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# Karnataka – Action Plans Discussion

**MOU with  
Department of Rural  
Development and  
Panchayat Raj  
(RD&PR),  
Government of  
Karnataka**



Evaluation of Rural  
Libraries



Concurrent evaluation  
of MGNREGA  
Crèches



Strengthening GPAAA\* :  
Micro health plans at GP  
level



Convergence of Gram  
Panchayats and Self  
Help Groups



Promotion of Sports  
activities in Gram  
Panchayats

\*Gram Panchayat Arogya Amrutha Abhiyana

# Recent Amendments to the MOU



Institutional  
strengthening of  
Social Audit Unit



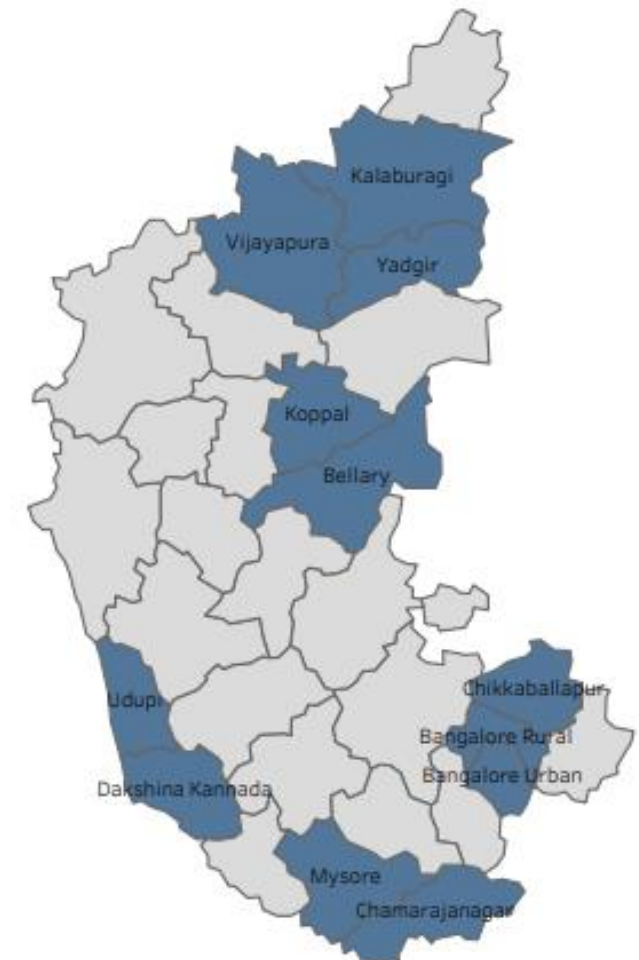
Social Inclusion with specific  
references to Persons with  
Disabilities (PWDs)



# Field Visits

Across 13 districts, the team has

- Visited 20 digital, 2 non-digital and 2 Beacon Libraries
- Visited 16 crèches and interacted with 75+ current and potential beneficiaries
- Interacted with 15 Gram Panchayat Level Federations (GPLF) of SHGs



# Evaluation of Rural Libraries





# Gram Panchayat Libraries and Information Centres



## Introduction:

- 5600+ rural libraries to promote literacy and provide citizen information.
- Strengthened and inclusive infrastructure.
- Transfer of management from Dept. of Libraries to RDPR in 2019.
- CRISP to evaluate the program.

# Learnings from the field

## STRENGTHS

- Good infrastructure and book collection.
- Active support from NGOs.
- Attractive activities and good student participation.

## THREATS

- Limited funding.
- Lack of community involvement.
- Low literacy rate in many areas.



## WEAKNESSES

- Lack of training for librarians.
- Lack of efficient monitoring system.
- Books not being used to their full potential.

## OPPORTUNITIES

- Potential to increase literacy in rural areas.
- Opportunity to attract more readers through innovative programs.



# Evaluation Objectives

- **Evaluate library system:** Assess administration, resources, accessibility, funding, innovation, and community involvement.
- **Assess library usage:** Evaluate use for citizen services and remedial education.
- **Gather data:** On user needs, satisfaction, and community involvement.
- **Develop recommendations:** Create an implementation plan based on evaluation findings.
- **Prepare final report:** Present final report on implementation of recommended improvements.

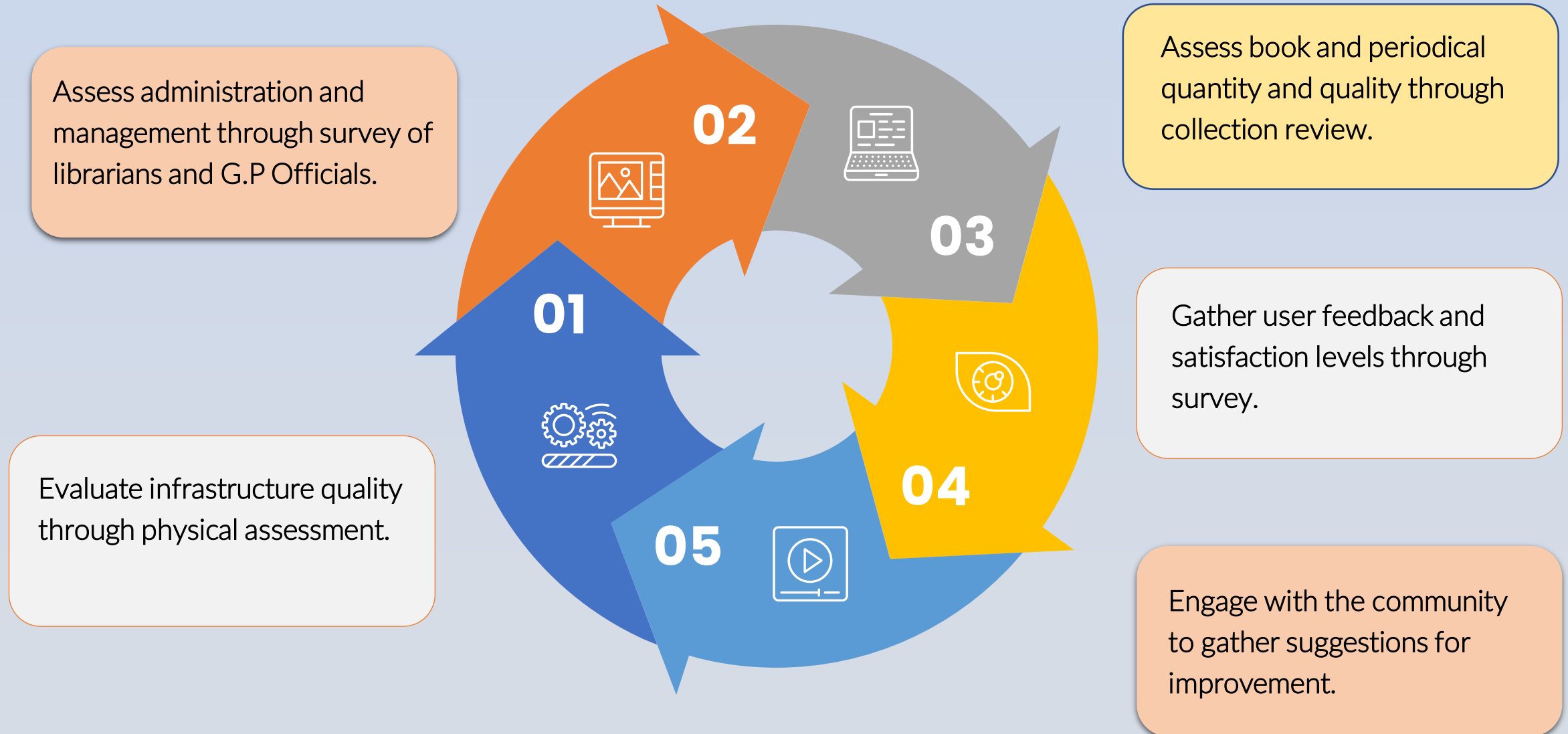


*"A library is not a luxury, but one of the necessities of life."*  
- Henry Ward Beecher





# Strategies to be Adopted



# Outcomes & Outputs

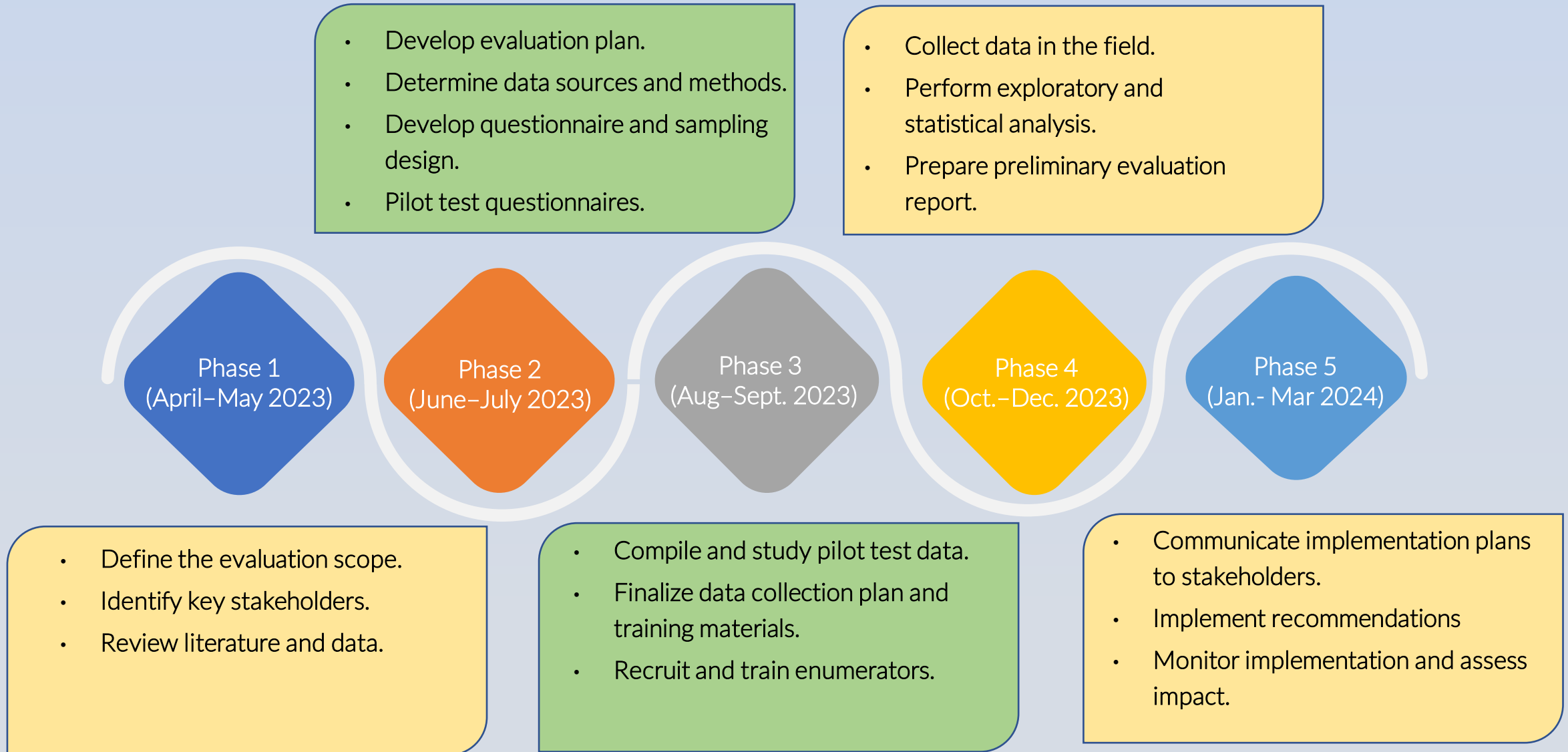
## Outputs

- A holistic comprehension of the library's management and operations.
- A comprehensive understanding of the resources available, including their quality and accessibility.
- Data on the various user demographics and their usage of the library's services.

## Long-term outcomes

- Improved administration system, availability, quality, and accessibility.
- Improved digital literacy in rural areas.
- Enhance the library's role in serving the community as a hub for information dissemination and knowledge sharing.

# Expected Timeline





# Concurrent evaluation of MGNREGA Crèches





# Background



## Genesis:

Lack of affordable and reliable day care in rural areas compels the women to bring their infants to the work site



RDPR decided to set up crèches in convergence with MGNREGA and WCD.



62 GPs (2 in each district) were selected to set up the crèches under the pilot program in April 2022



Intent was to provide safe, comfortable and supervised space to leave their children



# Objectives

- To understand the functioning of current crèches piloted under MGNREGA convergence
- To suggest changes or improvements that will benefit the roll out of 500 new crèches (in rural areas) announced in the 2023-24 budget





Less than half of the targeted (62) crèches are functional



Scheme is at **different stages** of implementation in the selected GPs



Differences in **execution** with respect to payment of wages to the caretakers and beneficiaries availing the service



The age of the children availing Crèche facility is **above 3 years** in majority of the places



The *need* for reliable day care is not visible in the *demand* for such services

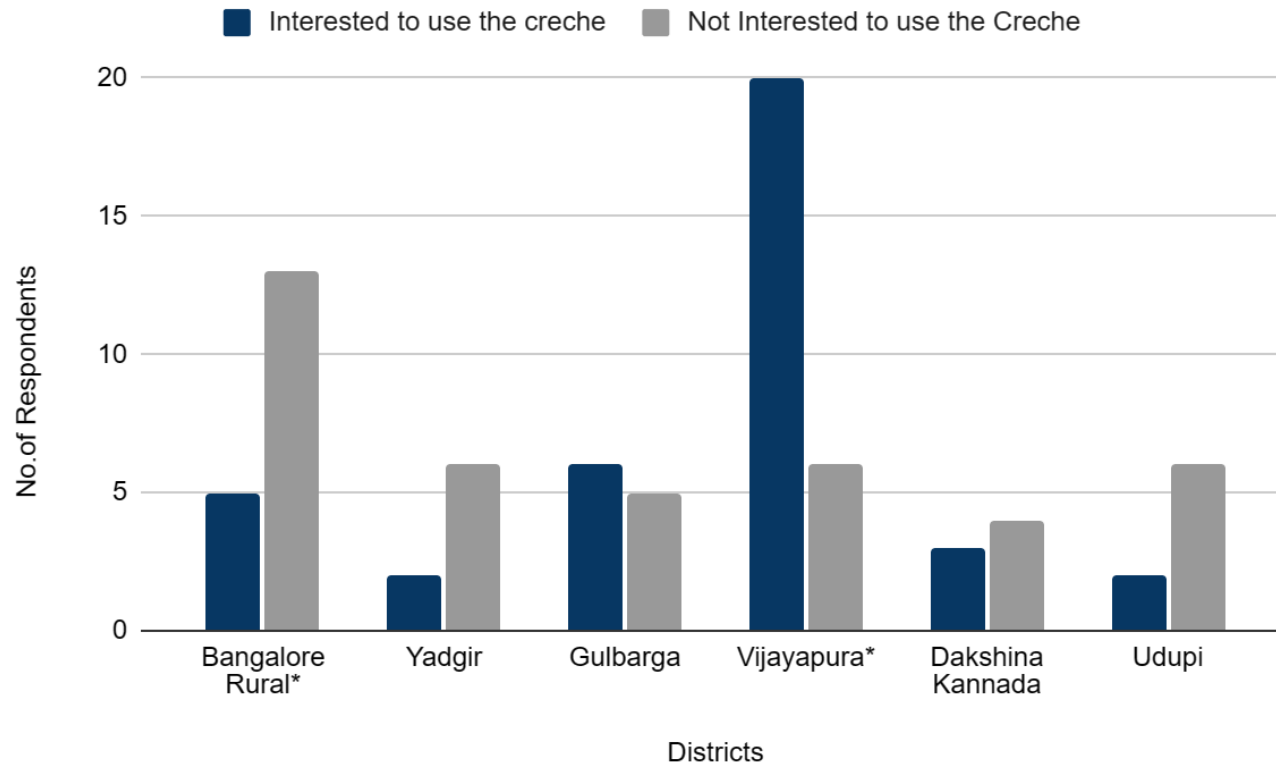
## Field Observations

(Based on our field visits to 16 crèches across 12 districts, and preliminary phone calls)

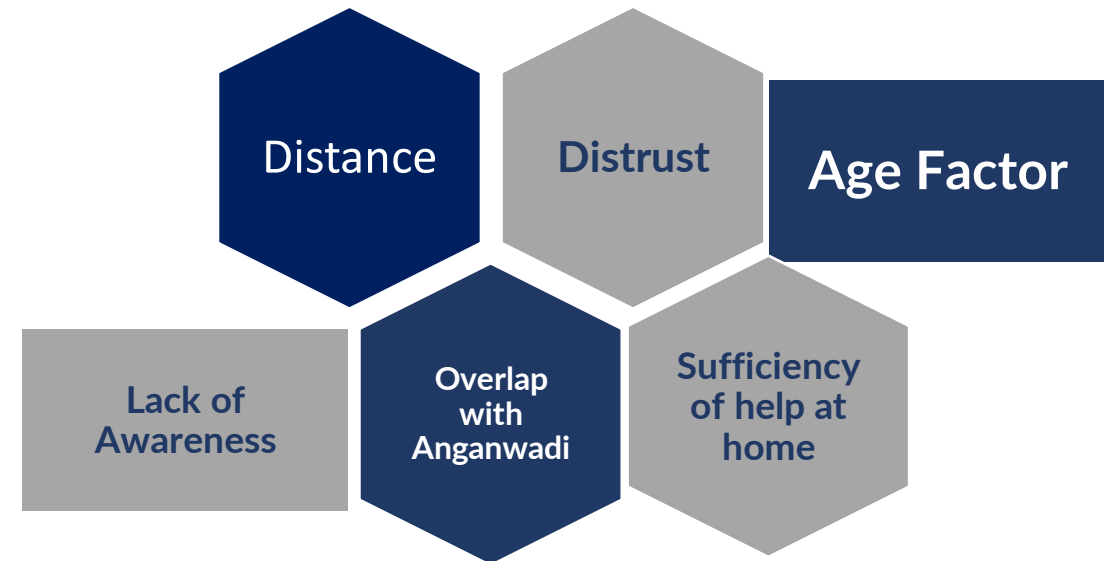
# Field Observations

(Based on the Community interaction held in 6 Districts across 8 Crèches)

The demand for availing Crèche facility is different across different districts



Reasons for not availing the Crèches:



- \*Respondents were from two different GPs in two different Taluks of the District
- Based on interaction with 78 respondents

# Current Status



- Functional crèches in the Pilot still in formation stage
- Data from the field are sparse as of now
- Preliminary observations are that need for crèches exists, but demand has to be worked on
- Main issues and recommendations will be discussed by CRISP leadership team with department heads ahead of the scale up



# Plan of Action



Making provisions clearer for better implementation at grassroots level



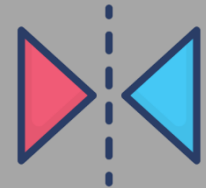
Discovering a strategy to get current Crèches functional



Planning and execution of Demand Assessment Survey



Sensitisation of the potential beneficiaries



Ensuring linkages with Anganwadi Centers, SHGs and others

# Expected Outcomes

## Short term outcomes

- Increased awareness about services & benefits
- Increased demand for the Crèches
- Adequacy in number of crèches (aligned with demand and population trends)
- Better equipped Crèches
- Adequately trained Workers

## Long term outcomes

- Increase in Labour force participation rates of women
- Increased nutrition levels among children

# Timeline

## April–May

- Preparation and submission of preliminary findings of field visits
- Literature review to study best practices of other countries



## September onwards

- Conducting Awareness Campaigns
- Ensuring linkages with AWCs, PHCs and local SHGs



## June–July–August

Planning for and execution of Detailed Demand Assessment Survey



# Strengthening Gram Panchayat Arogya Amrutha Abhiyana(GPAAA)





# INTRODUCTION



## Objectives

- ❖ To promote greater involvement of GPs in Public Health and facilitate convergence with primary healthcare providers
- ❖ To realise the vision of 'Health for all' through Panchayat leadership

## Background

- ❖ This Action Plan is based on
  - the recommendations made by Mr. S M Vijayanand in CRISP's first report to RDPR Department, GoK
  - Karnataka Health Promotion Trust (KHPT) – led initiative of Gram Panchayat Arogya Amrutha Abhiyana (**GPAAA**)
  - field observations of the Karnataka team



# INITIATIVES TAKEN



- ❑ All 31 districts covered under GPAAA
- ❑ GPs empowered as nodal facilitator of convergence between health system structures
- ❑ GPAAA components – NCD testing, TB screening, Anaemia screening, mental health counselling and awareness raising on child marriage and menstrual hygiene
- ❑ GP Health management kits distributed, health camps are conducted
- ❑ Aims to promote health-seeking behaviour



# STRATEGY

- ✓ To be divided into 3 sub-projects and will be implemented in Resource Cluster model in first phase
- ✓ Will be scaled up to all districts in the second phase after incorporating learnings from first phase

## SUB-PROJECT 1

- Evaluation of ongoing GPAAA Programme (on request by ACS (PR))

## SUB-PROJECT 2 (in Resource Clusters)

- Strengthening institutional arrangements for planning and monitoring health plans at GP level

## SUB-PROJECT 3 (in Resource Clusters)

- Preparation and implementation of Micro-health plans at GP level



# ACTIVITIES

1

2

3

## EVALUATION OF GPAAA

- Assess health-seeking behaviour of people
- Develop indicators to measure GPAAA performance
- Gather data through surveys
- Develop recommendations
- Final Report

## STRENGTHENING INSTITUTIONAL ARRANGEMENTS

- Drafting GOs for GP-Public health convergence
- Facilitate capacity building programmes for GP members and functionaries
- Orientation programme for health Department staff
- Facilitate Health Status Report
- Strengthen Gram Panchayat Task Force for health related activities

## MICRO-HEALTH PLAN

- Work on constituting Jan Arogya Samiti (JAS) along with KHPT
- Facilitate Participatory Situation Analysis
- Facilitate Community Health Plan preparation
- Suggest activities for GP Health Plan
- Facilitate monitoring of GP Health Plan by JAS

Sub projects	Select Outcome Indicators
<b>Evaluation of GPAAA</b>	<ul style="list-style-type: none"> <li>• Evaluation report (output indicator)</li> <li>• Recommendations to strengthen GPAAA (output indicator)</li> </ul>
<b>Strengthening institutional arrangements for planning and monitoring health plans at GP level</b>	<ul style="list-style-type: none"> <li>• Government Orders for Public health - GP Convergence</li> <li>• Active GPTF meeting regularly and implementing health-related activities</li> <li>• Health Status Report to be presented by PHC to the GP</li> </ul>
<b>Preparation and implementation of micro-health plans at GP level</b>	<ul style="list-style-type: none"> <li>• Constitution of Jan Arogya Samiti</li> <li>• Participatory Situation Analysis and Community Health Plan led by SHGs</li> <li>• GP health plan involving activities of both GPs and PHCs/ HWCs</li> </ul>

# Current status

- ❑ 3 rounds of meetings with ACS (PR) and Commissioner (PR) were held to discuss the recommendations and implementation strategy
- ❑ Discussion with KHPT on GPAAA and its implementation
- ❑ Working on constituting Jan Arogya Samiti to be brought under Section 61A of Karnataka Panchayati Raj Act

# TIMELINE





# Gram Panchayat – Self Help Groups Convergence in Karnataka





# INTRODUCTION



## Objective

- ❖ To bring about Gram Panchayat and Self-Help Group convergence, as appropriate to the Karnataka context .
- ❖ Immediate operationalisation through the hub and spoke model

## Background

- ❖ This Action Plan is based on the recommendations made by Mr. S M Vijayanand in CRISP's first report to RDPR Department, GoK, and field observations of the Karnataka team

## Strategy

- ❖ Geographically representative resource clusters to be developed as Schools of Practice.
- ❖ The project will be scaled up next year, based on the experience acquired from the clusters

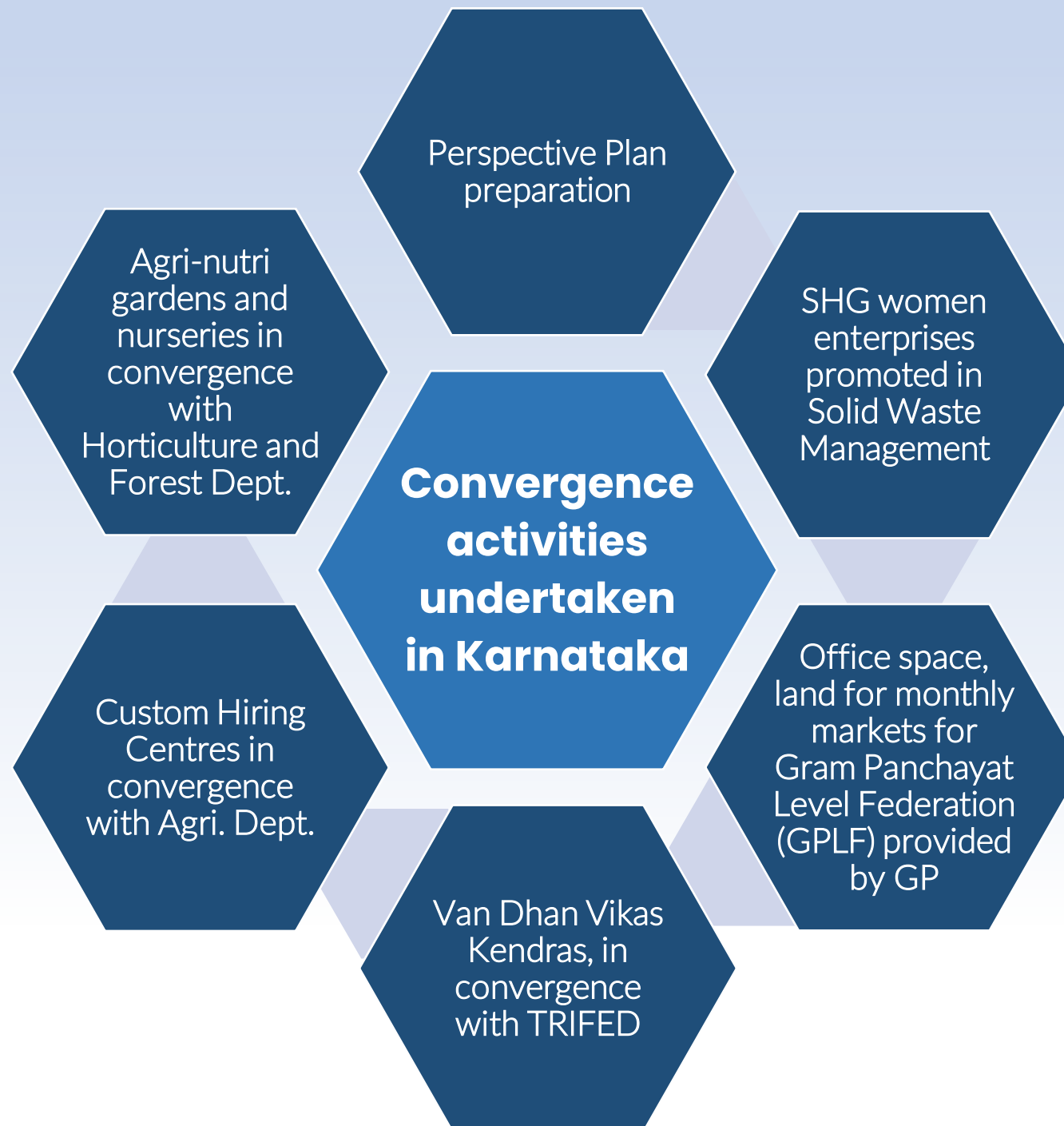


# Rationale for GP-SHG Convergence



- Creates and leverages synergies between the institutions to achieve local development
- Leads to demand-based approach towards rights and entitlements
- Empowers women to participate in local governance

- The SHGs affiliated with *Sanjeevini*, the Karnataka State Rural Livelihood Promotion Society (NRLM), currently focus their efforts mostly on credit and thrift
- Realising the cooperation between SHGs and GPs is essential to fostering local economic development through the creation of enterprises and the promotion of livelihoods
- GP-SHG partnership is also aimed at increasing women's participation in the decision-making process.





- SHG enterprises in SWM – via MoU between GP and GPLF
- Driving licenses issued and GPs have built segregation sheds.



- GPs have provided office space for SHGs
- Village Poverty Reduction Plans training has been ongoing for 3 years.



## Field Observations



- Good working relationship between Sanjeevini staff and GP functionaries spurring innovation in some GPs.



- SHG enterprises nurtured by some GPs
- GPs provide land for organising monthly markets for selling SHG products

In SWM, collection of user fees and waste processing has not begun yet.  
Lack of coordination between GP members and SHG leaders.

Institutional capacity of GPLFs is generally inadequate in all the districts visited.  
Beneficiaries under various schemes are not scrutinised by GPLF prior to placing them before the GPs.

### Areas of Concern

VPRP process is out of sync with GPDP process and the demands are seldom followed up.  
No active joint coordination committees and forums.

Institutional capacity of GPLFs is generally inadequate in all the districts visited.  
Beneficiaries under various schemes are not scrutinised by GPLF prior to placing them before the GPs.

# SUB-PROJECTS

To be implemented in selected clusters

Considering the broad expanse of the GP-SHG Convergence project, it is proposed to have five sub-projects within the scope of the main project

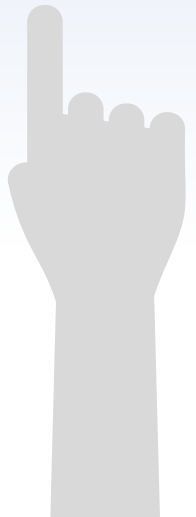
Institutional  
strengthening of  
GPs and GPLFs

Involving SHGs  
in MGNREGS  
planning and  
implementation

Strengthening  
Solid Waste  
Management  
enterprise of  
GPLF women

VPRP-GPDP  
Linkage

Livelihood  
activities of  
SHGs supported  
by GPs



# IMPLEMENTATION STRATEGY

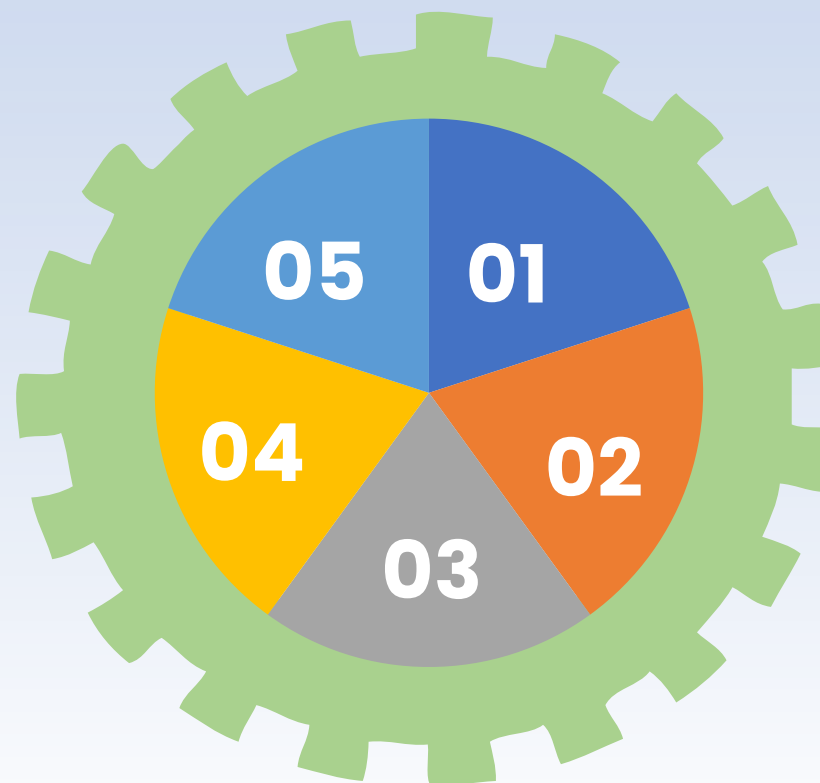
FOR DEVELOPING RESOURCE CLUSTERS

## STRENGTHENING SHGs

- Institutional strengthening
- Implementing joint projects with GP
- VPRP and MGNREGA labour budget preparation
- Community-based monitoring

## CAPACITY BUILDING OF GPs

- Roles and responsibilities
- Supporting local economic development of SHG network
- Prioritizing VPRP demands in GPDP



## CASCADE TRAINING

- Formation of team of trainers
- ToT by SRG
- Training of SHG leaders, GP members and LRG

## SETTING UP STATE RESOURCE GROUP (SRG)

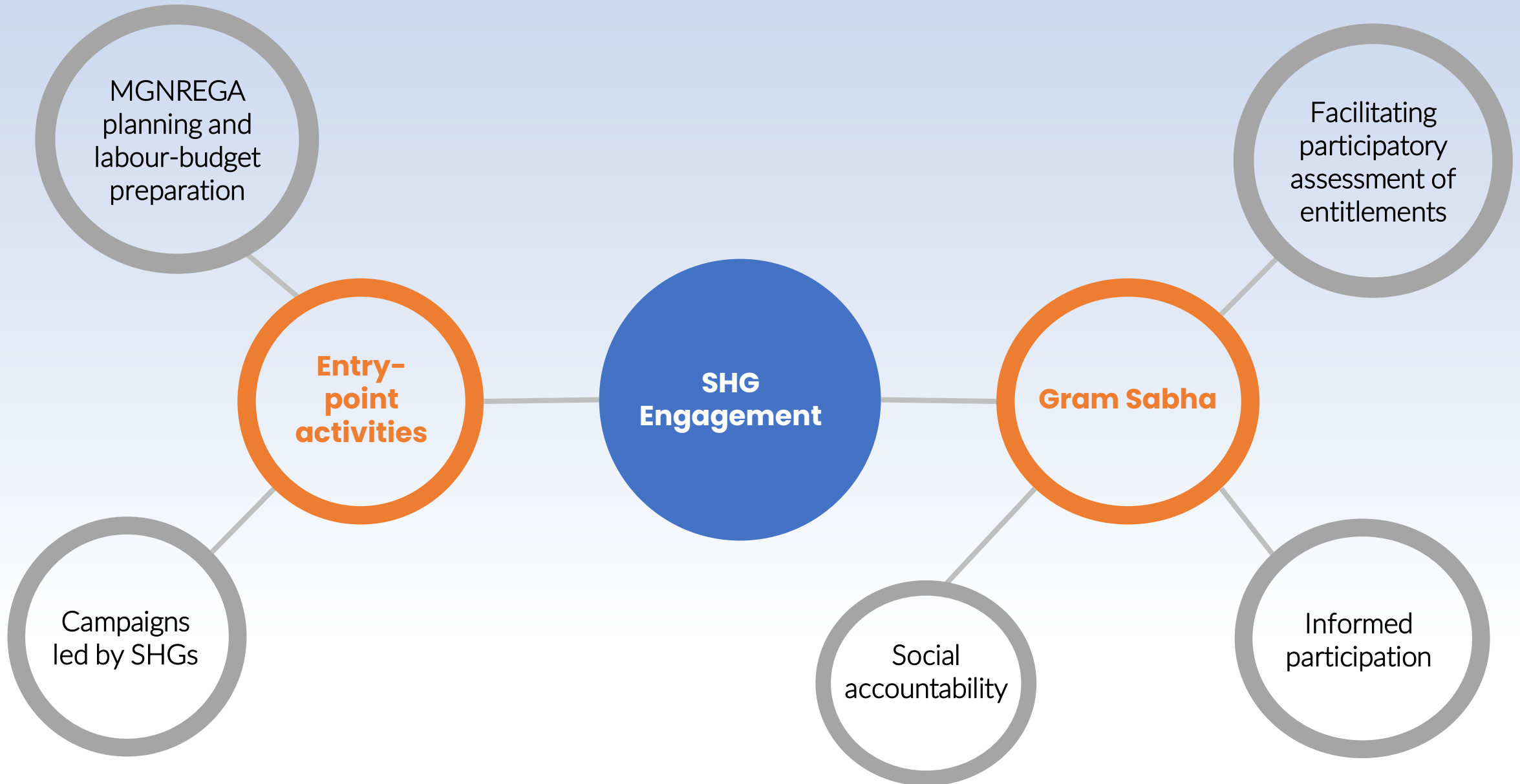
- Training modules and methodology
- Setting up of baseline based on existing convergence activities
- Devise intervention strategy
- Training of Trainers

## CONSTITUTE LOCAL RESOURCE GROUPS (LRG)

- Self-driven members from local community
- Facilitate GP-SHG interface
- Mobilization and awareness generation



# OPERATIONAL ACTIVITIES



# FURTHER STEPS

1

## **Status studies and Surveys led by SHGs**

Involvement of SHGs to undertake gender status study, status of children, elderly, destitutes, terminally ill patients etc.

## **Establishing joint forum for coordination**

Consisting of GP and SHG members for planning and monitoring.

Regular follow-up of decisions made in Gram Sabha

2

## **Using Participatory assessments and tools**

Developing a format for participatory identification of poor and setting up of baseline data reflecting access of SHG members to schemes.

Will be facilitated by LRG

3

## **Nurturing Community Professionals**

Forward-looking individuals from LRG in Resource Clusters to be groomed as Community Professionals to take the Convergence project to neighbouring GPs

4

Sub projects	Select Outcome Indicators
<b>Institutional strengthening of GPs and GPLFs</b>	<ul style="list-style-type: none"> <li>• Local Resource Groups in all GPs in the Cluster</li> <li>• Formation of a committee for planning and monitoring convergence activities</li> <li>• Monthly meetings between GP and GPLF</li> </ul>
<b>Involving SHGs in MGNREGA planning and implementation</b>	<ul style="list-style-type: none"> <li>• Participation of SHGs in MGNREGA labour budget preparation</li> <li>• Presentation of identified works in Gram Sabha</li> <li>• 100% Job Card issuance against the number of applicants</li> </ul>
<b>Strengthening Solid Waste Management enterprise of GPLF women</b>	<ul style="list-style-type: none"> <li>• User fee collection from 80% of commercial establishments and 60% of households in the GP</li> <li>• 100% segregation at source</li> <li>• Vendor identification for selling of waste</li> </ul>

Sub projects	Select Outcome Indicators
<b>VPRP-GPDP Linkage</b>	<ul style="list-style-type: none"> <li>• Integration of 60% of VPRP demands into GPDP</li> <li>• 100% follow up on VPRP demands by GPLF</li> <li>• SHG-led community-based monitoring of plans and programmes</li> </ul>
<b>Livelihood activities of SHGs supported by GPs</b>	<ul style="list-style-type: none"> <li>• A minimum of two livelihood activities of SHGs supported by GP</li> <li>• Preparation of local economic development plan by GPLF with the support of Sanjeevini staff and GP</li> </ul>



# Current status

- ❑ 3 rounds of meetings with ACS (PR) and Commissioner (PR) were held to discuss the recommendations and implementation strategy for GP-SHG convergence
- ❑ First draft of survey form to be floated on Panchatantra portal for generating information on current areas of engagement of SHGs by GPs submitted to the Dept.
- ❑ Work in progress for developing Participatory Identification of Poor (PIP) format for Karnataka
- ❑ Attended Kudumbashree NRO-led PRI-CBO Convergence workshop to finalise State Operational Framework for convergence
- ❑ Partnering with Mahila Samakhya (local well established NGO) on capacity building programmes for elected representatives

# TIMELINE

- Drafting of enabling GOs
- Formation of SRG
- Training modules
- Devising implementation strategy

**April–June 2023**

- Orientation of Sanjeevini-NLM (R) staff
- Training of LRG
- Institutional strengthening of SHG network
- Mobilization of SHG households

**July–Sep 2023**

- Capacity building of GPs
- Entry point activities – MGNREGS planning
- SHG engagement in Gram Sabhas
- Using participatory assessment tools

**Oct–Dec 2023**

- VPRP-GPDP linkage
- Implementation of joint projects for livelihood activities of SHGs
- Capacity building of SHGs for community-based monitoring

**Jan–March 2024**

# Promotion of Sports through Gram Panchayats





# Project Objectives

- Promote sports through Karnataka's Gram Panchayats.
- Evaluate existing facilities and sports events conducted.
- Assess the degree of inclusivity of different sections.
- Recommend necessary infrastructure and equipments for rural sports.
- Facilitate GP-level sports events and tournaments.

The team hasn't started working on the project yet. A comprehensive plan will be developed in consultation with Mr. Radhe Shyam Julania and relevant departments.



*"Sports have the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does."*

- Nelson Mandela

