

# CHARTER FOR SUSTAINABLE DEVELOPMENT GOALS

DEPARTMENT OF PANCHAYAT & RURAL  
DEVELOPMENT, GOVERNMENT OF  
ASSAM



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FOR  
SUSTAINABLE DEVELOPMENT GOAL**

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GOVERNMENT OF ASSAM**

## **PREFACE**

### **CHARTER FOR SUSTAINABLE DEVELOPMENT GOAL OF DEPARTMENT OF PANCHAYAT & RURAL DEVELOPMENT, GOVERNMENT OF ASSAM.**

Department of Panchayat & Rural Development will re-orient its planning and implementation strategy to achieve sustainable development goals. Special focus will be given to achieve the goals relating to end poverty in all forms, everywhere and end hunger, achieve food security, improve nutrition and promote sustainable agriculture. The Department through its Panchayati Raj system and in association with different departments and other stakeholders will also develop strategies to achieve other sustainable goals. Among all the three tiers of panchayats, Gaon Panchayat plays an important role in socio economic development of rural masses. A revolutionary change can be brought in participatory sustainable development through holding of meaningful Gram Sabhas by the Gaon Panchayats. This charter has been prepared highlighting the visions as to what the panchayats in coordination with different departments and other stakeholders will do for economic development and social justice of the rural masses. Corresponding sustainable development goals have been referred to against each of the visions for socio economic development of rural masses through Gaon Panchayats. Special focus has been given to make a paradigm shift in the strategy for planning on poverty alleviation and other socio economic development of rural masses.

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## Poverty and Destitute Free GPs.

### SDG – I End Poverty in all forms everywhere

**Approach and strategy for the analytical approach to be adopted by the Gram Panchayats in collaboration with different departments, organizations to make GPs poverty and destitute free.**

Different programmes will be implemented to eradicate poverty by Gaon Panchayat in coordination with different departments and agencies. To eradicate poverty in all its dimension programmes only will not help. Different socio economic characteristics of poverty will have to be analysed and a holistic approach will have to be adopted to eradicate poverty in all its dimensions. Poor people are not only poor, they are physically weak, isolated, vulnerable and powerless. These characteristics of poverty interplay among themselves to sustain poverty in rural areas. Implementation of poverty alleviation programmes will not address all these issues. An analytical approach followed by various socio economic interventions will have to be taken to make rural areas free from poverty.

Identification of poor as per characteristics of poverty:

#### **Characteristics of Poor Household.**

- It has few assets.
- Its hut or house is small and is made of wood, bamboo, mud, reed or hides. It has little furniture; mats or hides for sleeping, perhaps a bed; cooking pots and a few tools.
- There is no toilet or even if there is a toilet then it is not hygiene.
- They have no land or have land which either do not assure or barely assures subsistence or which is rented or sharecropped.
- It has no livestock or has only a small number of stocks such as hens, ducks, goats, cattle or buffalo.

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- They borrow from neighbours, traders and are usually in short term or long term debt.
  - They have few clothes and use to wear them till they are very old.
  - Family labour has low productivity such as, if it is farm, its land is marginal or small and if it is not farm, it has little or no control over means of production.
  - Its main productive asset is the labour of its members.
  - The household's stocks and flows of food and cash are low, unreliable, seasonal and inadequate.
  - The household is depended mainly upon one member or patron for which they use to face difficulties for their survival.
  - Food or cash obtained are used up for their immediate needs.
  - All family members are engaged in work except the very young, the very old, the disabled and those who are seriously sick.
  - Women work for long hours both at domestic tasks or chores and outside the home.
  - The returns to the family's labour are low and in slack season they are very low.

#### **Characteristics of Physically Weak Household.**

- The household has high ratio of dependents to able-bodied adults. The dependents are mainly young children, old people, the sick or handicapped.
- The ratio of dependents to able-bodied persons is high for several reasons such as: the head of the household is a woman with responsibilities for child care and other domestic chores including collecting firewood, marketing and earning livelihood for the family; or because of the stage of the domestic cycle where there are small children demanding time, food and care but not contributing economically; or because adults have been permanently disabled by accident or illness; or because of early deaths of adults; or because active adults have dispersed or migrated to escape poverty or debts or to survive.

#### **Characteristics of Isolated Household.**

- It is isolated from the outside world.

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- It is located in a remote area either away from town and communications or from the centres of trading, discussion and information within the village.
  - The people are often illiterate and do not possess a radio. They are often not well-informed about events beyond the neighbourhood.
  - The children do not go to school or even if they go they drop out early.
  - The members either do not attend the public meetings or attend but do not speak.
  - They do not receive advice from the extension workers in agriculture or health.
  - They used to travel only to seek work or to beg from relatives.
  - They are tied to their neighbourhood by obligations to patrons, by debts, by immediate needs that must be satisfied.

#### **Characteristics of Vulnerable Household.**

- The household has few buffers against contingencies.
- The members meet their small needs by reducing consumption, by barter system, by taking loans from their friends, relatives and traders or by drawing on slender reserves of cash.
- The household members have to meet the disasters and social demands such as famine, crop failure, accident, sickness, funeral, bride price, wedding expenses etc. by becoming poorer in the sense that they use to meet all this expenses by selling or mortgaging their assets such as land, livestock, jewellery etc.
- During wet seasons the households are more vulnerable as food shortages, sickness and agricultural work coincides and their vulnerability becomes more acute when rains and agricultural seasons fail.
- The members of the household are prone to sickness and death.

#### **Characteristics of Powerless Household.**

- The household is an easy victim of predation by the powerful as the members are ignorant of law and without legal advice they use to compete for employment and services with others.

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- It has inherited or descended to low social status.
  - Its position is weak in negotiating terms for use of its labour or sale of its produce or assets.
  - It is easily exploited by moneylenders, merchants, landlords, petty officials and police.
  - The household avoids political activity as the members are aware of the power of the rich rural and urban people, but this might endanger future employment, tenancy, loans, favours or protection.

### **The Deprivation Trap.**

- **Poverty :- It contributes –**
  - **To Physical Weakness:** Poverty contributes to physical weakness through lack of food, malnutrition leading to low immune response to infection and inability to pay for health services.
  - **To Isolation :** Poverty contributes to isolation through the inability to pay the cost of schooling, inability to buy a radio or bicycle, inability to afford travel to look for work or the inability to live near the village centre.
  - **To Vulnerability:** Poverty contributes to vulnerability through lack of assets to pay large expenses or to meet contingencies.
  - **To Powerlessness:** Poverty contributes to powerlessness through lack of wealth which leads to low social status and low power to demand or no voice.
- **Physical Weakness:- It contributes –**
  - **To Poverty:** The physical weakness of a household contributes to poverty through low productivity of weak labour, inability to cultivate larger areas or to work longer hours, lower wages paid to women and weak labourers and withdrawal or weakening of labour through sickness.
  - **To Isolation:** The physical weakness of a household sustains isolation through lack of time or energy to attend meetings or to seek information especially for women as children make travel difficult.

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- **To Vulnerability:** The physical weakness of a household contributes to vulnerability by limiting the ability to overcome crisis through hard work, new activities or negotiations for help.
  - **To Powerlessness:** The physical weakness of a household contributes to powerlessness through the lack of time or energy to protest, to take part in political activities and the ability to bargain.
  - **Isolation:- It contributes –**
    - **To Poverty:** Isolation of household i.e. lack of education, remoteness, being out of contact sustains poverty as services do not reach those who are remote, illiterates cannot read information of economic value and find difficulties in obtaining loans.
    - **To Physical Weakness:** Isolation of household contributes to physical weakness as the remote households have a high level of migration of the able-bodied to towns or to other rural areas.
    - **To Vulnerability:** Isolation of household contributes to vulnerability as the remote marginal areas are more liable to crop failures and are less well provided with services to handle contingencies like famine or sickness. Further, illiterates find it harder to register or acquire land and are more easily cheated.
    - **To Powerlessness:** Isolation of household contributes to powerlessness as it leads to lack of contact with political leaders or with legal advice and being unaware of what powerful are doing.

**Vulnerability: It contributes –**

- **To Poverty:** Vulnerability of household contributes to poverty through the sale or mortgage of productive assets.
- **To Physical Weakness:** Vulnerability of household contributes to physical weakness because to handle contingencies, the time and energy has to be substituted for money which is not much possible.

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- **To Isolation:** Vulnerability of household contributes to isolation through withdrawal whether spatial i.e. to a more distant marginal area or social i.e. to a fewer reciprocal relationships following shocks and contingencies.
  - **To Powerlessness:** Vulnerability of household contributes to powerlessness through the dependence on patrons to which it gives rise.

**Besides the above analytical study, following aspects will have to be studied to make GPs poverty and destitute free.**

- Poor people's perception of poverty
- Time Line for eradicating village poverty upto 2030.
- Causes of rural indebtedness and strategy to remove it.
- Status of Common Property Resources and their utilisation for poverty eradication.
- Utilisation of Land and water resources for development of sustainable agriculture.
- o Access to credit and inputs
- o Marketing Facilities for agricultural produce and other rural products.
- o Prices for crops produced, wage rate etc
- o Extent of landlessness.
- o Social aspects of poverty.
- o Poverty Alleviation Programmes implement in the Gram Panchayats.
- o Impact and effectiveness of poverty alleviation programmes
- o Targeting of poverty alleviation programmes
- o Innovation in implementation of PAP.
- o Income profile of a poor person

### **Social Security**

- National Social Assistance Programme (NSAP)
- o National Old Age Pension Scheme (NOAPS)
- o National Family Benefit Scheme (NFBS)
- o National Maternity Benefit Scheme (NMBS)

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- o Assessment of the above Scheme
  - o Discrepancies in implementation of the above Scheme
  - o Caste wise coverage of families under above schemes
    - Impact of Public Distribution System
    - Gender perspective in poverty
    - Is there any specific poverty alleviation programme for women?
    - Have women really got the benefit of that?
  - **Identification of socially excluded communities, areas etc. for social inclusion to make GPs free from poverty:**

It has been observed that social exclusion has been continuing among poor and marginalised sections in the rural areas. A strategy will have to be developed for social inclusion of socially excluded rural masses.

**Following factors will have to be taken into consideration in social inclusion process.**

- **Geographical Exclusion** : Remote pockets with poor connectivity, difficult terrain, flood prone remote areas will have to be covered on priority basis in the inclusion process. Remote Hilly villages of Karbi-Anglong, NC Hills, flood prone areas of Dhemaji, Majuli having poor connectivity with main land are examples that can be cited where in social inclusion process will have to be initiated in priority basis.
- **Social Exclusion:** There are remote villages inhabited by tribal groups in different plain districts of Assam. Districts of Kokrajhar, Chirrang, Bongaigaon have large number of such villages inhabited by tribal groups. They suffer from physical segregation; do not have access to socio- economic services. Access to bank services is also very poor in these districts. Field professionals, Community Resource Persons will evolve participatory strategies to include those marginalized sections of the society.
- **Economic and Financial Exclusion:** Effort for social inclusion will be made on campaign mode to include at least one women member from poorest of the poor families into Self-help Groups. Households belonging to poorest and vulnerable sections, which

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are not yet covered under Self Help Group fold will be covered. Households which do not have access to labour market, credit and other capital assets will be given priority. Poor families which are still outside the network of banks as for example those who do not have bank accounts will be identified in the inclusion process. Assam still has some un-banked areas particularly in hill districts. This has come in the way for formation of Self Help Groups in those pockets.

- **Gender Exclusion** : It has been observed in certain districts of the State that women do not join groups because of social and familial proscription. This has been observed during studies and interactions in some Muslim dominated areas particularly in Char Areas. A special effort will have to be made to motivate these women to come out from social inhibition. Domestic responsibilities are still considered paramount .
- **Exclusion of Migrants:** Exclusion occurs due to migration also. Some families migrate to nearby areas for better livelihoods. Migration also occurs due to natural disaster. It has been observed that among women members of the household migration is though less, they find it difficult to involve themselves in group works. This type of exclusion will be taken into consideration during social mobilization and inclusion process particularly in migration prone rural areas of the State.
- **Strategy for Social Inclusion** : Effective targeting is a key way to ensure social exclusion of marginalized sections. Following approaches will be adopted during social mobilization to ensure inclusion of socially excluded sections :-
  - Spatial and Geographical targeting
  - Social group targeting
  - Economic or occupation targeting
  - Focus on marginalized women
  - Targeting areas using human development indicators.
  - Covering areas with poor infrastructure and poor connectivity.
  - Covering disaster prone remote areas.
  - Special initiatives in conflict prone interior pockets.

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- Special thrust on socially invisible groups.

**Participatory poverty assessment for social inclusion covering following aspects:** The field level professionals and community service providers particularly community resource persons will take into consideration following aspects in identification of poorest of the poor families in the villages.

- **Social group / well being assessment:** Marginalised, disadvantaged and women headed households will be identified as separate groups for social inclusion. This will help to indicate human poverty dimension of different social groups. This will also help in finding out shift of households within social groups meaning, thereby, changes in proportion of poor and non poor households over time.
- ❖ **Asset / resource assessment:** This assessment to be undertaken by the CRPs and social mobilisers will help to indicate the status of local resources and status of access of poor to assets / resources – natural, physical, human, financial, socio cultural etc.
- ❖ **Vulnerability and risk assessment :** This will help to provide the status of vulnerability of the poor groups both overtime and on seasonal basis. There is a need to understand the vulnerability context in which assets related to the poor groups exist. These are the trends, shocks, seasonality, disaster, cultural practices, custom, which affect poverty status in the villages. In Assam, such vulnerabilities are very much visible because of floods, erosion, landslide, and other such disaster.
- ❖ **Livelihoods assessment :**Under it, existing livelihoods of the poor families related opportunities and constraints will be taken into consideration. Earnings, wages, remuneration of the poor groups from different sources of livelihoods will also be assessed for appropriate intervention.
- ❖ **Problem opportunity assessment :**It will help bring out people’s problems and opportunities as perceived by them. Problems and opportunities revealed by the poor could be analysed under different sectors for up scaling to micro level, meso level, regional level, and macro level for future appropriate action.

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❖ **Gender assessment :**

- ❖ Type of work, workload and responsibility.
- ❖ Having knowledge / skills.
- ❖ Taking part in household decision – making.
- ❖ Having access and control over resources.
- ❖ Having power and status.
- ❖ Victim of alcoholism/domestic violence.

- ❖ **Social group assessment :** This will help us to learn about social group related human poverty dimension, well being / ill being, excess related issues, status of social capital etc. Both qualitative and numerical poverty status would emerge through social group assessment.

**Application of Participatory tools and techniques for identification of excluded families belonging to poorest of the poor category.**

Following participatory rural appraisal techniques will be applied in the villages to assess the already mentioned aspects of exclusion, poverty, etc. among different social groups.

- ✓ Resource mapping.
- ✓ Social mapping.
- ✓ Livelihood mapping.
- ✓ Well being / poverty / wealth mapping.
- ✓ Seasonal food calendar.
- ✓ Chapatti diagram.
- ✓ Geographical transact.
- ✓ Wealth grouping.
- ✓ Social grouping.

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## **Well-being/ Poverty/ Wealth Mapping :**

Well-being/ Poverty/ Wealth Mapping involves mapping of all households in a locality by the local people and identifying the different categories of households – rich, poor, poorest, etc. – on the basis of locally generated criteria. The method of Well-being/ Poverty/ Wealth mapping of village households and their ranking help in facilitating local communities to identify different socio-economic strata of households, rank them from the “top” to “bottom” for identifying different categories/ groups of households. In this process the local communities also explain the criteria of such ranking of different households. The normal process is to sit with village groups and enable the village groups to apply the mapping methods for identifying the different socio-economic groups and rank them accordingly. To start with, the villagers map the entire village. They plot the houses, then they identify the bottommost poverty groups, the “poorest of the poor” households, in the village by marking the households with different colours. They also describe the characteristics and the factors influencing the poorest of the poor households. After identifying the poorest of the poor group the villagers identify the next group of poor households, which has a higher rank than that of the former. They distinguish between different groups of households ranking them from the bottom and also explain their characteristics until all households in the village are identified.

### **Wealth Map of a Village:**

The Above mentioned diagram depicts a Wealth Map of a village drawn by its villagers. In order to draw the roads, the paddy fields, the trees they locally available colours and items.

In order to indicate their households, they use some symbols. Then they use different colours to divide their households into different economic categories. They use ‘red colours’ and put it in the households which are the poorest one. Then they use ‘blue colours’ to indicate

the households above the poorest one. They use 'green colour' and 'pink colour' to show the households with good economic conditions and rich households respectively.

So this diagram shows a true picture of the economic condition of the village. This Map will be helpful to implement different poverty alleviation programmes in the Village and will also be helpful to find out the resources of the village that can be used to improve the economic condition of the village.

**TABLE: Social Grouping Based on Participants' Criteria – The Larger Sub-National Picture:**

Social Groups (Col.1)	Type of Dwelling (Col.2)	Food security (Col.4)	Land Holding and other Resources (Col.4)	Main Livelihood Activities and coping Mechanisms (Col.5)	Health, Education and Social Status and Access (col.6)
(ia) Destitute Household with thatched hut Ultra-ultra poor					
(ib) Destitute women with no house Ultra-poor Women (especially widowed, deserted and elderly unmarried women)					
(ii) Wage labourer and poor producer – Ultra poor with little/no farm land					
(iii) Moderate Poor					
(iv) Middle class and lower Middle class					

(v) Well off

**Comparative picture of Poor / Non poor Groups:  
Based on Villagers' Perspectives:**

Village and District	No. of HHs	(1) Destitute (%)	(2) Wage labour (%)	(3) Moderate poor(%)	Poor (1+2+3) (%)	Non-Poor (%)	Total (%)
District No. 1							
Village 1							
Village 2							
Village 3							
Village 4							
Village 5							
District No.2							
Village 6							
Village 7							
Village 8							
Village 9							
Village 10							

**Analysis of the status of the social gaps.**

Social Group	Type of dwelling and land holding	Food Security	Education and Schooling	Health	Drinking Water	Skills	Responsive governance and social status	Dependents	Access to Micro-credit
Social Group 1									

Social Group 2									
Social Group 3									
Social Group 4									
Social Group 5									
Social Group n									

**Access to Asset – sample way of data Collection:**

Social Group / Asset	Natural Asset	Physical Asset	Human Asset	Social Asset	Financial Asset
Social Group 1					
Social Group 2					
Social Group 3					
Social Group 4					
Social Group 5					

**Livelihood Assessment:**

Main Category of Livelihoods	Livelihood-related Activities – Illustrations	Key Constraints	Key Opportunities
(i) Forest / micro environment related			
(ii) Community Forest related			

(iii) Agriculture related			
(iv) Livestock rearing			
(v) Non Agriculture and Construction related			
(vi) Craft/artisan – related			
(vii) Other activities			

**Table: Poverty Groups:**

<b>Socio Economic Group</b>	<b>Assets</b>	<b>No. of Households</b>	<b>Other Description</b>
Group 1 : Better off Households			
Group 2: Poor Households			
Group 3: Poorest Households			

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## Hunger free GPs

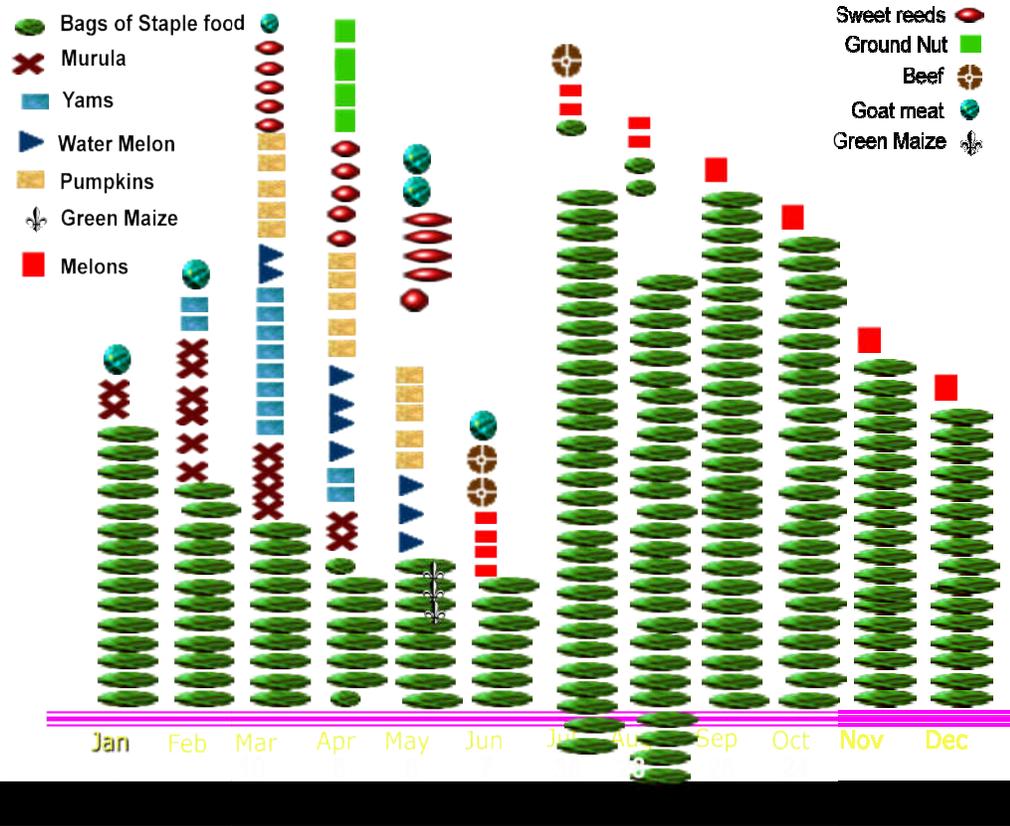
### **SDG – II – End hunger, achieve food security, improve nutrition and promote sustainable agriculture.**

The Gram Panchayats in an integrated manner with different departments will have to adopt a strategy to make the villages hunger free. The Gram Panchayats will coordinate with different departments for increasing food production and ensuring proper distribution.

The villagers can apply the mapping method for identifying different social -economic groups of households on the basis of the characteristic features and causes of poverty prevailing in those households. Food availability during a year is a significant factor for the villagers in grouping/ ranking of poor households. The size of landholdings and their productivity is another important consideration for the villagers for identifying higher groups but landholding alone was not enough, its productive capacity is equally important. The number of dependents is another consideration. The availability of food is the basic criterion. The local group can explain that the common property resources and their dependence on them. For many of them such resources form the basis of their livelihood, for others it supplement income, food and other requirements and also provided sustenance during difficult times. Environmental degradation reduces the quality of life for the poor.

**Study on food availability and food intake in the villages for making hunger free GPs.**

## FOOD CALENDER



The above participatory exercise will be undertaken on availability of food around the year in the Gram Panchayats. Availability of different food products either produced in the villages of the GP or brought from outside will be assessed and accordingly food plan for the GP will be prepared.

## SEASONAL FOOD DISCRIMINATION CALENDER

	Wheat		Rice		Pulses		Maize		Vegetable		Fruit		Lassi	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<b>Fagun</b>	••	••	☾☾	☾	●●	●●	■	■	●●	●●	▼			
<b>Chait</b>	•••	••	☾☾	☾	●●	●	■	■	●●	●	▼			
<b>Bohag</b>	•••	••	☾☾	☾	●●	●	■	■	●●	●	▼▼	▼	☺	☺
<b>Jeth</b>	•••	••	☾☾	☾	●●	●	■	■	●	●	▼▼	▼	☺	☺
<b>Ahar</b>	••	••	☾☾	☾	●●	●	■	■	●	●	▼▼	▼	☺	☺
<b>Sawan</b>	••	••	☾☾	☾	●●	●	■	■	●	●	▼		☺	☺
<b>Bhado</b>	••	••	☾☾	☾	●●	●	■	■	●	●	▼		☺	☺
<b>Ahin</b>	••	••	☾☾	☾	●●	●●	■	■	●	●	▼		☺	☺
<b>Kati</b>	••	••	☾☾	☾	●●	●●	■	■	●	●	▼		☺	☺
<b>Aghun</b>	••	••	☾☾	☾	●●	●●	■	■	●●	●●	▼			
<b>Puh</b>	••	••	☾☾	☾	●●	●●	■	■	●●	●●	▼			
<b>Magh</b>	••	••	☾☾	☾	●●	●●	■	■	●●	●●	▼			

### FOOD DISCRIMINATION SEASONAL FOOD CALENDER-MALE ADULT/FEMALE ADULT

MONT HS/	CHAIT RA		BAISAK		JYASTHA		ASHAR		SAWAN		BHADO		ASWIN		KARTIK		AGRAHYAN		POUSH		MAGH		PHALGUN		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
RICE	2	2	6	5	7	6	9	8	9	8	7	6	6	5	5	4	8	7	6	3	6	5	6	5	
CHAPPATI	5	4	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	3	2	3	2	
VEGETABLES	1	1	2	2	6	6	10	10	7	7	5	5	4	3	6	4	3	3	3	2	2	2	2	2	
PULSES	10	10	5	5	4	4	2	2	3	2	6	6	7	7	7	6	7	6	9	7	8	8	9	9	
FISH	1	1	5	2	3	2	2	3	5	2	3	3	8	3	8	2	5	2	4	2	1	2	2	2	
EGG	3	2	4	2	4	4	3	2	4	1	4	2	8	3	10	4	9	9	10	9	8	7	7	6	
MILK	11	10	5	5	4	4	3	3	3	2	3	3	4	3	2	2	2	2	2	2	2	2	2	8	8
MANGO					4	4																			
JACK FRUIT					9	6	8	5																	

The above exercises will be undertaken to help the GP and other concerned departments in preparation of necessary plans for food security.

### Study on nutritional level of children and women.

Sector	Indicators	Status	Issues/Problems/Gaps	Proposed Interventions	Prioritization of Issues (at GS)
Nutrition	Children underweight (moderate and severe)				
	Children stunted (moderate and severe)				
	Children wasted (moderate and severe)				
	Infants exclusively breastfed				
Nutrition	Children with anaemia				
	Anaemia among adolescents (15-19 yrs)				
	Anaemia in pregnant women				
	Households using iodized salt				

### Role of panchayats in agriculture extension to facilitate food production.

- Improving delivery of services.
- Mediate on behalf of the farmers for meeting their needs.
- Create plan and develop infrastructure to promote sustainable agriculture.

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- Despite variety of agriculture extension approaches, farmers do not have access to information. The reason is distance between the farmers and the authority. Panchayat can fill up the gap.
  - Place the demand of the farmers for different services by the panchayats to appropriate authorities.
  - Panchayat can mediate interface between the delivery system at local level and the farmers.
  - Panchayat can facilitate continuous participation of the farmers in the development process taken up by different departments and agencies.
  - Convergence of all the interventions directly and indirectly related to agriculture development can be ensured by panchayats.
  - Panchayat can help poor farmers in grievance redressal and also ensure equality and equity in the distribution of resources, facilities, assets among the farmers.
  - Panchayat can also prevent elite capture of resources and facilities earmarked for poor farmers.
  - Panchayat can play an important role in preserving, developing and utilising common property resources (land and water) for agriculture development.
  - Proximity of farmers to the panchayats and representatives of the panchayats helps in getting first hand information relating to various critical gaps including gaps in service delivery system at the cutting age. Panchayats can place these aspects before appropriate authorities.
  - Panchayats can coordinate, converge and pool resources available under MGNREGA and fund available under different government programmes for development of agriculture in the area.
  - The importance of Gram Sabha for direct interactions between the grass root level extension workers and farmers should be given due importance by the panchayats.
  - This is required for crop production to post harvest management including marketing.
  - All user associations / groups at village level should report to Gram Sabha and function under general supervision of Gram Panchayat.

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- Subject matter specialists of agriculture department should be associated with the Standing Committees of PRIs for providing professional support and better coordination.
  - Deliberation on demand based farm sector issues in the Gram Sabhas in presence of Extension Workers will make the Gram Sabhas vibrant.
  - There can be separate Gram Sabhas for farmers / other interest groups.

**The GPs under MGNREGA and in convergence with other ongoing programmes of line departments will undertake the following activities for development of agriculture and allied activities for food production.**

- Water conservation and water harvesting to help poor farmers in increasing agriculture production.
- Micro and minor irrigation for increasing production and productivity in agriculture and horticulture sector.
- Renovation of traditional water bodied to enhance fish production by poor fish harmers.
- Plantation tree plantation and horticulture for increasing fruit production and enhance the income of the rural horticulturist.
- Land development / waste land development for enhancing production and productivity among small and marginal farmers.
- Improving livelihoods among poor families through horticulture, sericulture, plantation and farm forestry.
- Creation of infrastructure for promotion of livestock among poor farmers.
- Creating infrastructure for production of bio fertilizers, storage facilities for agricultural use and also post harvest facilities to enhance the income of poor farmers.

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## Literate GP.

### **SDG – IV – ensure inclusive and equitable quality education and promote life long learning opportunities for all.**

The Gaon Panchayats in coordination with different departments of education will develop strategy to make the GP literate for both men and women. The approach will be as given below:

#### **Elementary Education:**

- Provide free and compulsory education to every child.
- Ensure the availability of neighborhood schools within the area according to RTE norms.
- Ensure that the children from weaker sections, disadvantaged groups are not discriminated in schools.
- Maintain records of children up to 14 years within their jurisdiction.
- Ensure and monitor admission, attendance, and completion of elementary education by all children.
- Coordinate with SSA for providing infrastructure in schools.
- Ensure good quality elementary education conforming RTE norms.
- Provide support for admission of children from migrant families.
- Monitor functioning of schools within their jurisdiction.

#### **Secondary Education.**

- Ensure quality secondary education.
- Ensure that every child completes class 10 with quality.
- Gaon Panchayat president is a member of the SMC and School Development Committee.

- 
- A member of AP expected to be a member of the Academic Sub-Committee of the School Management & Development Committee.

### **Education.**

- The GPs will organise meetings in the schools as well as in the villages to assess the performance of the schools and other related matters including class and sex wise enrolment. Reasons for non enrolment will also be identified.
- **The Gram Panchayats along with Gram Sabhas will also look into the following aspects having a direct bearing on making the GP a literate one.**
- Teacher related factors
- Economy of the household
- Perception and attitude towards education
- Social Attitude
- Child labour
- Cost of Schooling
- Distance of School from the house.
- Health factors
- Reasons for drop out.
- Extent of drop out (caste/class/sex wise)
- Teacher related factors
- Attendance
- Discrimination
- Teaching Methods
- School Infrastructure
- School Building
- Drinking Water Facility
- Teacher – pupil ratio.
- Problems of girl child relating to education.
- Looking after younger siblings.

- Assist in household source.
- Child marriage.
- Religious factors.
- Insecurity factors.

**Strategy for preparation of GP level plan on education.**

Sector	Indicators	Status	Issues/Problems/Gaps	Proposed Interventions	Prioritization of Issues(at GS)
<b>Education</b>	Literacy Rate				
	No. Of Primary Schools With Single Teacher				
	<b>A. Pupil-Teacher Ratio At</b>				
	a. Primary level				
	b. Upper Primary level				
	Percentage of professional trained regular teachers				
	<b>B. Gross Enrolment Ratio At</b>				
	a. Primary level				
	b. Upper Primary level				
		Currently attending school			
	Average Dropout rate at Primary-level				
	Retention Rate at Primary level				
	Provision Of Playground & Tools				
	Provision Of Library				

**Primary Education (1).**

SI No	GP Name	Type of school building		Separate toilet girls		Safe drinking water		Kitchen shed		Total Primary School
		Pucca (%)	Kucca (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	
1										
2										
3										

**Primary Education (2).**

SI No	GP Name	Boundry Wall		Electricity		Road		Single Class room (%)	Total Primary School
		Yes (%)	No (%)	Yes (%)	No (%)	Well connecte d (%)	Not/Poorly connected (%)		
1									
2									
3									

**Secondary Education (1).**

SI No	GP Name	Type of school building		Separate toilet girls		Safe drinking water		Kitchen shed		Total Primary School
		Pucca (%)	Kucca (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	
1										
2										

3

### Secondary Education (2).

Sl No	GP Name	Boundry Wall		Electricity		Road		Single Class room (%)	Total Primary School
		Yes (%)	No (%)	Yes (%)	No (%)	Well connec ted (%)	Not/Poorly connected (%)		
1									
2									
3									
4									

The Gaon Panchayats will also promote adult literacy in coordination with concerned departments, NGOs, CBOs etc.

### Evaluation of the roles and responsibilities of Gram Panchayats relating to education.

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Mainstreaming education into development agenda of GP	Has GP made efforts for identification of non-school going children and school and anganwadi drop outs and/or other issues related to education? illustrative a. issues of education of children from marginalised sections like girl children, children from SC/ST and minorities children with disabilities, child labourers b. quality of education

		<p>c. anganwadi/school infrastructure including playgrounds and libraries</p> <p>d. quality of supplementary nutrition and mid-day meal</p> <p>e. separate functional toilets for girls</p> <p>f. any other prevalent issue in the GP</p> <p>Yes</p> <p>No</p>
<b>2</b>	Mainstreaming education into development agenda of GP	<p>Has GP discussed the problems of education in meetings of GP, the standing committee concerned and decided follow up actions?</p> <p>Yes</p> <p>No</p>
<b>3</b>	Mainstreaming education into development agenda of GP	<p>Has the Gram Sabha/ ward sabha or mahila sabha provided platform for discussing problems related to schools and anganwadis?</p> <p>Yes</p> <p>No</p>
<b>4</b>	Mainstreaming education into development agenda of GP	<p>Did the GP or Elected Representatives participate in meetings of school management committee (SMC) and Anganwadi committee and contributed to decision making?</p> <p>Yes</p> <p>No</p>
<b>5</b>	Mainstreaming education into development agenda of GP	<p>Did GP ensure education component in GP development plan with participation of teachers, Anganwadi Workers (AWW), parents, CBOs, volunteers on education and allocated resources from own resource revenue?</p> <p>Yes</p> <p>No</p>
<b>6</b>	Mainstreaming	<p>What improvements have been brought in anganwadi and</p>



	education into development agenda of GP	school education as a result of GP efforts?  Dropped out children were re-enrolled and attended school regularly Child labourers have been rescued and enrolled in regular schools Children with disability have received enabling support to access quality education, as per their need  Community members were involved in monitoring quality of education in schools and anganwadi Events for physical and mental development of children were organised by the GP  Awareness generation was done on importance of education  Any other innovations
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## Disease free GPs.

### SDG – III – ensure healthy life and promote wellbeing for all at all ages.

**The panchayat will adopt the following strategies in coordination with different departments and agencies to make the panchayats a disease free one.**

- To strengthen the Village Health Sanitation Nutrition Committee by ensuring regular meetings, ensuring utilization of funds etc.
- Ensure cleanliness of the villages including solid/liquid waste management
- To prevent the village from infections/ diseases at any cost.
- Ensure availability of Mother and Child Protection card for all pregnant women, 100%immunization, 100% institutional delivery, birth registration etc.
- Ensure availability of transport facility in emergency time.
- Regular chlorination of village well and tanks.
- Assist in emergency medical relief service
- Timely report on outbreak of epidemics.
- To stop if there any sex determination centre.
- Promote school health programmes.
- Ensure distribution and availability of medicines in Awanganwadi Center.
- Awareness creation regarding pregnancy care, family planning, immunization etc.
- Awareness creation about health schemes as Janani Sisu Suraksha Karyakram, Janani Suraksha Yojana etc.
- Assist supervision and maintenance of health sub-centers.
- Collaborate with Sub Ddivisonal Medical & Health Officer in all health issues.
- GP members will coordinate with ANM,ASHA,AWW,and SHGs, and act as a link to District Programme Management Unit of NRHM.
- PRIs will monitor all health programmes implementing through Block Primary Health Centers.

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- 
- Participation in Rogi Kalyan Samiti and Hospital Management Committee Meetings.
  - Establish Gaon Panchayat Water & Sanitation Committee (GPSC) . GPSC will facilitate the formation of Waters Users Committee.
  - PRIs will provide technical and financial support to GPs for drinking water schemes.
  - Identify water scarce pockets through habitation wise survey.
  - In GPSC meetings discuss about new installation of water sources or extension of existing sources, coverage and functioning of existing water supply schemes.
  - Work closely with VHSNC for public awareness, sensitization of community on water security issues, safe handling of water sources through Water Users Committee.
  - Work out a road map for generation of revenue for the operation and maintenance the water supply schemes in villages.
  - Facilitate coordinated effort with the PHED to avail financial support for water users committee towards Operation & Management cost of schemes.
  - Awareness building on access to safe drinking water, water quality, safe handling of water during and after floods and other emergencies, natural calamities.
  - Liaise with PHED on water quality testing.
  - Ensure safety and pollution protection of water sources.
  - Share updated information on drinking water facilities in gaon sabhas.
  - Support and facilitate the implementation of various HIV/AIDS related awareness generation activities using different media, viz. folk theatres, mobile Information Education & Communication vans etc.
  - Ensure community participation in these activities.
  - Help to dispel the myths relating to HIV/AIDS by propagating correct information.
  - Mobilize community and build an environment conducive to ensure the rights of HIV+ persons.
  - Promote the importance of HIV testing through the integrated testing and counseling centers.
  - Promote community based rehabilitation of children infected or affected by HIV/AIDS.

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- 
- GPs will utilize local funds available in their hands to provide social security measures to parents or care givers of children infected with HIV.
  - Village Education Committees should promote clear guidelines to schools to follow the principles of non-discrimination against children infected or affected by HIV/AIDS.
  - Village Education Committees initiate school awareness programme on this subject.
  - Build public opinion on HIV/AIDS and mobilize other PRIs to include HIV/AIDS on the agenda of the Village Education Committee.
  - PRIs will coordinate with block health officials to create awareness on HIV/AIDS.
  - Liaise with existing youth club and adolescent groups for sensitization programmes on HIV/AIDS.
  - Coordinate with local network of people living with HIV (PLHIV) to understand local issues and challenges, access to health care and social protection schemes by PLHIV.
  - Minimize distress migration by enhancing opportunities through schemes such as MGNREGA, food for work programme, NRLM etc.
  - Monitor the benefits of social protection schemes to affected orphans, widows etc.
  - Liaise with school management committees to ensure safe drinking water in schools.
  - PRIs facilitate formation of Anchalik Panchayat Water & Sanitation Committee, in coordination with PHED and BDO.
  - Coordinate PHED on planning and implementation water security programmes as per National Rural Drinking Water Programme guidelines.
  - Monitor the successful implementation of all water supply schemes.
  - Ensure safe drinking water for rural households and other public institutions.

#### **HIV/AIDS.**

- Support and facilitative the implementation of various HIV/AIDS related awareness generation activities using different media, viz. folk theatres, mobile Information Education & Communication vans etc.
- Ensure community participation in these activities.
- Help to dispel the myths relating to HIV/AIDS by propagating correct information.

- 
- 
- Mobilize community and build an environment conducive to ensure the rights of HIV+ persons.
  - Promote the importance of HIV testing through the integrated testing and counseling centers.
  - Promote community based rehabilitation of children infected or affected by HIV/AIDS.
  - GPs will utilize local funds available in their hands to provide social security measures to parents or care givers of children infected with HIV.
  - Village Education Committees should promote clear guidelines to schools to follow the principles of non-discrimination against children infected or affected by HIV/AIDS.
  - Village Education Committees initiate school awareness programme on this subject.
  - Build public opinion on HIV/AIDS and mobilize other PRIs to include HIV/AIDS on the agenda of the Village Education Committee.
  - PRIs will coordinate with block health officials to create awareness on HIV/AIDS.
  - Liaise with existing youth club and adolescent groups for sensitization programmes on HIV/AIDS.
  - Coordinate with local network of people living with HIV (PLHIV) to understand local issues and challenges, access to health care and social protection schemes by PLHIV.
  - Minimize distress migration by enhancing opportunities through schemes such as MGNREGA, food for work programme, NRLM etc.
  - Monitor the benefits of social protection schemes to affected orphans, widows etc.

#### **Family planning.**

- PRIs will provide support in the preparation of health action plan including for family planning at all level.
- Accord greater priority to generate public awareness on issues around delaying age at marriage.
- Panchayat members can play important role in changing social norms on issues of child marriage.

- Gram Panchayats can be engaged in providing support to monitor availability, accessibility and quality of services on family planning.

**Participatory planning to make GPs disease free.**

**Seasonal Health Calendar:**

Months DISEASE	J A n	F E b	Ma r	Ap r	Ma y	J U n	J u l	A u g	Sep	Oc t	No v	D e c
Fever												
Cold & whooping cough												
Headache												
Diarrhea												
Measles												
Jaundice												
Vomiting												
Scabies												
Tetanus												

Sector	Indicators	Status	Issues/Problems/Gaps	Proposed Interventions	Prioritization of Issues(at GS)
Health  (Consider The Year 2014-2015) (To Be Collected From ASHA,	No. Of Death Under-5				
	Infant(0-1Year) Death by sex and residence				
	No. Of Death Within One Month				



AWC PHC/CHC)	And	No. Of Death During Deliveries				
		Institutional Deliveries				
		Home Deliveries				
		Mothers who had 3 or more ANC				
		Mothers who received post-natal care within 2 weeks of delivery				
		No. Of Children (12-23 months) fully immunized				

Problems regarding Health	Awareness among Men	Awareness among women	Where do they have to go?	How many go? Men (Women)	Why don't the other s go
Unbalanced diet					
Diarrhea					
AIDS					
Tuberculosis					
Eczema					
Family Planning					
Career					

SI No	GP Name	No of Sub Centre	No of ASHA worker	Connectivity to the sub centre	Condition of the sub Centre	Distance to the nearest PHC/CHC (in KM)	Connectivity to the PHC/CHC
1							

2							
3							
4							

= Well connected, X = Not or poorly connected during rainy season = Good, = Bad

The above mentioned Health Calendar indicates that the villagers have symbolized the months in the columns in ascending order and symbolized the name of the diseases in the row. They have put different quantity of stones to different months against different diseases. They put a large quantity of stones in the month of April against Diarrhoea It means that, this disease affects many people of the village , specially during the month of April. In this way , they also use different quantity of stones against different diseases to show the occurrence of the diseases in the village during the entire year.

These types of Seasonal diagrams are useful to start Vaccination Camps and to adopt precautions against diseases prior to occurrence of it.

**Health.**

Each GP will look into the following aspects to make the GPs disease free and keep it healthy.

- Perception of Health and Disease
- Village perception of good health
- Villager’s perception of disease
- Nutrition
- Perception of female diseases
- Season related diseases
- Status of Health facilities
  - o Allopathic
  - o RMP
  - o Hospital Building

- o Medical and Para medical staff
- Indigenous medicine
- Faith healers
- Facilities for treatment of diseases
- Reasons for under utilization of health services
- o Attendance of doctor
- o Attendance of other medical staff
- o Availability of medicines
- Barriers to Access to Health Care
- Attitude of medical/ paramedical staff
- Cost direct (fees/ medicines)
- Indirect (opportunity cost)
- Distance
- Male insensitivity to child and female
- Lack of credibility of Govt. Hospital
- Lack of emergency services
- Lack of transport facilities
- Lack of essential drugs
- Public Health Services
- Perception of Sanitation
- Nature and extent of water and sanitation caused Disease
- Suggestions/ Recommendations

**Evaluation of the roles and responsibilities of Gram Panchayats relating to disease free.**

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Mainstreaming Health into the development	Has GP made efforts for identification of issues related to health in the GP area? illustrative

	agenda of the GP	<p>a. Number of institutional deliveries</p> <p>b. Maternal and infant deaths</p> <p>c. Malnutrition</p> <p>d. Anemia amongst women and children</p> <p>e. immunization coverage</p> <p>f. Disease causing factors eg water logging</p> <p>g. Health issues of adolescents, aged persons and SC or ST, minorities</p> <p>h. Preventive measures for control of epidemics or seasonal diseases</p> <p>i. Awareness regarding ill-effects of smoking, drinking and occupational hazards etc.</p> <p>Yes</p> <p>No</p>
<b>2</b>	Mainstreaming Health into the development agenda of the GP	<p>Has GP discussed the issues and problems related to health in meetings of GP, the standing committee concerned and decided follow up actions?</p> <p>Yes</p> <p>No</p>
<b>3</b>	Mainstreaming Health into the development agenda of the GP	<p>Has the Gram Sabha, ward sabha or mahila sabha provided platform for discussing problems related to health, issues of anganwadis, health centre, adolescent friendly health clinics?</p> <p>Yes</p> <p>No</p>
<b>4</b>	Mainstreaming Health into the development agenda of the GP	<p>Did the GP or Elected Representatives actively participate in the meetings of VHSNC and Anganwadi committee and contributed to decision making?</p> <p>Yes</p> <p>No</p>

5	Mainstreaming Health into the development agenda of the GP	<p>Did GP ensure health component in GP development plan with participation of health functionaries Anganwadi Workers (AWW), ASHA, ANM and doctor, teachers, parents, CBOs, volunteers on health, other members of VHSNC and also allocated resources from own source revenue?</p> <p>Yes</p> <p>No</p>
6	Mainstreaming Health into the development agenda of the GP	<p>As a result of GP efforts, what improvements have been brought in the status of health in GP area?</p> <p>a. All have access to health services</p> <p>b. All have access to services of ASHA, ANM and doctor</p> <p>c. Number of institutional deliveries increased</p> <p>d. Infant and maternal deaths reduced</p>

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## Swachh GPs.

**SDG – III - ensure healthy life and promote wellbeing for all at all ages.**

**SDG – VI – ensure availability and sustainable management of water and sanitation for all.**

**The Gram Panchayats in association with different departments and organization as well as Gram Sabhas will adopt the following strategies to make the Gram Panchayat swach GP.**

- Carry out social mobilization for construction of toilets, maintenance of clean environment through safe disposal of wastes.
- Promote regular use, maintenance and up gradation of toilets, interpersonal interaction on clean environment etc.
- Liaise with School Managing Committees (SMC) on school sanitation.
- Undertake regular joint monitoring; ensure proper utilization of SMC funds for cleanliness and maintenance of toilets.
- Facilitate preparation and implementation of plan on sanitation.
- Ensure coordination between Nirmal Bharat Abhiyan field workers, the ASHA,AWW, school teacher for demand creation for sanitation and carrying out related Social and Behaviour Change Communication activities at the village level.
- GPs and APs will try to promote environmentally clean villages per NBA norms by undertaking Solid & Liquid Waste Management initiatives as appropriate.
- Undertake quality check on sanitary toilets of various schemes.
- Earmark a particular day of the month as Swachchata Divas to carry out different NBA activities.
- A Gaon Sachchata Sabha should be organized once in six months to review progress of monthly activities of Sachchata Divas.

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- Promote Open Defecation Free Village as per NBA norms.
  - Try to qualify Nirmal Gram Puraskar.
  - AP will try to create Open Defecation Free APs.
  - Initiate to establish, operate production centers, rural sanitary mart in the local areas.
  - Create platform to train local people in the construction and maintenance of sanitary latrines.
  - AP will support engagement of suitable NGOs for training and Social & Behaviour Change Communication activities focusing on the use of sanitary toilets linked to hygiene practices.
  - AP will ensure sanitary complexes in market, other public areas.
  - Custodian of public assets.
  - Ensure smooth and efficient functioning of the AWCs by taking active part in Awanganawadi Center Management Committee and Village Health Sanitation & Nutrition Committee meetings.
  - Ensure cleanliness and hygiene of the AWCs and proper implementation of Supplementary Nutrition Programme.
  - Promote Matri Sahayak Got in all AWCs and sensitize mothers for active participation in it.
  - Ensure complete immunization, regular weighing and health check-up of eligible children and women.
  - Assist in identifying pregnant eligible women for maternity benefits under schemes- Mamoni, JSY, Indira Gramin Mahila Suraksha Yojana.
  - AP will create awareness among mothers regarding maternity benefits.
  - Ensure regular monthly meeting of Village Health Nutrition & Sanitation Committee
  - Ensure benefits to the all eligible women and children.
  - Identify all malnourished children and ensure appropriate care and treatment.
  - Monthly growth monitoring and nutrition counseling of mothers with children 0-3 months.
  - Nutrition and health education sessions with the community at least once a month

- Ensure consumption of only iodized salt by the community.
- Ensure that all local shops stock only iodized salt.
- AP will coordinate with CDPOs of ICDS and BDO on effective functioning of the ICDS programme.
- Monitoring and supervision of Supplementary Nutrition Programme at the AWCs.
- Promote local production of low cost nutritious food
- Setting up food security reserves.

### **Drinking water and sanitation.**

- PRIs at different levels can play an important role in planning, implementation and maintenance of water supply scheme.
- All the households should be involved by the panchayats in planning, implementation and management of the facilities.
- Village water and sanitation committee should remain accountable to the users through Gram Sabha.
- Content of the perspective and annual plan should be discussed in the Gram Sabhas for sensitising the communities for organising action at their level.
- Panchayat should undertake a survey on sanitation in a participatory manner to assess the status at household and community level.
- Capacity of the Gram Panchayat should be enhanced to be able to take corrective measures against failure in service delivery.

### **Analysis for planning and interventions**

<b>Sector</b>	<b>Indicators</b>	<b>Status</b>	<b>Issues/Problems/Gaps</b>	<b>Proposed Interventions</b>	<b>Prioritization of Issues(at GS)</b>
<b>Drinking Water &amp;</b>	<b>Provision of drinking water in Primary schools</b>				

Sanitation	Provision of girls' toilet in Primary schools				
	Provisions for PH students i.Toilet ii.Ramp iii.Other				
	Main source of drinking water in the Panchayat				
	i. Hand pump ii. TubeWell iii. Bore well				
	iv. Other sources (Spring, River/Canal, Tank/Pond/Lake, Other sources)				
	v. Tap water				
	vi. Well				
	Availability of latrine facility				
Latrine facility available within premises					
Latrine not available within premises					
Use of Kuccha latrine					
Use of public latrine					
Open defecation					

**Basic Amenities.**

Sl No	GP name	HH with sanitary latrine	%	HH covered under TSC	%	HH with electricity	%

## Evaluation of the roles and responsibilities of Gram Panchayats relating to sanitation.

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Initiatives of the Gram Panchayat to overcome the problem of Open defecation	<p>Has the GP undertaken special efforts to eliminate the incidence of open defecation in its area. If yes, which of the following have been focussed upon to bring about the desired change</p> <ol style="list-style-type: none"> <li>Through awareness generation including inter-personal/household communication and use of toilets</li> <li>Priority to the poorest and remotely located houses</li> <li>Regulatory measures</li> <li>Infrastructure development/ O&amp;M/ availability of infrastructure hardware and Availability of water for sanitation</li> </ol> <ul style="list-style-type: none"> <li>Only one issue focussed</li> <li>Two issue focussed</li> <li>Three issue focussed</li> <li>Four issue focussed</li> <li>No issue focused</li> </ul>
2	Mainstream sanitation into the development plan of the GP	<p>Has the GP made Sanitation its development agenda? If yes, which of the following interventions have been undertaken</p> <ol style="list-style-type: none"> <li>The issue of sanitation is regularly discussed in the GP meetings</li> <li>Efforts for pooling including Own source revenue and convergence of funds/schemes for sanitation</li> <li>Sanitation interventions are planned part of annual plan and discussed during Gram Sabhas</li> <li>Participation and contribution of all citizens is ensured</li> </ol> <ul style="list-style-type: none"> <li>Only one interventions undertaken</li> <li>Two interventions undertaken</li> </ul>

		<ul style="list-style-type: none"> <li>• Three interventions undertaken</li> <li>• Four or more then four interventions undertaken</li> <li>• No interventions undertaken</li> </ul>
<b>3</b>	Institutionalising a system	<p>Has the GP been able to institutionalize the decision making on sanitation? If yes, which of the following has been undertaken</p> <ol style="list-style-type: none"> <li>a. The Village health sanitation committee/Standing committee on sanitation has been formed and is functional.</li> <li>b. The village health sanitation committee/Standing committee is inclusive of women/SC/ST/disabled/marginal section.</li> <li>c. CBOs/SHGs/volunteer group have been involved.</li> <li>d. Ward sabhas/village sabhas are undertaken in the decision making process</li> </ol> <ul style="list-style-type: none"> <li>• Only one issue undertaken</li> <li>• Two issue undertaken</li> <li>• Three issue undertaken</li> <li>• Four issue undertaken</li> <li>• No issue undertaken</li> </ul>
<b>4</b>	SLWM and General cleanliness	<p>The GP has undertaken measures for</p> <ol style="list-style-type: none"> <li>a. Collection of garbage/ solid waste including non-biodegradable plastics</li> <li>b. Construction and regular cleaning of drains</li> <li>c. Ensuring cleanliness is the GP</li> <li>d. Ensuring general cleanliness on roads, streets and market places</li> </ol> <ul style="list-style-type: none"> <li>• Only one issue undertaken</li> <li>• Two issue undertaken</li> <li>• Three issue undertaken</li> </ul>

		<ul style="list-style-type: none"> <li>• Four issue undertaken</li> <li>• No issue undertaken</li> </ul>
<b>5</b>	Outputs Open defecation free	<p>Is the GP open defecation free? If yes, which of the following efforts were undertaken by GP</p> <p>a. All House holds are using IHHLs/ community toilets</p> <p>b. Facilitating construction and use of IHHLs</p> <p>c. Facilitating the construction and use of community toilets/public toilets</p> <p>d. Monitoring use of toilets in schools and aganwadis/institutional toilets</p> <ul style="list-style-type: none"> <li>• Only one effort undertaken</li> <li>• Two effort undertaken</li> <li>• Three effort undertaken</li> <li>• Four effort undertaken</li> <li>• No effort undertaken</li> </ul>
<b>6</b>	Innovations	Whether any innovation process or technique was undertaken by the GP to overcome the problem of sanitation in the GP.

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## GP's with gender plans.

### SDG – V – achieve gender equality and empower all women and girls.

The Gram Panchayats will in coordination with different departments, organisations as well as Gram Sabhas for socio economic empowerment of rural women taking into consideration the following aspects:

- Socio Economic Status of Women
- Social Empowerment:
  - o Discrimination in Education
  - o Adult Literacy
  - o Participation in intra household decision making process
- **Maternity care and perception of women to mother and child welfare programme :**
  - o Immunization
  - o Nutrition Programme
  - o Integrated Child Development Services (ICDS)
  - o Reproductive and Child Health Care Programme
- Wife Beating
- **Economic Empowerment:**
  - o Female Participation in workforce
  - o Nature of Occupation in which women are engaged
  - o Income level
  - o Use of income
  - o Discrimination in wage rate
  - o Decision making in spending of income
  - o Gender discrimination in access and ownership of productive and non productive resources

- 
- o Poverty alleviation programmes and access to women
  - o Impact of poverty alleviation programmes on women
  - o Number of women beneficiaries by poverty alleviation programmes
  - o Participation in Self Help Groups
  - o Status of women headed households, widows etc.
  - **Political Empowerment:**
    - o Participation of Women in panchayat election and meetings
    - o Role of women panchayat members in decision making
  - People's perception of female Pradhan vis-a vis male Office bearers
  - Whether participates herself
  - Her role in decision making
  - o Whether she has been able to get out of 'Purdah'
  - o Whether functioning under shadow of male member
  - o Some prominent decisions undertaken
  - o Steps taken in women welfare programmes.
  - o Interest taken by the elected women panchayat members and others in eradicating social evils
  - o Dowry
  - o Neglect of female child
  - o Drinking
  - o Female Education
  - o Health care for women
  - o Child Marriage.

**Participatory identification of problems for gender planning.**

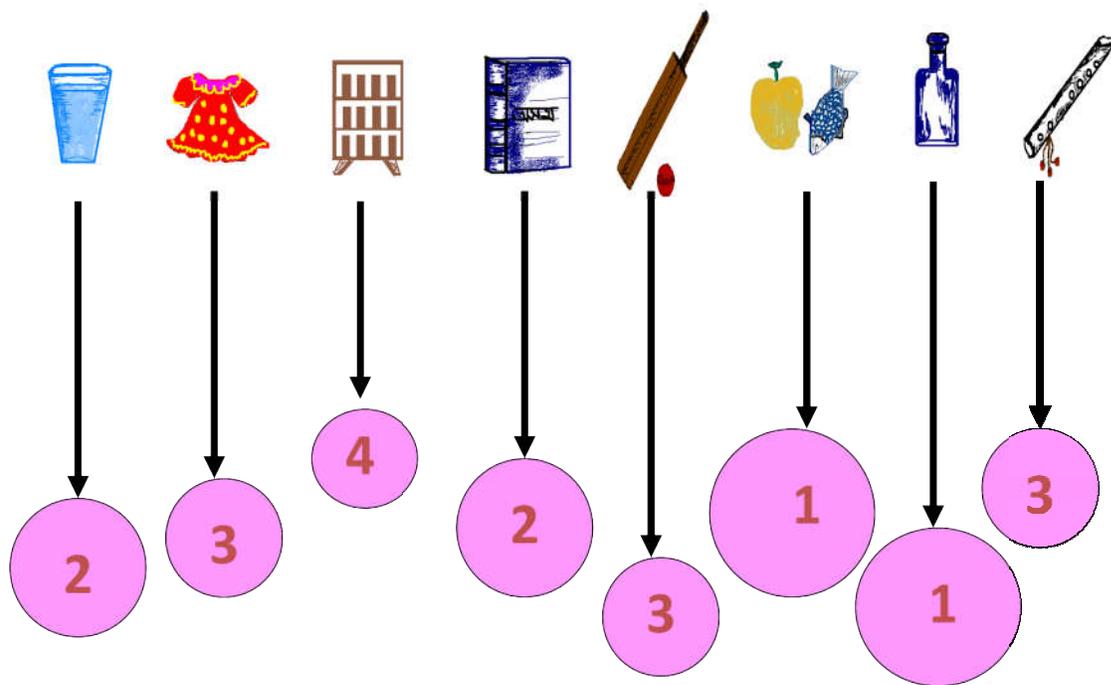
**Chappati Diagram" for identification of the problems.**

Chappati Diagrams are used to analyze the importance of one aspect of life over others. For example importance of health over sports and culture etc. It also shows the relationship

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between different institutions and the areas for their improvement. Chappati Diagrams can also be used to study the problems of different groups of people living in the society i.e. the women, men , olds aged people, children, youths etc. **For example, women can depict their different problems through this method** and can assign different values to different problems by using different size of circles cutted out from paper. Bigger the size of the circle, the bigger the problem for them and smaller the size of the circle, the smaller problem for them.

### Chapati Diagram.



As mentioned in the Diagram, the village women have graded their problems. They have given 1st position to “food problem” among the all other problem. They have given 2<sup>nd</sup> priority to water and education problem. In this way, they have given third priority to clothing, sports and cultural problems. They have given the last priority to other luxurious items for the household.

## ANALYSIS POINTS FOR CHAPATI DIAGRAM

PROBLEM	SIZE OF PROBLEM	CRITERIA FOR GIVING SMALL, MEDIUM & BIG	WHO/WHAT HAS CAUSED THE PROBLEM	WHO IS AFFECTED	HOW ARE THEY AFFECTED

ACTION/STEPS TAKEN ALREADY TO SOLVE MANAGE PROBLEMS	FUTURE PLAN TO SOLVE MANAGE PROBLEMS	PEOPLE'S ROLE & CONTRIBUTION (CASH, KIND, LABOUR)	SUPPORT EXPECTED FROM OUTSIDE (GOVT. , NGO, INST. & OTHERS)	PROBLEM TO BE SOLVED, IMMEDIATELY AFTER SOME TIME OR LATER

- **Gender based exclusion**

Various types of gender based exclusions have been continuing in the rural areas. Following aspects will have to be taken into consideration by the panchayats while making gender plan for socio economic empowerment of rural women.

Women face double exclusion.

- First due to gender bias norms and barriers.

- Second due to other social identity.

- Poor health status.

- Stagnant labour force participation –concentrated in labour intensity and unskilled job in informal sector with low wages and high insecurity.

- Gender based violence.

- Other forms of exploitation.

Political marginalization.

- SC/ST women also lack education and health.

- Women with special need.

- Widows are considered as bad omen.
- Many women may not join groups because of social and familial proscrition.
- Domestic responsibilities are still consider paramount.

**Table: Gender Assessment.**

Gender Aspects		Men	Women	Both Women & Men	Remarks
(1) Type of work, workload and responsibility	(i) Household (ii) Agri-related (iii) Non Agri-related (iv) Other				
(2) Knowledge and skills	(iv) Food (V) IGA (vi) Agri (vii) Public Service				
(3) Decision Making	(viii) Food (ix) Health (x) Children (xi) Income				
(4) Access and Control	(xii) Food (xiii) Health (xiv) Income				
(5) Power and Status	(xv) Home (xvi) Social (xvii) Legal				

## Evaluation of the roles and responsibilities of Gram Panchayats relating to women empowerment and gender planning.

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Women/Mainstreaming the concerns of women and girl child into the development agenda of the GP	<p>Has GP made efforts to identify issues hampering growth, development and participation of women? Illustrative of identified issues as below</p> <ul style="list-style-type: none"> <li>a. Female Feticide</li> <li>b. Poor health/ pre and post natal care/ adolescents support services</li> <li>c. Lack of access to Sanitation, IHHTs , bathing spaces in general and for women with disabilities</li> <li>d. domestic violence</li> <li>e. Restricted mobility and safety of women/girls in public spaces with special measures for women with disabilities</li> <li>f. eve teasing/ molestation/ sexual harassment</li> <li>g. child marriage, trafficking of women/ girls from GP to other places</li> <li>h. Poor livelihood/ unequal wages/ absence of minimum wages to women/ poor savings</li> <li>i Poor school enrolment/ attendance/ retention and completion of school education by girls as per RTE norms with special focus on girls from SC/ST/ minorities, girls with disabilities</li> <li>j. Poor participation in public and governance women not attending/ not speaking in meetings of GP/GS/ sub committees</li> <li>k. Any other issues like poor/no infrastructure for women and girls in rural areas etc</li> </ul> <p>Yes No</p>
2	Women/Mainstreaming	Were issues of women/ girls included in the agenda and

	the concerns of women and girl child into the development agenda of the GP	discussed during GP meetings? Yes No
<b>3</b>	Women/Mainstreaming the concerns of women and girl child into the development agenda of the GP	Has Gram Sabha provided a platform to discuss discriminatory and un-equitable social practices and issues raised in GS meeting by women members / on gender? Yes No
<b>4</b>	Women/Mainstreaming the concerns of women and girl child into the development agenda of the GP	Were issues raised in Gram Sabha recorded in the minutes for decisions and follow up Yes No
<b>5</b>	Women/Mainstreaming the concerns of women and girl child into the development agenda of the GP	Had women been involved in participatory planning and in projectisation? Yes No
<b>6</b>	Women/Participation and decision making	Has GP ensured participation of women from different socio-economic background in other meetings, committees, discussion for as and in various initiatives? Yes No
<b>7</b>	Women/Participation and decision making	Has a standing committee with participation chairpersonship of women been formed and made functional? Yes No
<b>8</b>	Women/Participation and decision making	Were venue and timings of the meetings fixed accommodating women's ease ? Yes

		No
<b>9</b>	Women/Participation and decision making	Did GP ensure engagement of SHGs of women, their federations and other women's groups in panchayat activities? Yes No
<b>10</b>	Women/Participation and decision making	Were decisions made by GP on issues raised by the CBOs/ volunteers included in follow up actions? Yes No
<b>11</b>	Women/Protection and justice	Has GP ensured appropriate interventions for prevention of crimes against women? Ensured lodging of complaint in cases of crimes against women and girls children, domestic violence and special precaution was taken by GP to maintain confidentiality and protect dignity of women Yes No
<b>12</b>	Women/Protection and justice	Was inter personal communication, counseling and other support provided in cases of domestic violence/harassment/ discrimination against women etc? Yes No
<b>13</b>	Women/Protection and justice	Did GP set up common facility centres/knowledge centres/poorna shakti kendras/ any other facilities to service women? Yes No
<b>14</b>	Women/Protection and justice	Has GP made efforts to ensure that deserted/ destitute women, destitute widows, needy women from SC/ ST groups, aged women, differently abled women were linked with appropriate protection/ service delivery mechanisms? Yes

		No
<b>15</b>	Women/Protection and justice	Has GP created and sustained legal institutional mechanism for grievance redressal of women's issues? Yes No
<b>16</b>	Women empowerment	Whether GP made efforts towards community awareness/sensitization including legal awareness for women? Yes No
<b>17</b>	Women empowerment	Has GP ensured optimal participation of Elected Representatives and functionaries and others like SHGs, Jagran Samitis etc. in various capacity building programmes? Yes No
<b>18</b>	Women empowerment	Has GP ensured optimal participation of Elected Representatives and functionaries and others like SHGs, Jagran Samitis etc. in various capacity building programmes? Yes No
<b>19</b>	Women empowerment	Has GP made efforts for forming, activating and rejuvenating platforms for increased discussion on the issues of women? Yes No
<b>20</b>	Women empowerment	Whether GP performed activities and support to strengthen women in governance? a. Encourage participation in management b. Encourage participation in monitoring c. Special provisioning of budget d. Expenditures made to empower women out of GP fund/Own source revenue Yes



		No
<b>21</b>	Women empowerment	Has GP encouraged economic empowerment of women through the following? a. Access to thrift and credit b. Access to livelihood services c. Access to market d. Capability development e. Insurance coverage Yes No

## Child friendly GPs

**SDG – XVI – promote peaceful and inclusive societies for sustainable development, provide access to justice for all.**

GPs in coordination with different departments, organisations will adopt the following strategy to make them child friendly.

### **Child-labour free GPs.**

#### **Strategy to adopted by the panchayats to make Gram Panchayats child labour free.**

- Create awareness about the bad effects of putting children to work at an early age.
- Motivate parents to send their children to school.
- Ensure free and compulsory quality education for all children between 6-14.
- Demonstrate positive action and cite examples of children rescued from child labour and enrolled in school.
- Inform employers about child labour legislations and consequences of violating it.
- Encourage employers to employ adults.
- Ensure the minimum wage payment stipulated by govt. to the adults.
- Create infrastructure for day care/crèche for young children.
- Identify and unite against the touts/middle man looking for child labour in villages.
- Giving special attention on child domestic workers.
- Initiate to activate SMCs and village level child protection committees to take up issues of access to school and quality education, teacher absenteeism, enrolment and dropout rates, mid-day meals, provision of water and sanitation facilities etc.
- Panchayats will coordinate block officials, Block Level Child Protection Committee, law enforcement agencies to prevent child labour.

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- Panchayats will generate awareness among GPs and community on prohibiting child labour.
  - Monitor the economic activities prone to engage child labour including brick kilns, tea gardens, transport service, hotels etc.

### **GPs free of trafficking of women/children.**

### **Strategies to be adopted by the panchayats to make GPs free of trafficking of women and children.**

- Create awareness about the dangers of child trafficking and various ways through which children are trafficked.
- Maintain record of persons who are migrating from the village.
- Keeping marriage registration records.
- Complaint in for of FIR is filed at the nearest police station if a child is found missing.
- Generate awareness about childline help no 1098.
- Strict vigilance of so called agents by GP.
- Build supportive and conducive environment for the trafficked victims.
- Try to reintegrate the trafficked child with his/her family.
- Respect the confidentiality of the victim and the family.
- Ensure successful rehabilitation of the child/ young adult.

### **Prioritised Problems of Street Children.**

- i. Difficulties of shelter, basic “security” and amenities
- ii. Difficulties in accessing food
- iii. Attitude and behaviour of people who call them by names and misbehave.
- iv. Ill treatment, exploitation and violence by employers
- v. Difficult conditions of work and accompanying hazards
- vi. Teased/abused by boys/men/women/touts
- vii. Lack of affection
- viii. Difficulties in accessing cloths, keeping cash, attending school

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- ix. Health problems due to work
  - x. Troubled by musclemen / thieves and child-lifters.

### **Coping Strategies of street Children.**

- Sleep whenever space is available
- Stay without bathing for 2-3 days together
- Use open space for toileting
- Stay without food by fasting and skipping meals
- Try to collect waste food from roads
- Sometimes take food by begging
- Take low-grade food
- Tolerate feel scared and unwanted
- Suggestions for Action by Street Children
- Government can provide shelter to them
- Government must take action to punish those adults who trouble them.
- They must be able to access a place for finding cheap food.

### **Street and runaway children.**

- Sensitize teachers on the issue.
- Inform the local police when a child runs away.
- Inform childline or dial 1098.
- Keep in close touch with agencies that bring such child to his/ her home.
- Identify the child's problem talking to the child and parents.
- Support the family to take care of the child.
- Ensure a child friendly and enabling environment at home.
- Establish a 'missing child information system' at the panchayat level.
- Motivate children; give them leadership to collect best information.
- Establish, activate village level child protection committee and get them registered under block child protection committee.

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- The committee can address issues relating to domestic violence, force children to run away.
  - APs, GPs will mobilize other panchayats in districts for establishment of Child Welfare Committee and Juvenile Justice Board in districts.
  - Create awareness about the dangers of child trafficking and various ways through which children are trafficked.
  - Maintain record of persons who are migrating from the village.
  - Keeping marriage registration records.
  - Complaint in for of FIR is filed at the nearest police station if a child is found missing.
  - Generate awareness about childline help no 1098.
  - Strict vigilance of so called agents by GP.
  - Build supportive and conducive environment for the trafficked victims.
  - Try to reintegrate the trafficked child with his/her family.
  - Respect the confidentiality of the victim and the family.
  - Ensure successful rehabilitation of the child/ young adult.

### **Corporal punishment.**

- Must prohibit corporal punishment in their home first.
- Mobilize other PRIs to take stand against corporal punishment in schools and homes.
- Advice SMCs to ban corporal punishment in school.
- Periodic monitoring in schools.
- Discuss corrective action if corporal punishment continues in school.
- Report the matter to block and district education officer.
- Ensure complete ban on corporal punishment in school.
- Interact with teachers and SMCs on this issue.
- APs and GPs will initiate and promote parent-teacher meetings at schools to stop corporal punishment.

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### **Child sexual abuse.**

- Discuss the issue of child sexual abuse in GP meetings.
- Generate awareness and sensitize the community on this issue.
- Generate awareness about various legal provisions available to address this issue including Protection of Children from Sexual Offences act 2012 and the Criminal Amendment Act 2013.
- Facilitate formation of children forums at GP level.
- Ensure that a complaint and FIR is filed at police station and seek legal advice.
- APs facilitate GPs to stop child sexual abuse in all its form.
- Help affected to seek and get legal protection.
- APs keep a vigil so that no such offenders go unpunished.

### **Disabled child friendly GPs.**

- Learn more about mental and physical disability.
- Close contact with organizations working on disability.
- Connect these organizations with such children and families.
- Generate awareness in society to remove the stigma associated with disability.
- Create awareness in society about the difficulties facing by these children and societies role in overcoming it.
- Ensure inclusive spaces for disabled within the village.
- Sensitize parents, families, and care givers about their special need.
- Create awareness among AWWs and teachers on their special need.
- Ensure equal status in school and other service providing institutions.
- Ensure their special needs in school and other service providing institutions.
- AP will collect data from concerned GPs on the status of children with disability.
- AP will liaise with agencies to support physically disabled children and person.
- AP will promote an environment fosters a feeling of belongingness among the disabled persons.

- Ensure their involvement in activities organized at community level.

### Evaluation of the roles and responsibilities of Gram Panchayats relating to child friendly panchayat.

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Mainstreaming Child development issues into the development agenda of the GP	Has GP made efforts for identification of issues related to child development? illustrative a. Issues related to pre and post natal care b. Issues of Poor immunisation c. Malnutrition d. Problems of adolescence e. Issues related to child protection eg child labour, early marriage, trafficking, missing children, child sexual abuse, corporal punishment etc. f. Any other Yes No
2	Mainstreaming Child development issues into the development agenda of the GP	Has GP discussed the issues and problems related to child development in meetings of GP, the standing committee concerned and decided follow up actions? Yes No
3	Mainstreaming Child development issues into the development agenda of the GP	Has the Gram Sabha/ ward sabha/ mahila sabha provided platform for discussing problems related to child development and protection of children? Yes No
4	Mainstreaming Child development issues into the development agenda of the GP	Did the GP/ERs organise and participated in Bal parliaments or Bal panchayats, Village Child Protection Committee VCPC meetings and discussed issues and suggestions raised, in GP meetings and Gram Sabha? Yes No
5	Mainstreaming Child development issues into the	Did GP ensure child protection and development component in GP development plan with participation of health, functionaries, teachers, parents, VCPC, CBOs, volunteers and also allocated

	development agenda of the GP	resources from own source revenue? Yes No
6	Mainstreaming Child development issues into the development agenda of the GP	As a result of GP efforts, what improvements have been brought in the area of child development and protection? a. All children are immunised or being immunised b. Cases of malnutrition have reduced c. There is a child protection policy in the GP d. Action or reporting has been ensured in cases of crimes against children like trafficking, child marriage, child sexual abuse and other crimes against children e. Members of community have been sensitized on issues of children f. Grievance redress mechanisms have been institutionalised. g. Destitute or missing children have been reintegrated into the family and community h. Any other innovations Yes No
6	Innovation	Whether any innovation in process or technique was undertaken by GP to overcome problem related to education, health and child development? Please provide in not more than 100 words. How the initiatives were different learning for others, further action plan.

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(9)

**Girl Child Friendly GP.**

**SDG – V – achieve gender equality and empower all women and girls.**

**The Gram Panchayats in coordination with other departments and organisations should adopt the following strategies to make the GP girl child friendly.**

**Sex selective abortion and infanticide.**

- Generate awareness in the community, ANMs, Dhais, on the negative effect of declining sex ratio, discrimination against girl etc.
- Generate awareness on Pre-Conception & Pre-Natal Diagnostic Techniques Act and its implications.
- Take appropriate action to enforce the law to stop foeticide and infanticide in the community.
- Ensure that violations of these acts are reported.
- Ensure that birth, deaths are registered, on a timely basis, with the appropriate authority, under panchayat supervision.
- Annual analysis of the sex ratio at birth can be carried out.
- Sensitization among key stake holders in the society on gender discrimination, gender based violence and its impact on society in long run.
- Generate awareness about reproductive rights of women.
- GPs / APs campaign against all quacks and clinics that misuse ultra-sound technology.

**The GPs in association with other departments, organizations as well as Gram Sabhas will make following analysis for taking interventions to make the GP a girl friendly one.**

### Girl child friendly GPs.

Sector	Indicators	Status	Issues/Problems/Gaps	Proposed Interventions	Prioritization of Issues(at GS)
Child & Women	Mean age at marriage for girls				
	Girls married <18 years				
	Women aged 20-24 who were married before Boys Girls age 18				
	Birth registered with certificate				
	Working Children Age group (5-14 Years) Age group (15-19 Years)				

### Minor-marriage free GPs.

The Gram Panchayats in coordination with other departments and organization will adopt the following strategies to make the GP minor marriage free GP.

- Generate awareness about the ill-effects of child marriage on the health, overall development of the girl child.
- Generate awareness about the provisions of the Prohibition of Child Marriage Act 2006.
- Promote those parents; those educate their girl child rather giving marriage before 18.
- Encourage and support Kishori Samaroh under SABLA to discuss their issues and demands.
- Support SHG, Mahila samiti, Mahila Sangha to identify case of potential child marriage before they take place.
- Ensure that such marriages are delayed in the best interest of the girl child.

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- Support the families that obeyed the advice of GP and postpone their child's marriage.
  - Panchayats will educate the community about the ill-effects of child marriage.
  - Generate awareness about the bad effects of child marriage on the overall development of a child.
  - Panchayats will help GPs to stop child marriage.

## Disable friendly Gram Panchayat.

### SDG – III – ensure healthy life and promote wellbeing for all at all ages.

#### Evaluation of the roles and responsibilities of Gram Panchayats relating to disable friendly.

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Persons with disabilities - PWDs/Mainstreaming the concerns of differently abled into the development agenda of the GP	Has GP identified issues and challenges faced by persons with disabilities? Illustrative a. No early identification of disability b. No certification for disability c. Destitution d. Violence e. No resources/ no one to take care f. Poor health g. lack of access to health facilities h. No recreation facilities i. Any other Yes No
2	Persons with disabilities - PWDs/Mainstreaming the concerns of differently abled into the development	Were issues related to persons with disabilities included in agenda and discussed in the GP meetings? Yes No

	agenda of the GP	
3	Persons with disabilities - PWDs/Mainstreaming the concerns of differently abled into the development agenda of the GP	Did GP provide a platform in Gram Sabha to discuss discriminatory and un-equitable social practices on issue of disability and PWDs? Yes No
4	Persons with disabilities - PWDs/Mainstreaming the concerns of differently abled into the development agenda of the GP	Did GP ensure that the issues raised were recorded in minutes for follow up actions? Yes No
5	Persons with disabilities - PWDs/Mainstreaming the concerns of differently abled into the development agenda of the GP	Were persons with disability and/or their family involved in participatory planning and in projectisation by GP? Yes No
6	Persons with disabilities - PWDs/Participation and decision making	Did GP ensure participation of persons with disabilities in meeting, discussion for as and in various initiatives of the GP? Yes No
7	Persons with disabilities - PWDs/Participation	Did GP have a standing committee with representation of persons with disabilities? Yes

	and decision making	No
8	Persons with disabilities - PWDs/Participation and decision making	Was the venue, day and time of the meetings fixed accommodating participation of persons with disabilities? Yes No
9	Persons with disabilities - PWDs/Participation and decision making	Did GP promote engagement with CBOs, support groups, DPOs and other groups of persons with disabilities in panchayat? Yes No
10	Persons with disabilities - PWDs/Participation and decision making	Did GP ensure that decisions were made on issues raised by the CBOs/ volunteers and included in follow up actions? Yes No
11	Persons with disabilities - PWDs/Participation and decision making	Has GP ensured appropriate interventions like special facilities for access to justice for PWDs at GP level through? a. support for prevention of atrocities/ reporting of cases b. support for Community Based Rehabilitation CBR, if required, through linkages with Disability Rehabilitation Centres DRC Yes No
12	Persons with disabilities - PWDs/Participation and decision making	Did GP made efforts for providing inter personal communication and counseling in cases of discrimination? Yes No
13	Persons with disabilities - PWDs/Participation and decision making	Did GP take initiative to ensure PWD friendly facilities and infrastructure in AW, school, panchayat bhawan and other public places? Yes No

14	Persons with disabilities - PWDs/Participation and decision making	Did GP make efforts to link vulnerable persons from SC/ST like women, children etc. with protection/ service delivery mechanisms? Yes No
15	Persons with disabilities - PWDs/Participation and decision making	Has GP created and sustained community based institutional mechanism for grievance redressal of issues of PWDs? Yes No
16	Persons with disabilities - PWDs/Empowerment	Has GP conducted awareness on issues of disability in the GP area through community awareness/sensitization including legal? Yes No
17	Persons with disabilities - PWDs/Empowerment	Has GP ensured participation of ERs, functionaries and others in capacity building issue? Yes No
18	Persons with disabilities - PWDs/Empowerment	Has GP promoted forming, activating or rejuvenating platforms for increased discussion on the issues? Yes No
19	Persons with disabilities - PWDs/Empowerment	Has GP undertaken measures to empower persons with special ability in governance? a. Encouraged participation in management b. Ensured inclusion of specially abled in processes, schemes, as beneficiaries c. Provided work under MGNREGS to the eligible ones d. Ensured non-discrimination and equality in pay e. Special provisioning of budget and expenses for providing



		special treatment, covering medical cost from Own source revenue etc. Yes No
20	Persons with disabilities - PWDs/Empowerment	GP encouraged economic empowerment of PWDs through a. Access to thrift and credit more especially National Handicapped Finance and Development Corporation b. Access to livelihood services c. Access to market d. Capability development e. Insurance coverage- linkages with local level committees of district for guardianship of destitute and orphaned children with disability f. Ensured timely release of stipend/scholarship, Disability pension/ unemployment allowance etc. g. referral Yes No

(14)

**Aged persons friendly Gram Panchayats.**

**SDG – III – ensure healthy life and promote wellbeing for all at all ages.**

**Evaluation of the roles and responsibilities of Gram Panchayats relating to aged persons friendly.**

Sl. No.	Topic / Sub topic	Roles and responsibilities of Gram Panchayats.
1	Aged persons/Mainstreaming the concerns of aged persons into the development agenda of the GP	Has GP made efforts for identification of issues and challenges faced by differently abled and aged persons? Illustrative a. Destitution b. Violence c. No resources/ no one to take care d. Poor health/ lack of health facilities e. No recreation facilities f. Any other Yes No
2	Aged persons/Mainstreaming the concerns of aged persons into the development agenda of the GP	Were issues related to aged persons included in the agenda and discussed in the GP meeting? Yes No

3	Aged persons/Mainstreaming the concerns of aged persons into the development agenda of the GP	Has Gram Sabha provided a platform to discuss discriminatory and un-equitable social practices against the aged persons especially aged widows? Yes No
4	Aged persons/Mainstreaming the concerns of aged persons into the development agenda of the GP	Were issues raised in Gram Sabha recorded in minutes for decisions and follow up actions ensured? Yes No
5	Aged persons/Mainstreaming the concerns of aged persons into the development agenda of the GP	Were the aged persons and their issues involved in participatory planning and in projectisation? Yes No
6	Aged persons/Participation and decision making	Was participation of aged persons ensured in meeting, discussion foras and in various initiatives of the GP? Yes No
7	Aged persons/Participation and decision making	Did the standing committee concerned have representation of the aged persons? Yes No
8	Aged persons/Participation and decision making	Were the venue, day and time of the meetings fixed keeping in mind the ease of participation of aged persons, who can and are willing to participate?

		Yes No
9	Aged persons/Participation and decision making	Did GP seek engagement with CBOs, support groups, volunteers etc. and others working for the aged, in the GP activities and discussions?  Yes No
10	Aged persons/Participation and decision making	Were the follow up actions by GP ensured on issues raised by the CBOs/ support groups/ volunteers etc.?  Yes No
11	Aged persons/Protection and Justice	Did GP make appropriate interventions in case of violence, desertion of aged persons?  Yes No
12	Aged persons/Protection and Justice	Did GP make efforts to provide palliative care to the needy?  Yes No
13	Aged persons/Protection and Justice	Did GP make efforts for inter personal communication & counseling to the aged persons and family members of the aged, if required ?  Yes No
14	Aged persons/Protection and Justice	Did GP ensure the aged persons friendly facilities and infrastructure and made linkages with service delivery, where needed?  Yes No
15	Aged	Has the GP created and sustained community based

	persons/Protection and Justice	institutional mechanism for grievance redressal of issues of aged persons? Yes No
16	Aged persons/Empowerment	Has GP made efforts towards community awareness / sensitization including legal? Yes No
17	Aged persons/Empowerment	Has GP made efforts for capacity building and sensitisation of Elected Representatives and functionaries on the issues of aged persons? Yes No
18	Aged persons/Empowerment	Has GP taken initiative for forming, activating or rejuvenating platforms for increased discussion on the issues? Yes No
19	Aged persons/Empowerment	Has GP has undertaken measures to empower aged persons in governance and for their development? a. Encourage participation in management b. Ensured inclusion of aged persons in processes, schemes, as beneficiaries c. Provided platform for use of their experience as resource eg ex-teachers/ health experts in various developmental activities of GP d. Special provisioning of budget and expenses from Own source revenue Yes No



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20	Aged persons/Empowerment	GP has ensured timely release of stipend/scholarship for the aged persons?  Yes  No
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## Malnourishment free GPs.

### SDG – III – ensure healthy life and promote wellbeing for all at all ages.

**The Gram Panchayats in coordination with other departments and organizations will adopt the following strategies to make the malnourishment free GP.**

- Assist in selection of sites for construction of AWC and ensure its basic infrastructure and facilities.
- Ensure 100% enrolment, regular attendance of eligible children from the community at the AWC.
- Panchayats will assist in the selection of Anganawadi Worker/Anganawadi Helper.
- Assist the ICDS staff, including the AWWs, Supervisors and CDPOs in conducting annual surveys in villages.
- Ensure community participation in the implementation of the ICDS programme.
- Ensure smooth and efficient functioning of the AWCs by taking active part in Awanganawadi Center Management Committee and Village Health Sanitation & Nutrition Committee meetings.
- Ensure cleanliness and hygiene of the AWCs and proper implementation of Supplementary Nutrition Programme.
- Promote Matri Sahayak Got in all AWCs and sensitize mothers for active participation in it.
- Ensure complete immunization, regular weighing and health check-up of eligible children and women.
- Assist in identifying pregnant eligible women for maternity benefits under schemes- Mamoni, JSY, Indira Gramin Mahila Suraksha Yojana.
- Panchayats will create awareness among mothers regarding maternity benefits.
- Ensure regular monthly meeting of Village Health Nutrition & Sanitation Committee

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- Ensure benefits to the all eligible women and children.
  - Identify all malnourished children and ensure appropriate care and treatment.
  - Monthly growth monitoring and nutrition counseling of mothers with children 0-3 months.
  - Nutrition and health education sessions with the community at least once a month
  - Ensure consumption of only iodized salt by the community.
  - Ensure that all local shops stock only iodized salt.
  - Panchayats will coordinate with CDPOs of ICDS and BDO on effective functioning of the ICDS programme.
  - Monitoring and supervision of Supplementary Nutrition Programme at the AWCs.
  - Promote local production of low cost nutritious food
  - Setting up food security reserves.

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## GP with service delivery models

**SDG – XVI – promote peaceful and inclusive societies for sustainable development, provide access to justice for all and be effective, accountable and inclusive institutions at all levels.**

**Activities of the Gram Panchayats will be streamlined so that it can ensure access of the rural people to different basic needs. Major aspects to be considered for streamlining the functions of Gram Panchayats area given below:**

- Streamline the day to day functioning of Panchayati Raj Institutions.
- Ensure equal participation of all the members in the activities of Panchayati Raj Institutions including of ST / SC & women members.
- Ensure proper record keeping in the panchayats.
- Monitor & ensure proper implementation of the resolutions taken in the meeting of Panchayati Raj Institutions for poverty eradication.
- Ensure holding of regular gram sabhas with massive people's participation particularly those living below the poverty line, marginalized section and women
- Proper record keeping of gram Sabhas.
- Ensure participatory planning, participatory monitoring, participatory selection of beneficiaries and social audit through Gram Sabhas.
- Activate the standing committees of Panchayati Raj Institutions to ensure systematic planning & implementation of poverty eradication programmes.
- Ensure participatory monitoring & review of poverty eradication programmes in gram sabhas.
- Ensure planning through people's participation before holding of gram sabhas to capture felt need of the rural people and their problems.

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- Ensure resource mobilization in the panchayat by enhancing & diversifying source of revenue.
  - Special focus on taking up socio economic programmes for rural women & marginalized section.
  - Ensure availability and accessibility of basic amenities and services for rural poor through gram panchayat.
  - Organize awareness programme to sensitize rural people on various development issues & intervention.
  - Maintain transparency & accountability in the panchayats for rural poor.
  - Develop a grievances redressal mechanism in the panchayat for the rural poor.
  - Panchayat will prepare citizen charter.

**The panchayats will also ensure following aspects to ensure access of the rural masses to basic needs.**

- **Citizen report cards.**
  - Citizen / community / groups provide their views, opinion, scores on selected aspects for example
    - Performance of government related services.
    - Coverage.
    - Efficiency.
    - Responsiveness.
- **Citizen voice card.**
  - This tool is generally meant for assessing service delivery for social accountability.
  - Helps poor people to assess service delivery by expressing their views.
- **Participatory budgeting.**
  - It is a participatory public expenditure management process where people are involved in allocating, disbursing, monitoring and evaluating the use of public resources.
- **Public expenditure tracking / monitoring.**
  - Civil society organization set up mechanism to track specific areas of public expenditure and related public activities and inform public and media.

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- **Family satisfaction survey.**
    - Family satisfaction survey questionnaire could be considered a part of wellbeing survey and is a quick way of gaining overviews on level of satisfaction and assessment of performance of government service delivery.
  - **Citizen monitoring of public service delivery.**
    - Civil society organizations form action squads to monitor public service delivery in selected field.
  - **Social audit.**
    - Social accounting and auditing is a way of measuring and reporting on an organizations social and ethical performance.

There are many institutions that deliver services to rural masses. The panchayats will coordinate with those institutions to ensure smooth delivery of services. Panchayats will take into considerations following different aspects in service delivery.

#### **Institutions work against interest of the poor.**

- Lack of access to the institutions that deliver services for livelihoods and development.
- Institutions are of two types – formal and informal.
- Formal institutions – which provide health, education, water, sanitation, PDS etc.
- Formal institutions – social, religious, political association.
- Constraints that poor faced in accessing service are – poor physical access, affordability and social distance including discriminating attitude.
- Poor targeting low quality of services and high transaction cost made the institutions inaccessible to the poor.

#### **Services fail to reach poor.**

- Better among the target group corner most of the benefit.
- Primitive tribal groups, experience physical segregation, miss out services, do not have access to economic services.
- Institutions on which poor rely also become an important source of exclusion.

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- Procedure for service delivery result in high transaction cost for the poor.
  - Banks – procedure for loans are complicated and time consuming.

***Institutional dimension:***

- Service delivery institution can cause exclusion of poor.
- Inaccessibility to the key institutions and services on which poor rely due to the following reasons.
- Poor availability of services.
- Poor affordability of services.
- Social access.
- Poor targeting.
- Poor quality of services.
- Poor infrastructure maintenance and supply.
- Poor capacities of staff.
- Poor governance and accountability.
- Poor supervision and monitoring.
- Complex and time consuming procedure.
- Lack of mechanism for citizen feedback.
- Discrimination.
- Elite capture.

***Credit Institutions:***

- Formal Credit Institutions – viewed as inaccessible and unfriendly by poor.
- Collateral and security requirements for loans.
- Poor often do not have clear title to land.
- Transactions costs in dealing with formal banks.
- Opening of an account- borrowing experiences.
- Inadequacy of loan, rigidity of terms and lack of timelines.

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- Credit for specially disadvantaged groups such as landless artisans and women is very poor.

## **PDS**

### ***Problems in the functioning of PDS:***

- Bogus ration card –diversion of food grains.
- Reduced issue of grains to consumers.
- Inability to reach the poor effectively.
- Late lifting of food grains- consumers are not given areas- Leads to diversion.
- FPS are not open daily- long distance.
- Beneficiaries are unaware of their rights- citizens charter is seldom available.
- Inadequate publicity on the scale of issue, prices etc.

### **Health Services:.**

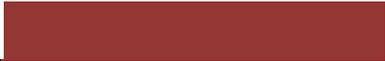
- Access and affordability are serious concern for poor.
- Poor resort to private practitioners.
- Go for health care in life threatening situations.
- Slide into indebtedness.

### **Anganwadi Centres.**

- Can not accommodate more children.
- Limitation of space.
- Worker's inability.
- Food supplements also are limited in quality.

### **Educational Institution.**

- Poor infrastructure, shortage and absenteeism of teachers.
- Girls- low value attached to their school- opportunity cost.

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- Safety after puberty.
  - Lack of separate toilet for girls
  - Secondary School facilities still remote.

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## **Panchayats with equality and equity among the poor and marginalised sections.**

### **SDG – X – reduce inequality within and across country.**

**The Gram Panchayats will develop strategies to ensure equality and equity among poor and marginalised sections including women in coordination with departments and organisations.**

**They will adopt the following strategies.**

- Panchayat will mobilize rural poor to help them overcome exclusions like geographic, economic social and political.
- Ensure access of the poor and marginalized sections including women to the institutions that delivers services for livelihoods and development.
- Panchayat including gram sabhas will work to remove the constrains that the poor face in accessing services as for example.
  - Poor physical access
  - Affordability
  - Social Distance
  - Discriminating attitude
  - High transaction cost
  - Elite capture
- Panchayt will ensure personal security, rule of law and freedom of expression among the poor.
- Panchayt along with gram sabha will work for equal distribution of resources and prevent accumulation of wealth based on power.
- Gran sabhas will keep a vigil on discrimination against poor people of various social groups and prevent them.

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- Panchayat will work with women community based organizations for gender equity and equality.
  - Panchayats , gram sabhas will work with women self help groups for empowerment of rural women and fight against
    - Gender based discrimination
    - Other forms of exploitations
    - Political and social marginalization
    - Domestic Violence
  - Panchayat will coordinate with line departments to ensure
    - Proper availability of services
    - Social access
    - Quality of services
    - Simplification of procedure
    - Removal of discrimination
    - Prevention of elite capture
  - Panchayat will generate awareness among poor and marginalized sections through gram sabhas to ensure social inclusion and remove social distance

## GP with active Gram Sabha and Peoples' Institutions.

### SDG – XVI – promote accountable and inclusive institutions at all level.

Every Gram Panchayat will regularly organize Gram Sabhas / Ward Sabhas to ensure participatory development in the villages. Efforts will be made to make the Gram Sabhas meaningful, active and result oriented. Records of the following aspects of the Gram Sabhas will be kept for subsequent monitoring on the quality of Gram Sabhas conducted by the Gram Panchayats.

- Number of Gram Sabhas conducted by the Gram Panchayat with date, agenda, minutes etc.
- Information about special Gram Sabhas conducted by the Panchayats on different issues of social concerned / theme.
- Records of the members present in the Gram Sabhas along with information regarding attendance and participation of women, SC/ST etc.
- Issue raised by women, SC/ST and other marginalized sections in the Gram Sabhas.
- Information on Participatory planning conducted through Gram Sabhas.
- Different developmental issues discussed in the Gram Sabhas and decisions taken.
- Information on social audit conducted through Gram Sabhas.
- Information on Mahila Sabhas conducted to address specific issues relating to women.
- Documentation of Gram Sabhas including videography.
- Attendance of officials, experts, academicians, activists in the Gram Sabhas.
- Special innovative approach adopted by the Gram Sabhas for delivery of public services.
- IEC activities undertaken by Gram Sabhas.
- Mobilizing rural people through gram sabhas into development specific people's committees. The committees are as follows
  - Village water and sanitation committee.

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- Liquor prohibition committee.
  - Street light committee.
  - Local committee to sort out problems.
  - Nutrition committee.
  - Health committee.
  - Siksha committee.
  - Youth affairs committee.
  - Forest and environment committee.
  - Natural resource management committee.
  - Electricity committee.
  - Land and water resource committee.
  - Child and women development committee.
  - Vigilance committee.
  - Social audit committee.
  - Women Empowerment Committee.

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## Smart GPs.

### SDG – XVI – promotion of accountable and inclusive institutions at all level.

#### Vision:

1. To eradicate poverty.
2. To give self sustainability to Gaon Panchayats.

**Objectives:** Providing required infrastructure in GP and bridge the critical gap for self sustained GP. Improved basic service delivery in GP through various structural and non structural, financial and non financial units. Smart Gaon Panchayat Scheme seeks to:

#### Strengthening the infrastructure in the GP.

- Strengthening the institutional infrastructure like GP office building, schools, anganwadi centre, sub health centre etc.
- Provide better road connectivity.
- Avail safe drinking water supply.
- Improved sanitation facility.
- Establish solid and liquid waste management system.
- Promote sport.
- Provide street lights facility.
- Provide electricity connection.
- Avail housing for all.
- Improve market facilities.

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### **Improve the socio economic scenario of the GP.**

- Establish banking facility.
- Improve agricultural productivity.
- Provide amiable environment for differently abled persons.
- Prohibit intoxicating habit.
- Honoring eminent person from the GP.
- Eradication of superstitious.
- Promotion of cultural activities.
- Promotion of sports.
- Promotion of environment protection.

### **Provide better service delivery.**

- Establishment of common service centre / IT Centre in GP. The centre would render online service deliveries like BPL certificates. Income Certificates, Birth Certificates, Birth and Death registration, land document, bill / recharges. It will also provide information on Agricultural market, weather related information, etc.
- Establishment of single window for panchayat tax deposits, maintenance service for street light, toilet, drinking water etc.

### **Intensive participatory planning exercise.**

A systematic participatory planning process will be undertaken for preparation of perspective and annual Gram Panchayat Plan for economic development and social justice.

### **Composition and responsibilities of Sub-Committees.**

- Construction and naming of roads.
- Education and literacy.
- Sanitation and Drinking water.
- Health.
- Yoga.

- Differently abled.
- Cultural.
- Prohibition.
- Agriculture.
- Economic Development.
- Plantation.
- Sports.
- Miscellaneous.

**Analysis of the status of major infrastructure facilities and services to be created in the smart village :**

Sl No	Infrastructure	Availability	Actual Status	Shortfall
1	Pucca Road	Each habitation		
2	Bus service	Each habitation		
3	Electricity Connection	Each habitation		
4	Piped water	Each habitation		
5	Public Toilet	Each habitation		
6	Drainage system	Each habitation		
7	Gram Panchatay / Ward Panchayat office	Each GP / ward headquarter		
8	Ration Shop	Per unit population		
9	Anganwadi	Per unit population		
10	Primary school	Each habitation		
11	Secondary School	Per unit population		
12	College	Per unit population		
13	PHC	Per unit population		
14	Sub centre	Per unit population		
15	Hospital	Per unit population		
16	Veterinary	Per unit population		
17	Police Station	Per unit population		
18	Post Office	Per unit population		
19	Bank / credit agency	Per unit population		
20	Public library	Per unit population		
21	Agri. Marketing centre	Per unit population		
22	Virtual connectivity	Each habitation		
23	Major irrigation project	As peer local condition		
24	Medium irrigation project	As peer local condition		
25	Minor irrigation project	As peer local condition		
26	Fully developed watershed	As peer local condition		

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## E-Panchayats.

### SDG – XVI – promotion of accountable and inclusive institutions at all level.

Each panchayats will apply the following applications to make the panchayat a e-panchayat.

#### **PANCHAYAT ENTERPRISE SUITE (PES)**

MoPR has undertaken e-Panchayat Mission Mode Project(e-Panchayat MMP) with a view to introduce and strengthen e-Governance in PRIs across the country and build associated capacities of the PRIs for effective adoption of the e-Governance initiative. Under this project, Panchayat Enterprise Suite (PES) has been conceptualised which comprises 11 Core Common applications. At present, Panchayat Enterprise Suite has been deployed /operational with 10 Core Common Applications and GIS layer module is under conceptualisation.

#### **PES applications are**

- **LGD (Local Government Directory-:** Captures all details of local governments and assigns unique code. Also maps Panchayats with Assembly and Parliamentary Constituencies.
- **Area Profiler:** Captures geographic, demographic, infrastructural, socio-economic and natural resources profile of a village/panchayat. Universal database for planning of all sectoral programmes and also provides details of Elected Representatives, etc.
- **PlanPlus:** Helps Panchayats, Urban Local Bodies and line departments in preparing Perspective, Annual and Action Plans.
- **PriaSoft:** Captures receipt & expenditure details through voucher entries and automatically generates cash book, registers, etc.

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- **ActionSoft:** Facilitates monitoring of physical & financial outcomes / outputs under various programmes.
  - **NAD (National Asset Directory) :** Captures details of assets created/maintained; helps avoid duplication of works.
  - **Service Plus :** A dynamic metadata-based service delivery portal to help in providing electronic delivery of all services in all States. The functionality of the erstwhile Grievance Redressal Application has also been subsumed into this Application.
  - **Social Audit and Meeting Management :** Captures details of statutory meetings held at ZP/BP/GP levels and prepares reports for social audit.
  - **Training Management:** Portal to address training needs of stakeholders including citizens, their feedback, training materials etc.
  - **National Panchayat Portal:** Dynamic Web site for each Panchayat to share information in public domain.
  - **GIS:** A spatial layer to view all data generated by all Applications on a GIS map
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## Transparent and corruption free GPs

### SDG – XVI – promotion of accountable and inclusive institutions at all level.

- o **The Gram Panchayats in coordination with other departments, organizations as well as Gram Sabhas will adopt various strategies to make its activities transparent and corruption free.**
- o **Holding of regular Gram Sabhas/Ward Sabhas.**
- o The Gram Panchayats will regularly hold meaningful Gram Sabhas/Ward Sabhas and keep the following records.
- o Number of meetings during last one year
- o Participation of various social groups
- o Caste
- o Class
- o Sex
- o Nature of issues discussed
- o Issues on which decision taken.
- o Unanimous/ consensus
- o Split decision
- o Disputed decisions
- o Decisions related to Infrastructure, Irrigation, Drinking Water, Poverty-alleviation programmes, Health, Education etc
- o Individual cases
- o Domination by various Socio-Economic Groups
- o Caste Groups
- o Class Groups
- o Traditional Panchayat
- o Domination by individuals

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## **Accountability and Transparency.**

**The panchayats will remain alert to face the following questions from the public and stakeholders relating to accountability and transparency.**

- Does the panchayats maintain accounts in PRIASOFT?
- How many audit paras complied with out of the total paras.
- How many actions have been taken by the panchayat on the social audit reports?
- How many grievances form citizens were received in 2013-14 by the Gram Panchayat?
- How many of these were addressed?
- Have all the RTI applications received by the panchayat have been replied?
- Has important information related to BPL list, pensioners and other list of beneficiaries etc. have been displayed for transparency in the Gram Panchayat office and public places as per provisions of RTI Act?

**Values, norms and principles to be adopted by the Gram Panchayats to keep it accountable, responsible, transparent and corruption free.**

- Well being of the people.
- Participation.
- Equity and inclusiveness.
- Transparency.
- Responsiveness.
- Consensus.
- Efficiency.
- Accountability.
- Quality of performance.
- Adherence to statutorily and procedural standard.
- Sustainability.
- Caring and helpfulness.
- Trust.

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- Social relations.
  - Good social relations and rapport.
  - Pro-active action.

## Full employment GPs.

### SDG – VIII – a full and productive employment and decent work for all.

The Gram Panchayats in collaboration with departments and agencies make plan for full employment and promotion of livelihoods in the GPs. The following formats will be used for the purpose.

Sector	Indicators	Status	Issues/Problem s/Gaps	Proposed Interventions	Prioritization of Issues (at GS)
Livelihoods	Sources Of Livelihoods (No. Of Families Involved)				
	a. Public Job Holders				
	b. Private Job Holders.				
	c. Agriculture				
	d. Piggery				
	e. Goatery				
	f. Duckery				
	g.Poultry Firming				
	<b>g. Weaving</b>				
	h. Small Business				
	i. Artisans				
	j. Wage Earning				
	k. Other				

Planning through Rural Development programmes.