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### Maharashtra Experience

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#### **Background**

three-tier system.

Maharashtra is the second largest state in India in terms of population with 11.24 crore as per 2011 census. Rural population is 6.15 crore (54.7%).
There are around 28,000 Gram Panchayats in the state. Average per GP

population of the state works out to be around 2,204. Maharashtra is one of the first states in the country to adopt the Balwantrai

**Panchayat** Mehta Committee's recommendations in 1957, which required the formation of a

PRI
District

# No.

34

**Total** 

ERs.

1987

No.

13

**PESA** 

ERs.

301

**Block** 351 **Panchayat** Gram **Panchayat** 

3970

59

656

27868

243971

2930 20822

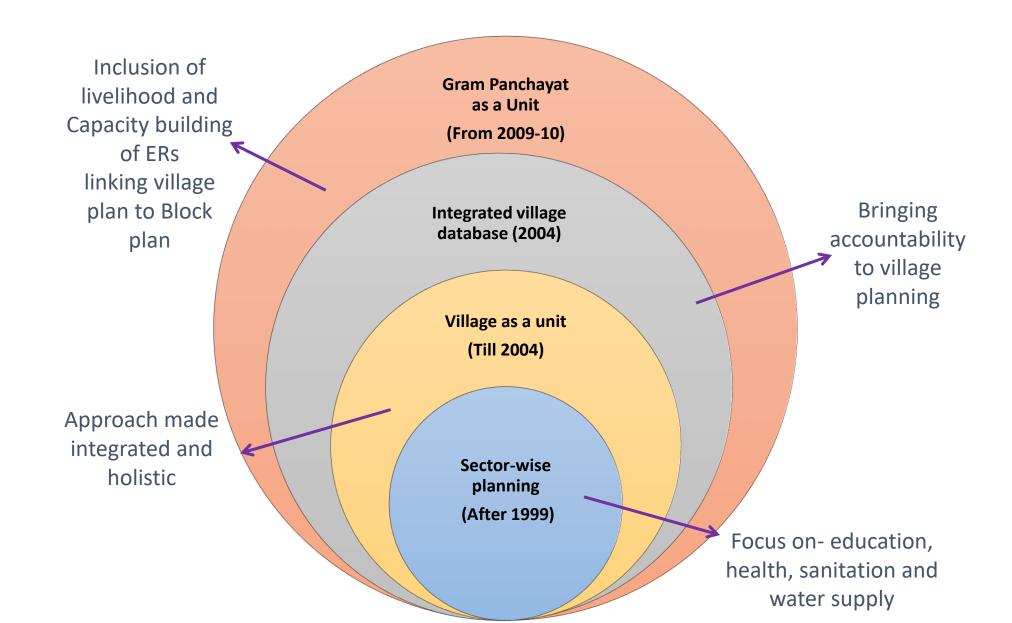
# Evolution and Journey Decentralized Planning



#### Journey of decentralised planning

- ☐ Journey of micro-planning in GPs is results of decades experiments done in the state.
- ☐ There have been several initiatives for local planning at the GP level since 1999-2000 when micro-planning was initiated in the state through a partnership with UNICEF.
- ☐ The first project was known as Community Convergent Action (CCA) in 2004, a more comprehensive model popularly known as "Integrated Micro Planning" encompassing health, nutrition, education, water, and sanitation.
- ☐ It is a matter of pride that GoI and Planning Commission of India adopted a Maharashtra micro-planning model of five-day and piloted in 17 districts of 14 states of the country around 2010-11. YASHADA contributed in developing IDPM.
- ☐ GPDP called *Amcha Gaav, Amcha vikas* announced in 2015 seemed cake-walk for the state owing to it's long experiments.

#### **Thematic Evolution**



#### **Institutional Evolution**

#### (2004)

Partnership between
Yashada and Unicef. Same
model tried in different
talukas of other districts
of Maharashtra with
support from LSGs and
Individual GoM
departments

#### (2009-10)

UNICEF supported-Pilot of Gram Panchayat based planning in 500 GPs in three districts Latur, Chandrapur & Nandurbar

# (2013-15) Integrated district planning exercise in 2 districts under RGPSA 'Onsite support to Gram Sabha' by MoPR

### (2015-16) GoM issued guidelines "Amcha Gaon Amcha Vikas" for GPDP throughout the State

#### (2008)

Planning Commission, Gol, included the 5-day micro-planning program in their 'Integrated district planning manual' as a recommended model for village planning.

#### (2010-11)

YASHADA's pilot project in 6 blocks of maharashtra commissioned by the State Planning Dept and with support of the rural development dept (BRGF, Eco village)

#### (2014-15)

Child Friendly
Panchayat pilot
and child and
women centric
planning

#### (1999-2000)

planning took a sectoral approach.
Unicef with the support of local NGOs pioneered it

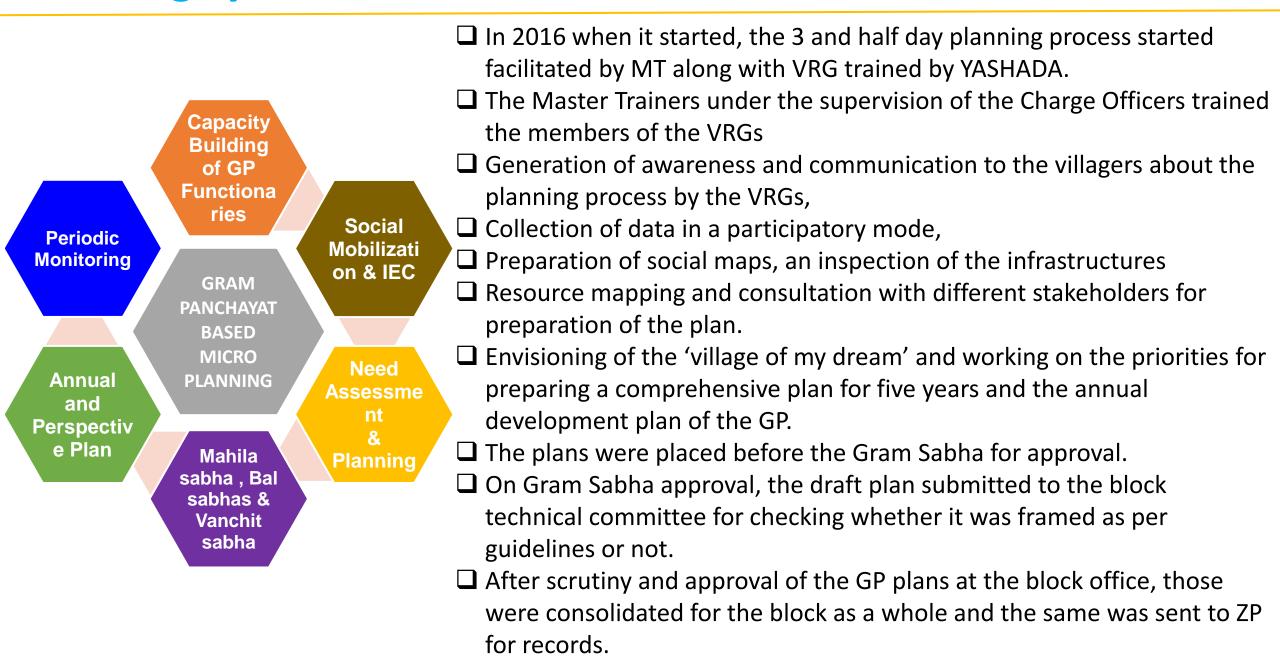
## Process followed in

Gram Panchayat
Development
Plans and
People's Plan
Campaign



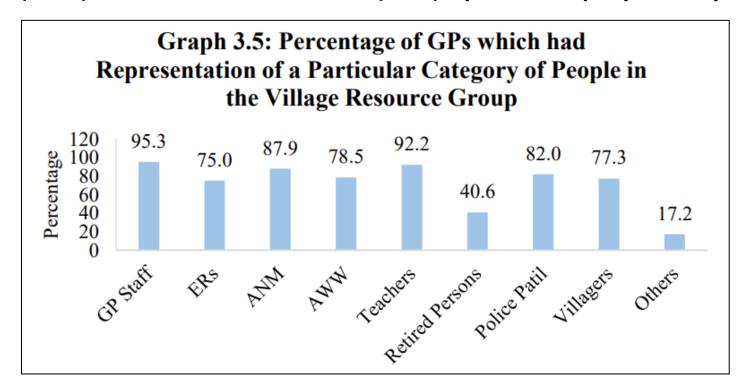
### **Preparation** ☐Plans prepared following certain processes as prescribed in the GR ☐ The objective is to prescribe the processes of planning and the developmental priorities for guiding sector-wise expenditure. ☐ The plan has to be evidence-based, participatory and inclusive. □Strong facilitation for which a Village Resource Group (VRG) is formed. ☐ The Master Trainers were identified and trained at the beginning ☐ Charge Officers appointed to supervise the process ☐Planning formats given to all GPs

#### Planning cycle



#### **Village Resource Group formation**

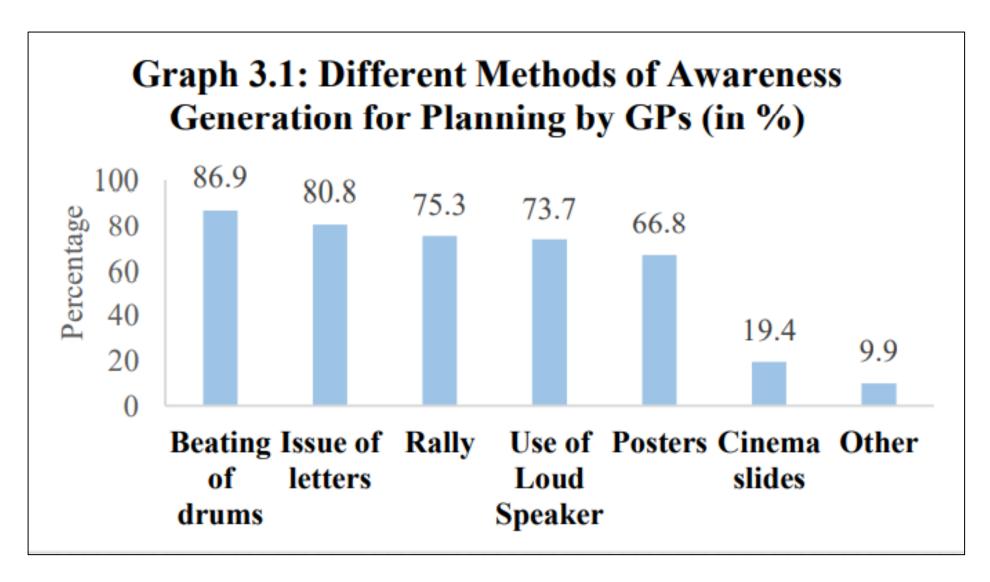
- ☐ Each village formed VRG to facilitate the participatory GP planning process.
- ☐ Members of VRG are GP elected representatives, GP functionaries, GP level workers of different departments, and representatives from SHGs, Farmers, Scheduled Castes (SCs), Scheduled Tribes (STs), youths, physically challenged etc



#### **Awareness generation**

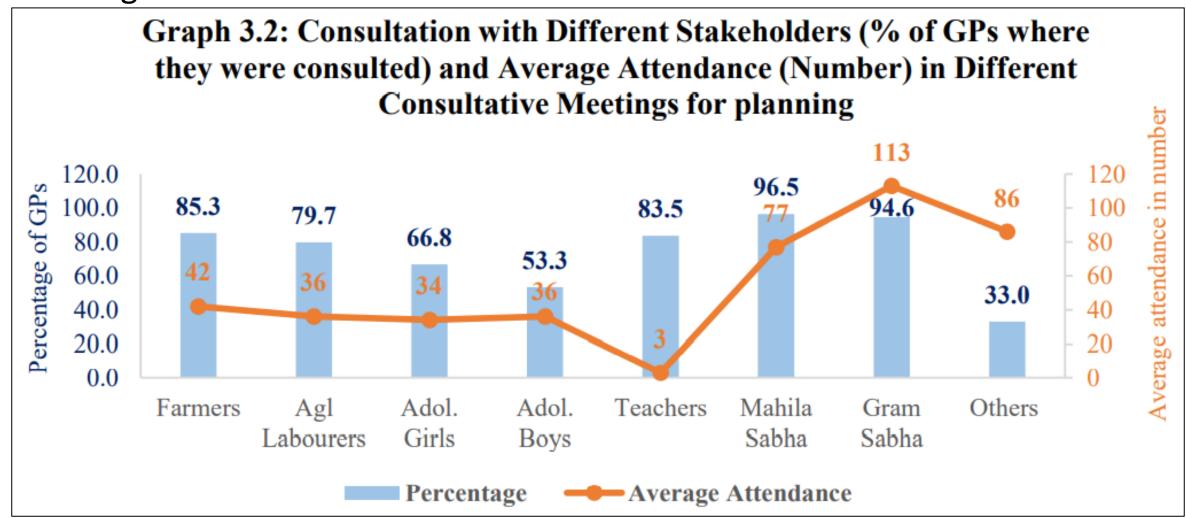
□Community awareness through different methods by GP and VRG on planning

process



#### **Consultations with stakeholders**

□ Consultation held with different stakeholders having different interests for assessing their needs.



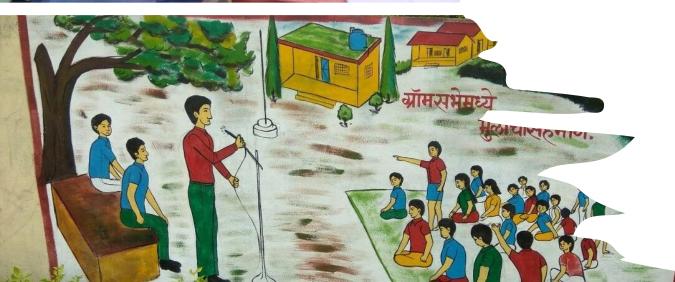
#### Inclusiveness in participation

- □ Inclusiveness is a critical requirement for decentralized planning.
- □ People who are remotely located or socially distanced from the mainstream, usually fail to participate.
- ☐ This was ensured by way of providing-
  - Mahila sabha (MH GP Act mandated it)
  - Bal Sabha (GR dated 19 Sep 2019)
  - Vanchit Sabha (GR dated 19 Sep 2019)

A day or two Mahila Discuss issues faced before GS to Sabha and solution by discuss women most vulnerable like specific issues and widow, socially solutions put backward, forward for GS differently abled etc approval Vanchit Gram Ward Sabha Sabha Sabha Ward member a day ahead of Gram Sabha to Sarpanch to facilitate children meeting to discuss discuss their issues problems in **Bal Sabha** and concerns and ward find solutions







Inclusivity

#### **Adopting PRA tools**

- VRG to collect secondary data
- Visit to govt institutions

Data Collection

### Social Mapping

- VRG facilitates preparing map of village and show issues and needs on it
- It also identifies vulnerable HHs and unsafe spaces for women and children

- VRG facilitate mapping resources in the village revenue boundary
- Problem identification and need assessment done on it

Resource mapping

#### Transect walk

 VRG with other community members roam around places based on maps prepared and corrects it, identifies quality of infrastructure/resources

### Plan approval

- □Discuss in GS last plan, funds received and spent, and expected funds for next 5 years, SHG micro-credit plans and situational analysis based on various secondary data such as MA, SECC, Census etc
- ☐ Put forward agendas/discussion points approved in bal sabha, mahila sabha and vanchit sabhas
- □Allocate mandatory funds to sectors as given in the guidelines
- □Considering all factors as above, prioritize is done in the GS
- ☐ In case of Aspirational Districts, consider key performance indicators
- ☐ Approval of plan in GS

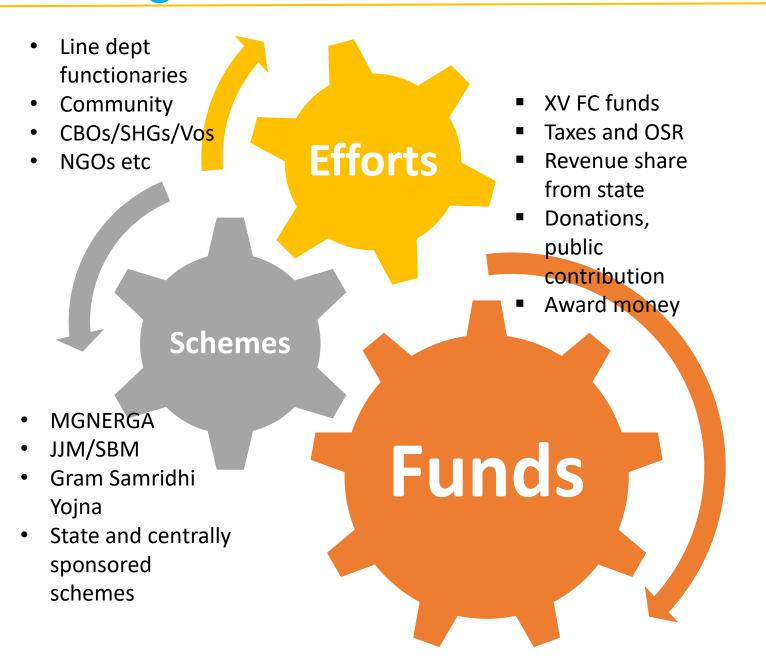
#### **Implementation of GPDP**

- ☐ Technical committee approval to approved draft plan
- ☐GP prepares estimates with the help of technical line dept persons
- ☐ Each estimate will need TS and AS post which GP can implement the activities given in the GPDP
- □Uploading plans in Plan plus .

# Convergence Amcha Gaav, Amcha Vikas



#### Convergence



- ☐ Convergence of funds, schemes and efforts are promoted
- ■No cost, Low cost activities encouraged under convergence, e.g. awareness activities, vaccination and other regular activities
- ☐PESA GPs to converge funds with XV FC for integrated development

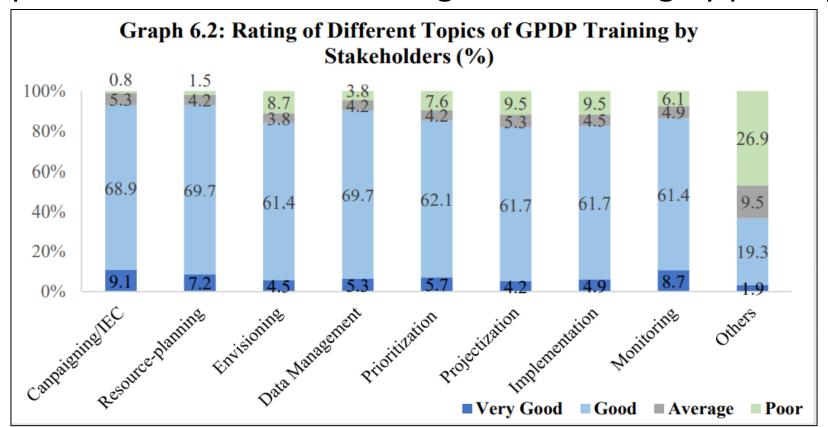


### Capacity building

Amcha Gaav, Amcha Vikas

#### Training of stakeholders and rating by participants

- ☐ The number of elected representatives and the members of VRG trained was 3.52 lakhs and the number of village functionaries was 2.25 lakhs.
- ☐ Training of such a large number of persons was organized by SIRD, ETCs, PRTCs, and ZPs in a cascading mode.
- ☐ The major topics covered in GPDP training and the rating by participants.



#### **Training model**

Cascading mode



MTs – 4 per District & 2 Dy. CEOs (VP & MBK)

District & Block level training programmes

District and block level ERs and functionaries-1 day. Also all Sarpanch and GS- 2 days

Cluster level

Cluster level training programmes

Two Officers per Cluster

– Extension

Officer & ICDS Supervisor

All GP members, VRG, SHG officer bearers, village level functionaries

Each GP is given handholding support through Cluster MTs

### Monitoring

Amcha Gaav, Amcha Vikas





#### **Monitoring mechanism**

- □ Extension officer is appointed as nodal/liasoning officer for monitoring Cluster (PS member constituency)
- □ICDS supervisor to ensure participation of women and adolescent girls
- ☐ Fortnightly review of Gram sevak's by BDO- implementation of GP plans
- □Quarterly review of Sarpanch and Gram Sevak together by BDO
- ☐ Monthly review by CEO/Dy CEO-VP
- ☐ Regular and frequent visits and review by state level officers, Director-RGSA and Director-SIRD

# BPDP and DPDP preparation



### **BPDP** and **GPDP** preparation □XV FC fund allocation to GP, PS and ZP in 80:10:10 ratio ☐ Focus on SDG localisation ☐ Planning to be done by PSPC and DSPC in Panchayat Samiti and Zilla Parishad ☐ Planning using existing data sets such as MA, SECC and Deptt surveys ☐ Situational analysis, need assessment and development gaps to be identified ☐ Based on the fund availability and need, prioritisation to be done by Committees set up for the purpose ☐ Focus on convergence at block and district level

☐ Plans approved by PS and ZP GBs respectively

# Challenges & Suggestions



#### **Challenges & Suggestions**

☐ Necessity to improve line department's involvement ☐ State & District friendly dashboards on eGramSwaraj Portal for effective monitoring ☐ Effective Convergence ☐ Participation of various stakeholders in Gramsabha ☐ Handholding support to GPs to work on various software & latest technologies in planning

# Thank you!