited to school monitoring and developing infrastructure, attending parent–teacher meetings, and organizing camps to reduce dropouts. Discussions with SMC and teachers revealed that PRI members' knowledge of the educational system was weak and only 37.5 per cent of SMC members were satisfied with the role played by PRI members in the

Case Study 3

Free sanitary napkins change the school environment

Free distribution of sanitary napkins to adolescent girls in Karra Block reversed school absenteeism! Discussion with VWSHC members revealed that school dropout of adolescent girls had been minimized with a free supply of napkins to them. This was definitely a successful school health programme.

Dr. Sunil Khakeo, medical officer in charge of CHC Karra Block stated that sanitary napkins were being distributed free of cost by teachers to adolescent girls under the school health programme and through Sahiya (ASHA) to women aged up to 49 years at the village level and at community health centres by the Jharkhand Health Department through Panchayati Raj department. "It has created a conducive environment and women and adolescent girls are happy getting the napkins," said Jonika Gudiya, Zilla Panchayat Pramukh, Khunti district, during discussion.

enforcement of RTE. In contrast, positive action by a Jharkhand PRI of free distribution of menstrual napkins to adolescent girls and women by ANMs and Health Sahiyas of the Health Department not only encouraged hygiene in adolescent girls but is an illustration of how institutions can have a positive impact on reducing dropouts from school and preventing early child marriage even through indirect action *(see Case study 3)*.

Women GP members were reported to be less knowledgeable on the various services related to education *(See Annex 1: Table 5.49: Distribution of knowledge of education services of School Headmaster/School Teacher/SMCs and PRIs)*. Their role is limited to adolescent education and, to an even lesser extent, ensuring female representation on SMCs. KIIs and the discussions revealed that the efforts of PRIs, especially female members, as not being up to the mark.

The community raised these issues in FGDs:

> Most village schools are up to only class 5 or 8, and have been closed in the past two years due to COVID-19, which prompted high dropouts. Only some children have availed online education due to economic and rural network issues. Long distances, lack of sufficient number of teachers, dysfunctional washrooms, poor enrolment lead to dropouts, particularly of girls, which in turn becomes a major factor for their early marriage. Demands for secondary schools have been raised in the Gram Sabha many times. Uneducated women GP members are a problem, because they cannot put up education issues in the Gram Sabha in an effective way.
>
> **Wherever PRIs are active, they monitor schools, teachers and discuss children's issues in the Gram Sabha. They also try to sensitize parents of children who have dropped out.** PRIs are expected to repair school buildings, provide proper toilet facilities for girls and school buses and ensure better roads for travel. They should start alternative schooling for students who have fallen behind due to COVID-19 or dropped out and increase the number of teachers. These measures will automatically improve the village education level.

Case Study 4

Convergence strengthens education delivery in Agia, Assam

Language difference is a major hindrance in imparting education in Assam, since children who understand Garo are either forced to travel longer distances to attend school or dropout after primary level. The COVID-19 lockdown since March 2020 also led to a higher rate of dropouts in the past two years as many students lack access to smartphones and online education. People at household, and consequently children, are therefore disinclined to pursue education any further. Due to these reasons, primary education has suffered. PRIs were unable to address these issues as an emergency, hence contributing to more dropouts. Clearly, PRIs were not sure about their role in strengthening the education delivery system. Community action compelled the PRIs to take action and now one school campus houses three different schools in Agia GP of Balijana block in Goalpara district of Assam! Two schools (lower primary level) teach in the Assamese medium while the third teaches in Garo medium.

Discussions with SMCs and school teachers revealed that PRIs are more inclined to construction activities related to school, and while they attend SMC meetings, their participation is low in parent–teacher meetings and they do not conduct campaigns to restrict school dropouts. The case study from Assam reflects how the system can be forced to change if there is demand *(see Case study 4)*. The PRIs were not able to address these issues as an emergency, hence contributing to more dropouts. *(See Annex 1: Table 5.49: Distribution of knowledge regarding education services from School Headmaster/ Schoolteacher/SMC and PRIs.)*

The pandemic not only hampered delivery of education, but also gave an important lesson on the importance of IT knowledge for online education. The stakeholders say everyone should be trained on how to use IT effectively for teaching and supportive supervision. *(See Annex 1: Table 5.50 Distribution of opinions of stakeholders, i.e., School HM/Teacher/SMC on training needs for education.)*

While SMCs play an active role in delivering quality by monitoring the school activities and providing valuable suggestions at the GP level, BDP and BPP also have a crucial role to discharge in ensuring education for all. Interviews with stakeholders at the block level revealed they have knowledge on supporting SMCs on infrastructure development (100.0 per cent), organizing campaigns to restrict school dropouts (83.3 per cent) and attending SMC meetings (66.6 per cent) and parent–teacher meetings (16.3 per cent). *(See Annex 1: Table 5.51: Respondents' knowledge of education and its practices at GP level; and Table 5.52: Responses of BPPs/BDOs on education programme implementation, monitoring, and O&M at GP level.)*

On the other hand, the DPP stakeholders' opinion of clarity of their own role did not reflect in in-depth discussions. Interviews reported 100 per cent clarity only on their own role in supporting SMCs on infrastructure development; their responses were moderate on qualitative aspects, such as attending SMC or parent–teacher meetings. (*See Annex 1: Table 5.53: Respondents' knowledge of Zila/ District Panchayat Pramukh on knowledge of education service delivery and Table 5.54: Responses of zila Pramukh on program implementation of educational programme.)*

Training needs

- The major **training requirements that emerged out of discussions with stakeholders included training programmes on IT for all stakeholders and on first aid, sensitizing parents on the necessity of education, designing a new online curriculum, modern methods of teaching and field testing of water quality.** Similar requirements came out of FGDs with the community, which said that

> **Wherever PRIs are active, they monitor schools, teachers and discuss issues related to children in Gram Sabha. They also try to sensitize the parents of children who have dropped out.** PRIs are expected to get the school building repaired, provide for proper toilet facilities for girls and school buses, and ensure better roads for easy travel. They should also start alternative schooling for students who have fallen behind due to COVID-19 or dropped out and increase the number of teachers. These measures will automatically improve the education level of the school.

The community also cited monitoring quality of education, orienting teachers on modern methods and technical education as training needs for the stakeholders along with adult education and career counselling for youth.

- Since the question of women GP members being less knowledgeable on education services came up repeatedly in KIIs and FGDs, **there is a clear need for more training for women members on their role in delivery of education and sensitization to factors hindering girl child education,** such as absenteeism, personal hygiene, lack of segregated and poor quality of washrooms and early marriage.

- Based on PRI members' focus on infrastructure rather than interlinkages between education and different thematic areas as well as dealing with pressing education needs as seen in the case of Agia, Assam, there is a strong requirement for **convergent training through different committees at the grassroot level on dealing with emergency situations and what provisions GP must keep with themselves.**

5.5 Gender and PRIs

The Indian Constitution has provisions for 33 per cent reservation for women for their empowerment and to provide them with equal opportunity as men. The TNA study findings conclude that at the GP level 62.5 per cent of the PRI members are sensitive to gender representation, work on girl child education access (66.7 per cent), equality of employment such as labour participation and wages, healthcare for women, political freedom for women and violence against women. However, analysis shows that PRI members rarely participate in committees formed at different levels. *(See Annex 1: Table 5.55: Distribution of respondents' (GP Secretary/ Sarpanch) knowledge on gender component among PRIs at GP level.)* Hence, the **issue of gender needs to be included in every training aligned with the specific sector.** Community FGDs reflect that

- "While states like Assam have better female representation in PRIs, with 9 out of 10 ward members females in one GP and 50 per cent representation in other GPs, in Uttar Pradesh and Maharashtra even today male representation at GP level is favoured in comparison to female – a woman Sarpanch is just a rubber stamp with the male Deputy Sarpanch handling all the issues.
- Other than that, the women of the GPs have been provided with proper health services; in some states, there is a Mahila Sabha working for the redressal of issues pertaining to women, such as nutrition, sanitation and SHGs.
- However, while women members may put up their demands to be included in GPDP, but there are fewer chances of their suggestions being incorporated. There are cases of the community not even knowing about the existence of GPDPs.
- Jharkhand and Maharashtra do not provide any kind of facilities to vulnerable groups. In other states as well, the preferred way for the inclusion of such groups into the mainstream has been via the provision of pensions programmes, beneficiaries of which are majorly older women and differently abled people. Training for bridging the gender gap includes various awareness programmes from the side of the GP and local leaders, sensitization of early marriages and girl education.

At the block level, there is an awareness of gender issues related to WASH, health, nutrition, and education as reflected in the BDP and BPPs' responses – 100.0 per cent aware of women representation in PRIs, 100.0 per cent aware of equality of employment (labour participation and wages), 100.0 per cent aware of issues of violence against women and 100.0 per cent aware of healthcare for women. The only areas where less knowledge is reported are access of girl child to education and political freedom for women. *(See Annex 1: Table 5.56: Respondents' knowledge and awareness of Gender issues and practices at GP level.)*

The Zilla Panchayat Pramukhs also expressed awareness and knowledge of gender issues at the district level, pointing to their responsibility to promote gender issues across all development programmes; to work on access to education for girl child, equality of employment (labour participation and wages), providing healthcare, ensuring political freedom for women and to protect women from violence. They stated that gender-inclusive issues were discussed and incorporated in the District Development Plan. *(See Annex 1: Table 5.57: Responses of Zila Panchayat Pramukh on knowledge of Gender; and Table 5.58: Responses of Zila Panchayat Pramukh on Gender inclusivity in District Development Plan.)*

5.6 Disaster risk reduction, climate change and PRIs

Disaster risk reduction and climate change are critical issues across the country and the Government has made provisions for funds for GPs to strengthen infrastructure and services through PRIs with respect to DRR and climate change resilience. **However, knowledge level on both thematic areas is reported to be low among the PRI members at the GP level.** According to them, their key role includes: a review of local level risk (41.6 per cent), sharing disaster-related risk information with the community (50.0 per cent), mainstreaming DRR in GPDP (37.5 per cent), organizing awareness programmes for children (54.2 per cent), ensuring water conservation, green plantation and water harvesting (54.2 per cent), and renovation of existing traditional sources (66.7 per cent).

Case Study 5

Panchayat steps in to manage disaster risk in Chachoura, MP

The Gram Pradhan of Chachoura block in Guna district of Madhya Pradesh reported that raising the village road to connect it to a proximate highway had led to flooding of houses in the lowlands during heavy rains in 2021. When the road was low, rainwater flowed out and seeped into the ground but now high embankment, the area was waterlogged. The community and Panchayat members rescued the affected people and arranged to house them safely in the village school with a supply of food, drinking water and first aid.

Later, under the DRR programme, the stream passing through the village was deepened and widened apart from constructing check dams, nallah and pond at appropriate places. The Panchayat also took on tree plantation to stop soil erosion in the villages. Now the village is safe and people are happy.

On climate change, they assume their role to be restricted to creating awareness programmes on livelihood and climate change (41.7 per cent), special provisions in the annual plan/budget to minimize impact (16.6 per cent), afforestation and reforestation (83.3 per cent) and controlling pollution (54.7 per cent). *(See Annex 1: Table 5.59: Distribution of respondents' knowledge of GP Sarpanch/ Secretary on DRR and Climate Change.)* Similar findings were obtained from the community FGDs:

> **Droughts, floods, landslides due to heavy rainfall (in Maharashtra) are natural disasters because of which people generally lose their crops and sometimes even their animals. They reported that they do not get compensation for such losses, and when it is given sometimes it is not enough to make up for their loss.**

PRI members are generally not highly aware of DRR and climate change activities, especially in areas where climate change impact is less, though there are examples of a GP Chachoura in Madhya Pradesh where it has taken positive action to avert a major human-made disaster risk *(see Case study 5)*. Little less than half (45.8 per cent) of the respondents know about disasters like drought, floods and landslides, even though 54.2 per cent say that it is a part of GPDP, and that they had covered the subject during its preparation. But that brings up the question of incorporating the subject in GPDP without knowledge of technical planning and how useful would it even be in execution at the grassroot level.

Only 16.6 per cent of the PRI members interviewed received some kind of training on DRR and climate change. Community findings on this aspect lead to the following conclusion:

> In almost all the states, GPs have conducted afforestation activities (generally at schools), providing saplings to households on special days like Environment Day. (Narayanpur in Telangana is an exception to this due to severe shortage of water required for the maintenance of such trees, and the Sarpanch being disinterested in development activities and not engaging in any way with the village and GP due to which there is a strong resentment for her.) Training on climate change largely focuses on awareness of its impact on livelihood and agriculture.

(See Annex 1: Table 5.60: Distribution of perception of respondents (GP Sarpanch/ Secretary) on Climate Change training required in future.)

At the block level, the **BPPs and BDOs** were found to be less aware of the DRR and climate change issues. Stakeholders' analysis shows that BPPs were low in both knowledge and attitude towards DRR while the BDOs had a higher knowledge of DRR. As Table 5.61 shows, they profess knowledge of organizing risk awareness programmes for the community and school children; and ensuring water conservation through awareness, tree plantation, water harvesting and repair and renovation of existing traditional water resources through MGNREGA as a part of disaster resilience. However, they **lack knowledge regarding mainstreaming DRR in GPDP and sharing disaster risk-related knowledge with the community; and there is no review of local risks and vulnerabilities, which emerges as a serious gap.**

Similarly, on climate change: BDOs and BPPs are aware of their role in creating awareness on climate change and its impact on health and livelihood; the special provision in annual plan/budget to minimize its impact on the community; and facilitating afforestation and reforestation. However, **very few indicate knowledge of controlling pollution at the local level.** *(See Annex 1: Table 5.62: Respondents' knowledge and awareness on DRR and Climate Change and its practices.)* Further, it can be said that **although they are implementing the afforestation and reforestation programmes through MGNAREGA, their limited knowledge of the subject impacts the execution of the scheme** *(see Annex 1: Table 5.63: Responses of BPPs/BDOs on DRR and Climate Change programme implementation, monitoring, and O&M at GP level).*

Discussion with BMoIC reflects that the PRIs' role during a disaster is limited to distribution of oral rehydration solutions (ORS), zinc tablets, antibiotics, bleaching powder and referrals. However, they shared that during the pandemic, PRIs helped them to mobilize community for immunization and other services, including enforcing home isolation and reporting of COVID-19-affected people to the health department *(see Annex 1: Table 5.64 response of doctors on arrangements at health facility related to disaster in the locality).*

At the district level, there is little awareness on this thematic area except for pollution control and special provision in annual plan/budget to minimize the impact of climate change on the community. However, according to them, DDP covers limited issues of climate change. *(See Annex 1: Table 5.65: Responses of Zila Panchayat Pramukh on knowledge of Climate Change.)*

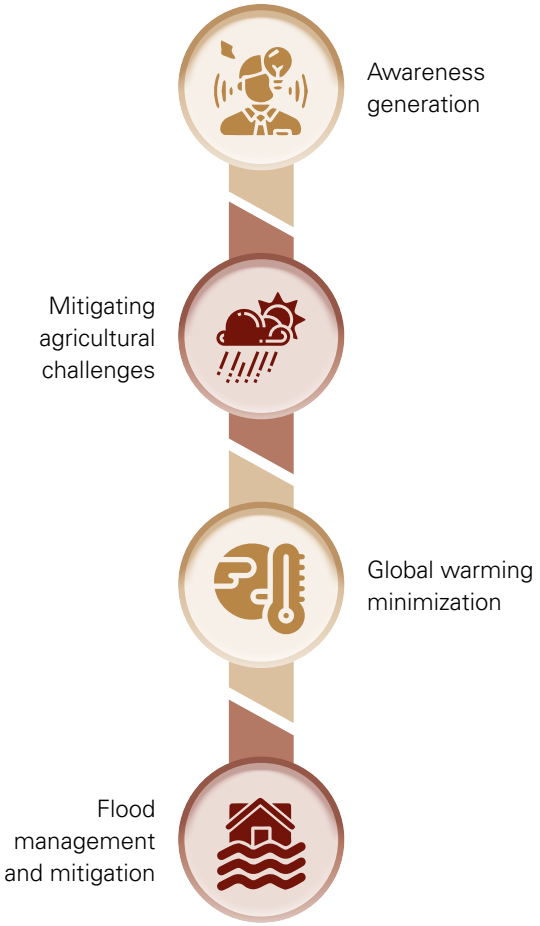
In the case of RWS officer too, while knowledge regarding GPDP is quite high, **the knowledge and attitude on the preparation**

of the village water security plan involving communities, proper monitoring and supervision of existing water supply scheme is quite low.

Training needs

- At the GP level, the **Sarpanch and Secretaries expressed a desire for greater awareness on DRR and climate change impact and how to manage these issues locally** with training programmes on certain topics.

Issues identified for bridging the existing gaps in TNA



(See Annex 1: Table 5.60: Distribution of perception of respondents (GP Sarpanch/ Secretary) on Climate Change training required in future. and Table 5.61: Distribution of perception of respondents (GP Sarpanch/ Secretary) on DRR training required in future.)

- While referring to PRIs' work on constructing facilities like sheds and check dams to counter the effects of natural disasters, the community cited the following DRR and climate change training needs: **awareness generation on disaster management, mitigation of the effects and awareness of impact on crops and its management.**
- Stating that the number of DRR and climate training sessions needed to be increased, **SMCs opined that the DRR training must be designed as per local needs and that the modules must be practical and actionable instead of just being theoretical.** While expressing concern about the lack of schools' orientation towards DRR and climate change and based on their experience in preparing GPDP, SMC members placed a request for training on

Topics of training at the SMC level

5.7 DDP and BDP

District and block panchayats have a crucial role in developing respective plans such as

Case Study 7

PESA has transformed governance in tribal villages

PESA had transformed Adivasi villages in Jharkhand, said mukhiya of Kuda, Rampur Haro in a Gram Sabha that he had organized for the study team. Before the implementation of PESA "governance in traditionally Adivasi villages had been insignificant," said the traditional village headman. The implementation of the Act had put the villages at the forefront.

The Gram Sabha now discusses issues linked to GPDP and it approves the plans, programmes and projects for social and economic development for implementation by the village Panchayat. The village head also informed that it now had the power to identify beneficiaries of village-level development programmes. Committee members revealed that they expected that the state DoPR to build the capacity of Gram Sabha members as well as the headman (pahan) by including them in the PRI training programmes.

Clearly, Gram Sabhas in Jharkhand villages are working in letter and spirit, and the Act will certainly rejuvenate the self-governance system in the tribal area of Jharkhand. People, and consequently children, there are disinclined to pursue education any further, therefore. Due to these reasons, the primary level of education has suffered the most. In this case, PRIs are not clear about their role in strengthening the education delivery system.

DDP, BPD and GPDP and ensuring proper implementation of the developed plan through supportive supervision, departmental coordination and timely outcomes. To perform effectively, PRIs should have knowledge of all programmes and schemes as well as the various guidelines circulated by GoI MoPR and DoPR. GPDP is a very important activity to take development to the villages by bringing together the community and the government on one platform. All PRI training programmes related to GPDP, and all related documents are to be uploaded to the MoPR online portal. As per the guidelines, all stakeholders' participation in GPDP is mandatory. However, as per the responses received from BDOs and DPP/ZPP, only 66.7 per cent of the respondents attested to the participation of GP Sarpanch, GP Secretary, GP member, GP president, AEn, line department officials and veterinary officer, while the rest highlighted the participation of BP members and other development department officials. More discussion with the stakeholders revealed that only 83.3 per cent of the stakeholders participate in the preparation of GPDP, BDP and DPP. The other area of concern that emerged from the preparation of GPDP was the neglect of DRR, climate change and gender inclusivity *(see Annex 1: Table 5.66: Responses of Zila Panchayat Pramukh on preparation of DDP and committee formation at Zila Panchayat).*

Sanitization, mask distribution and camps were organized regularly, and awareness regarding sanitization and vaccine was created in an effective manner at all the level of PRIs with the coordination of health department *(See Annex 1: Table 5.70: Responses of Zila Panchayat Pramukh on COVID-19 and its management).*

5.8 15th Finance Commission

With the recent GoI approval of the 15th Finance Commission, PRIs now have the provision of direct funds to execute programmes and schemes. A major portion (60 per cent) of the fund is allocated to improve WASH service deliveries at GP, block and district level. Consultations with PRI stakeholders revealed that they had received training on the 15th Finance Commission and its provisions through training programmes conducted by SIRDs and DoPR.

Largely held at the block and district levels, these training programmes have covered issues related to preparation of GPDP and implementation of WASH services. Stakeholders reported, however, that issues related to health and nutrition were overlooked and they believed that PRIs require training on

- water supply;
- quality of drinking water;
- water security;
- solid liquid waste management;
- health, hygiene and personal care in general and COVID-19 specific; and
- leadership development. *(See Annex 1: Table 5.67: Responses on training received on 15th Finance Commission and other issues.)*

5.9 Challenges faced in the implementation of programmes

The DPPs and ZPPs are of the opinion that despite the training programmes conducted by the government with the support of other bilateral agencies, the PRIs face many challenges in their implementation.

Around 66.6 per cent of the DPPs and ZPPs interviewed opined that no district planning conducted till now had been done as per guidelines. Further enquiry revealed that the lack of coordination among all the line departments was the major reason for this situation. Secondly, 83.3 per cent cited lack of involvement of the District Collector and the local Member of Legislative Assembly (MLA) in the preparation of DPP *(See Annex 1: Table 5.68: Responses of Zilla Panchayat Pramukh on the challenges faced in the implementation of programmes.)*

5.9.1 Quality of training programmes

The research team investigated the quality of training given by different institutions at different levels in KIIs. Discussion with stakeholders revealed that several organizations, including SIRDs, WSSO (Water and Sanitation Support Organization), DoPR, as well as Department of Medical, Health and Family Welfare, conduct training programmes on WASH and allied sectors. All of them are organized at par with targeted audiences at district and state level on

Key learning from training on COVID-19 response

In KIIs, stakeholders cited how much of the training sessions were organized out of a sudden response to the pandemic – on working closely with the health department, organizing camps, creating awareness about sanitization and vaccination by establishing a referral system, and distributing sanitizers, masks and food. "This should not happen," they said, and that "it is a learning for the system to train PRIs on how to mitigate vulnerability and risk during any type of disaster".

DPP, implementation of WASH schemes, health, education and nutrition. While the stakeholders find the quality of the training programmes satisfactory, they expressed that **more training programmes could be organized on the issues of water supply, quality drinking water, water security, SLWM at the local level, health, both general and COVID-19 specific hygiene and personal care, leadership development, disaster risk reduction and management, and management of local resources and revenue generation.**

According to them, all the women PRI members had received training focused on women, people with disabilities (PwDs) and socially and economically disadvantaged groups of people in the last two years. However, it was observed that current knowledge and training on DRR are insufficient, and 83 per cent of the respondents opined that PRIs **need to build their capacities on disaster-related planning and mitigating disaster-triggered losses.** Enabling GPs to manage the disaster and preparedness for floods were the other training needs that emerged from the KIIs *(see Annex 1: Table 5.69: Responses of Zila Panchayat Pramukh on training received and training required).* It was seen that **while SIRD trains PRI stakeholders on some of these topics, more rigour is required on how to implement the training professionally to overcome these challenges.**

Distribution of mask and sensitization was done in almost all the panchayats, awareness regarding sanitization and vaccination was done rigorously, but there is a **need for training on referral health services and knowledge on online services during the pandemic** for Gram Panchayats and Block Panchayats *(see Annex 1: Table 5.70: Responses of Zila Panchayat Pramukhs on COVID-19 and its management).*

5.9.2 Impact on trained versus untrained PRI members

Training and development programmes provide a host of benefits to improve the trainee's knowledge, attitude and motivation, improve quality of work and create a better work environment. The systematic training and orientation of the people's representatives and periodic follow-ups improve their understanding of public service and its delivery. It is not the only solution to improve the quality of public works, but positive intentions and good social work knowledge definitely help ERs do public service with quality, which elicits community support on implementation of community-based programmes. Effective training reflects their empathy for the community people by better communication based on critical thinking, active listening and cultural competence.

Data collected in this TNA study clearly highlights the impact of WASH training on the knowledge and motivation (attitude towards accomplishment of work) of PRI members at all the three tiers of the study states. This is despite the constraints imposed by the COVID-19 pandemic on the number of training sessions (online/offline) in the last two years (2020–21 and 2021–22). In contrast, the status of knowledge and attitude in non-trained PRI members was found to be poor *(see Figure 5.2).*

Similar finding came up regarding PRI members' knowledge and attitude towards health, related subjects and current health programmes for non-trained PRI members as compared to those exposed through training at all the three levels of PRIs. As

Figure 5.2: Status of trained and untrained PRI members on WASH issues (%)

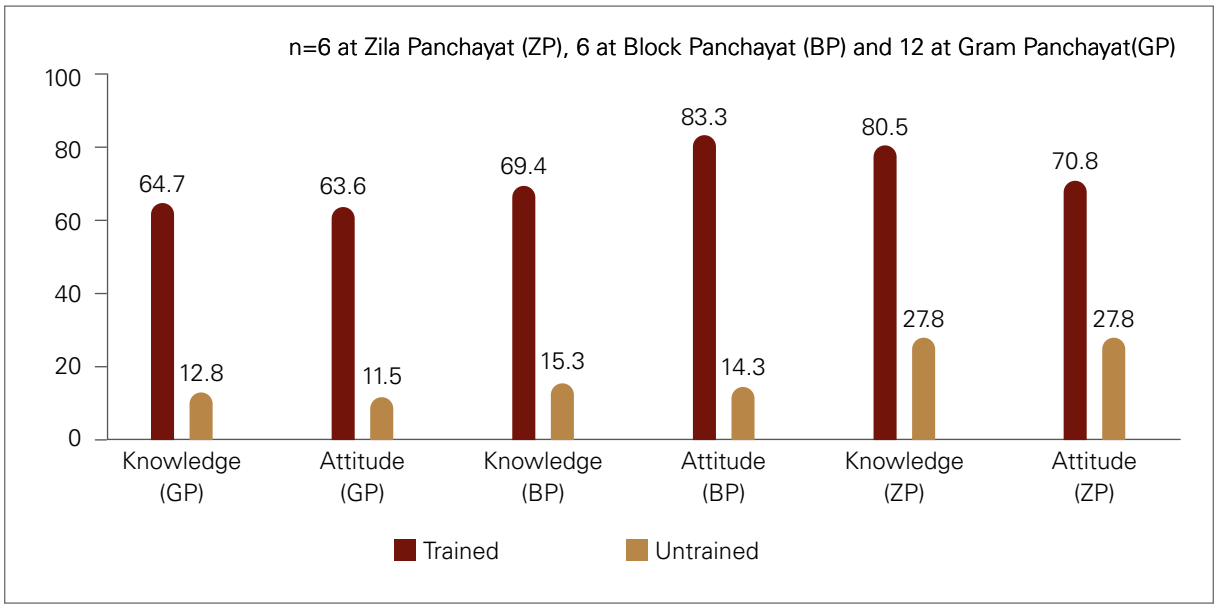


Figure **5.3 shows**, the knowledge and attitude of non-trained PRI members at GP level is much lower at 16.7 per cent and 12.5 per cent, respectively, than even their block and district counterparts.

The availability of nutritious food and its practice of consumption promotes healthy pregnancy outcomes, supports normal growth of children in maintaining a healthy body weight and reduces the risk of chronic disease, leading to overall health and well-being. The Women and Child Development programme of the Government of India aims at providing better nutrition in the community through anganwadi centres at the village level and the knowledge and attitude of PRI members is crucial to the programme achieving its objectives. As in WASH and health, **non-trained PRI members at all levels have abysmally lower knowledge and attitude towards nutrition than their**

Figure 5.3: Status of combined and non-trained PRI members on health issues (%)

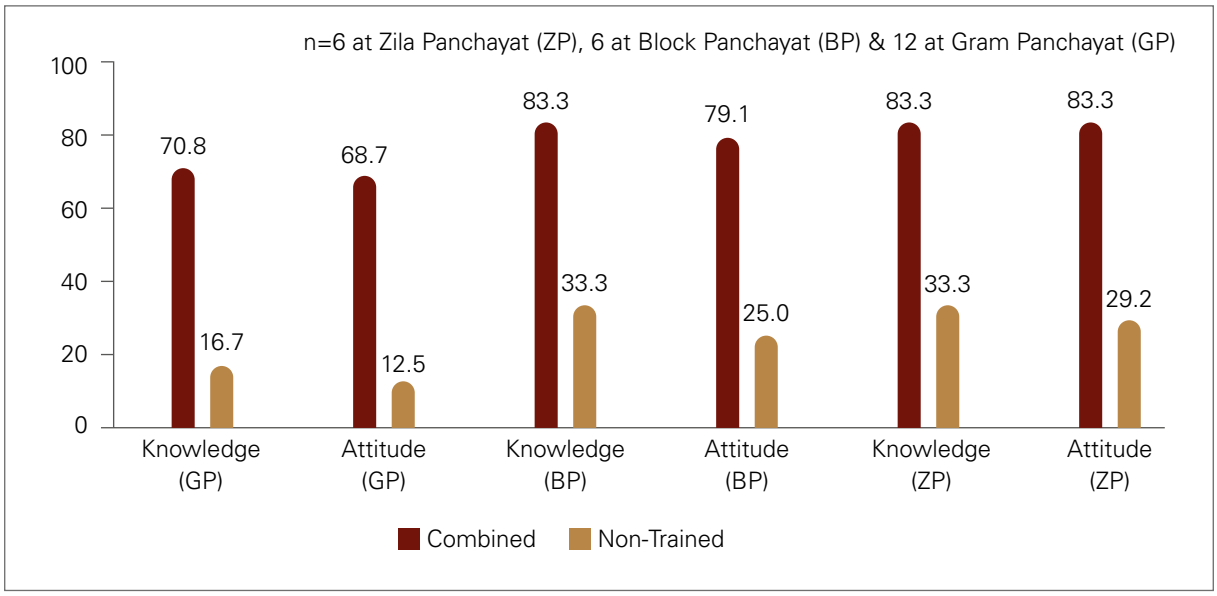
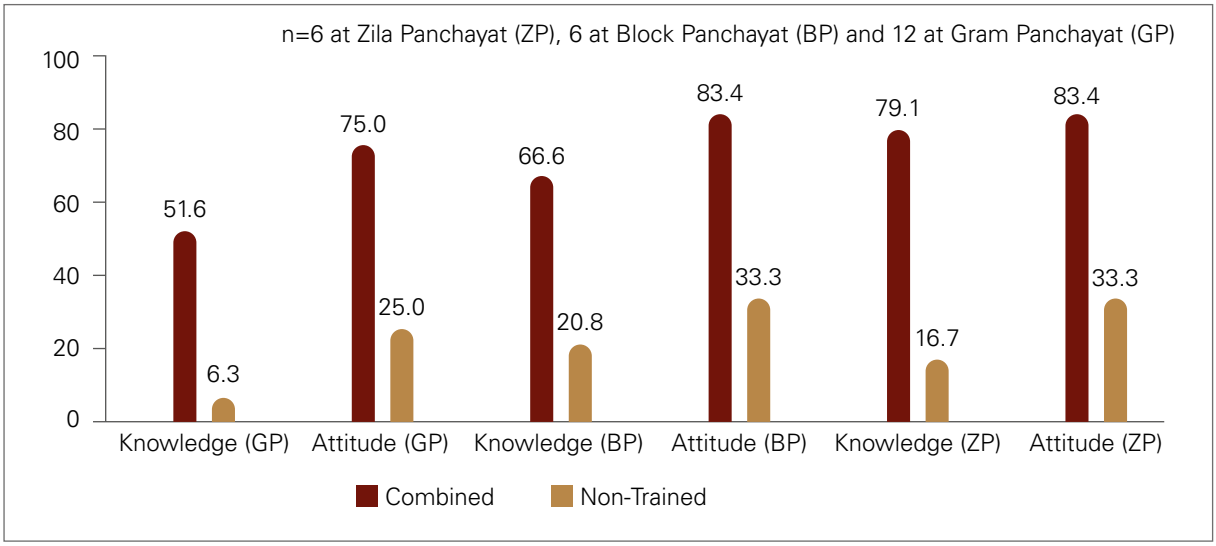


Figure 5.4: Status of combined and non-trained respondents on education issues (%)

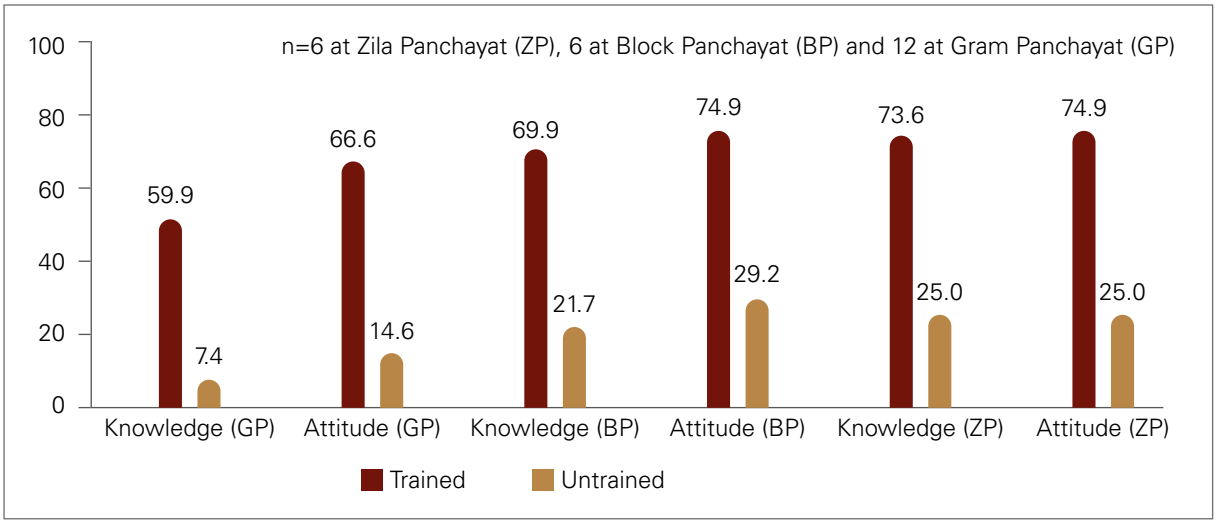


trained counterparts in the last two to three years.

Training of PRI members not only develops their own understanding of education and related issues, but helps improve the literacy rate, the quality of education as well the dropout rate at the village level. That data collected shows that non-trained PRI members' awareness of education issues is lowest at 6.3 per cent in knowledge even if their attitude is positive *(see Figure 5.4)*.

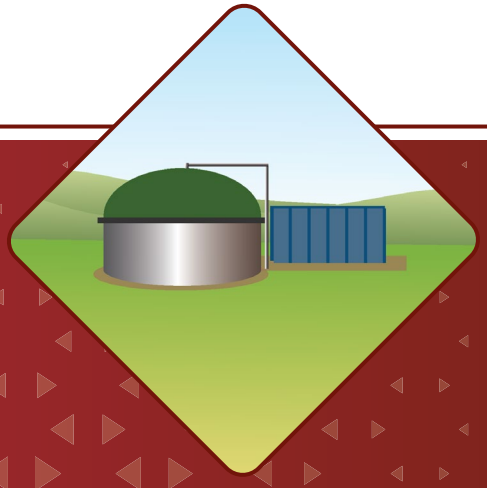
Climate change and DRR are closely linked and as more extreme weather events in future are likely to increase in the number and scale of disasters, at the same time, the existing tools of DRR provide powerful capacity for adaptation to climate change. The MoPR, GoI, guidelines have incorporated disaster planning and spending into development plans and local-level committees. It is clear that **more training/orientation is needed for PRI members to have knowledge and involvement in various disaster management programmes to reduce community risk and vulnerability** *(see Figure 5.5)*.

Figure 5.5: Status of trained and untrained PRI members on DRR/climate change issues (%)



Chapter 6

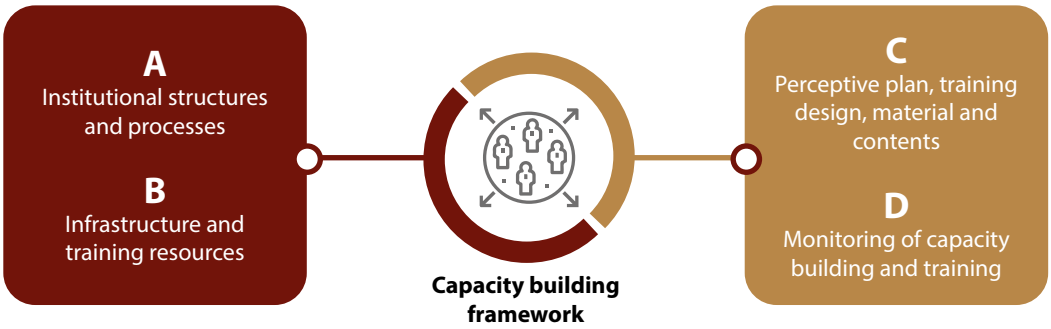
Capacity building framework



The Government of India has already developed a capacity building framework for PRI functionaries under the revamped Rashtriya Gram Swaraj Abhiyan (RGSA) implementation framework of MoPR&RD. While this framework focuses on strengthening the capacity building and training (CB&T) of PRIs and other grassroot members of line departments, the recommendations based on the findings of the current study will help bridge the existing gaps more comprehensively. Hence, the suggested capacity building framework seeks to develop a common understanding and identify key points of action regarding CB&T of various stakeholders of PRIs. This section of the report has been prepared in consultation with the SIRDs and NIRD&PR through KIIs with PRIs members, FGDs with the community in the six study states and by reviewing relevant available literature.

The CB&T of the various PRI stakeholders is a complex task looking at the large numbers that the task entails: there are 3.1 million ERs in the country, of which 1.3 million are women representatives, as well as a range of stakeholders who impact Panchayat work in various ways – such as Panchayat functionaries, that is, Panchayat Development Officers (PDOs), secretaries, accountants, ANMs, ASHAs, water pump operators, MoICs, teachers and other departmental officials who work with Panchayats and Gram Sabhas.

The challenge is to reach out to these diverse groups while ensuring high quality, context-specific CB&T for Panchayat functionaries. But CB&T is a pre-requisite tool for better planning, implementation and monitoring of GPDP, BDP and DDP. Therefore, each state must develop an appropriate strategy and action plan for CB&T to help prepare an effective development plan and address new, urgent challenges such as climate change adaptation (CCA), DRR and human, social and economic development along with WASH, education, health, nutrition and other services. Though the revamped RGSA framework has ensured general and refresher training programmes covering these



issues, the CB&T structure recommended here will provide guidance to the states on documentation of best practices and success stories in DoPR and for use in training. Broadly, this will also help in localizing and achieving SDGs 2030 by identifying the priority areas of interventions.

6.1 Institutional structures and processes

6.1.1 National nodal institution

NIRD&PR, Hyderabad, is the apex organization for designing the capacity building of PRI functionaries and all other stakeholders of Panchayat governance, decentralized planning, certified master resource persons (CMRPs) and e-Panchayats at the national, state, district and subdistrict level with the assistance of SIRD&PR. The functions of NIRDPR as nodal agency of this CB&T framework may be as follows:

- Imparting training to state resource persons for undertaking training need assessment prior to designing training modules.
- Preparing model training designs for CB&T for selected clientele on preparation, implementation and monitoring of GPDP, BDP and DDP.
- Guiding SIRDs, state nodal institution and other state institutions to undertake sound training needs analysis and using it for PRI training programmes.
- Introducing 'need and competency-based training' to make it more relevant for better performance of Panchayat functionaries.
- Preparing appropriate CB&T learning materials on various thematic areas, including decentralized planning and e-GramSwaraj.
- Organizing orientation programmes on the formulation of CB&T strategy as per MoPR guidelines for national and state-level resource persons, including SIRD&PR faculty.
- Developing standardized model learning material, training modules, IEC material, best practices, and success stories, as per local needs and updating them periodically.

6.1.2 State nodal institutions

The SIRD&PR or designated state nodal institutions function as the apex institute for CB&T of PRIs at the state level. Their main objective is to enhance knowledge base and develop managerial, organizational, leadership and decision-making skills among different categories of ERs and PRI functionaries and other stakeholders such as village organizations, NGOs and CBOs who support the planning process. The state nodal institutions would be guided by the national nodal agency in all aspects of PRI CB&T including the training framework and training needs assessment, orientation training for ERs and members of BPPC, IPPC and DPPC and competency-based training for selected members, including facilitators, president, and member secretary of the planning committees.

These organizations are expected to act as think-tanks of the state DoPRs and also required to provide feedback on the implementation of rural development schemes and on the functioning of PRIs. During this TNA study, it was observed that the SIRDs have developed at different pace in different states, presenting a varied growth pattern and engagement with training and capacity building activities. A great degree of variation exists among them in terms of faculty strength, expertise, pedagogy, training modules, infrastructure, and autonomy. This need to be streamlined for building the CB&T of PRI members.

6.1.3 District panchayat resource centres

The RGSA provides funds for staffing and infrastructure of district panchayat resource centres (DPRCs). DPRCs can be established by strengthening existing institutions such as extension training centres (ETCs) or other Panchayat training institutions or, where no Panchayat training institutions exist, by establishing new institutions. The role of DRPCs would include the following:

- Better outreach to cater to the training needs of increasing number of ERs and other PRI functionaries, as well as a more diverse set of stakeholders.
- Networking with local NGOs working in PRIs and associated fields for training and knowledge dissemination.
- Handholding and running on-the-job training programmes.
- Coordination and convergence of different sectors at the grassroots.
- Wider dissemination of knowledge.
- Adaptation of state-level training programmes as per local needs.
- Promotion of networking among the ERs at the grassroots.

6.1.4 Block resource centres

The revamped RGSA implementation framework approves the establishment of block panchayat resource centres and establishment of satellite/IP-based state-level studio and SIT at the district and block level for promoting virtual training. In fact, as per findings in this study, there is an increasing realization that strong block-level facilities are needed to conduct non-residential trainings. Such centres should be attached to the Blocks or Intermediate Panchayats to the extent possible. However, because Block Resource Centres have also been funded under Backward Region Grant Fund (BRGF) and RGPSA, their role needs more clarity. Hence, the role of BRCs would aim to:

- be a critical nodal point for satellite-based and distance mode training;
- conduct decentralized training programmes, which reduce costs and allow ERs to access training easily; and
- facilitate Panchayat members for congregating at these resource centres for smaller meetings, mutual consultation and networking.

6.1.5 Extension training centres

Extension training centres (ETCs) have also been supported by MoRD, and some states have their own substate level Panchayat Raj training institutes, which can also be helpful to reach the grassroot level of PRIs functionaries.

6.1.6 Network of training institutes

CB&T can be enriched vastly by establishing collaboration among institutes and experts. Keeping with this aim, **each state needs to develop a network of identified training institutes and resource centres to support Panchayats.** The following may be included to build the networks.

Partnerships with other specialist institutions

Given the very wide range of topics on which CB&T is required for the Panchayats, SIRDs would need to develop very strong partnerships with other government and non-government resource institutions, especially to provide CB&T in sectors such as WASH, health, nutrition and education. There is a strong network of government resource institutions in some sectors, such

as state Councils of Educational Research and Training (SCERTs), District Institutes of Educational Training (DIETs) and numerous NGOs in the education sector. In other sectors, such as water, there may be a few government specialist institutes like Water Sanitation Support Organisation (WSSO) that could be partnered with. Specialized institutions and agencies such as Institute of Rural Management Anand (IRMA), IIHMR University, Xavier School of Management (XLRI), UNICEF, United Nations Development Programme (UNDP), United Nations Population Fund (UNPFA) and WHO, along with NIRD&PR, may be involved in providing training based on the identified TNA to the stakeholders. **Each SIRD needs to map the resource institutes available in the state and form a partnership to ensure appropriate sector-based training.**

Local level training institutions

Collaboration with NGOs, universities and training institutes of line departments may also be tapped to augment the scope of training using their infrastructure. A partnership with local training institutions brings together institutional capabilities and human resources in the form of skills, experiences and ideas to tackle common problems that are often beyond the capacity of a single institution. Specialized institutions such as IRMA and XLRI may also be roped in to create a pool of master trainers in different sectors aligned to the nine thematic approaches adopted by MoPR to localized sustainable development goals (LSDGs) at the grassroots. Further, the following network of dedicated institutions available at local level may be utilized for execution of training programmes.

- Regional institutes of rural development (RIRD)
- District institutes of rural development (DIRD)
- Panchayati Raj training institutes (PRTI)
- Extension training centres (ETC)
- Krishi Vigyan Kendra (KVK)
- Key resource centre (KRC) – WASH
- Renowned university of the state

Convergence of training and non-training interventions

The capabilities of the stakeholders can be developed better and faster through a combined effect of adequate training and non-training interventions. **Some of the training interventions may include institution-based offline training, online trainings, facilitation and handholding support, sensitization camps and awareness generation** at various levels. While non-training interventions may include policy support on statutory issues and corrective measures, application of IEC tools, exposure visits, appraisal interactions and helpline.

6.2 Infrastructure and training resources

6.2.1 Development of infrastructure for capacity building and training

Each state has one SIRD and many of them have not-so-well-equipped training centres at the division level to cater to the learning needs of the ERs and functionaries of three-tier Panchayats. Considering the huge number of stakeholders in the states, **the existing infrastructure appears quite inadequate to train them frequently**[53] so that they develop capacity for effective institutional functioning

[53] There is a requirement of at least two residential training programmes: one foundation training and one refresher training after two years of the first training apart from other theme-based training programmes.

of PRIs as well as for effective preparation of the development plan. **Hence, the states may develop a concrete plan of action for setting up of adequate infrastructure** for CB&T of the ERs and functionaries of the Panchayats.

6.2.2 Institutional structure for CB&T

A **multi-layered institutional structure for CB&T** of the ERs and functionaries of GPs **may be set up.** A **certified state-level master trainers' team (SLMTT)** may be constituted with committed serving officers having the skills for training and qualified contractual faculty members to be sourced from the open market to train and guide the members of the District Level Trainers' Team (DLTT). Good faculty members from other state training institutions and officials may be involved.

6.2.3 Empanelment of national and state resource institutions

To further strengthen capabilities in the planning process, the **NIRD&PR may identify and empanel renowned national/state resource institutions** from both Government and non-government sectors having first-hand experience in decentralized participatory planning to help SIRD&PRs. Their services can be utilized to provide support to the state government and the state resource teams.

6.2.4 Community-based organizations and PRIs

In some sectors, there is people's involvement through community-based organizations (CBOs) like the joint forest management (JFM) committees, village education committees (VEC), water user groups (WUG) and self-help group (SHGs). The villagers see this as an opportunity to ensure the development of their villages through the involvement of many government departments. The bureaucracy too favours these committees as it can have a greater say in the implementation of the programmes through these CBOs.

6.2.5 Linkage of specialized institute outside the state

The SIRD should establish linkages with specialized institutes and universities situated in different parts of the country for organizing specialized training programmes and exposure visits for officials, ERs of PRIs, entrepreneurs, farmers and weavers. **Sector-specific resource persons from UNICEF and other UN agencies may be involved to impart subject-oriented joint training** such as on WASH, health and nutrition, gender, climate change, DRR and its interlinkage. The training should also focus on the specific role and responsibilities of ERs, frontline workers and the community in O&M, surveillance, conservation and sustainable management of available resources and so on.

6.3 Perspective planning, training materials, contents and pedagogy

6.3.1 Perspective plan for CB&T

Based on the vision of the respective state, **a perspective plan for CB&T of ERs** and functionaries of the three-tier Panchayats aiming at their overall institutional capacities **needs to be developed in terms of knowledge, awareness, practice, skills and confidence through combined training and non-training interventions.**

6.3.2 Roadmap for gradual upscaling of CB&T

It may appear difficult to implement the roadmap containing a wide range of training and non-training interventions across the

entire state at the same time. Hence, **it may be envisioned and considered expedient to start the initiative in a few districts within six months.** The initiative may be rolled out to other districts in a phased manner. This gradual phenomenon of upscaling needs to be duly reflected in the perspective plan for CB&T for ERs of the three levels of PRIs.

6.3.3 Action plan for CB&T

There may be two types of training interventions – face-to-face classroom-based training for institutional strengthening and action-oriented fieldwork-based training. However, training is not the only intervention for capacity building of the ERs and functionaries of PRIs. Indeed, their capacity can be developed through a combination of properly designed training and non-training interventions. **An annual action plan** for all the components **of training and non-training interventions** for ERs and functionaries of PRIs may be prepared by SIRD in consultation with the Panchayati Raj Department.

6.3.4 Training for undertaking training needs assessment

Before the details of training are worked out, **training may be provided by NIRDPR to few senior faculty members of the state institutes of training on PRI training need assessment to design training** that focuses on state-specific needs as well as implementation of different Central and state-sponsored programmes.

6.3.5 Development of appropriate learning materials

A very important aspect of planning for CB&T for GPs is to develop appropriate learning materials for each category of the stakeholders.

- For instance, **PowerPoint presentations** embedded with videoclips attract learners and are helpful in understanding the relevant issues attentively, deeply and sustainably.
- For the sake of uniformity in trainers' use of standardized learning materials, **transaction manuals need to be prepared to clearly indicate the communication strategy to be followed** along with the sequence of inputs, methods and tools to be used in each part of any training session.
- **Need-based and topic-wise training modules and materials defining the roles and responsibilities of different stakeholders** at the GP level need to be prepared.
- **Resource persons from specialized agencies,** institutions and selected SIRDs **may be involved** to prepare modules, materials and tools for virtual and hybrid modes of training.

6.3.6 Pedagogy

The following wide range of methods may be considered for both institution-based participatory training and application of participatory tools and techniques for training:

- Brainstorming, interactive lectures, FGDs, participatory reading and learning in small groups, practice in small groups, case studies, role plays, screening of video films and quizzes (to be used selectively, depending on actual need and opportunity).
- Participatory Rural Appraisal PRA tools and techniques for community-based interactions: transect walk, social mapping, natural resource mapping, well-being ranking, seasonality diagram and causal diagram (to be used selectively, depending on actual need and opportunity) based on the target groups and their level of understanding.

6.3.7 Cross-learning of Panchayat functionaries and exposure visits

Field visits to high-performing PRIs exposes the ERs to best practices. This not only **facilitates peer learning process** but also **instils self-confidence** among them. It inculcates a 'can do' attitude and promotes leadership qualities. The state Panchayati Raj Department (SPRD) should map the best Panchayats across the country and make such information available to NIRD&PR. State PR department also needs to standardize this exercise for accommodating ERs from other states for exposure visits to their best-performing Panchayats.

6.3.8 Creating 'islands of successes' for District and Block Development Plan

Introduction of innovations, new ideas and best practices in local planning is the key feature as well as an important strategy of CB&T. In this context, it is essential to create capable local-level planning machinery through intensive CB&T and develop successful models at cluster level for showcasing. The states should create as many 'islands of successes' as possible for them to be used as learning labs for other neighbouring institutions. For this, line ministries and departments need to share lists of best-performing GPs for exposure visits of ERs and functionaries.

6.3.9 Convergence with line departments

Successful GDPD, BDP and DDP depend on the ability of the Panchayat leadership and the quality of training imparted to them. For this planning process, **it is necessary to rope in all the human resources, especially the technical manpower available at block and district level under different line departments.** To enable the line department functionaries to effectively support plan preparation and implementation, a special round of awareness creation and training needs to be undertaken. Line ministries and departments should focus on joint training of ERs, functionaries, frontline workers, SHGs and line department officials to enhance their understanding of the subject matter and clarity on the roles and responsibilities of various PRI stakeholders, including the community. Line ministries and departments need to share the list of master trainers, training modules and materials to be used for training of ERs.

6.3.10 Travel allowance

Training allowance to participants should be disbursed immediately after the completion of training. Therefore, it is necessary to release funds on time to training institutions and implementing partners. Further, internal resource mobilization by training institutions and full use of infrastructure may be encouraged.

6.3.11 Cascading mode of training

Since the number of District and Block Panchayat functionaries and other stakeholders is too large for a joint CB&T, the target audience can be reached only via a cascading approach. **Organizing cascading training sessions without dilution of quality requires adequate number of trainers as well as appropriate training locations.** SIRD&PR may involve certified Master resource persons (MRPs) to conduct these training sessions for GPDP, BDP and DDP, and the MoPR may develop some criteria for the identification of these trainers. To ensure the quality of inputs of knowledge, skills and attitudinal orientation on the planning process, **the state PR department may nominate a nodal officer for implementation and monitoring of training programmes.**

6.3.12 Online training

Internet and smartphone technologies have expanded the scope of online training through affordable technologies, including web-based video conferencing (Microsoft Teams, Google Meet, Cisco Webex), virtual classrooms (A-View) and learning management systems (e-GramSwaraj, Swayam, etc.) that offer the possibility for any individual to learn from anywhere and anytime. **Online training sessions or modules should be designed in such a way that they are creative, interactive, relevant and learner-centred.** The resource persons must focus on 'digital pedagogical issues' and give learners conceptual understanding of the content and broaden their horizon by asking questions and facilitating feedback.

6.4 Monitoring and evaluation of CB&T activities

One of the components of the Training Management Portal (TMP) is to capture a feedback report from participants after every training session, which could assist in the assessment of the training provided. NIRD&PR needs to train SIRDs on ensuring participants fill in the feedback form and submit them online for assessment. **Existing online platforms, including e-GramSwaraj, TMP and their dashboards, can be used for regular monitoring of CB&T activities** as well as planning activities and uploading of approved plans. The scope of the monitoring mechanism should include observance of stage-wise progress from trainings, plan preparation and uploading of plans on the e-GramSwaraj unified portal and state-specific portals.

- However, this study s**uggests developing a strong system and network for quantitative and qualitative monitoring of CB&T interventions for institutional strengthening of PRIs as well as for effective implementation of trainings.** In this context, states may aim to ensure the functioning of the VHSNC, Education Committee, Women and Child Development Committee (WCDC) and Water Supply, Water and Environmental Conservation Committees (WSWECS) at the GP level to plan, execute and monitor specific activities through GPDP preparation, including maintaining the biodiversity register.
- **The scope of monitoring and evaluation should not be restricted to the collection and** uploading of data and the regular and structured post-training evaluation by learners **to monitoring of whether**
  - **the targeted number of persons could be trained as per plan,**
  - **all processes suggested for CB&T were followed,** and
  - **the quality of training imparted was as desired.**
- **Supportive supervision and evaluation of these training programmes must be done to bridge the gaps emerging from them.** The trainers should visit trainees a few months after the training to assess whether the practices followed in the respective GPs are in consonance with the training. In case of deviation, the reason for the deviation and its resolution in the subsequent training programme should also be given due attention.

Chapter 7

Conclusions and recommendations

The role of PRIs is key to the development of rural India at every level, and to achieve this objective, the PRIs must have the capacity and skill to deliver quality services. The capacity building of ERs of PRIs remains a major concern and challenge, and the Capacity Building Framework (CBF) in this report offers a comprehensive approach to enable them to upgrade skills and knowledge to perform effectively. The role of PRIs as instruments of rural reconstruction has been recognized with wider powers and greater financial resources provided to them in the 15th Finance Commission. Over the last few years, MoPR has taken several measures to build the capacity of PRIs and aligned stakeholders for comprehensive rural development and provision of necessary services to the village community. On the basis of the analysis of data collected through KIIs and FGDs with key stakeholders, the **following objective-wise conclusions and recommendations may be considered by MoPR, State Governments, NIRD&PR and SIRDs** for strengthening the Panchayati Raj system in the integrated exercise of planning and delivery of WASH and allied services.

7.1 Knowledge, attitudes, capacity, and training needs in preparing GPDP

The nationwide PPC for the preparation of GPDP was jointly rolled out by the Ministries of Panchayati Raj and Rural Development in October 2018 to strengthen democracy at the grassroots as well as to promote community-led need-based development. The **GPDP has to be comprehensive, participatory** – involving the community, particularly the Gram Sabha – and **in convergence** with the schemes of all the Central ministries and line departments related to the 29 subjects listed in the 11th Schedule of the Constitution.

This report's findings about the process of planning and local development indicate that **though three-fourths of sarpanches participate in GPDP and are aware of the 15th Finance Commission, they are not clear about the grant provisions, which can otherwise support them in planning their activities better.** While some of them shared their knowledge of Centrally sponsored schemes (or national flagship programmes like MGNREGS, SBM, NRLM and PMAY.) in their GPs or nearby areas, they have very limited information about the eligibility, processes and benefits of various development programmes. They are also not clear about the participatory planning process and convergence of resources to undertake any plan that is important for local development. **Poor planning at the GP level results in poor and isolated implementation of schemes.**

Since many SDG targets are within the purview of GPs, GPDP presents an opportunity for the GPs to achieve them. The **local SDG framework may be used**

as a consolidating tool for on-ground actions and impact on a range of issues that promote and support GP-level development in the long term. However, such a localization has to be developed with full and informed participation of all relevant local stakeholders. Hence, this study makes the following recommendations.

1. **GPDP training:** Three-fourths of ERs are aware of GPDP and sarpanches are conscious of it. The ward members, who were trained on GPDP with the support of SIRD&PR, are somewhat aware of the process of GPDP; however, they lack knowledge of the details of the process and aims and objectives of GPDP. Female ERs are more ignorant than male ERs and all are unaware of the GPDP committee in which they can participate to deliberate on the GPDP process. Similarly, all respondents agreed they had not followed the Government-issued GPDP guidelines. **Hence, this study recommends training master trainers in stakeholder identification and engagement** and **ERs in GPDP preparation** for **smooth planning, execution, monitoring, maintenance and sustainability** of different facilities and practices at the GP level.

2. **Situation analysis and participatory planning in the GP:** Most ERs have no idea of available resources, their mapping and the service delivery gaps. It was found that there is no collective vision for the GPDP and ERs do not conduct any IEC (information, education, and communication) activities to disseminate information to the people about GPDP. Thus, most ERs and people are unaware of the GPDP process. Therefore, **it is recommended to train PRI members on situational analysis and participatory planning in the GPDP process, cost norms, timelines, components, implementation strategy, arrangement performance indicators and expected outcome of the projects.** The situation analysis should investigate the GP availability of public service facility in the five areas of infrastructure, civic amenities, economic development, social development and natural resources through participatory rural appraisal (PRA) exercise. Thus, **a rigorous training and handholding support to PRI members in next three years is recommended.**

3. **Resource planning:** Identifying GP resources is an essential GPDP process and therefore knowledge of these resources is vital for elected leaders. Notably, most ERs have no idea of the source of funds for GPs: the 15th Finance Commission grants, Centrally sponsored schemes, state-sponsored schemes, own revenue sources and donations. ERs and PRI government officials undertake the GPDP process without the participation of people and channelling all the resources. Though GoI has issued guidelines, a more rigorous training need has emerged in the study. Hence, it is suggested that **training on GPDP, BPDP and DPDP preparation should focus on resource mapping** for convergent and comprehensive planning and execution of activities. **The training module** for PRI ERs and other GP functionaries **should**

cover stages and managerial skills in preparing the GPDP and PPC. Since **facilitation and handholding** at GP or cluster level **is a very effective method for building capacity,** facilitators need to be trained properly and should have good practical experience in this activity.

4. **Block- and district-level monitoring of GPDP:** In accordance with the previously drawn conclusion that if the block and district level coordinating committee on GPDP activates and channels the GP level, the programme would follow guidelines in the GP. The success of localizing SDGs hinges on effective partnership with PRIs and functionaries. **It is recommended that SIRDs frequently organize GPDP capacity building of ERs to enhance participatory planning.** Frequent visits by district and block level officers to the GP would activate the monitoring committee and standing committee to comply with the GPDP process. Finally, including subject specialists, planning experts and line department representatives in the GP planning committee can bring about substantive changes in GPDP planning.

5. **Orientation of standing committee and community:** Virtually, only the sarpanch and panchayat executive officer (PEO) prepare the GPDP without consulting either the standing committee of the GP or ward members. Indeed, neither the ward members nor the line department officer actually participate in the process and even though standing committees are constituted in the gram panchayat, they are not active. **It is recommended that,** along with PRI members, **members of the standing committee and the community must also be oriented on GPDP using various IEC tools:** structured learning material in the form of FAQs, chart model, posters, leaflets, wall writing; and other strategic tools including electronic, print and folk media. The wide range of PRA tools may be used for formulating GPDP, including transect walk, social mapping, natural resource mapping, well-being ranking, seasonality and causal diagrams (depending on actual need and opportunity).

6. **Coverage of health and nutrition:** The GPDP training programmes, largely held at the block and district level, cover issues related to preparation of GPDP and implementation of WASH services. However, issues related to health and nutrition are overlooked in the training programmes, as stakeholders reported during our assessment. Therefore, it is recommended that PRIs be trained on:
    - water supply;
    - quality of drinking water;
    - water security;
    - solid liquid waste management;
    - general and COVID-19 specific health, hygiene and personal care;
    - DRR and climate change; and
    - leadership development.

7. It was observed that there is no stipulation for the recognition of the voices of marginalized groups, like SC/STs, women and PwDs. The Gram Sabha is an important platform for the marginalized people to participate directly in rural development. Therefore, **PRIs should conduct a special gram sabha for GPDP** and **conduct a campaign for people's participation in the planning process at the GP level;** more people's participation can enhance the governance process. The capacity building and training of PRIs would support them in executing social welfare projects by following due process. **It is recommended that the representation of the marginalized in different standing committees be made mandatory;** it would strengthen the process of GPDP preparation.

7.2 Knowledge, attitudes, capacity and training needs for delivering WASH and other services

7.2.1 Water

For both community and other stakeholders, training on the quality of water has been acknowledged as a critical requirement. While village water security planning skills were found to be good in Assam and Jharkhand, knowledge of construction of check dams to supplement water resources and maintaining groundwater levels are found to be inadequate. There is also a demand from the community for rooftop rainwater harvesting (RRWH) and storage and treatment of rainwater for drinking purposes.

Recommendations

1. Orientation and refresher training on WASH
2. Involvement of PRIs in supply and maintenance of piped drinking water
3. Training on water fitness for consumption
4. Accelerating training programmes/ activities of JJM
5. Capacity building of GPs on O&M
6. Coordination in the PRI system
7. Gap bridging in intersectoral convergence

1. As revealed, there is **some knowledge of WASH at the GP level,** particularly about the Sarpanch and Secretary's roles and responsibilities with regard to WASH schemes, service delivery and benchmarks at different levels – including water supply schemes, such as Jal Jeevan Mission. If improvements in the water service delivery system are to be brought about, **PRIs require both orientation and refresher training on the importance of WASH, different schemes run by the government, establishing convergence between different stakeholders to achieve the overall goal of JJM, how to impact the community by creating awareness on WASH and involvement in participatory planning for village water security.**

2. **Involvement of PRIs in the supply and maintenance of piped drinking water, and, in a lesser way, coordination with RWS officers:** Because findings show lack of coordination among the two service providers, that is, RWS officials and PRI officials at the GP level. It was also revealed lack of the communication resulted in gaps for preparing water schemes. However, as per RWS officials, collecting water user fee from the villagers is a challenge. Thus, training in **participation and need assessments through PRA, providing scientific and technical inputs to committees, ensuring certification of water sources and appropriate water treatment technology must be given to all stakeholders.** This will ensure the sustainability and the O&M of water supply schemes.

3. **Water quality is a critical requirement for both key stakeholders and community,** but awareness is very low on managing drinking water quality and ensuring village water security. This is because only a few PRIs and community members report awareness of availability of field-testing kits with PHED and their uses. Hence, **PRIs must be trained in acquiring knowledge of water fitness for consumption. This must be supported by proper knowledge of water quality, treatment and handling**

to make it potable. Simultaneously, construction of check dams and other groundwater recharging measures to maintain groundwater levels should be incorporated in PRI training.

4. Only few stakeholders are aware of the role of the VWSC. The major sources of water in Telangana, Assam, Jharkhand and Madhya Pradesh are still traditional, such as handpumps and river streams as HH connections are yet to be commissioned under JJM. Though the village water security planning skills were found to be good in Assam and Jharkhand, they are almost negligible in the other four states. This **study recommends accelerating the training programmes and activities pertaining to Jal Jeevan Mission so that every household gets a tapped water connection by year 2024 as envisaged under Jal Jeevan Mission. Focus should be placed on training on the village water security planning so that it is part of JJM and GPDP and such training should include measures for conservation, protection and augmentation of sources, quality surveillance and O&M to overcome drinking water scarcity and improve people's health.**

5. At the Block level too, there are incongruencies. There is high knowledge of BDP among the PRI members, but low to moderate knowledge with regard to WASH and gender. Also, the RWS officers' attitude on the formation of VWSC, preparation of the village water security plan and proper monitoring of existing water supply schemes is less than encouraging, but the attitude towards participating in PPC with panchayats for GDPD preparation is quite high. This is due to lack of convergence among the stakeholders and their lack of training on different issues. Training is required for the process of formation of VWSCs as well as their role and coordination with line departments – especially in context to O&M (including technical and electrical issues, tariff collection and record keeping) – for improving the service delivery mechanism. **This study recommends that capacity building of GPs should not be limited only to the preparation or execution of an action plan for sustainable drinking water supply.** An action plan may emerge after a thorough situation analysis and external facilitation in each context, but ensuring the continuum of effective utilization of resources along with O&M requires a different set of capabilities for an elected member of GP.

6. Though there is good coordination between BDOs and PHED officials regarding 'water for all', **the lack of coordination in the PRI system is noteworthy that despite the criticality of PRIs' role, GP-level members are so little involved in the monitoring of water quality.** This is a potential cause of dissatisfaction in the community. **Further, the high demand from the community for training on importance, construction and management of** rooftop rainwater harvesting structure **(RRWH) necessitates this for both PRIs and community** so that they are encouraged to construct for storage and use.

7. **These gaps are visible at the Block level too.** The BDOs, BPPs, RWS officers and BMoIC have good awareness of JJM and SBM programmes and play a facilitatory role in delivery and coordination with the line departments. This is due to the government circular shared from time to time. However, it is observed that coordination among them does not cascade to the grassroot level, as revealed from the discussions with community

members and PRIs. **Each of the stakeholder groups need to be oriented jointly or separately through a common training module on all programmes related to WASH and their own specific roles.** Better coordination between PHED officials and PRI functionaries is needed for providing quality and required quantity of water as per the norms of water mission. **This gap in intersectoral convergence, including lack of sector-specific detailed knowledge of programmes, needs to be addressed comprehensively in design of training programmes, going forward.**

7.2.2 Sanitation and hygiene

Even after the successful launch of the SBM 1.0 in rural areas, the study found a low knowledge of school sanitation programme, SLWM and hand hygiene among PRIs. Training programmes need to focus more on the O&M and construction of the sanitary complex and management of SLWM, anganwadi toilet and school toilet besides construction of sanitation units.

As for hand hygiene is concerned, community engagement is critical at the GP level for ensuring increased use of best practices for tapping into individual and community water sources. A review of the existing SIRD training material shows that there is limited focus on post-construction support. It does not cover asset inventory and management, planning and budgeting for preventive maintenance and repair or replacement of infrastructure. And, above all, they all require training on effective convergence with line departments on the issues of WASH services.

This study's findings show that most programmes seek theoretical attention – grassroot realities are different; PRIs only restrict themselves to certain programmes and often individual clashes between the Sarpanch and secretary hamper the development of GP. Besides, stakeholders' low awareness of the school sanitation programmes, solid and liquid waste management, hand hygiene, O&M of sanitary complexes and anganwadi toilet management indicates a critical training need. Therefore, this study recommends the following measures.

Recommendations

1. Additional training on SLWM implementation
2. Inclusion of training modules for community engagement
3. Capacity building of related line departments
4. Upscale of SLWM training design on waste management
5. Training on public health issues
7. Training on post-construction and maintenance support

1. The sarpanch and the secretary, the two key office bearers of the PRI system, have low knowledge of SLWM, hand hygiene and school sanitation programme. Primarily, they are only concerned about the construction of toilets and not their management. Secondly, even their knowledge of construction is incomplete: many toilets are dysfunctional without water facilities, which leads to their lack of community use. Although SLWM training has been imparted by SIRD and NIRD, **PRIs require practical knowledge to scale up at the GP level. This can be easily added to the existing training as a separate session on how to implement SLWM with the community.** Additionally, other key topics like education, hygiene or sanitation management of school, anganwadi and healthcare facilities need to be covered.
2. Proper hand hygiene in the community is a concern, especially at the village level.

Training on hand hygiene is provided at the district and block level but does not reach down to the Panchayats. However, monitoring of hand hygiene behaviour needs to be inculcated at household, institutional and community levels. **Training modules should include tools for community engagement for ensuring increased use of critical hand hygiene practices at the GP level.**

3. The report findings reveal lack of coordination and lack of focus on WASH and aligned services among different line departments; they primarily focus on departmental priorities. Hence a **holistic training module is required,** which is **focused on building the capacities of technocrats and ERs in developing and managing O&M budgets, implementing complementary interventions such as handwashing with soap, faecal and sludge management, O&M of the sanitary complex, SLWM, anganwadi and school toilet management, sanitation cycle, third-party contract management and its monitoring to bring sustainability to SLWM programme.**

4. At present, waste management, particularly in Uttar Pradesh and Madhya Pradesh, extends to composting waste in pits for later use as agriculture manure. There is lack of knowledge of proper use of manure and its marketing, which leads to disinterest in sustainability. **It is recommended to upscale SLWM training design with inputs on the uses of manure and its sale in the open rural market through third-party engagement.** This has not been taken up by any state till now and is a means of rural livelihood promotion.

5. Community toilets and drains in the sample states are in disrepair or non-usable and not present at all in the anganwadi centres, as in the case of Narayanpur in Telangana and there is no awareness creation on sanitation. In Telangana, though vehicular waste collection has started, a proper system is not yet established. Though separate toilets exist in schools, they are mostly unhygienic and girl students do not use and instead prefer home or other outside avenues; in some places, there are no toilet facilities in the school. **Training is required on public health issues** (key topics like hygiene education or management of school sanitation, anganwadi and healthcare facilities) **rather than just on creating infrastructure.**

6. A review of the existing SIRD training material shows that there is limited focus on post-construction support. The material does not cover asset inventory and management, planning for maintenance costs, major repairs or replacement and preventive maintenance schedules. Besides these, PRIs all require training on effective convergence as well.

7.2.3 Health and nutrition

As seen in the earlier part of this report, it is concluded that **service providers are aware of WASH and other service programmes but only some of their activities are monitored by PRIs.** Further, due to lack of an effective communication system, all information is not shared with these grassroot functionaries. Another critical area requiring training under health is the formation of VHSNC at the GP level with clearly identified roles and responsibilities, supportive supervision, convergence and identification of 4Ds. Among the training programmes conducted, training on hand hygiene is provided at the block and district level, but not at the GP level in all the sample states; also, hygiene-related challenges are mostly about overflowing drains during rainy season and clogged community toilets.

Recommendations

1. Delineation of VHSNC roles and responsibilities
2. Awareness generation on school sanitation programmes, SLWM, O&M of toilets
3. Capacity building on identification of 4Ds, referral services, health camps, VHSNC meetings, community mobilization
4. Supportive supervision and health training
5. Training on water supply connections in AWCs and nutrition-related activities
6. Capacity enhancement of ASHA workers
7. Orientation of ASHAs, AWWs and ANMs on comprehensive healthcare services

1. While the understanding of the VHSNC role is highest among ANMs, AWWs and the ASHAs, followed by SHGs and panchayat members, the formation of VHSNC/VWSC is missing in the panchayats under study. The majority of PRI members are unaware of its proper functions. **The process of formation of VHSNC at GP level with roles and responsibilities clearly delineated must be incorporated in refresher training** (assuming that a detailed induction training was imparted to PRIs).

2. **Stakeholders' low awareness of the school sanitation programmes, solid and liquid waste management, hand hygiene, O&M of sanitary complexes and anganwadi toilet management indicates a critical training need. Supportive supervision and convergence are also identified as a crucial area of training under health.** Training should also be provided on the steps of hand hygiene, management of health and hygiene-related challenges (mostly about overflowing drains during rainy season, and clogged community toilets) in a cascading manner to all the stakeholders.

3. PRIs capacity must be built in the identification of 4Ds among children, formation of different committees at the GP level and mobilizing the community to participate and ensure greater visibility of the programme's outcome. More precisely, knowledge of referral services, conducting health camps, participation in VHSNCs and facilitating rallies for mobilizing the villagers is low. Gender participation in various committees is also an area of concern and GP-level awareness of government health programmes and schemes is abysmal in all the sample states, particularly in Jharkhand, Madhya Pradesh and Telangana. Therefore, **capacity building with regard to identification of 4Ds, referral services, conducting health camps, attending meetings of VHSNCs and facilitating rallies for mobilizing** the villagers should also be the part of the training module.

4. **Supportive supervision and convergence are also identified as a crucial area of health training.** As per the grassroot workers, they receive very little support, especially in identifying mistakes or gaps. In spite of this, they must provide support to bridge the identified gaps. Therefore, **PRIs should regularly do supportive supervision of the health and well-being centre and the capacity of the Jan Arogya Samiti (JAS) should be built** into recording the status and critical aspects of people's health in the GP area like infant and child mortality numbers, specifically deaths of girl children and maternal deaths, nutritional status, age at marriage and first pregnancy and prevalence of diarrhoea, malaria, respiratory infections, tuberculosis and leprosy.

5. Infrastructure issues in anganwadi centres, absenteeism of children

from schools, AWCs and community sensitization of nutrition for pregnant women are areas that have low stakeholder involvement and need immediate attention. However, PRIs have made no efforts at all to create community awareness of programmes, which is critical to its participation in the process of development. **Training on issues such as water supply connections in AWC, sensitization of pregnant women regarding haemoglobin (Hb) deficiency,** promotion of school and AWC attendance among the community, all services related to nutrition such as Anaemia Mukt Bharat Abhiyan, mid-day meal and Poshahar programme for lactating mothers should be conducted.

6. The induction training module of ASHA workers does not cover the topics of early childhood care education (ECCE) and nutrition supplements alternatives (NSA); hence, they should be the part of the training. **If capacitated adequately, anganwadi workers could share this knowledge with pregnant and lactating mothers. Enhancing the capacities of ASHA workers by adding an additional module on advising communities on nutrition** through growing and consuming diversified food is a way of promoting NSA.

7. Modules on menstrual health, nutrition, breastfeeding, and mother and child health, family planning awareness, immunization, breastfeeding and pneumonia, health and hygiene, care for pregnant women need to be strengthened for ASHAs, AWWs and ANMs. ASHAs also need a comprehensive understanding to provide better healthcare services to women, adolescents and children by counselling and supporting exclusive breastfeeding and referral of malnourished children.

Similarly, **ASHAs, AWWs and ANMs need orientation to organize VHND more effectively, mobilize women, adolescents and children and discuss health-related issues** like nutrition, personal hygiene, care during pregnancy, importance of prenatal and postnatal care, institutional deliveries, immunization, health and nutrition.

7.2.4 Education

Findings reveal a lack of coherence among teachers, SMCs and PRIs about their respective roles. There is absence of support and participation in meetings **and, for this, more participatory mixed group training programmes must be designed in unison.** It was also observed that, due to distance, girls tend to drop out of higher education, which becomes a major reason for child/early marriage as well. The mode and methods of training and the general approach towards capacity building including handholding support in the first year play a key role in effective capacity building. The following are the major conclusions and recommendations.

Recommendations

1. Involvement of PRIs in planning and implementation mechanism in school education
2. Sensitization of PRI members in managing primary and elementary education
3. Clear communication of agenda and solutions among teachers, SMCs and PRIs
4. Review of the efficacy of cascade trainings and one-size-fits-all format
5. Investment in research on effectiveness and best practices sharing
6. Technical education training of teachers and career counselling for youth
7. Training on IT, sensitization, curriculum design, first-aid and water quality

1. **It was found that the school education committees and Gram Sabhas are not involved in school activities and their monitoring and supervisory role seems a mere formality** – members hardly visit the school and do not have the capacity to participate in school management; and parent members of SMCs do not participate enough due to lack of time and communication. Their role is peripheral in which they are neither interested nor motivated to get involved in. Involvement of PRIs should be an integral part of planning and implementation mechanism in school education.

2. The poor performance of PRI members in the management of elementary school may be attributed to the ignorance of the RTE Act, 2009. Illiteracy and poor socioeconomic status of PRI members is another reason for their non-involvement in school functioning. Hence, more educated people must be encouraged to fight elections to the PRIs, so that they can contribute better for schools and children. **Sensitization and orientation programmes for PRI members on their roles and responsibility in managing primary and elementary education, especially in the context of the RTE Act 2009, become a necessity.**

3. It is concluded that there is lack of coherence among teachers, SMCs and PRIs about their respective roles. **Advance communication with a clear agenda and solutions will mobilize participation in meetings and engagement with SMCs** while helping to bridge gaps in delivery of education and reduce dropout of children. WASH-related services must also be a point for discussion in these meetings.

4. **The trickledown effect of cascading training through master trainers that is largely adopted by the states is questionable;** it was not visible in the field. Under this method, ERs from every district are chosen to be master trainers to be trained at the state level and then to train representative at the district level. The district-level trainers are responsible for training SMC members. The idea here is that the training will trickle down to all the members by the end of the training sessions. Another issue that needs to be revisited is the 'one-size-fits-all' training mindset as observed in the sample states.

5. **Since SMCs,** with their diverse representation, **are not a homogeneous body,** the one-size-fits-all training manual does not work effectively for all the members. It is recommended to invest in more research on bringing effectiveness to SMCs across the country, and to that end, best practices must be shared in different training programmes with ideas and budgets.

6. **There is a high demand for technical education training of teachers and career counselling for youth.** Additionally, monitoring of these activities and programmes is crucial to the role that PRIs play.

7. The major training requirements that emerged out of stakeholder discussions include the following:

   - **IT training for all stakeholders;**
   - **sensitization of parents on the necessity of education for their children;**
   - **designing a new online curriculum and introducing more modern teaching methods;**
   - **first-aid and field testing of water quality.**

The community also cited monitoring quality of education and technical education as training needs for the stakeholders along with adult education and career counselling for youth. **There is a clear need for more training for women members on their role in the delivery of education and sensitization to factors hindering girl child education,** such as absenteeism, personal hygiene, lack of segregated and poor quality of washrooms and early marriage.

7.2.5 DRR and climate resilience

The last three decades of development have brought many challenges due to climate change, population dynamics, excessive use of resources and pollution. Disaster risk reduction and climate change are posing challenges across the country and the Government has made provisions for funds to GPs to strengthen infrastructure and services for mitigation through PRIs with respect to DRR and climate change resilience.

The level of knowledge level on both thematic areas is low among PRI members, especially at the GP level. They assume their role is limited to reviews of local level risk, sharing disaster-related risk information with the community, organizing awareness programmes for children, ensuring water conservation, green plantation, water harvesting and renovation of existing traditional sources. Similarly in climate change, they assume their role to be restricted to creating awareness programmes on livelihood and climate, afforestation and reforestation. The conclusions of the findings and recommendations are as follows.

Recommendations

1. Training intervention to mainstream DRR in development
2. Trainings on hazard risk vulnerability and capacity assessment, formulation of action plan
3. Orientation on PRI roles and responsibilities in implementing development programmes
4. Design of DRR training as per local needs
5. Identification of key disaster risks, issues and measures, including community awareness
6. Training on disaster management awareness, mitigation and impacts
7. Compensation to victims of natural disasters

1. It is concluded that knowledge on DRR and climate change activities is low among PRIs at the GP level. A few training programmes have been conducted in some states such as Assam, however, they don't match with their need. The mismatch in the knowledge and practices found among PRIs is obviously due to lack of role clarity and underlines a training and capacity development gap that needs to be addressed to create the desired awareness and role clarity regarding disaster management and the integration of DRR into development planning and administration. More specifically, the awareness on local level disaster risk review and climate change is less in all the three tiers of PRI, especially in Jharkhand, Madhya Pradesh and Maharashtra. In view of the above, **it is desirable to have a training intervention that seeks to strengthen PRIs for mainstreaming DRR in development.**

2. In the intermediary panchayats, BDOs and BPPs lack knowledge regarding mainstreaming DRR in GPDP and sharing disaster risk-related information. Though BDOs and BPPs are aware of their role in creating awareness on climate change and its impact on health and livelihood; the special provision in annual plan/budget to minimize its impact on the community; and facilitating afforestation and reforestation. However, a very few have knowledge of PRIs controlling environmental pollution at the local level. They are implementing the afforestation and reforestation programme through MGNREGA; however, their limited knowledge of the subject impacts the execution of the scheme. **The training module should, therefore, specifically cover hazard risk vulnerability and capacity assessment (HRVCA); formulation of draft action plan for mainstreaming DRR/CCA into implementation of development programmes at the GP level.** This training should aim to develop skills of PRI members for formulating an action plan for DRR to be used in their respective GPs for the purpose of mainstreaming DRR into implementation of development programmes.

3. There is little awareness on this thematic area at the district level too except for pollution control and special provision in annual plan/budget to minimize the impact of climate change on the community. In the case of RWS officers too, while knowledge regarding GPDP is quite high, the knowledge and attitude on the preparation of the village water security plan involving communities, proper monitoring and supervision of existing water supply scheme is quite low. Therefore, at the district level too, training is required to do the following: **orient PRI members about their roles and responsibilities in the implementation of development programmes and upgrade their knowledge and skills about the processes and mechanisms for mainstreaming DRR and CCA.**

4. No training programme on disaster risk management and climate resilience was conducted in the last two years due to the pandemic. Though vaccination and sanitization drives were conducted and masks distributed in almost all the panchayats, the number of DRR and climate change training programmes needed to be increased; **PRIs and SMCs opined that the DRR training must be designed as per local needs and that the modules must be practical and actionable. Community preparedness for disaster, rescuing humans from elephants or other animals (Assam) and awareness on WASH during disasters** should also be the part of the training module, it is recommended.

5. Discussion with BMoIC reflects that the PRIs' role during a disaster is limited to distribution of ORS, zinc tablets, antibiotics, bleaching powder and referral. However, it also revealed that, during the pandemic, PRIs helped them mobilize the community for immunization and other services, including enforcing home isolation and reporting of COVID-19-affected people to the health department. This is because it was a government priority then. The training module should, therefore, include the following tasks: identify the key disaster risks, key disaster risk reduction and climate change adaptation (CCA) issues and measures and formulate an action plan for integrating DRR and CCA issues in development planning. Besides these, localized training from the forest

development on rescue from elephants or other animals, community management of disasters, awareness on water sanitation and hygiene under DRR, flood, heat-related climate change and local management of issues should also be part of the training.

6. In almost all the states, GPs have conducted afforestation activities (generally at schools), providing saplings to households on special days like Environment Day (Narayanpur in Telangana is an exception to this. Due to severe shortage of water, maintenance of trees has been problematic). PRIs have also constructed facilities like watersheds and check dams to counter natural disasters. **However, there is a demand from the community for training on disaster management awareness, mitigation of the effects and awareness of impact on crops and its management.**

7. Droughts, floods and landslides due to heavy rainfall in Maharashtra lead to loss of human and animal life, crops and livelihoods. Often, people do not get compensation for such losses, and, if they do, it is not enough to make up for their loss. Similarly, in Assam, no training on saving crops and vegetation from forest animals has been given to PRIs and the community. As per Union and state government provisions, the compensation to the victims of natural disasters should be disbursed as quickly as possible under the State Disaster Response Fund and the National Disaster Response Fund for loss of life, animal and property. There is a provision of INR 12,200 even for desilting of agricultural land and the compensation for the loss of a substantial portion of land due to landslide, avalanche and change of course of rivers has been increased is INR 37,500.

7.3 Factors inhibiting the participation of GP women ERs in effective service delivery

Panchayat, being 'local government', is a state subject and part of State list of the 7th Schedule of the Constitution of India. Clauses (3) and (4) of Article 243D of the Constitution ensure participation of women in PRIs by mandating not less than one-third reservation for women out of total number of seats to be filled by direct election and number of offices of chairpersons of the Panchayats. Some State governments have enhanced reservation of seats to 50 per cent for women. However, this study concludes that majority of the women ERs do not take decisions independently and leave them to male members (of their family, Panchayat or political party). **A minimal number of the women ERs admit to receiving support from the administration, whereas a majority hold the view that since the male GP members would not encourage or support gender equity, their husbands might as well participate in their place.**

While PRI members at the GP level are sensitive to gender representation, access to education, equality of employment in labour participation and wages, healthcare, political freedom and violence against women, our analysis, however, shows that PRI members rarely participate in committees formed at different levels. Women members may voice their demands for inclusion in GPDP, but there are fewer chances of their issues being incorporated. There are cases of the community not even knowing about the existence of GPDPs.

At the block level, there is an awareness of gender issues related to WASH, health, nutrition and education as reflected in the BDP and BPPs' responses. The only areas

where less knowledge is reported are access of girl child to education and political freedom for women. The Zilla Panchayat Pramukhs also expressed awareness and knowledge of gender issues at the district level, pointing to their responsibility to promote gender equity across all development programmes. It is concluded that though there are significant changes, challenges remain in most of the sample states. They are enumerated as below along with recommendations.

Recommendations

1. Gender-specific orientation on women's role in the PRI system
2. Workshops on gender, caste awareness and development
3. Support and involvement from line departments
4. Training of women ERs to develop their potential skills
5. Involvement of women ERs in committees of various Central and state schemes
6. Clear definition of trainee roles and inclusion of women ERs in standing committees
7. Access to information, meaningful participation and inclusivity of women

1. **Patriarchy:** Except in Assam and in a few tribal communities in Jharkhand, society in general continues to suffer from patriarchy. Many women elected representatives (WER) continue to work as rubber stamps for male family members and also at times as proxies of powerful, rural elite and political parties, especially in Uttar Pradesh and Maharashtra. Their male colleagues are insensitive and refuse to cooperate even as the burden of household responsibilities, purdah system and domestic violence impact their functioning as WER. **Gender-specific orientation on women's role in the PRI system is critical for both men and women and mobilization in decision-making** while recognizing their newer roles and functions and appropriate capacity-building programmes.

2. **Caste system:** Except for Assam and Telangana, the hierarchical caste system in the sample states makes it difficult for women from SC and ST communities to function independently and effectively. The patriarchal mindset adds to the difficulty in interacting with male functionaries for effective delivery of services to the community. **Workshops on gender, caste awareness and development** to educate both women and men on women's rights and the importance of women's equality would pave the way for **gender mainstreaming in local governance and result in gender-responsive governance that deters caste discrimination. It is necessary to impart training to all PRI members, including men and women, on gender issues** – such as violence against women; advocacy of basic rights to equality, education, health, sanitation and legality; and practical gender needs.

3. **Lack of cooperation from line/ sectoral departments:** WERs find it difficult, particularly the first time, to deal with functionaries of block/ district and line departments. A non-cooperative administration coupled with people's expectations of service delivery flusters them so much that often they are unwilling to contest the next time. Support and involvement from the line departments is necessary to boost their confidence in taking the lead in providing better services to the community. **Officers and staff of line/sectoral departments should be inducted and sensitized in involving WERs in their departmental work at the GP level.**

4. **Inadequate capacity:** It was also noted that the majority of WERs had entered

public life for the first time and did not have enough knowledge and skill to manage the affairs of panchayats. A large number of them do not get the opportunity to attend any training during their entire term, as family members do not allow them to travel and stay alone during residential trainings. **WERs should be trained to develop and nurture potential skills for their successful integration into the development process.**

5. **Involvement in CBOs:** In addition to PRIs, women have other opportunities and scope to enter public life through grassroot-level committees formed to streamline people's participation in development activities and programmes – such as the joint forest management (JFM) committees, village education committees (VEC), water user groups, SHGs and village organizations of self-help groups, mandal samakhyas and mothers' committees. Male dominance is visible in most committees barring the purely women-based committees. But integrating these multiple committees could bring greater women's involvement in effective service delivery of WASH and other services. **This report, therefore, recommends ensuring their involvement in similar committees** formed under various Central and state schemes such as **VHSNCs under NHM and SMCs under the Sarva Shiksha Abhiyan.**

6. **Training modules:** The current training modules for gender, PwDs and socially and economically disadvantaged groups need to be revisited. Although SIRDs use customized training manuals to build capacity of PRI members, they are not implemented well due to limited content. Secondly, core WASH issues have been neglected due to the pandemic; and stakeholders are also now demanding WASH-specific training on maintaining toilet hygiene, sanitation measures, ODF, waste management, healthcare, adequate resource planning, monitoring and supportive supervision and life skill management.

   Overall, **the training modules lack sensitization to these groups** and, more specifically, roles are not well-defined for individuals, committees and other stakeholders. Roles must be clearly defined for the trainees for better implementation. **Women ERs may be more effective in some standing committees, such as women and child development, drinking water and sanitation, education and health State governments may make it mandatory to have an WER as a chairperson** of these committees. In addition, in every meeting of GP and standing/ functional committees, participation of WER members at least to the extent of 50 per cent should be made mandatory.

7. **Access to information:** Women ERs' access to information and say in decision-making is limited. Therefore, **access to information, meaningful participation, engagement and inclusivity, power dynamics and structures and capacity building** need to be strengthened for meaningful gender mainstreaming. The positive part is that there is support and awareness at intermediate and state level panchayats on gender issues in sample states, hence their support will help increase women's participation.

7.4 Institutional set-up for training and monitoring

Though SIRDs in all the states are fully supported by NIRD, Hyderabad, and GoI, it was observed that they have developed at different paces in different states, presenting

a varied growth pattern and engagement with training and capability building activities. A great degree of variation exists among the SIRDs in terms of faculty strength, expertise, training modules, pedagogy, infrastructure and autonomy. **Institutionalization of training is an important part of CB&T** and GoI has ensured it through the existing set-up. The conclusions and recommendations for institutional training set-up are as follows.

Recommendations

1. Coordination among institutions, including outcome-based training materials
2. Provision of residential facilities for women participants in programmes
3. Concrete action plan for training and non-training interventions
4. Liaisons with line departments, training institutes and resource centres
5. Involvement of SIRDs in training and non-training interventions, and clear drafting of training details
6. Involvement of CBOs in GPDP and service delivery

1. Discussions with officials and faculty members of NIRD and SIRD revealed their weak coordination, which affects their ability to perform their job effectively. Therefore, **better coordination between the two bodies under the direction of MoPR is required for the training to have visible impact.** Besides, **outcome-based training materials are needed to keep pace with the nine different thematic areas identified by MoPR** – theme 1: poverty-free village; theme 2: healthy village; theme 3: child-friendly village; theme 4: water sufficient village; theme 5: clean and green village; theme 6: village with self-sufficient infrastructure; theme 7: socially secured and social just village; theme 8: village with good governance; and theme 9: women-friendly villages that achieve localized sustainable development goals (LSDGs). These need to be kept in view while preparing materials and imparting training to master trainers and PRI stakeholders and CBOs.

2. Many of the sample states do not have well-equipped training centres at the division level to cater to the learning needs of ERs and functionaries of three-tier Panchayats. Considering the huge number of stakeholders in the state, the existing infrastructure appears quite inadequate to train them frequently and adequately developing their capacity for effective institutional functioning of PRIs as well as for effective preparation of the plan. **Most SIRDs have good, but not fully functional, infrastructure to accommodate participants for residential training programmes.** Participants, especially women, face great difficulties in commuting from villages, often arrive late for classroom sessions and also must leave a little early as well. **Residential facilities, even if unavailable, should be provided for women participants.**

3. To further strengthen capabilities in the planning process, NIRD needs to identify and empanel renowned national/state resource institutions from both Government and non-government sectors having first-hand experience in decentralized participatory planning to help SIRDs. Their services can be utilized to provide support to the government and resource teams. **A concrete plan of action for all the components of training and non-training interventions,** along with a district-wise calendar of training programmes for GPDP, **may be drawn up annually by the State Government** with support

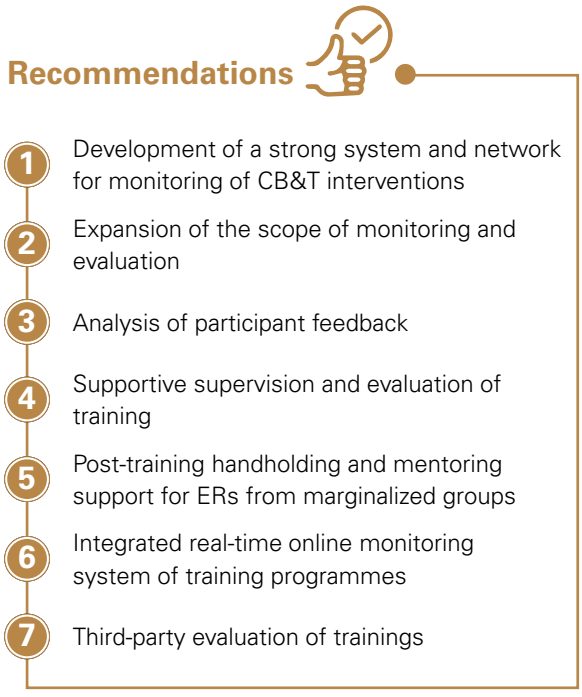
from the respective SIRDs and District Resource Group (DRG). PRI members participate with great enthusiasm in the preparation of GDPD, BDP and DDP, but simultaneously it is also worth noting that PRI functionaries play a greater role in preparing the plan than the members. Successful preparation of the plan depends on the ability of the Panchayat leadership and on the quality of the training imparted to them. Organizing cascading training sessions without dilution of quality requires adequate number of trainers as well as appropriate training locations. **SIRDs may involve certified MRPs to conduct cascading mode of training sessions to ensure quality of inputs (knowledge, skills and attitudinal orientation) in the planning process.** The state PR department may nominate a nodal officer for implementation and monitoring of training programmes for improved institutional capacity. Some criteria must be developed for the identification of these trainers by the state.

4. SIRDs need to develop a strong network among line departments, training institutes and panchayat resource centres. SIRDs have not mapped the resource institutes available in the state for partnerships to ensure appropriate sector-based training. Involvement of sector-specific resource persons from line departments and UN agencies and universities situated within the respective states was found inadequate. There is felt need for formation of a certified state-level master trainers' team (SLMTT), with committed serving officers having the training skills as well as qualified contractual faculty members to be sourced from the open market to train and guide the members of the District Level Trainers' Team (DLTT). Good faculty members from other state training institutions and officials may also be involved. **SIRDs need to have a better liaising with line departments, training institutes and other resource centre. Line ministries/departments should also focus on providing joint training to ERs, functionaries, frontline workers, SHGs and line department officials to enhance the understanding of the subject** matter and clarity on the roles and responsibilities of different PRI stakeholders including the community. **Specialized institutions and agencies** such as IRMA, XLRI, UNICEF, UNDP, UNPFA, WHO and IIHMR University **along with NIRD may be involved in providing such training on TNA** to the stakeholders. Specialized institutions such as IRMA, XLRI and XISS may also be roped into **create a pool of master trainers in different sectors aligned to the nine thematic approaches adopted by MoPR for LSDGs** at the grassroot levels.

5. SIRDs need to be more involved in training and non-training interventions. Training interventions may include institution-based offline and online training, facilitation and handholding support, sensitization camps and awareness generation at various levels. Non-training interventions may include policy support on statutory issues and corrective measures, application of IEC tools, exposure visits, appraisal interactions and helpline support. **Examining the best possible ways for combing the training and non-training interventions is suggested for better outcomes from capacity building initiatives. And line ministries/departments need to share the list of master trainers, training modules aerials and the best-performing GP,** where **exposure visits could be conducted** for ERs and functionaries.

6. Some sectors have people's involvement through CBOs like JFM committees, water user groups (WUG) and SHGs. The villagers see this as an opportunity to ensure the development of their villages through involvement of many government departments. The bureaucracy too favours these committees as it can have a greater say in the implementation of the programmes. **It is suggested PRIs involve the active CBOs in GPDP and service delivery. Simultaneously, states may also aim to ensure the functioning of the standing committees** on VHSNCs, education committee, women and child development committee (WCDC) and water supply, water and environmental conservation committees (WSWECS) **at the GP level to discuss, plan, execute and monitor specific activities in GPDP preparation, including maintaining biodiversity register, through these CBOs,** who should also be trained by SIRDs.

7.4.1 Monitoring and evaluation of CB&T activities



1. **The existing system of online monitoring platforms, including e-Gram Swaraj and Training Management Portal (TMP) dashboard, can continue to be used for regular monitoring of training as well as planning activities and uploading of approved plans, which were found to be missing in most of the sample states.** The scope of the monitoring mechanism should include observance of stage-wise progress from training programmes, plan preparation and uploading of plans on the e-Gram Swaraj unified portal and state-specific portals. **It is suggested to develop a strong system and network for quantitative and qualitative monitoring of CB&T interventions for institutional strengthening of PRIs as well as for effective implementation of training programmes.**

2. Most of the sample states have restricted the monitoring mechanism to data collection and uploading and post-training evaluation by learners in a structured format. **The scope of monitoring and evaluation should extend to monitoring of whether**

   - **the targeted number of persons could be trained as per plan,**
   - **all processes suggested for CB&T were followed, and**
   - **the quality of training imparted was as desired.**

3. **Analysis of participant feedback** needs to be applied for improvement in training quality, pedagogy and content. One of the TMP components is to capture participant feedback after every training session, which could assist in the assessment of the training provided. **NIRD&PR needs to train SIRDs on ensuring participant compliance in filling the feedback**

form and submitting it online for assessment. A proper analysis will help in enhancing the quality of training.

4. There is **no provision for trainers to visit trainees for post-training assessment** of practices being in consonance with the training and provide handholding support to PRI members and functionaries for better implementation of services. **Supportive supervision and evaluation of training must be done to bridge the gaps emerging from them.** In case of deviation, the reason for it and its resolution in the subsequent training programme should also be given due attention. **Facilitation and handholding support at GP or GP cluster level is a very effective method for building capacity.** But facilitators need to be trained well for this and should have good practical experience.

5. It is suggested to **build in additional post-training handholding and mentoring support for ERs from marginalized groups and PESA regions.** NGOs and resource organizations must be identified and networked with to perform that role.

6. There is a need for NIRD to develop **an integrated real-time online monitoring system** of the training programmes planned by SIRDs, **where all the GP-level key performances parameters are tracked and displayed in the public domain.**

7. **A third-party evaluation by credible agencies of the quality of the training and its impact should be done at regular intervals.**

7.5 Perspective planning, training materials, training contents and pedagogy

Recommendations

1. Institutionalization of training with contextualized materials/modules and various methodologies
2. Development of appropriate training materials
3. Inclusion of participatory tools and techniques for trainings
4. Cross-learning and sharing of best practices
5. Training on stakeholder identification and engagement and GPDP preparation
6. Training on use of technological aids/tools
7. Timely disbursement of travel allowances

Recommendations

1. **Institutionalization of training is an important part of CB&T** and GoI has ensured that training is incorporated in the existing set-up of NIRD&PR and SIRDs, which are required to develop training programmes and manuals in consultation with bilateral agencies like UNICEF and NGOs.

    - **But, in the absence of a systematic training needs analysis by states, the modules prepared by SIRDs do not address the localized ground reality and needs.** Different states are implementing different schemes, which have not been

referred by MoPR&RD. Moreover, **there is mismatch in functionaries' participation in training programmes, especially female PRI members, due to incomplete communication, short notice or poor residential facilities.** Other flagged issues include poor internet connectivity for virtual training and meetings and lack of knowledge regarding IT usage. **Though a majority of the block-level training sessions have been held online the last two years due to the pandemic, their quality is a big concern.**

- **Training materials and modules should be formulated on the basis of the training need and local culture[54] and materials should be framed in local dialects** rather than the official language of the state. Besides basic training to Panchayat ERs and functionaries, there is a need to disseminate concurrent knowledge on new policy measures, legislations, new schemes and guidelines as well as success stories from the field to the PRIs.[55] **Faculty members, master trainers and government officials of SIRDs and other training institutions need to be trained by NIRD&PR on different aspects of TNA – why** (importance), **how** (method of integrating TNA with training modules), when (pre/during/post training) and **for what** (assessment of outcomes, training quality and further training needs).

- **Courses should be developed on effective communication, documentation of best practices** through print and visual media, **leadership and soft skills** (interpersonal relationships, conflict management, negotiation skills, IT and computer literacy, training on Panchayat Enterprise Suite (PES) and geographic information system (GIS) application).

- **SIRDs and ETCs should use various direct and indirect training methodologies to make the learning process more interesting** for ERs and officials at various levels: lectures and other **participatory training methods; group discussions; assignments; PowerPoint presentations; ICT-based lessons, ICT skills such as Gram Jyothi, geo-tagging of MGNREGA works; and exposure visits inside and outside state. Training approach must be appropriate for the different needs of different groups** since ERs vary in age, experience, educational status, income group, caste, ethnicity and gender.

2. A very important aspect of planning for CB&T for GPs is to develop appropriate learning materials and to update them regularly as per latest circulars and the need for each category of the stakeholders. **Basic and refresher training material** for GP chairpersons, ward members and others should comprise foundation course and thematic/sector-specific course (WASH, water conservation, energy conservation, health and nutrition and digital economy).

    - The **training module template** should include training plan and session-wise programme schedule,

[54] Generally, so far, TNA has not been conducted and training materials not developed as per local needs.

[55] It was noted that the Telangana State Institute of Panchayat Raj and Rural Development (TSIPARD) has conducted TNA for the state and created (prioritized) need-based training modules and learning materials as per the guidelines of National Capacity Building Framework.

programme objectives, profile and number of participants, key content areas to be covered, training methodology and tools to be used, audiovisual aids and training films.

- The accompanying learning/ reading materials should be developed for each category of ERs and functionaries as per needs, keeping in view the diverse characteristics of Panchayats in the state. Training modules on WASH and nutrition should also take into consideration the aspect of cultural appropriateness. Training on GPDP, BPDP and DPDP preparation should focus on resource mapping for convergent, comprehensive and holistic planning and execution of activities.
- **There should be targeted training especially for illiterate tribes and women ERs in easily digestible formats** (some block and district level officials shared that bookish and theoretical training puts off these groups) and at regular, periodic intervals since most of these ERs need more capacity building.
- **Sector-specific resource persons from UNICEF and other UN agencies may be involved to impart specific subject-oriented joint training** such as on WASH, health and nutrition, gender, climate change, DRR and their interlinkage. The training should also focus on the specific role and responsibilities of ERs, frontline workers and the community in O&M, surveillance, conservation and sustainable management of available resources and so on.

3. This study also noted that though faculty and resource persons know the different training pedagogies, they mostly employ PowerPoint presentations and lecture mode, making **training a one-way communication.** Use of **adult learning techniques like role play, games, songs, audiovisual aids is not prevalent.**
   - Except for Telangana, this study did not find much effort by SIRDs in considering the wide range of methods for both institution-based participatory training and application of participatory tools and techniques for training – such as brainstorming, interactive lectures, FGDs, participatory reading and learning in small groups, case studies, role plays, screening of video films and quizzes (to be used selectively, depending on actual need and opportunity), PRA tools and techniques for community-based interactions. The information provided in lecture mode is heavy and monotonous, which could be made more engaging with the use of participatory methods enumerated above.
   - **Training modules, materials, tools, and best practices may also be sought by SIRDs from specialized institutions and agencies** for comprehensive and effective sector-specific training of PRI stakeholders.
   - **Logistical difficulties, such as power cuts and absence of projectors, etc. that affect training also need to be addressed.**
4. Though MoPR emphasizes cross-learning by exposure field visits to best-performing PRIs, the state governments and line departments were found reluctant to share information on best-performing villages/panchayats with SIRD or to standardize the drill for entertaining ERs from other states. **State governments**

should share and update best-performing villages/panchayats with SIRDs.

5. Interviews with different functionaries reflected that convergence with line departments needs strengthening for the preparation of realistic and need-based GDPD, BDP and DDP. **Training to master trainers and ERs on stakeholder identification and engagement and GPDP preparation,** respectively, need to be provided **to ensure smooth planning, execution, monitoring, maintenance and sustainability** of different facilities and practices at the GP level.

6. **Training should be provided on use of internet, web-based video conferencing** (Microsoft-Team, Google Meet, Cisco Webex), **virtual classrooms** (A-View), **learning management systems** (Gramswaraj, Swayam, etc.) and **smartphone technologies** so that the training institutes can offer the opportunity to PRIs ERs, functionaries and any individual to learn anytime from anywhere. Resource persons must focus on 'digital pedagogical issues' and give learners conceptual understanding of the content and broaden their horizon by asking questions and facilitating feedback.

   There should be effective use of various ICT-based techniques like e-books, or collaborative e-learning, learning management system (LMS) and Panchayati Raj comprehensive helpline, social networking, YouTube and training films. **Online training programmes should also be designed in creative, interactive, relevant and learner-centred formats.**

7. Participants and resources person complain about the delay in the disbursement of their training allowance and travel expenses. Timely reimbursements will motivate both trainers as well as participants, and **travel allowance should be disbursed immediately after the completion of training to encourage participants to actively participate in the training.**

Annexure 1: Tables

TABLE 5.1: Distribution of respondent profiles in terms of their gender, average age, and years of association of different stakeholders.

Respondents	Total	Sex		Average age (Years)		Period of association (in years)	
		Male	Female	Male	Female	Male	Female
Block Medical Officer/MoIC	6	5	1	48.5	46.0	1.83	2
Block Panchayat Pramukh	6	4	2	40.5	39.0	3.5	1.5
School Management Committee	12	10	2	38.5	37.0	4.5	3.0
Anganwadi Worker	12	0	12	0	34.5	0	5.8
Block Development Officer	6	4	2	45.5	42.0	1.5	2.0
District Panchayat Pramukh	6	5	1	48.5	44.0	4.5	6.0
Gram Panchayat Pradhan/ Sarpanch	12	9	3	36.0	35.0	3.34	3.5
Gram Panchayat Secretary	12	12	0	45.0	0	12.5	0
HM and School Teacher	12	8	4	52.0	49.5	14.5	9.0
ANM	12	0	12	0	36.5	0	4.5
ASHA	12	0	12	0	35.0	0	5.6
RWS Officer	6	6	0	28.6	0	0	1.5
SIRD	6	6	0	42.0	0	6.5	0
MoPR	6	5	1	45.0	40.0	7.6	8.0
Total	126	74	52	470	439	60	52
%age/ Mean		59%	41%	34	31	4	4

Note: The NIRD respondents' profiles are not reflected in the table.

Table 5.2: Distribution of profile of FGD participants.

Gender	Age of Participants	Number of Participants		Educational Status	Number of Participants
Male	18-30	18	**Male**	Illiterate	21
	30-45	33		Between Literate to Primary	10
	45-60	29		Between Primary to Secondary	29
	60+	20		Secondary and above	40
Female	18-30	24	**Female**	Illiterate	38
	30-45	45		Between Literate to Primary	6
	45-60	23		Between Primary to Secondary	32
	60+	6		Secondary and above	22
	Total (M+F)	**198**		**Total (M+F)**	**198**

TABLE 5.3: Stakeholders' analysis of knowledge and attitude of Gram Panchayats.

Composite Score (%) N=24 [Low=(0-4) up to 33% -1, Moderate = (5-8) 33 to 66% - 2, High=(9 and above) 66 to 100% - 3 based on response number]								
Thematic Area	**Panchayat Secretary**	**Panchayat Pradhan**	**School Head Master & School Management Committee**		**ANM/ASHA**		**Anganwadi Worker**	
Knowledge & Awareness								
WASH	Moderate (50.0%)	Moderate (58.3%)	WASH services in school	Moderate (54.2%)	Health	High (80.0%)	Nutrition & Pre School-Education	High (66.6%)
Health	Moderate (50.0%)	Moderate (41.6%)	Gender sensitivity	Moderate (45.8%)	GPDP	Moderate (44.4%)	On GPDP	Moderate (50.0%)
Nutrition	Moderate (50.0%)	Low (33.3%)	Mid-day Meal Programme	High (75.0%)	Role of Panchayat in community health	Low (33.3%)		
Education	High (66.6%)	Low (33.3%)	School Health Programme	Low (33.3%)				
Gender	Moderate (50.0%)	Moderate (41.6%)	On GPDP	Low (33.3%)				
Disaster Risk Reduction	Low (33.3%)	Moderate (41.6%)	Role Women Gram Panchayat	Moderate (41.6%)				
Climate Change	Low (16.6%)	Low (33.3%)	Sensitization on Disaster Risk Reduction of Students	Low (25.0%)				
Gram Panchayat Develop-ment Plan	High (83.3%)	High (91.6%)						

Composite Score (%) N=24 [Low=(0-4) up to 33% -1, Moderate = (5-8) 33 to 66% - 2, High=(9 and above) 66 to 100% - 3 based on response number]								
Thematic Area	**Panchayat Secretary**	**Panchayat Pradhan**	**School Head Master & School Management Committee**		**ANM/ASHA**		**Anganwadi Worker**	
Attitude & Practice								
WASH	Moderate (50.0%)	Moderate (50.0%)	WASH Activities in school	Moderate (50.0%)	Health	Moderate (55.5%)	Poshan Abhiyan	High (66.6%)
Health	Low (33.3%)	Low (16.6%)	School Health Programme	Low (33.3%)	Participation in GPDP	Moderate (44.4%)	Anaemia Mukt Bharat	Low (33.3%)
Nutrition	Low (16.6%)	Low (16.6%)	Mid-day Meal Programme	High (79.1%)	Participation of Gram Panchayat members in village health	Low (27.8%)	Mid-day Meal	High (66.6%)
Education	Low (33.3%)	Low (25.0%)	Participation in GPDP	Moderate (62.5%)			Partici-pation in GPDP	Moderate (50.0%)
Disaster Risk Reduction & Climate Change	Low (16.6%)	Low (16.6%)	PRIs member's role to control school dropout	Low (25.0%)			Role of Panchayat in Com-munity nutrition activities	Moderate (41.6%)
Developing GPDP & Action	Moderate (58.3%)	High (75.0%)	Involvement at other development programme	Low (25.0%)				

Note: Stakeholders with a composite score of 0-4 are considered low (in red), those in the range of 5-8 (yellow) are moderate, and 9 & above (green) high.

TABLE 5.4: Stakeholder analysis of knowledge and attitude at Block Panchayat.

Composite Score (%) N=24 [Low=(0-4) up to 33% -1, Moderate = (5-8) 33 to 66% - 2, High=(9 and above) 66 to 100% - 3 based on response number]						
Thematic Area	**Block Panchayat Pramukh**	**Block Development Officer**	**Rural Water Supply Officer**		**Block Medical Officer In-charge**	
Knowledge & Awareness						
Health	Moderate (50.0%)	Moderate (50.0%)	Water Supply Schemes	High (66.6%)	Water, Sanitation & Hygiene	High (66.6%)
Nutrition	Moderate (50.0%)	High (83.3%)	Nature of impurity in water	Moderate (50.0%)	Community Health Programs	High (100.0%)

Composite Score (%) N=24 [Low=(0-4) up to 33% -1, Moderate = (5-8) 33 to 66% - 2, High=(9 and above) 66 to 100% - 3 based on response number]						
Thematic Area	**Block Panchayat Pramukh**	**Block Development Officer**	**Rural Water Supply Officer**		**Block Medical Officer In-charge**	
Education	High (66.6%)	Moderate (50.0%)	Main Mission of Jal Jeevan Mission (JJM) scheme	Moderate (50.0%)	Disaster Management	Moderate (50.0%)
Gender	Moderate (50.0%)	High (100.0%)	Gram Panchayat Development Plan (GPDP)	High (83.3%)	Block Development Plan (BDP)	High (100.0%)
Disaster Risk Reduction	Low (33.3%)	High (66.6%)				
Climate Change	Low (16.6%)	Moderate (50.0%)				
Block Development Plan	High (83.3%)	Moderate (50.0%)				
Attitude & Practice						
WASH	Moderate (50.0%)	High (100.0%)	Quality on water service delivery	Moderate (50.0%)	WASH	Moderate (50.0%)
Health	Low (33.3%)	Moderate (50.0%)	Committee formed in GP to improve water/sanitation activities	High (66.6%)	Health	Low (33.3%)
Nutrition	Low (16.6%)	Low (33.3%)	Village action plan for water related issues	Low (33.3%)	Nutrition	Low (16.6%)
Education	Low (33.3%)	Low (16.6%)	Participate in PPC to the prepare GPDP	High (83.3%)	Education	Low (33.3%)
Disaster Risk Reduction & Climate Change	Low (16.6%)	Low (16.6%)	WASH activities as per GPDP	High (66.6%)	Disaster Risk Reduction & Climate Change	Low (16.6%)
Developing BDP & Action	High (75.0%)	High (75.0%)	Monitoring & Supervision of the existing water supply schemes	Low (33.3%)	Developing BDP & Action	High (75.0%)
Scale Validity (Cronbach's Alpha) within the range of 0.713						

TABLE 5.5: Stakeholder analysis of knowledge and attitude of District Panchayats.

Zila Panchayat Pramukh	Composite Score (%) N=6 [Low=(0-4) up to 33% -1, Moderate = (5-8) 33 to 66% - 2, High=(9 and above) 66 to 100% - 3 based on response number]
Thematic Area	
Knowledge & Awareness	
WASH	High (83.3%)
Health	High (83.3%)
Nutrition	Moderate (50%)
Education	High (100.0%)
Gender	High (66.6%)
Disaster Risk Reduction	Moderate (50%)
Climate Change	Low (33.3%)
District Development Plan (DDP)	High (100.0%)
Attitude & Practice	
WASH	High (66.6%)
Health	Moderate (50%)
Nutrition	Moderate (50%)
Education	High (83.3%)
Disaster Risk Reduction & Climate Change	Moderate (50%)
Developing BDP & Action	High (75.0%)
Scale Validity (Cronbach's Alpha) within the range of 0.713	

Table 5.6: Distribution of knowledge among GP Sarpanch and Secretary on WASH services.

Responses (n=24)	n (%)
Gram Panchayat Pramukh/ Secretary responses on Knowledge regarding WASH services	
Water	
a) Supply of piped drinking water	18(75.0)
b) Maintain drinking water source	18(75.0)
c) Drinking water quality management	14(58.3)
d) Village water security plan	8(33.3)
e) Coordination with RWS officials	20(83.3)
Sanitation	
a) Individual Household Latrines	22(91.7)
b) Sanitary complex Anganwadi Toilet	18(75.0)
c) Anganwadi Toilet	18(75.0)

Responses (n=24)	n (%)
d) Solid Liquid Waste Management (SLWM)	10 (41.7)
e) School Toilet	14(58.3)
Hygiene	
a) Maintain hand Hygiene by Hand washing stand at community level	8(33.3)
b) Fumigation to control dengue, malaria during pandemic time	14(58.3)
Awareness on 15th Finance Commission resources at GP level on WASH and other development services	20(83.3)
Roles played by GP Pramukh/ Secretary	
a) Conducting awareness campaign for water conservation, quality, and hygiene	18(75.0)
b) Operation and maintenance of water source	24(100)
c) Constitution of village water sanitation committee	12(50.0)
d) Construction of bigger check dams supplementing water resources in the multiple villages and GPs	12(50.0)
e) Executing different central and state government schemes and programmes related to WASH	18(75.0)
f) Coordination with block Pradhan, BDO and PHED to ensure water for all	22(91.7)
Problems faced by PRIs to implement programmes	
a) Untimely disbursement of fund	12(50.0)
b) Lack of coordination among Panchayati Raj System	4(16.7)

Table 5.7: Distribution of knowledge among Anganwadi workers on WASH services.

Responses (n=12)	n(%)
Anganwadi Worker	
Member in VWSC in the GP to improve the WASH activities at Village level	4(33.3)
WASH activities carried out in AWW centre	
Hand hygiene before and after meals	10(83.3)
Hand washing after defecation for prevention of transmission of infection	11(91.7)
Personal hygiene	12(100)
Use safe and potable drinking water	8(66.7)
Support received from PRIs	
To carry the AWW materials, Water supply connection, sanitation facility	4(33.3)
Water supply connection, sanitation facility, Construction work	4(33.3)

Table 5.8: Distribution of knowledge among School Headmaster/SMC on WASH services.

Responses (n=24)	n (%)
School Headmaster/ School Management Committee	
WASH Facilities at School	19(79.2)
Initiatives and activities currently carried-out in school on WASH	
a) Safe Drinking Water	23(95.8)
b) Awareness Campaign about Open Defecation	13(54.2)
c) Toilet Construction in School Campus	10(41.7)
d) Personal Hygiene	9(37.5)
e) VWSC Committee Members	4(16.7)
Role played by WASH committee of Gram Panchayat to improve the service quality in the school	
Resource Planning	5(20.8)
Implementation	3(12.5)
Manpower Mobilization	6(25.0)
Monitoring of on-going task	4(16.6)
Quality controlling	4(16.6
Knowledge and Roles of PRIs on Education	
Try to minimise the absenteeism, Hand washing and personal hygiene	5(20.8)
Expectations of PRIs on Education	
Grant Funding for School WASH programme	20(83.3)
Manpower	3(12.5)
Challenges faced during implementation of WASH services	
Technical	
Water Supply	17(70.8)
Sanitation System	11(45.8)
Construction Work	6(25.0)
Non-Technical	
Availability of Funds	12(50.0)
Unable to connect and motivate community participation	7(29.2)

Table 5.9: Distribution of stakeholders' opinion (ANMs) on WASH services received at GP level based on their experience.

Responses (n=10)	n (%)
Experience of ANMs regarding WASH	
Member in different Committees	
Yes, I am a member of VHSNC committee	9 (90.0)
Yes, Are you a member of Rogi Kalyan Samiti	5 (50.0)
Yes, I am a member of Village water sanitation committee	5 (50.0)
Role played in VWSC	
Identification of malnourished children through survey, discussing nutrition in the meeting, discussing what are the propriety areas for investing the funds	1 (10.0)
We receive fund in the committee, and we utilize it for the water sanitation, drainage, Malnutrition, etc.	1 (10.0)
Creating awareness	1 (10.0)
Spraying disinfectants, Kerosene for containing the spread of larvae, etc.	2 (20.0)
Training and related issues	
Did you receive any training in last two years (n=22)	
WASH	8(36.4)
Health	11(50.0)
Nutrition	6(27.3)
Where did you receive the trainings	
Local level	9(40.9)
Block Level	6(27.3)
District level	6 (60.0)
Subject area covered in the trainings	
WASH services	11(50.0)
Health	16(72.7)
Nutrition	13(59.0)
Disaster Risk Reduction	3(13.6)
IT communication	11(50.0)
Others	2 (20.0)
GPDP	2(16.6)
Functioning of Panchayat	3(25.0)
Are the training module gender sensitive	
Yes	10(45.4)
No	4(18.2)

Table 5.10: Distribution of stakeholders' opinion (AWW) on WASH services received at GP level based on their experience.

Responses (n=12)	n (%)
Activities carried out in your centre under WASH	
Hand hygiene before and after meals	10(83.3)
Hand washing after defecation for prevention of transmission of infection	11(91.7)
Personal hygiene	12 (100)
Use safe and potable drinking water	8 (66.7)
Others	10(83.3)
AWW as a member of VWSC in the GP to improve the WASH activities	
Yes	4 (33.3)
No	8 (66.7)
Training received by AWW in last two years	
Resource planning	2 (16.7)
Implementing	4 (33.3)
Manpower mobilization	33(25.0)
Monitoring of ongoing task	1 (8.3)
Quality controlling	2 (16.7)
Others	1 (8.3)
Different training received by you in last 2 years	
GPDP	2 (16.7)
Poshan Abhiyan	9 (75.0)
Anaemia Mukt Bharat	8 (66.7)
Kishori Shakti Yojna	6 (50.0)
IT/Communication	6 (50.0)
Growth monitoring	6 (50.0)
COVID-19 related	7 (58.3)
What additional training you require to efficiently perform your job	
There is a need of trainings on IT/ Communication as well as on GPDP, plus regarding their work and responsibilities	2 (16.7)
Identification of anaemic Child, Nutrition requirement and food values / Pregnancy check-up and health issues of children/ Child related	2 (16.7)
All training received from ICDS but need trainings related to PRIs works	1 (8.3)
IT/Communication training, WASH training	2 (16.7)
WASH and Health for Gram Sabha	2 (16.7)
Specific training required to efficiently perform the role in GPDP preparation	
GPDP development	4 (33.3)
Village development and GPDP	2 (16.7)

Table 5.11: Distribution of stakeholders' opinion (School HM/Teacher and SMC) on WASH services received at GP level based on their experience.

Responses (n=24)	n (%)
Initiatives and activities currently carried in school on WASH	
a) Safe Drinking Water	23(95.8)
b) Awareness Campaign about Open Defecation	13(54.2)
c) Toilet Construction in School Campus	10(41.7)
d) Personal Hygiene	9(37.5)
What are the challenges faced by the school while implementing or maintaining the WASH service delivery	
Technical	
a) Water Supply	17(70.8)
b) Sanitation System	11(45.8)
c) Construction Work	6(25.0)
Non-technical	
a) Availability of Funds	12(50.0)
b) Unable to connect and motivate community participation	7(29.2)
Expectation from GP to improve WASH facilities in school	
a) Grant Funding for School WASH programme	20(83.3)
b) Manpower	3(12.5)
c) Organize free health Check-ups	14(58.3)
WASH service delivery related trainings, supported by PRIs, received by the school staff in the last 2 years	
a) Water Management	1(8.3)
b) Proper Sanitation and open Defecation	1(8.3)
c) Personal Hygiene Maintenance	1(8.3)
d) Hygienic Food Habits	1(8.3)
e) Toilet Area Hygiene	0(0)
f) Health Care Waste Management	0(0)
g) Health and wellness ambassadors training	5(41.6)
h) Adequate time and resource planning training	4(33.3)
i) Life Skills development among students	2(16.6)

Table 5.12: Distribution of stakeholders' opinion (Sarpanch and Secretary) on WASH services received at GP level based on their experience.

Responses(n=24)	n (%)
Organization of Peoples Plan Campaign for developing GPDP in the year 2020	
a) GPDP prepared in the Village and organized PPC in 2021-22	20 (83.3)
b) GPDP prepared in the Village and organized PPC in 2020-21	10 (41.7)
Formation of Mahila and Bal Sabha in their GP	
Whether Mahila or bal Sabha formed in the GP	
a) Yes, Mahila Bal Sabha Formed	19 (79.2)
b) Yes, Bal Sabha Formed	10 (41.7)
c) No, both are not formed	1 (8.3)
Are the Panchayat members involved in the formation of above	
a) Yes, In Mahila Sabha member	18(75.0)
b) Yes, Bal Sabha Member	9(37.5)
c) No not member in both	1 (8.3)
Issues discussed in the Mahila /Bal Sabha	
a) Domestic Violence	13(54.2)
b) Care and support during pregnancy	15(62.5)
c) Child Rights	5(20.8)
d) Violence against girl child	10(41.7)
e) Others	7 (58.3)
Issues related to Women are discussed and incorporated in the GPDP	
a) Yes	20(83.3)
Issues related to children are discussed and incorporated in the GPDP	
a) Yes	12(50.0)
b) No	5 (41.6)
Status of engagement of the women in GP members to develop plan and its implementation	
a) Not involved at all	2(8.3)
b) Actively	15 (62.5)
c) Partly involved	4(16.7)
Different committees formed at Village level	
a) Village water sanitation committee	20(83.3)
b) Village health sanitation nutrition committee	15(62.5)
c) Jan Arogya samiti	7(29.2)
d) School teacher and parent/SMC	18(75.0)
e) Others	6 (50.0)

Responses(n=24)	n (%)
Problem faced by PRI members to implement WASH and other aligned programmes	
a) No training given to GP members on Development subjects	6(25.0)
b) Accessibility of training venue (Distance)	3(12.5)
c) Untimely disbursement of fund	12(50.0)
d) Lack of coordination among Panchayati Raj System	3(12.5)
e) Others	5 (41.7)
Support required by PRI at GP level to address technology for timely services	
a) Internet connectivity for organized virtual meetings	12(50.0)
b) Online capacity building training workshop	14(58.3)
c) Knowledge and use of digital tools and technology to improve efficiency of service delivery.	14(58.3)
d) Others	2 (16.7)
Source of Financing	
a) State	15(62.5)
b) Central	13(54.2)
c) Others	5 (41.7)

Table 5.13: Distribution of stakeholders' (i.e., Gram Panchayat Sarpanch/Gram Panchayat Secretary) opinion/perception about the issues on which they need training.

Responses (n=24)	n (%)
Additional training required by PRIs	
a) Water supply, quality drinking water, water securities	12(50.0)
b) Solid-liquid waste management at the local level	16(66.7)
c) Health hygiene and personal care in general and specific in COVID-19 condition	18(75.0)
d) Leadership development	11(45.8)
e) Disaster risk reduction and management	10(41.7)
f) Management of local resources and revenue generation	14(58.3)
Whether PRI members received any training on IT and communication	
a) Yes	4(16.6)
b) No	16(66.7)

Table 5.14: Distribution of stakeholders' (i.e., ANM) opinion/perception about the issues on which they need training.

Responses (n=12)	n (%)
Are the health programmes and schemes in your area aligned with WASH components?	
Yes, the health programmes are aligned with WASH	8 (80.0)

Table 5.15: Distribution of stakeholders' (i.e., School Management Committee) opinion/perception about the issues on which they need training.

Responses (n=12)	n (%)
Role played by WASH committee developed by the gram Panchayat to improve the service quality in the school	
a) Resource Planning	3(25.0)
b) Implementation	2(16.6)
c) Manpower Mobilization	3(25.0)
d) Monitoring of on-going task	2(16.6)
e) Quality controlling	2(16.6)
WASH service delivery related trainings, supported by PRIs, received by the school staff in the last 2 years	
a) Water Management	0(0)
b) Proper Sanitation and open Defecation	0(0)
c) Personal Hygiene Maintenance	1(8.3)
d) Hygienic Food Habits	1(8.3)
e) Toilet Area Hygiene	0(0)
f) Health Care Waste Management	0(0)
g) Health and wellness ambassadors training	1(8.3)
h) Adequate time and resource planning training	2(16.6)
i) Life Skills development among students	1(8.3)

Table 5.16: Responses of MoIC/BMO on the role played by PRI in the implementation of WASH programmes.

Response (n=6)	n(%)
Implementation of the WASH programme in the Health Facility	6(100)
WASH programmes implemented in your locality	
a) Water disinfection, vaccination, hand washing, awareness programmes through schools, Anganwadi, ANM and ASHA	6(100)
b) Jal Jeevan Mission programme (JJM)	5(83.7)
c) Swachha Bharat Mission (SBM)	6(100
d) The disposal of medical waste via PHED is done by informing the PRIs	3(50.0)
Expectation from PRIs to improve WASH-related activities	
a) More active participatory role of PRIs	4(66.6)
b) Support services based on the requirement at the local level	3(50.0)

Table 5.17: Knowledge and awareness of WASH and its practices at Block Panchayat level.

Response (n=12)	n(%)
Water	
Supply of Piped drinking water	6(50.0)
Maintain drinking water source	12(100)
Drinking water quality management	9(66.6)
Village water security plan	9(66.6)
Coordination with RWS officials	12(100)
Sanitation	
Individual Household Latrines	12(100)
Sanitary complex	4(33.4)
Anganwadi Toilet	9(66.6)
Solid Liquid Waste Management (SLWM)	4(33.4)
School toilet	12(100)
Hygiene	
Maintain hand Hygiene by Handwashing stand at the community level	6(50.0)
Fumigation to control dengue, malaria during pandemic time	9(66.6)

Table 5.18: Block Panchayat Pramukh/BDOs on WASH implementation, monitoring, and O&M at GP level.

Response (n=12)	n(%)
Prepare the GPDP and conduct Gram Sabha	12(100)
Conducting awareness campaign for water conservation, quality, and hygiene	12(100)
Operation and maintenance of water source	10(83.3)
Constitution of village water source committee	6(50.0)
Construction of bigger check dams supplementing water resources in the multiple villages and GPs	9(66.6)
Executing different central and state government schemes and programmes related to WASH	12(100)
Coordination with block Pradhan, BDO and PHED to ensure water for all	12(100)

Table 5.19: Knowledge and awareness of RWS officers on various community water supply schemes.

Responses (n=6)	n(%)
Existing Water Supply Schemes	
Jal Samriddhi Yojana	1(16.6)
Swajal Dhara Yojana	1(16.6)
Regional Water Supply Scheme	3(50.0)
Jal Jeevan Mission	4(66.6)
Pump and Tank Scheme	2(33.3)
Others	3(50.0)

Table 5.20: Responses of RWS officers on water-related scheme/programmes planning and its implementation.

Responses (n=6)	n(%)
Measures for quality-of-service delivery	
Lab Testing is done	1(16.6)
Establish labs and training for 5 women for water quality test and providing kits	2(33.3)
Pre-Post Monsoon, O&M is ensured. Tariffs are there, but not paid	1(16.6)
Village Water Supply and Sanitation Committee	1(16.6)
Solar system-based ground water lifting and distribution	1(16.6)
Person responsible for monitoring and supervision of the existing water supply schemes	
RWS Department	6(100)
Community	4(66.6)
Gram Panchayat	2(33.3)
Steps for sustainability of water supply schemes	
Payment for O&M cost	5(83.3)
Good quality of construction	3(50.0)
Village Water Fund–	2(33.3)
Fostering Trust between department and villagers	3(50.0)
Village institutions accepting responsibilities of O&M	4(66.6)
Community participation by stakeholders	4(66.6)
Involvement of women in project implementation	4(66.6)
15th Finance Commission on Water Supply at GP level	
GPs/ VWSCs will ensure that all households pay monthly user charges	4(66.6)
15th Finance Commission recommendation on allocation of 60% tied grant for WASH activities	3(50.0)
Fund generated through convergence and the sources	
MGNREGA	3(50.0)
Finance Commission Grants	3(50.0)
State Schemes	1(16.6)
MPLAD funds	2(33.3)
MLALAD funds	1(16.6)
CSR funds	1(16.6)

Table 5.21: Responses of RWS officers on various committees and their roles.

Responses(n=6)	n(%)
Committees formed in the Gram Panchayat to improve Water and Sanitation activities	
VWSC	3(50.0)
VWSC, GPWSC, Water Users Committee	1(16.6)
Water and Sanitation at GP level, Jal Sahiya at village level	1(16.6)
Frequency of organizing meeting with the WASH committee	
Weekly	3(50.0)
Monthly	2(33.3)

Responses(n=6)	n(%)
Capacity gaps of the committee	
Lack of knowledge on procedures	2(33.3)
Lack of skills in fulfilling the functions	1(16.6)
Lack of managerial skills	3(50.0)
GP preparedness of Village Action Plan	5(83.3)
Officials participating in preparing Village Action Plan	
AEn, PRI members, GP Secretary, ISA	1(16.6)
Mandal Level RWS Officer	1(16.6)

Table 5.22: Responses of RWS officers on GPDP.

Responses (n=6)	n(%)
Participation in Special Gram Sabha for GPDP	5(83.3)
Presentation of departmental issues in Special Gram Sabha meeting	6(100)
Issues incorporated in GPDP	6(100)
WASH activities as per GPDP	5(83.3)

Table 5.23: Responses of RWS officers on challenges faced in implementing rural water supply schemes.

Responses (n=6)	n(%)
Technical Problems	
Ensuring quantity of water	4(66.6)
Lack of coordination between stakeholders	4(66.6)
Lack of community interest	2(33.3)
Electricity interception	2(33.3)
Operation and Maintenance of the scheme	4(66.6)
Weak areas of stakeholders	
Participation in PRA and need assessment	2(33.3)
Providing scientific and technical inputs to committees	4(66.6)
Ensuring certification of the source	2(33.3)
Ensuring appropriate water treatment technology	3(50.0)

Table 5.24: Responses of RWS officers on training needs for better performance.

Responses (n=6)	n(%)
Trainings received	
Gram Panchayat and Water	2(33.3)
Water sources and supply	2(33.3)
Sustainability of Drinking Water	2(33.3)
Water Quality Management	4(66.6)
Village Water Safety Assessment	1(16.6)
O&M and Revenue Management	2(33.3)
Management of Drinking Water during disasters	1(16.6)
Village Water Security Plan	2(33.3)
Knowledge on Policies, Procedures and Practice	3(50.0)
JJM Guidelines	5(83.3)
Training was received by location	
State level	5(83.3)
District level	4(66.6)
Others	1(16.6)
Training needs for Village Water Sanitation Committee (VWSC) / Sarpanch/ Secretary on Water	
Knowledge on Caretaker	6(100)
Electrical issues	5(83.3)
Pump Operations	5(83.3)
Recording of Water users	6(100)
Payment Collection	4(66.6)
Involve SHGs, Women Groups for improving the service delivery	3(50.0)
VWSC on planning and implementation	6(100)
VWSC on record keeping, accounting, social auditing	6(100)
VWSC on roles and responsibilities	4(66.6)
Community on source sustainability	4(66.6)
VWSC on water quality	3(50.0)
Women representatives of GPs and VWSCs	3(50.0)
Sarpanch on water	2(33.3)
Panchayat Secretary on water	4(66.6)

Table 5.25: Response of BMO/Doctors on WASH training received from healthcare service providers in the last two years.

Response (n=6)	n(%)
Training received on WASH	
a) Handwashing and WASH	5(83.3)
b) Biomedical Waste Management	4(66.6)
c) Water cleaning	2(33.3)
d) Disease profile	3(50.0)
e) Interpersonal Communication	2(33.3)
f) COVID-19 protocol	6(100)
Knowledge gaps of staff on WASH O&M	
a) On operation and maintenance of facilities	3(50.0)
b) Water management and contagious disease	4(66.6)
c) On dis-infestation issues	2(33.3)
Training requirement of health facility staff	
a) Need refresher training programme on WASH and Pandemic	5(83.3)
b) Need special awareness on COVID-19 protocol and its management	3(50.0)
Capacities of PRIs members to carry out preventive health interventions in villages and COVID-19 pandemic	
a) Lack of knowledge on health interventions	4(66.6)
b) Need more attention to create awareness in the community	3(50.0)
Gaps to implement the health interventions at GP level	
a) Communication between PRI and Health providers	4(66.6)
b) Health awareness	3(50.0)
c) Lack of maintenance of Safe drinking water	2(33.3)
Training organized by Health department for PRIs in last 2 years	
Online provide awareness training on COVID-19	5(83.3)
Along with front line, health workers organized training on MCH/Immunization, etc.	2(33.3)
Training requirement for women PRIs to address health issues of women and adolescent girls	
a) Health aspects such as Menstrual Hygiene, WASH, Family planning, and non-communicable disease	4(66.6)
b) Training on role and responsibilities of women PRIs and health issues	3(50.0)

Table 5.26: Suggestions by BMOs /Doctors on capacity building for PRIs to improve service delivery at village level.

Suggestions (n=6)	n(%)
a) Regular training to PRIs on WASH and Health issues in every year	3(50.0)
b) Meetings and attendance of VHSNC/D, Regular visits of PRI members to health institutions	4(66.6)
c) Frequent discussion on health issues, proper feedback, and outcome analysis	2(33.3)

Table 5.27: Responses of MoIC/BMO on PRI role in implementation of WASH programmes.

Response (n=6)	n(%)
Implementation of WASH programme in the Health Facility	6(100)
WASH programmes implemented in your locality	
a) Water disinfection, vaccination, hand washing, awareness programmes through schools, Anganwadi, ANM and ASHA	6(100)
b) Jal Jeevan Mission programme (JJM)	5(83.3)
c) Swachha Bharat Mission (SBM)	6(100)
d) The disposal of medical waste via PHED is done by informing the PRIs	3(50.0)
Expectation from PRIs to improve WASH related activities	
a) More active participatory role of PRIs	4(66.6)
b) Support services based on requirement at local level	3(50.0)

Table 5.28: Responses of Zilla Panchayat Pramukh on knowledge of WASH.

Responses (n=6)	n(%)
Water	
Supply of Piped drinking water	5(83.3)
Maintain drinking water source	4(66.6)
Drinking water quality management	3(50.0)
Village water safety management	2(33.3)
Coordination with RWS officials	6(100)
Sanitation	
Individual Household Latrines	6(100)
Sanitary complex Anganwadi Toilet	3(50.0)
Anganwadi Toilet	6(100)
Solid Liquid Waste Management (SLWM)	3(50.0)
School Toilet	6(100)
Hygiene	
Maintain hand Hygiene by Hand washing stand at community level	3(50.0)
Fumigation to control dengue, malaria during pandemic time	4(66.6)

Table 5.29: Responses of Zila Panchayat Pramukh on programme implementation and O&M of WASH.

Responses (n=6)	n(%)
Prepare the GPDP and conduct Gram Sabha	6(100)
Conducting awareness campaign for water conservation, quality, and hygiene	6(100)
Operation and maintenance of water source	5(83.3)
Constitution of village water source committee	3(50.0)
Construction of bigger check dams supplementing water resources in GPs and villages	3(50.0)
Executing different central and state government schemes and programmes related to WASH	6(100)
Coordination with block Pradhan, BDO and PHED to ensure water for all	6(100)

Table 5.30: Problems faced by PRI members and support required to implement WASH and other aligned programmes.

Responses (n=6)	n(%)
No training given on development issues	4 (66.6)
Untimely disbursement of fund	5 (83.3)
Support required by PRI to address technology for timely services	
Internet connectivity for virtual meetings	6 (100)

Table 5.31: Distribution of knowledge of PRI role in providing health services from ANM/ASHA.

Responses (n=22)	n (%)
Different activities are carried out in the Villages/GPs	
Registration of mother and ANC/PNC	20(90.9)
Distribution of iron Folic acid	18(81.8)
Immunization	22(100)
Family planning services	18(81.8)
School health programme	10(45.4)
Awareness and motivation	9(40.9)
Others	4(18.2)
Member in different Committees	
Yes, I am a member of VHSNC committee	10(83.3)
Yes, Are you a member of Rogi Kalyan Samiti	3(25.0)
Yes, I am a member of Village water sanitation committee	9(75.0)
Other Members of VHSNC	
Sarpanch	8(66.6)
Anganwadi Worker	8(66.6)

Responses (n=22)	n (%)
School Teacher	6(50.0)
Village Representative	8(66.6)
Others	2(16.6)
What role played by PRI members to promote health programme in the local community	
Health awareness rally	7(58.3)
Health camp	6(50.0)
VHSND	7(58.3)
Provide referral transport services	4(33.3)
IEC on health issues	4(33.3)

Table 5.32: Distribution of knowledge pertaining to role of PRIs on providing health services from GP Sarpanch/Secretary.

Responses (n=24)	n (%)
Health	
a) Monthly organizing VHSND at the Village level	11 (45.8)
b) Support ANM-ASHA to provide timely health services	22 (91.7)
c) Organize health awareness campaign	14 (58.3)
d) Support Health department to organized health camps	17 (70.8)
e) Others	2 (8.3)
Health	
a) Monitoring of village health water sanitation committee and use of untied fund	20(83.3)
b) Monitor the functionality of the health institutions at GP level such as support the ANM-ASHA-MoIC to organize the health camps, immunization programmes	18(75.0)
c) Facilitate to conduct session for eradicating intestinal worms among the children in the age group of 1-19 years	10(41.7)
d) Facilitate in early identification for children from Birth to 18 years to cover 4 D's	7 (29.1)

Table 5.33: Distribution of stakeholders' experience ANM and their role in health services provided by the PRIs.

Responses (n=12)	n (%)
Member in different Committees	
Yes, I am a member of VHSNC committee	9 (90.0)
Yes, Are you a member of Rogi Kalyan Samiti	5 (50.0)
Yes, I am a member of Village water sanitation committee	5 (50.0)
Member of Mahila Sabha	
Yes, I am a member of Mahila Sabha	4(40.0)

Responses (n=12)	n (%)
Issues discussed in the Mahila Sabha	
Women diseases, and challenges, every meeting has the separate agenda, for instance pregnant women, Malnutrition, Menstruation, etc.	2 (20.0)
Child marriages. Regarding registration of new-born, etc.	2 (20.0)
Sensitization regrading early marriages, hygiene during menstrual cycle, etc.	1 (10.0)
Did you attend special Gram Sabha	
Yes	4(40.0)
Did you make any presentation on Special gram Sabha	1 (10.0)
Submitted the departmental issues in the meetings	1 (10.0)
What support is provided to GP members for functioning of health centres	
Whenever asked regarding vaccination, GP members help, otherwise for water supply, bed, boundary wall, they do not	1 (10.0)
We have received all kind of support to organize health camp, immunization, etc.	3 (30.0)
What role played by PRI members to promote health programme in the local community	
Health awareness rally	7 (70.0)
Health camp	6 (60.0)
VHSND	6 (60.0)
Provide referral transport services	3 (30.0)
IEC on health issues	7 (70.0)
Others	1 (10.0)
Problems faced by workers during COVID-19	
ANC-PNC Registration was hampered, Beneficiary of the schemes feared to visit the centre, Vaccine hesitancy is very high in tribals, No vehicles for travel, Less focus on Anaemia and such tablets, Mobilization issue during COVID-19	2 (20.0)
Village visit was restricted	1(10.0)
Vaccination took a lot of effort/community did not support, MCD could not done for the pregnant mothers,	2 (20.0)
Working overtime, Limitation of manpower and only one ANM per centre	2 (20.0)

Table 5.34: Distribution of stakeholders' experience and their role (ASHA) on Health services provided by the PRIs.

Responses (n=12)	n (%)
Did you attend special gram Sabha	
Yes	9(75.0)
Did you make any presentation on Special gram Sabha	
Submitted the departmental issues in the meetings	7(58.3)
Issues incorporated in GPDP	
Yes	5(41.6)
Do not Know	7(58.3)

Responses (n=12)	n (%)
Involved in PPC	
Yes	5(41.6)
Submitted departmental issues	
Yes	8(66.6)
What support is provided by GP members for functioning of health centres	
We have received all kind of support to organize health camp, immunization, etc.	1(8.3)
Not received any support from GP	2(16.6)
Received support from Health Department	1(8.3)
Received support in COVID-19 work, repair work and all if needed	1(8.3)
Transport services when required to travel for vaccination, etc.	1(8.3)
Problems faced by workers during COVID-19	
Heavy Workload, Pressure from Officials, Fight with people during vaccination	1(8.3)
Restricted Mobility, and issues in travel	2(16.6)
Provided service during difficult time	2(16.6)
No physical rest	1(8.3)
No information relayed when found COVID-19 positive. No support from GP to ASHA when found COVID-19 positive	1(8.3)
Distributed masks, menstruation pads, sanitizer, and family planning materials during COVID-19	1(8.3)

Table 5.35: Distribution of opinion/perception of stakeholders (ASHA) on training required for delivering health services.

Responses	n (%)
Member of Mahila Sabha	
Yes, I am a member of Mahila Sabha	9(75.0)
Issues discussed in the Mahila Sabha	
Pregnancy, Immunization, Family Planning, Nutrition	1(8.3)
Mother and child related issues	1(8.3)
Discussion on WASH issues and Family planning issues	1(8.3)
Maternal mortality cases, child mortality causes, Adolescent girls, nutrition, and other possible precautions.	1(8.3)
We discuss about the menstruation cycle, Nutrition, Breastfeeding, and other women related issues Health and Hygiene, Care for pregnant women	1(8.3)
Health and Hygiene, Care for pregnant women	1(8.3)
Spreading awareness regarding family planning, immunization, breastfeeding, and pneumonia.	1(8.3)

Table 5.36: PRIs' knowledge and awareness of health and its practices at GP level.

Response (n=12)	n(%)
Monthly organizing VHSND at the Village level	12(100)
Support ANM-ASHA to provide timely health services	12(100)
Organize a health awareness campaign	12(100)
Support the health department to organized health camps	12(100)

Table 5.37: Responses of Block Panchayat Pramukh/BDOs on Health Programme Implementation, Monitoring and Operation and Management at Gram Panchayat level.

Response (n=12)	n(%)
Monitoring of village health water sanitation committee and use of untied fund	12(100)
Monitor the functionality of the health institutions at GP level such as support the ANM-ASHA-MoIC to organize the health camps, immunization programmes	12(100)
Facilitate to conduct session for eradicating intestinal worms among the children in the age group of 1-19 years	12(100)
Facilitate in early identification for children from birth to 18 years to cover 4 D's	2(16.4)

Table 5.38: Responses of Block Medical Officers on role of GP in community health services and issues related to developing BDP.

Response(n=6)	n(%)
a) Focus in on COVID-19 related works, Non-Communicable Diseases, Mental and Physical health of adolescents	2(33.4)
b) Awareness creation	2(33.4)
c) Kayakalp and Disaster Issues	1(16.6)
d) WASH and Other Health issues	2(33.4)
e) Ensuring water supply and infrastructure development	2(33.4)
f) Informing community regarding different community programmes	1(16.6)
Role of Panchayati Raj Institutions in delivering health services	
a) Infrastructure development	3(50.0)
b) implementation of Health awareness campaign	2(33.4)
Role of MoIC/BMO on Block Development Plan	
a) MoIC/BMO are a member for Block Development Plan	6(100)
b) Block Medical Officers participated in the Special gram SABHA (People's Plan Campaigns) on developing BDP	3(50.0)
c) The issues presented in People's Plan Campaigns whiles on discussing BDP	3(50.0)
d) Health Department received special grant from BDP	2(33.4)

Table 5.39: Involvement on Block Development Plan and issues incorporated.

Responses (n=6)	n(%)
Block Panchayat prepare Block Development Plan	6(100)
Members involved in developing BPDP	
GP President, GP Secretary, AP Member, AP President, Block assistant Engineer, Line Department officials, Veterinary officer	4(66.6)
Block Panchayat Members and other development Department officials	3(50.0)
Issues Discussed and incorporated in BPDP	
Women's issues discussed and incorporated in the plan	6(100)
Children's issues discussed and incorporated in the plan	6(100)
Women PRI members engagement in developing a plan	
Actively involved	83.3
Partly involved	1(16.6)
Block development plan covered disaster-related risk	6(100)
Block development plan covered climate change	3(50.0)
Women PRI members are well equipped with IT/communication technology	
Partly	6(100)

Table 5.40: Responses of Zila Panchayat Pramukh on knowledge of health programmes at the community level.

Responses (n=6)	n(%)
Monthly organizing VHSND at Village level	6(100)
Support ANM-ASHA to provide timely health services	6(100)
Organize health awareness campaign	6(100)
Support Health department to organized health camps	6(100)

Table 5.41: Responses of Zila Panchayat Pramukh on health programme implementation.

Responses (n=6)	n(%)
Monitoring of village health water sanitation committee and use of untied fund	6(100)
Monitor the functionality of the health institutions at GP level such as support the ANM-ASHA-MoIC to organize the health camps, immunization programmes	6(100)
Facilitate to conduct session for eradicating intestinal worms among the children in the age group of 1-19 years	6(100)
Facilitate in early identification for children from Birth to 18 years to cover 4 D's	2(33.3)

Table 5.42: Responses of doctors on knowledge and awareness of PRI members on health schemes and programmes to improve service coverage.

Response (n=6)	n(%)
Awareness of PRIs on Health Scheme/Programme	
a) Low awareness on health schemes	4(66.6)
b) Indifferent on programmes coverage	2(33.4
Awareness of Medical Officers on formation of different committees developed at the GP level to improve preventive health services	
a) VHSC/VHSNC	6(100)
b) Rogi Kalyan Samiti	4(66.6)
c) Self Help Groups	3(50.0)
d) Jan Arogya Samiti	4(66.6)
Weak areas of the committees to implement the preventive health services	
a) Feedbacks are not adopted by the GPs	2(33.4)
b) Weak coordination among different departments	4(66.6)
c) Lack of orientation of new members towards overall health and hygiene issues	3(50.0)
d) Vaccine hesitancy at the community	3(50.0)

Table 5.43: Distribution of experience of AWW regarding nutrition activities.

Responses (n=12)	n (%)
Member of VHSNC committee	
Yes	9 (75.0)
No	3 (25.0)
Member of Mahila Sabha	
Yes	9 (75.0)
No	3 (25.0)
Issues discussed in the Mahila Sabha	
Issues related to Health, education, and childcare	3 (25.0)
Mother and Children health, Pregnancy, immunization and nutrition	1 (8.3)
Child education, Awas, water problems, sanitation, Pension	1 (8.3)
Child education, Awas, water problems, sanitation, Pension	1 (8.3)
Hygiene, safety, pregnant women, and children should visit the Centre to have food in the interest of nourishment	1 (8.3)
Issues related to Health, Education and Child Care	1 (8.3)
Mother and Children, Pregnancy, immunization and nutrition	1 (8.3)
Only about savings in SHGs	1 (8.3)
Pregnancy, immunization, childcare	1 (8.3)

Responses (n=12)	n (%)
Have you participated in the special gram Sabha PPC for discussing GPDP	
Yes	7 (58.3)
Did AWW submitted the activities or issues in the special Gram Sabha	
Yes	7 (58.3)
Did the issues and activities are included in the GPDP (n=7)	
Yes	5 (71.4)
Support provided by Gram Panchayat for functioning of AWCs	
Always supportive in case of problems	2 (16.7)
No support has been provided till now	3 (25.0)
Sensitization to people to send kids to Anganwadi centres and schools than taking them to agriculture. Sensitization of pregnant women regarding Hb deficiency.	1 (8.3)
To carry the materials, Water supply connection, sanitation facility	1 (8.3)
Water supply connection, Sensitization to people to send kids to Anganwadi centres and schools than taking them to agriculture. Sensitization of pregnant women regarding Hb deficiency.	1 (8.3)
Water supply connection, sanitation facility, Construction work	1 (8.3)

Table 5.44: Knowledge and Awareness of Nutrition and its practices at Gram Panchayat level.

Response (n=12)	n(%)
Registration of children (3-6) years, pregnant women, and lactating mothers for Poshahar	12(100)
Monitoring anganwadi centre to identify malnourishment and referral	6(50.0)
Monitor school mid-day meal programme	12(100)

Table 5.45: Responses of Block Panchayat Pramukh/BDOs on Nutrition Programme Implementation, Monitoring and O&M at GP level.

Response (n=12)	n(%)
Growth monitoring among the children 0-5 years on immunization day	12(100)
Monitoring of AWC activities	12(100)
Monitoring of RTE and THR as per the ICDS guidelines	12(100)
Referral services	6(50.0)

Table 5.46: Distribution of Knowledge regarding roles and responsibility of stakeholders such as School HM/Teacher/SMC regarding nutrition.

Responses (n=12)	n (%)
What are the roles played by panchayat in managing the mid-day meal in school	
a) Preparation of Annual Work Plan and Budgets (AWPB)	4(33.3)
b) Giving suggestions for the food menu	5(41.6)
c) Identification of agency for cooking/ supply of cooked MDM	4(33.3)
d) Lifting and transportation of food grains to school	5(41.6)
e) Quality and safety aspects of food	3(25.0)
f) Testing of food and water samples	5(41.6)
g) IEC (Information Education Communication) campaign for awareness	1(8.3)

Table 5.47: Distribution of SMC perception on training needs.

Responses (n=12)	n (%)
What are the roles played by panchayat on managing the mid-day meal in school	
a) Preparation of Annual Work Plan and Budgets (AWPB)	3(25.0)
b) Allocation of sanction funds	4(33.3)
c) Giving suggestion for the food menu	4(33.3)
d) Identification of agency for cooking/ supply of cooked MDM	9(75.0)
e) Lifting and transportation of food grains to school	7(58.3)
f) Quality and safety aspect of food	2(16.6)
g) Testing of food and water samples	2(16.6)
h) IEC (Information Education Communication) campaign for awareness	2(16.6)

Table 5.48: Distribution of AWW perception on training need.

Responses (n=12)	n (%)
What additional training you require to efficiently perform your job	
There is a need of trainings on IT/ Communication as well as on GPDP, plus regarding their work and responsibilities	2 (16.7)
Identification of anaemic Child, Nutrition requirement and food values / Pregnancy check-up and health issues of children/ Child related	2 (16.7)
All training received from ICDS but need trainings related to PRIs works	1 (8.3)
IT/Communication training, WASH training	2 (16.7)
WASH and Health for Gram Sabha	2 (16.7)
Specific training required to efficiently perform the role in GPDP preparation	
GPDP development	4 (33.3)
Village development and GPDP	2 (16.6)

Responses (n=12)	n (%)
Problem faced during COVID-19 to carry out AWC work	
Limited accessibility to centre by the community	2 (16.6)
Community engagement for isolation and vaccination	2 (16.6)
Lack of supply related to COVID-19	1 (8.3)

Table 5.49: Distribution of knowledge of education services of School Headmaster/ School Teacher/SMC and PRIs.

Responses (n=24)	n (%)
Education	
a) Attend a school committee meeting	18(75.0)
b) Attend parent-teachers meeting	10(41.7)
c) Organizing a campaign to restrict school dropouts	5(20.8)
d) Support school management committee on infrastructure development	16(66.6)
e) Others	9(37.5)
Education	
a) Involve in school management committee to improve education status	20(83.3)
b) Involvement of schoolteacher as a GPDP member	15(62.5)
c) Construction / repairing of school building	21(87.5)
d) Others	12 (100)

Table 5.50: Distribution of opinions of stakeholders School HM/Teacher/SMC on training needs for education.

Responses (n=24)	n (%)
Experience	
Problems Faced during COVID-19 19 to carry out regular course	
Complete lockdown and no classes arranged	4(33.3)
Conducting online classes was a challenge since the students did not have a device and no network	3(25.0)
Problem with online teaching due to lack of smartphones and net	2(16.6)
Perception	
Additional Training required	
a) Computer training	11(45.8)
b) First Aid Box and essential for it	4(16.6)
c) Field Testing for water quality	12(50.0)
d) New/ modern methods of teaching	6(25.0)
e) Training on developing course material for online teaching	6(25.0)
f) Leadership training	5(20.0)
g) To sensitize parents on the Importance of school education	4(16.6)

Responses (n=24)	n (%)
Problems Faced during COVID-19 19 to carry out the regular course	
a) Complete lockdown and no classes arranged	8(66.6)
b) Conducting online classes was a challenge since the students did not have a device and no network	4(25.0)
c) Problem with online teaching due to lack of smartphones and net	7(58.3)

Table 5.51: Respondent's Knowledge of Education and its practices at Gram Panchayat level

Response (n=12)	n(%)
Attend school committee meeting	8(66.6)
Attend parent teachers meeting	2(16.3)
Organizing campaign to restrict school dropout	10(83.3)
Support school management committee on infrastructure development	12(100)

Table 5.52: Responses of Block Panchayat Pramukh/BDOs on Education Programme Implementation, Monitoring and O&M at GP level.

Response (n=12)	n(%)
Involve in school management committee to improve the education status	12(100)
Involvement of schoolteacher as a GPDP member	12(100)
Construction/repairing of the school building	12(100)

Table 5.53: Respondents' knowledge of Zila/District Panchayat Pramukh on knowledge of education service delivery

Responses (n=6)	n(%)
Attend a school committee meeting	4(66.6)
Attend parent-teachers' meeting	4(66.6)
Organizing campaign to restrict school dropout	5(83.3)
Support school management committee on infrastructure development	6(100)

Table 5.54: Responses of Zila Panchayat Pramukh on Programme Implementation of Educational programme

Responses (n=6)	n(%)
Involve in school management committee to improve the education status	6(100)
Involvement of schoolteacher as a GPDP member	6(100)
Construction / repairing of school building	6(100)

Table 5.55: Distribution of respondents Gram Panchayat Secretary/Gram Panchayat Sarpanch Knowledge on gender component among the PRIs at GP level.

Responses (n=24)	n (%)
Gender	
a) Sensitive on gender representation	15(62.5)
b) Work on the access of girl child education	16(66.7)
c) Equality of employment (Labour participation and wages)	15(62.5)
d) Medical care for women	14(58.3)
e) Political freedom of women	12(50.0)
f) Violence against women	7(29.2)

Table 5.56: Respondent's Knowledge and Awareness of Gender issues and its practices at Gram Panchayat level.

Response (n=12)	n(%)
Sensitive on gender representation	12(100)
Work on the access of girl child education	6(50.0)
Equality of employment (labour participation and wages)	12(100)
Medical care for women	12(100)
The political freedom of women	10(83.3)
Violence against women	12(100)

Table 5.57: Responses of Zila Panchayat Pramukh on knowledge of Gender

Responses (n=6)	n(%)
Promote gender issues across all the development programmes	6(100)
Work on the access of girl child education	5(83.3)
Equality of employment (Labor participation and wages)	6(100)
Medical care for women	6(100)
The political freedom of women	6(100)
Violence against women	6(100)

Table 5.58: Responses of Zila Panchayat Pramukh on Gender inclusivity in District Development Plan.

Responses (n=6)	n(%)
Issues related to women are being discussed & incorporated in the plan	6(100)
Issues related to children being discussed & incorporated in the plan	6(100)
Status of women PRI members engagement in developing plan	

Responses (n=6)	n(%)
Actively involved	5(83.3)
Partly involved	1(16.6)
PRI members including Women are well equipped with IT/ Communication Technology	
Yes	4(66.6)
Partly	2(33.3)

Table 5.59: Distribution of respondent's knowledge of Gram Panchayat Sarpanch/Gram Panchayat Secretary on Disaster Risk Reduction and Climate change.

Responses (n=24)	n (%)
Disaster risk Reduction	
a) Review of local level risk and vulnerabilities	10(41.6)
b) Sharing disaster risk-related information with the community	12(50.0)
c) Mainstreaming DRR in GPDP	9(37.5)
d) Organism risk awareness programme for community and school children	13(54.2)
e) Ensuring water conservation by conducting awareness, green plantation, and water harvesting	13(54.2)
f) Repair and renovation of existing traditional water resources through MGNREGA	16(66.7)
g) Others	4 (33.3)
DRR and Climate change	
a) Ensuring water conservation by conducting awareness, green plantation, and Water harvesting	18(75.0)
b) Repair and renovation of existing traditional water resources through MGNAREGA and others	19(79.2)
c) Afforestation /Reforestation	22(91.6)
d) Controlling pollution	7(29.2)

Table 5.60: Distribution of perception of respondent (GP Sarpanch/Secretary) on Climate Change training required in future.

Responses (n=24)	n (%)
Technical knowledge required for managing Climate Change	
a) How to mitigate agricultural issues regarding Climate Change, Global warming issue minimization due to Climate Change	2(8.3)
b) Awareness generation	9(37.5)
c) Flood related climate change and its management	2(8.3)

Table 5.61: Distribution of perception of respondent (GP Sarpanch/ Secretary) on Trainings required for the future for DRR.

Responses (n=24)	n (%)
Awareness about the disaster like flood, cyclone, drought, etc.	
Yes	11(45.8)
No	2 (16.7)
GPDP plan covers the disaster related risk	
Yes	13(54.2)
No	4 (33.3)
Women PRI members are well equipped with IT and communication technology	
Yes	7(29.2)
Partly	8(33.3)
Partly	3(25.0)
Technical knowledge required for managing DRR	
a) Forest department should be included in the training, since there are a lot of elephants, there should be training on how to be safe from them	2(8.3)
b) A programme should be held in accordance with the public to mitigate the disaster	13(54.2)
c) Awareness creation related to all programme	2(8.3)
d) Need all kinds of training programmes	3(12.5)
e) Water management	2(8.3)

Table 5.62: Respondents' Knowledge and Awareness on DRR and Climate Change and its practices

Response (n=12)	n(%)
Disaster risk Reduction	
Review of local level risk and vulnerabilities	4(33.4)
Sharing disaster risk-related information with the community	8(66.6)
Mainstreaming DRR in GPDP	8(66.6)
Organizing risk awareness programme for community and school children	12(100)
Ensuring water conservation by conducting awareness, green plantation and water harvesting	12(100)
Repair and renovation of existing traditional water resource through MGNREGA	12(100)
Climate Change	
Awareness programme on climate change and its impact on livelihood and health	10(83.3)
Special provision on annual plan/budget to minimize the impact of climate change on community	4(33.4)
Afforestation and reforestation	12(100)
Controlling Pollution	2(16.3)

Table 5.63: Responses of BPP/BDOs on DRR and Climate Change Programme Implementation, Monitoring and O&M at GP level.

Response (n=12)	n(%)
Ensuring water conservation by conducting awareness, green plantation, and Water harvesting	12(100)
Repair and renovation of existing traditional water resources through MGNAREGA and others	12(100)
Afforestation /Reforestation	10(83.3)
Controlling pollution	2(16.3)

Table 5.64: Response of Doctors on arrangements at health facility related to disaster in the locality.

Response (n=6)	n(%)
Arrangements at health facility	
a) Supplements like ORS, Zinc tablets, Antibiotics, bleaching powder along with referral system, etc., are kept ready	4(66.6)
b) Unspecified Separate disaster plan of health department	2(33.4)
c) Free transportation, free food, and treatment during COVID-19	5(83.7)
Support received from PRIs during disaster in general and COVID-19 pandemic time	
a) For making home isolation and reporting	5(83.7)
b) Community mobilization for Immunization and other services	6(100)
c) Need assessment	3(50.0)

Table 5.65: Responses of Zila Panchayat Pramukh on knowledge of Climate Change.

Responses (n=6)	n(%)
Awareness on Climate Change	
Awareness programme on climate change and its impact on livelihood and health	6(100)
Special provision on annual plan to minimize the impact of climate change on community	2(33.3)
Afforestation and reforestation	6(100)
Controlling Pollution	1(16.3)
District Development Plan Covering Climate Change	3(50.0)

Table 5.66: Responses of Zila Panchayat Pramukh on Preparation of DDP and Committee formations at Zila Panchayat Level.

Responses (n=6)	n(%)
Zila Panchayat prepare District Development Plan	6(100)
Members involved in developing DDP were CEO, Zila Panchayat Officer, Members, Line Departments Officials	6(100)

Responses (n=6)	n(%)
Committee formations at Zila Panchayat Level	6(100)
District level advisory cum Monitoring Committee (DLAMC), District Planning Committee (DPC), collaborating all the development departments and DC is the convenor for development activities	6(100)
GP committee, Agri Development Committees, Standing Committee	2(33.3)

Table 5.67: Responses on training received on 15th Finance Commission and other issues.

Responses (n=6)	n(%)
Received training on 15th Finance Commission and its provisions	6(100)
PRI members received training in last two years	
Yes	6(100)
Organization provides training to PRI members	
SIRD	6(100)
Department of Panchayati Raj	4(66.6)
Department of Health	6(100)
Location wise training received by PRI members	
Local level	1(16.4)
Block Level	6(100)
District level	6(100)
State level	1(16.4)
Training modules are sensitive to women/person with disability /socially and economically disadvantage group of people	
Yes	6(100)
Subject on PRI members trained	
Preparation of GPDP	6(100)
Implementation of WASH services	6(100)
Health	4(66.6)
Nutrition	33.3
Additional training required by PRIs	
Water supply, quality of drinking water, water securities	6(100)
Solid liquid waste management at local level	6(100)
Health hygiene and personal care in general and specific in COVID-19 condition	6(100)
Leadership development	3(50.0)
Disaster risk reduction and management	4(66.6)
Management of local resources and revenue generation	6(100)
Technical knowledge required by PRI members for managing DRR	
Flood Preparedness	1(16.4)
Awareness on disaster related training	5(83.3)
Basic awareness to motivate the people to avoid loss due to disaster	5(83.3)

Table 5.68: Responses of Zila Panchayat Pramukh on the Challenges faced in the implementation of programmes.

Responses (n=6)	n(%)
No District Planning conducted till now and other departments involvement is minimum	4(66.6)
No involvement by MLA, DC	5(83.3)
Technical Support required to address technology for timely services	
Internet connectivity for organized virtual meetings	6(100)
Online capacity building training workshop	6(100)
Knowledge and use of digital tools and technology to improve efficiency of service delivery	4(66.6)

Table 5.69: Responses of Zila Panchayat Pramukh on training received and training required for better performance by the Zila Panchayat.

Responses (n=6)	n(%)
Organization providing training to PRI members	
SIRD	4 (66.6)
WSSO	6 (100)
Department of Panchayati Raj	4 (66.6)
Department of Health and family welfare	6 (100)
Received training in the last 2 years	6 (100)
Training location	
District level	6 (100)
State level	6 (100)
Subjects covered in the trainings	
Preparation of District Development Plan	6 (100)
Implementation of WASH services	4 (66.6)
Health	6 (100)
Nutrition	3 (50.0)
Education	4 (66.6)
Quality of the training received	
Good	6 (100)
Additional training required	
Water supply, quality drinking water, water securities	6 (100)
Solid liquid waste management at local level	6 (100)
Health hygiene and personal care in general and specific in COVID-19 condition	6 (100)
Leadership development	3 (50.0)
Disaster risk reduction and management	4 (66.6)
Management of local resources and revenue generation	6 (100)

Responses (n=6)	n(%)
PRI women members received training in last two years	6 (100)
Sensitivity of Training modules on Women/ Persons with Disability/ Socially and Economically Disadvantaged group of people	6 (100)
Technical knowledge required for managing Disaster Risk Reduction	
Flood Preparedness	1 (16.4)
Awareness on disaster related training	5 (83.3)
Basic awareness to motivate the people to avoid loss due to disaster	5 (83.3)
Gram panchayat should plan to manage the disaster	3 (50.0)
Training received on IT and Communication	4 (66.6)

Table 5.70: Responses of Zila Panchayat Pramukh on COVID-19 and its management

Responses (n=6)	n(%)
Preventive measures taken by district on COVID-19 Pandemic	
Sanitization, Mask Distribution, Camps are organized	6(100)
Working closely with the Health Department and organize different COVID-19 related activities.	4(66.6)
Food distribution, mask and sanitizer distribution, awareness creation, referral work, etc.	2(33.3)
Awareness regarding sanitization and vaccination	6(100)
Trainings organized for PRI members on management of COVID-19	
Health Department organize awareness and management of COVID-19 and its protocol for PRIs	6(100)
Online provide documents to PRIs on COVID-19 subject	4(66.6)

Annexure 2: Contact list of different officials above block level

Contact persons & respondents details: NIRD

S.N.	State	Contact Person	Designation	Details of Contact Persons & Respondents	Department Name
1	Telangana	Mr. Mohammad Taqiruddin	Sr. Consultant, Centre for Panchayati Raj	Contact Persons & Respondents	National Institute of Rural Development & Panchayati Raj, Hyderabad, Telangana
		Dr. Jyothis Salhyapalan	Professor CWEL-Expert TNA		
		Dr. Ramesh	Associate Professor WASH		
		Dr. C. Kathirasen	Associate Professor Centre for PRI Planning & Social Service		
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