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**Samarthan**

# Public Services Provided by Gram Panchayats in Chattisgarh

## A Citizen Report Card



**Public Affairs Centre**



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Public Affairs Centre

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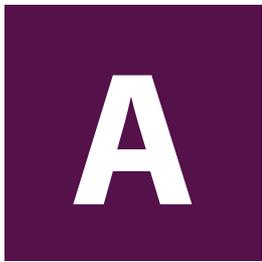
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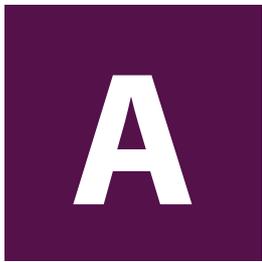
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# bbreviations

<b>APL</b>	Above Poverty Line
<b>ANM</b>	Auxiliary Nurse Midwife
<b>BPL</b>	Below Poverty Line
<b>CAA</b>	Constitutional Amendment Act
<b>CBO</b>	Community Based Organization
<b>CRC</b>	Citizen Report Card
<b>GP</b>	Gram Panchayat
<b>IAY</b>	Indira Awaas Yojana
<b>MFP</b>	Mini Forest Produce
<b>NGO</b>	Non Government Organization
<b>NREGA</b>	National Rural Employment Guarantee Act
<b>RTI</b>	Right to Information
<b>PAC</b>	Public Affairs Centre
<b>PAF</b>	Public Affairs Foundation
<b>PESA</b>	Panchayats Extension to Scheduled Areas
<b>PHE</b>	Public Health Engineering
<b>PDS</b>	Public Distribution System
<b>PHC</b>	Primary Health Centre
<b>PRI</b>	Panchayat Raj Institution
<b>SDMC</b>	School Management and Development Committee
<b>SHG</b>	Self Help Group
<b>UNDP</b>	United Nations Development Programme



# cknowledgements

**T**he Citizen Report Cards (CRCs) developed by the Public Affairs Centre (PAC) and implemented in Bangalore and several other cities has gained national and international reputation as a useful means for enhancing the accountability of urban local bodies for their services to citizens. However, PAC also believes that the CRC would be a useful instrument in contributing to the more effective evolution of the Panchayat Raj Institutions. CRCs to this effect carried out by Public Affairs Centre and its sister organization, Public Affairs Foundation (PAF) in Karnataka and Maharashtra respectively have proved that CRCs can be easily adapted to suit rural settings as well.

This CRC, initiated by Samarthan, a well-known and respected NGO working in the field of governance and service delivery with financial assistance from UNDP, has been carried out in partnership with PAC, who took on the responsibility of providing guidance and support during each of the phases of the CRC. The partnership between PAC and Samarthan goes a long way back having carried out several CRCs together and sharing our learnings with regard to each of these CRCs.

We wish to place on record our sincere thanks to Yogeshji, Chairman, Samarthan for providing the opportunity to work with each other again. We would like to thank Mr. Surendra Jena, Coordinator, Samarthan Raipur, where the actual action took place, for extending all facilities – physical and human for the smooth carrying out of the CRC. All the staff of Samarthan Raipur and workers who volunteered to work for the CRC survey also deserve our heartfelt gratitude.

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Mr. Sripad Sriram ably edited and organized the final version of the report. We thank him for the apt cover design. Our acknowledgements to Ms. Megha Channegowda for coordinating with the printers.

While we are indebted to the individuals mentioned above for their contributions, we, the authors, are solely responsible for the opinions expressed and any errors therein.

**Dr. Sita Sekhar**  
**Dr. Meena Nair**  
**Dr. K. Prabhakar**



# Preface

Current discourses and praxis in the governance terrain in India are embellished by two seemingly contrasting trends – one, specific drafting of proactive legislation that attempt to bring the institutions of the state closer to the citizens and two, a small but steady growing repertoire of tools and approaches from the civil society that aims to hold the state accountable for its actions. The Citizen Report Card (CRC) pioneered by the Public Affairs Centre (PAC) in 1994 has over the last decade enhanced citizen-state interactions by empowering citizens voice on one hand and also, enabling the state to diagnose service delivery systems and processes. Anchoring around user feedback, CRCs have altered the landscape of public governance by creating forums for effective state-citizen interfaces.

The Citizen Report Card (CRC) of Rajnandgaon and Bastar was conducted under the auspices of the UNDP and Planning Commission supported project “Rural Decentralization and Participatory Planning for Poverty Reduction”. Though the spirit of decentralization was unleashed in India through the 73rd Constitutional Amendment Act, enacted more than a decade ago, limited devolution and inadequate capacity of local Governments have undermined the effectiveness of Panchayati Raj institutions and diluted the intent of decentralization. The National Common Minimum programme of the current central government has resolved to undertake a number of initiatives for empowering the Panchayati Raj institutions in consultation with respective state governments.

The overall objective of the project referred above would thus be to provide catalytic support and create an enabling environment for decentralization at the state level and to strengthen endowment of the local government with sufficient autonomy and resources to respond to local needs. The specific objectives of the project are:

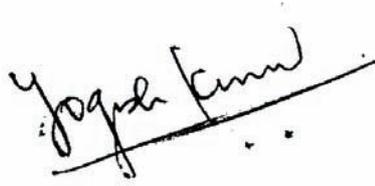
1. Strengthening decentralization of decision-making and pro-poor development planning
2. Improving the fiscal domain of PRIs for local development through resource convergence and local resource mobilization
3. Enhancing the oversight functions of the PRIs especially Gram Sabha to strengthen transparency and accountability in local governance
4. Supporting enhanced devolution and autonomy of PRIs through facilitating policy making for decentralization.

Samarthan has started working intensively in Rajnandgaon and Bastar Districts of Chhattisgarh in its implementation of the project “Rural Decentralization and Participatory Planning for Poverty Reduction” since the last three years. The present CRC was carried out with a specific focus to understand the significance of local rural bodies in providing basic services to the people. Major departments that are entrusted with providing basic services to the people were taken up in the study. Electricity, health services, PHE, PDS and other government schemes were targeted for the study. The CRC tried to analyze the functions of the above said departments from the point of view of service users. The issue of people’s participation in rural self governance constitutes another important component of the study. It is anticipated that the Citizen Report Card would contribute in strengthening rural self governance and we sincerely hope that the findings of the study would be of assistance to the Government and its functionaries in

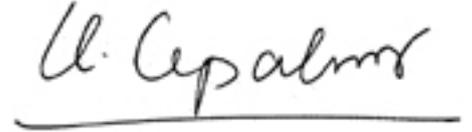
formulating people centered policies and insuring their effective implementation.

Samarthan wishes to acknowledge the donor UNDP for the support provided to carry out the study in the respective geographical locales. We are sincerely appreciative of the efforts of the team of supervisors and investigators of Samarthan Bastar and Rajnandgaon and the State team as well in this endeavor. We are deeply appreciative of the support of Public Affairs Centre (PAC), Bangalore for its institutional support to carry out the study and compilation of the report. Special acknowledgements are due to Dr. Sita Sekhar and the Research Team members at PAC – Dr. Meena Nair and Dr. Prabhakar, who led from the front in organizing the questionnaire, data collection process, its analysis, sharing and consolidation of the findings.

We hope that this pioneering initiative will catalyze all stakeholders to address issues of decentralized public service delivery in an informed manner and set in process a sequence of reforms and service improvement steps.



**Dr. Yogesh Kumar**  
**Executive Director**  
**Samarthan**



**Dr. Gopakumar K. Thampi**  
**Director**  
**Public Affairs Centre**

# Introduction



**C**itizen Report Cards (CRCs), a tool to benchmark public service delivery developed by Public Affairs Centre, are now widely recognized as a simple and widely replicable method to improve transparency and public accountability. With end-user feedback, the method on which Citizen Report Cards determine the quality of service delivery, it is possible to rank service providers on their performance. Citizen Report Cards can then be used to stimulate collective action by citizens and provide organizational leaders with an opportunity to strategically orient themselves to develop reforms. Experiences with CRCs, both domestically and internationally, have amply demonstrated their potential to catalyze increased public accountability and provide a credible data to facilitate proactive civil society responses.

Citizen Report Cards present a simple but highly flexible approach for organizing end-user feedback. The objectives of Citizen Report Cards are as follows:

- ✦ Generate citizen feedback on the degree of satisfaction with the services provided by various public service agencies and also, provide reliable estimates of corruption and other hidden costs
- ✦ Catalyze citizens to adopt proactive stances by demanding more accountability, accessibility and responsiveness from the service providers
- ✦ Serve as a diagnostic tool for service providers, external consultants and analysts/researchers to facilitate effective prognosis and solutions
- ✦ Encourage public agencies to adopt and promote citizen friendly practices, design performance standards and facilitate transparency in operations

While most Citizen Report Cards have been conducted within an urban context, recent CRCs carried out in rural settings have shown that this tool is a useful instrument in contributing to the more effective evolution of the Panchayat Raj Institutions.

Samarthan, an NGO based in Madhya Pradesh, promotes participatory development and participatory governance through direct field action, capacity building, research and

advocacy. It also has a large network of grass-roots groups (NGOs/CBOs) to demonstrate examples of participatory governance as well as to amplify voices of the poor, dalits, tribal and women in policy-making platforms. Samarthan is also implementing Livelihoods Projects in the districts of Sehore and Panna to strengthen the socio-economic and political position of the poor in governance structures.

This CRC has been carried out under the project 'Rural Decentralization and Participatory Planning for Poverty Reduction', which is a joint initiative of the Government of Chhattisgarh and Samarthan (Chhattisgarh) supported by UNDP and Planning Commission. Decentralization is a vital means to achieve greater impact in combating poverty, as decentralized Governments are likely to be closer and responsive to the needs of the poor and to implement policies and programs in a pro poor manner. While the 73rd Constitutional Amendment Act was enacted more than a decade ago, the limited devolution and inadequate capacity of local Governments seems to have undermined the effectiveness of Panchayati Raj institutions and the process of decentralization. The National Common Minimum program of Government of India has resolved to undertake a number of initiatives for empowering the Panchayati Raj institutions in consultation with Government. The round table conference with the State Government has deliberated on critical issues affecting the Panchayats and their present status so that the implementation of constitutional provisions in this regard can be pursued vigorously and accomplished. The overall objective of the project would thus be to provide catalytic support and create an enabling environment for decentralization at the State level and to strengthen endowment of the local government with sufficient autonomy and resources to respond to local needs.

The specific objectives of the project in general are:

- ✦ Strengthening decentralization of decision-making and pro-poor development planning.
- ✦ Improving the fiscal domain of PRIs for local development through resource convergence and local resource mobilization.

- Enhancing the oversight functions of the PRIs especially Gram Sabha to strengthen transparency and accountability in local governance.
- Supporting enhanced devolution and autonomy of PRIs through facilitating Policy making for decentralization.

One block each from the two districts, Bastar and Rajnandgaon, have been selected for the project intervention. Dongargaon Block in Rajnandgaon and Bastar Block for Bastar have been selected for this purpose. The program during the year 2005-06 had two main objectives. In order to prepare comprehensive microplans for each village covered under the program, village level facilitators and resource persons were identified and oriented towards facilitating special Gram Sabhas titled *Why Micro Planning?* Pamphlets, wall writings, and films on this micro-planning exercise were developed to mobilize the villagers. Further the resource persons and village level line department workers were trained to teach the facilitation of participatory planning rather than actually conducting a Gram Sabha. Panchayat level and block level micro planning committees were constituted and included the PRI representatives and the village level line department workers. The next step was capacity building of the newly elected PRI representatives, covering subjects like 73rd CAA, local self-governance, project management, and revenue mobilization. This step was conducted in two quarters and included special rounds for women PRI representatives.

While the formulation of the village plan has already been developed, its approval in the Gram Sabha is yet to occur. After the approval of the Gram Sabha, the untied funds would be allocated to the villages. To improve the fiscal domain of the Panchayats, the most important requirement was to educate the PRI representatives about raising local taxes. To attain this objective, the first step that was initiated was a mapping exercise of the existing financial resources. Both qualitative and quantitative data was collected for this purpose and a bibliographical document was prepared. Campaigns on the management of community owned assets

and their contribution in raising resources at the local level were also initiated at different periods of time.

The second year of the project activities started with the completion of the micro plans in all the intervened Panchayats. Prior to the implementation of the plans it was mandated that the plan had to be discussed in the Gram Sabha. It is the duty of the Gram Sabha members to implement the plan properly in the villages and Panchayats. In the arena of the capacity building, training exercises of different facets - accounts keeping, social audit, conflict resolution, and creative communication was to be organized at different points of the time. Some selected PRI representatives such as Gram Sabha members including the members of the micro planning committee were to be taken for an exposure visit to build/grasp a nuanced understanding on the micro planning. Information dissemination is also one of the major components of the project. This year, special emphasis would be given on the publication of brochures and pamphlets on the issues/ themes of NREGA and RTI. To upkeep the spirit of the community members and others, episodes on the theme of bottom-up planning and community participation would be broadcasted through radio. Upcoming issues related to governance including micro planning is being published on a bi-monthly basis in the shape of a newspaper and disseminated widely at the grassroots level.

Under the arena of improved fiscal domain of PRIs for local level development through resource convergence and local resource mobilization, mapping exercises of financial resources under different programs of the line departments would be tapped out. In the outputs, to enhance the functions of the PRIs through strengthening of transparency and accountability in local governance, a Citizen Report Card on delivery of basic services is being conducted in the intervened Panchayats.

## Objectives

The objectives this CRC were to:

- Assess the access, usage, quality and satisfaction with public services provided by

- decentralized rural local governance bodies or Gram Panchayats
- ✦ Proactively disseminate the findings and pointers from this study and use them to advocate operational and policy reform measures
  - ✦ Present this experience as learning point that can be used to replicate similar initiatives in other districts of Chattisgarh and other states as well.
7. Mid Day Meals
  8. PDS
  9. Development Schemes

## Methodology

At the outset, meetings were held with the various stakeholders for a comprehensive understanding of the current service delivery aspects and issues that needed to be assessed in the study areas. Research work involved:

- ✦ Understanding the profiles of Gram Panchayats (GPs) and villages to be covered in the CRC
- ✦ Carrying out a Pilot Survey using the CRC questionnaire
- ✦ Carrying out the full-scale CRC Survey

A structured interview questionnaire was used for gathering primary information from the study areas. The following public services were covered in the questionnaire:

1. Drinking water
2. Sanitation
3. Streetlights
4. Roads
5. Health (PHC)
6. Anganwadi

Here it is to be noted that services like health care, Anganwadi, the Mid-day Meal scheme, PDS and development schemes do not fall directly under the purview of the GPs. However, they are responsible for the monitoring of these services. Considering the criticality of some these services, they were also incorporated into the scope of the CRC.

The following aspects were covered for the main GP services:

1. Access/Usage pattern
2. Service quality
3. Problem incidence and resolution
4. Interaction
5. Interaction stemming from routine work (service quality)
6. Interaction stemming from specific problem (service quality)
7. Corruption
8. Satisfaction
9. Suggestions for improvement

Another aspect that was covered at the general level was that of awareness and carrying out of civic responsibilities, which comprised of awareness of block details, panchayat members, Self Help Groups (SHGs), youth clubs, Mahila Mandalis as well as having possession of basic things such as ration card, voter ID card, etc.



The background features a dark purple gradient with several overlapping, semi-transparent pink rectangular shapes. One large pink shape is in the top-left corner, another is in the bottom-right, and a third is in the bottom-left. The text 'Rajnandgaon' is centered in the middle of the page.

**Rajnandgaon**



**R**ajnandgaon is located in west Chattisgarh, bordering Maharashtra and Madhya Pradesh. The total population of the district is 12,83,224 (Rural 10,51,577 and Urban 2,31,647). The district's economy is primarily driven by rain-fed agriculture.

## Survey Methodology

Among the several blocks in the Rajnandgaon district, Dongergaon and Manpur blocks were selected for the Citizen Report Card. The following six Gram Panchayats in Manpur block were selected for this study: Aasara, Kanhardabari, Dhaba, Manery, Khursipar and Bagadai. The following six Gram Panchayats in Dongergaon block were selected for this study: Earagaon, Tolum, Bharritola, Manpur, Tumdikasa and Bodegaon. 300 households were surveyed in each block. These households were selected through systematic random sampling.

## Access to Basic Amenities: A Profile

Public services that are essential for economic and social development in rural areas include educational and health services in addition to the provision of food and agriculture related subsidies. Following is a brief profile of the basic amenities provided to residents of Rajnandgaon.

### Health Care

While seven of the GPs (5 in Dongergaon and 2 in Manpur block) do not have a PHC or sub centre located in them, 5 (4 in Dongergaon and Tumdikasa of Manpur block) do not have a private doctor available. Only three of the GPs (one in Dongergaon block and two in Manpur block) have access to both PHCs as well as private doctors. However, it is alarming to note that Kanhardabri, Dhaba, Maneri and Bagdai GPs of Dongergaon block and Thumdikasa GP of Manpur block do not have access to either of the two health care facilities.

### Community Toilets

Only one from each of the GPs (Maneri GP-Dongergaon block and Manpur GP in Manpur

block) covered, had a community toilet. All the rest do not have any.

### School Facilities

Access to schooling for primary school going children is not an issue. All the GPs have lower primary schools, except Tolum GP in Manpur block. In the case of Middle schools, four GPs do not have middle school facilities, but all of them do have anganwadis or balwadis. Except for Maneri GP (Dongergaon block) none of the GPs have non-formal schools. With the exception of Asra (Dongergaon block) and Bhartitola, Manpur GPs of Manpur block, rest of all of the GPs don't have a secondary level school. Only Manpur GP has a separate school for girls at middle level while none of the GPs have secondary schools for girls.

### Pucca Roads and Bus Stops

Three of the GPs do not have pucca roads within the villages. They are – Maneri, and Kanhardabri GPs of Dongergaon block and Bodegaon GP of Manpur block. All GPs of Dongergaon block and two GPs of (Bodegaon and Tumdikasa) Manpur block are not covered by bus services.

### Post Offices, Fair Price Shops and Banks

While only two GPs of each block (Khurisipar and Asra of Dongergaon block and Bharritola and Manpur, Manpur block) have a Post Office, except Maneri GP of Dongergaon block, all of the GPs have ration shops located in them. Only three of them (Khurisipar-Dongergaon block and Bharritola, Manpur GPs of Manpur block) have a bank operating.

### Community Organizations

All GPs have Self Help Groups present. Only three GPs (Khusipar- Dongergaon and Irag-aon-Manpur blocks) have fertilizer cooperatives functioning. Mahila Mandalis are not so popular, with them present in only eight of the GPs (4 in Dongergaon block and 4 in Manpur block) covered. Tolum GP of Manpur block and Asara, Maneri GPs of Dongergaon block reported the presence of NGOs.

Except for Badai (Dongergaon block), Tumdikasa and Irag-aon (Manpur block) GPs, School Development and Management Committees (SDMC) have not been identified in

any GP of Rajnandgaon district. Almost all the GPs of Manpur block (except Tolum) and only one GP (Maneri) in Dongergaon block have Forest Protection Committees, while Water User Associations are present only in three GPs of Manpur block (Bodegaon, Bharritola and Tolum).

### Access to Services Provided by Gram Panchayats: A Profile

Other information collected from the GP offices included access to public services provided by the GP to the villages. These included drinking water, streetlights, drainage facilities and community latrines.

#### Drinking Water

Among the public sources of drinking water, hand pumps are most popular with all 12 GPs claiming more than 68% coverage among their respective villages. The least available public source is Mini Water Scheme (0.7%), tap at home (3.8%) and piped water sources (12.3%). Piped water supply to households is provided most in Bharritola (44%) and Badadai (44%) in Manpur and Dongergaon blocks respectively. Out of the 12 GPs, only four GPs (3.8%) have tap at home and totally 15% of respondents are getting water from other sources.

#### Streetlights

Only 5 of the 12 GPs (3 in Dongergaon and 2 in Manpur blocks) have provided streetlight facilities to all their respective villages. These are Dhaba (94%), Khursipar (92%) and Manery (8%) in Dongergaon block, Bharritola (82%) and Manpur (22%) in Manpur block.

#### Sanitation

With regard to provision of drainage facilities, only 40% have drainage facilities (three in Dongergaon and two in Manpur block).

A very small proportion of GPs (1.2%) have provided community latrines/toilets, which are Dhaba and Manery of Dongergaon block. No community latrines are found in the selected GPs of Manpur block.

## Findings

### Drinking Water

**The CRC Survey revealed that only 4% use piped water at home as their main source of drinking water.** Public sources such as hand pumps (68%) and public taps (12%) are the main sources of drinking water. A substantial 15% use other sources as well.

**Most are satisfied with the quality of drinking water delivery by their local Gram Panchayat (Chart 1).** Nearly 84% of respondents were either partially or completely satisfied with the quality of water distribution through hand pumps and public taps by their local GP. Respondents surveyed in Dongergaon were far more satisfied than respondents surveyed in Manpur – almost 56% of respondents from Dongergaon were completely satisfied with water distribution in the block compared to 38% of respondents from Manpur. About 25% of the dissatisfied were so primarily because of difficulties acquiring water either due to shortages or infighting among residents due to such shortages. Many respondents suggested installing additional hand pumps or public taps to improve service quality.

**Almost 89% of users whose primary source of water are public taps, report that the quantity of water available during the summer months is sufficient for household needs.** By contrast, 80% of users of hand pumps report that the quantity of water available during summer months is sufficient for household needs. Every user whose primary source of water is public taps reported that water is available daily – 85% report that water is delivered twice a day.

**Most aspects of the quality of service delivery of drinking water from hand pumps are positive (Table 1).** Almost 97% of users whose primary source of water are hand pumps report that platforms are built around pumps and 93% report that the area around water sources are kept clean. Nearly every resident also reported that water from

hand pumps, in addition to public taps, is clear and sweet tasting. Residents of Manpur report better quality service than residents of Dongergaon – 98% of residents of Manpur report that the area around hand pumps is kept clean compared to 89% of residents of Dongergaon. Similarly, 47% of residents of Manpur report a queue at hand pumps compared to 58% of residents of Dongergaon.

**Nearly 42% of those who primarily acquire water from hand pumps report that the pump has broken down in the three months prior to the survey.**

Residents of Dongergaon whose primary source of water are hand pumps are more likely to experience service breakdowns than users of public taps – 47% of users who primarily obtain water from hand pumps experienced service interruptions within the three months prior to being surveyed compared to 29% of users who primarily obtain water from public taps. However, public taps in Manpur are less reliable – 42% of those surveyed in Manpur whose primary source of water are public taps experienced service breakdowns within three months of being surveyed compared to 36% of users whose primary source of water are hand pumps. Service interruptions are most likely to occur during the summer months – 82% of users whose primary source of water are public taps and 97% of users whose primary source of water are hand pumps reported that service interruptions most frequently occurred during the summer rather than during rainy seasons. In the event of service interruptions, authorities take, on an average, 7 days to repair public taps or hand pumps.

**Users of hand pumps are more likely to face a problem than users of public taps (Chart 2).**

Almost 54% of users whose primary source of water are hand pumps reported facing a problem, such as service interruptions or disputes with water bills. By contrast, just 37% of users whose primary source of water are public taps reported facing a problem. Residents of Manpur who faced a problem were highly successful in having authorities address and resolve their grievances – of those residents in Manpur

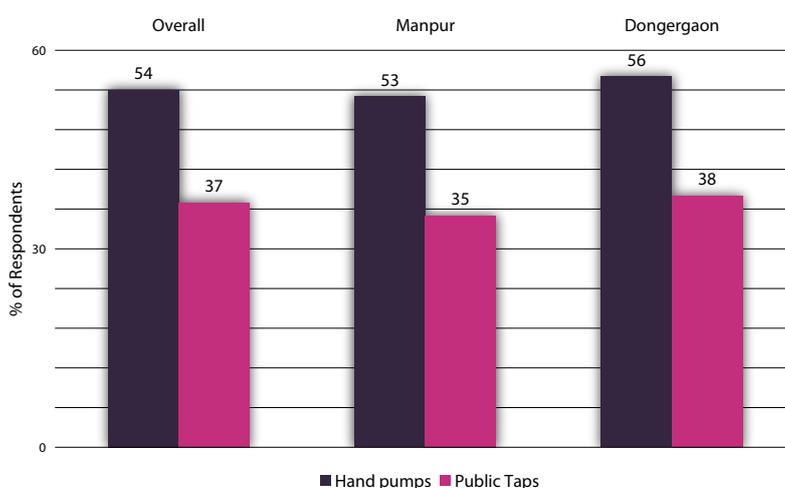
**Chart 1: Respondent Satisfaction towards Drinking Water Services in Rajnandgaon**



**Table 1: Indicators of Quality of Service Delivery of Drinking Water in Rajnandgaon**

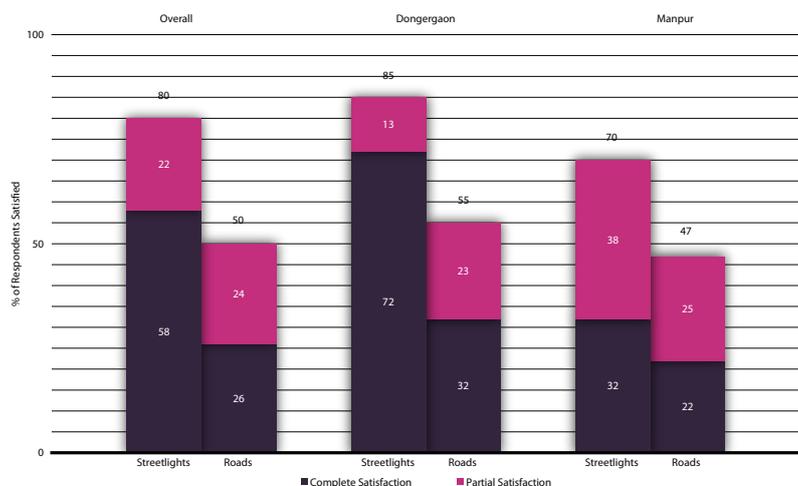
Indicator	Overall (%)	Dongergaon (%)	Manpur (%)
Hand-pump within 100m of Household	69	62	77
Water Available During Summer Months is Sufficient (Hand-pumps)	80	79	82
Platform Exists Near Hand-pumps	97	95	98
Queues Regularly Form Near Hand-Pumps	53	58	47

**Chart 2: Proportion of Users Reporting Problem Incidence**

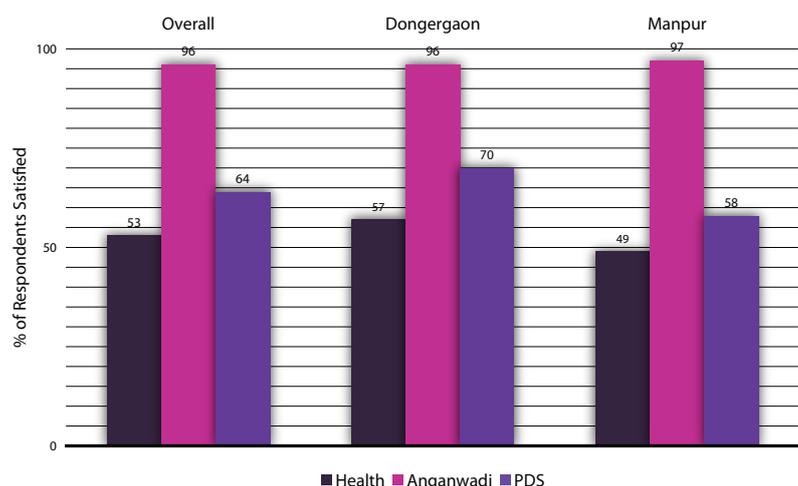


who had faced a problem, nearly 100% of users whose primary source of water are public taps and 93% of users whose primary source of water are hand pumps reported that authorities

**Chart 3: Respondent Satisfaction towards Streetlights & Roads in Rajnandgaon**



**Chart 4: Respondent Satisfaction towards Health, Anganwadi & PDS Services in Rajanandgaon**



had addressed and resolved their problems. In comparison, of those residents of Dongergaon who had faced a problem, 79% of users whose primary source of water are hand pumps and 76% of users whose primary sources of water are public taps reported that their problems had been satisfactorily resolved. However, residents of Dongergaon were more likely to lodge a complaint with the authorities when faced with a problem than their counterparts from Manpur – 63% of residents of Dongergaon who faced a problem lodged a complaint compared to 39% of residents of Manpur. 65% of complaints lodged with the authorities were directed to the Gram Panchayat office.

## Sanitation

**Few have access to public toilets, drains, or household wastewater disposal connections.** Just 1.2% of residents surveyed reported access to public toilets and 6% reported access to drains. Almost 76% of those who lacked a household toilet reported that there was no money or space to build a toilet at home. Of those who did have a toilet at home, 74% reported that the funding to build the toilet was sponsored. Nearly 39% reported access to household wastewater connections to drains. Despite the poor access to basic sanitary facilities, nearly 95% of those surveyed were either partially or completely satisfied with the quality of facilities and service delivered by Gram Panchayats.

## Streetlights & Roads

**While 85% of those surveyed in Dongergaon are at least partially satisfied with the streetlights in the block, just 70% of residents in Manpur share that sentiment (Chart 3).** This disparity in satisfaction can be explained by the greater proportion of Manpur residents who find that streetlights do not regularly function on their street compared to Dongergaon residents – 58% of residents surveyed in Manpur reported that streetlights on their street did not regularly function compared to 17% of residents surveyed in Dongergaon. Curiously enough, a greater proportion of residents of Dongergaon report that streetlights on their street have broken down at least once in the past year than residents of Manpur – 92% of those surveyed in Dongergaon report that streetlights on their street have broken down in front on their house compared to 77% of residents surveyed in Manpur. On an average, a GP takes 8 days to fix a broken streetlight. Most suggested that GPs improve service by expanding the presence of streetlights in their locality.

**Only 25% of those surveyed reported the presence of streetlights on their street.** 85% of those surveyed who reported that streetlights were present on their street

felt that the light from those streetlights sufficiently lit their street.

**While 92% of those surveyed in Dongergaon reported that at least some of the roads in their vicinity are pucca, 72% of those surveyed in Manpur also reported the same.** Despite the relatively wide access to pucca roads, just 50% of those surveyed were partially or completely satisfied with the roads in their village – 55% of those surveyed Dongergaon and 47% of those surveyed in Manpur were satisfied with roads in their vicinity. Much of the dissatisfied were so because of poor drainage of roads during rains and infrequent cleaning.

### Other Services

**Little more than half of those surveyed are satisfied with health services provided by Gram Panchayats (Chart 4).** Just 42% reported access to local sub-health centers and 63% reported that ANMs visited their localities regularly. A greater proportion of respondents from Dongergaon (71%) reported that ANMs regularly visited their localities than respondents from Manpur (54%). To improve the quality of health service delivery, respondents suggested that ANMs be available at all times and that treatment for all major diseases be provided to those in need.

**Almost 97% of respondents are satisfied with their local Anganwadi Center.** Nearly 92% and 91% of respondents from Dongergaon and Manpur, respectively, reported availability of Anganwadi centers in their locality. However, just 37% reported that family members actually used the centers' facilities. When asked to suggest improvements to the service, many of those surveyed felt that awareness of the services Anganwadi centers provide should be built within the community. In addition, many also felt that Anganwadi centers needed to be located in pucca buildings and that services such as mid-day meals, health facilities, and toys be provided to children.

**Of the 53% of those surveyed who re-**

**ported that children in the household attend primary schools, over 97% reported that primary schools provide schoolchildren mid-day meals.** Nearly 93% reported that mid-day meals were provided according to set menus. When asked for suggestions to improve the mid-day meal scheme, respondents mentioned that meals should be made more nutritious by adding items like eggs, milk, and fruits to meal menus. Additionally, many felt that officials should ensure that school premises be always kept clean and that Panchayats proactively manage the mid-day meal program to ensure its success.

**About 64% of respondents are satisfied with the Public Distribution System in their locality.** Respondents surveyed in Dongergaon were more satisfied with their local PDS than respondents surveyed in Manpur – about 70% of respondents in Dongergaon were satisfied with the PDS compared to 58% of respondents in Manpur. About 99% of respondents reported that PDS shops existed in their locality. However, just 63% of those surveyed reported that PDS shops open regularly. Residents felt that PDS shops could improve service by opening regularly.

**Over 83% of respondents in Dongergaon reported selling mini-forest produce (MFP) to traders or middlemen while 83% of respondents in Manpur reported selling MFP at local bazaars.** A majority of respondents cited illegal forestry as the primary cause for declining MFP sales in recent years.

### Civic Responsibilities & Usage of Schemes

**While most respondents are aware of the name of their block, Sarpanch, and the names of Panchayat members, few have met a ward member.** Nearly 91% of those surveyed were aware of their block, 96% were aware of the name of their Sarpanch, and 94% were aware of the names of Panchayat members. However, just 35% had actually met a ward member and 68% felt that ward mem-

ber had done useful work for the community. In this regard, residents of Manpur were more positive about the contributions of ward members – 75% of those surveyed in Manpur felt that ward members made a positive contribution to the community compared to 62% of those surveyed in Dongergaon.

**Almost 100% of respondents possessed a ration card.** In comparison, 79% of those surveyed possessed a voted ID card and 59% possessed another card. Of those who possessed a ration card, 69% were classified as Below Poverty Line (BPL) and the rest were classified as Above Poverty Line (APL).

**While a majority was aware of village development groups like Self-Help Groups (SHG) and Youth Clubs, a minority participated in such activities.** Almost 97% of respondents were aware of the presence of SHGs in their locality. Residents of Dongergaon were far more aware of Youth Clubs in their community than residents of Manpur – 71% of those surveyed in Dongergaon were aware of Youth Clubs in the village compared to 27% of residents of Manpur. While most felt that SHGs and Youth Clubs helped their communities, just 55% of those surveyed who were aware of SHGs were a member of a Self-Help Group and 30% of those who were aware of Youth Clubs participated in a club.

**Few reported paying property tax in the current year, but nearly 100% reported paying property tax in last year.** Just 38% and 7% of residents of Dongergaon and Manpur, respectively, reported paying property tax this year. Most paid their taxes at a Gram Panchayat office – 89% of those surveyed in Manpur and 61% of those surveyed in Dongergaon reported paying their property tax at a GP office.

**Nearly 47% and 33% of participants from Dongergaon and Manpur, respectively, were completely satisfied with their local Gram Sabhas.** While 92% of those surveyed were aware of local Gram Sabhas, just 68% of those respondents attended the Sabha and less than 44% found the proceedings useful. Almost 12% of those surveyed who had attended a Gram Sabha faced some kind of discrimination preventing them from fully participating in the proceedings. Discrimination ranged from religious discrimination to class and caste based discrimination. Of those who had attended a Gram Sabha, 76% reported that the budget of the Gram Panchayat was discussed at the meeting, and 68% of respondents felt they had understood the discussion.

**While there is high awareness of popular schemes (Indira Awas Yojana and**

**Table 2: Details of Common Development Schemes Implemented by Gram Panchayats in Rajnandgaon**

Scheme	Aware of Scheme (%)	Aware of Application Process (%)	Applied for Scheme (%)	Availed Scheme (%)
Old Age Pension	93	46	10	5
Homeless Pension Scheme	90	40	6	5
Indira Awas Yojana	89	46	20	9
Sampoorna Swacchta Abhiyan	81	47	20	17
Handicap Pension Scheme	80	36	5	3
National Rural Emp. Scheme	77	38	18	26
Food For Work Programme	70	43	14	46
National Family Welfare	58	26	6	4
Pradhanamanthri Rural Road Scheme	49	20	4	14
Nava Anjor	47	22	8	4
Maternity Benefit Scheme	41	24	6	4
Swarnajayanthi Grama Swarggaar Yojana	39	22	6	5
Sulabh Sahara	34	20	3	2
Aayushmati	28	16	3	2
Girl Child Development	27	19	2	2

**Table 3: Ranking of Gram Panchayats in Rajnandgaon in Terms of Quality of Public Service Delivery**

Overall Rank	Gram Panchayat	Service Rank						
		Water	Street lights	Roads	Health	Anganwadi	Mid day Meals	PDS
1	Bharritola (M)	1	4	2	3	1	1	1
2	Dhaba (D)	1	1	1	4	1	4	8
3	Manery (D)	4	3	7	6	1	4	3
4	Khursipar (D)	3	2	4	7	1	11	7
5	Manpur (M)	10	5	9	2	12	1	12
6	Asara (D)	7	6	11	1	11	10	4
7	Bagadai (D)	6	6	3	5	10	12	4
8	Earagaon (M)	8	6	5	9	9	1	6
9	Tumdikasa (M)	5	6	8	8	1	9	10
10	Bodegaon (M)	11	6	6	12	1	8	9
11	Kanhardabari (D)	12	6	9	10	1	6	2
12	Tolum (M)	8	6	12	11	1	6	11

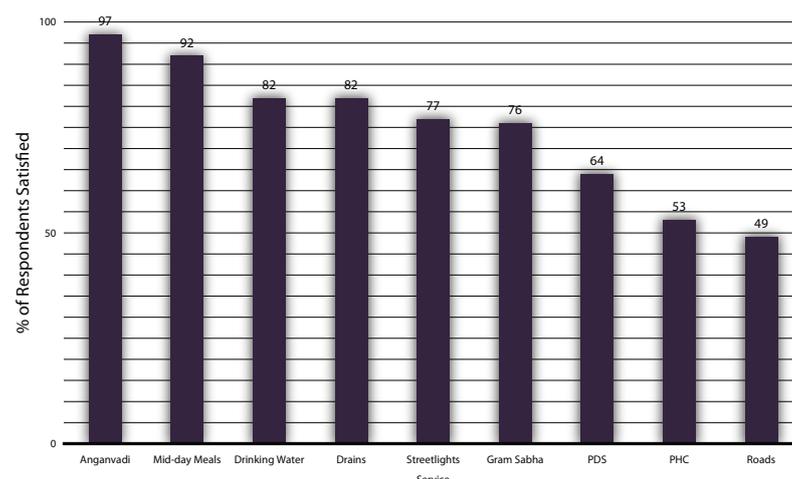
Pension schemes), proportion of respondents who were able to avail them is dismally low (Table 2). Beneficiaries of schemes such as Indira Awas Yojana and National Family Welfare also had to incur high costs in the form of wage losses, travel costs and bribes. At the same time, more than 60% beneficiaries found the scheme availing process to be simple.

### A Comparative Analysis of Services

Users are most satisfied with Anganwadi and Mid-day Meals programs while they are the least satisfied with the roads and the PHC services (Chart 5). While nearly 97% and 92% are satisfied with the Anganwadi and Mid-day Meals programs, respectively, just 49% and 53% of respondents were satisfied with the roads and PHCs in their localities.

### Ranking of Gram Panchayats

**Bharritola is the highest ranked Gram Panchayat (Table 3).** When ranked on an index based on complete satisfaction across seven services ranging from drinking water distribution to health care, Bharritola, Dhaba, and Manery are the first, second, and third ranked Gram Panchayats. The poorest performing Gram Panchayats are Bodegaon, Kanhardabari, and Tolum.

**Chart 5: A Comparison of Respondent Satisfaction towards Services in Rajnandgaon**

**The Top 3 ranked Gram Panchayats provide far greater access to basic public services than the Bottom 3 ranked Gram Panchayats.** 89% of respondents in the Top 3 ranked Gram Panchayats report access to drinking water compared to just 6% of respondents in the Bottom 3 ranked Gram Panchayats. Similarly, 59% of respondents in the Top 3 ranked Gram Panchayats had access to streetlights compared to 1% of respondents in the Bottom 3 ranked Panchayats.

### Conclusions

On the whole, drinking water services are poor

in the district. While coverage of households by piped water is minimal, hand pumps are fraught with problems. Residents face frequent breakdowns. The Gram Panchayats need to consider providing wider access to piped water and also devise ways of improving water supply from hand pumps. The motors used for hand pumps should be of good quality so that they last longer.

Sanitation facilities are lacking in most parts of the district. The Gram Panchayats should allocate funds for the provision of drainage facilities and building of toilets in the villages. Awareness programs to make people realize the importance of using toilets and the health implications of not using one are also essential.

Coverage of streetlights is also very low. Only 5 GPs in the district have access to street lights. Increased coverage, use of better quality lights, and better maintenance through community participation can be tried out.

The status of roads in the district is very poor. While access to pucca roads is minimal, whatever roads are there, are cleaned regularly though the condition of the roads is not good. Problem incidence is high and resolution is extremely low. This is a service that needs very urgent attention from the GPs.

The services that seem to be doing well in this district are Anganwadis, PDS, mid day meal schemes in schools, and health centres to a lesser extent. This quality should be maintained.

Responses on Gram Sabha functioning show that Gram Sabhas are being held regularly at three-month intervals and people are fairly well aware of the Gram Sabhas and meetings. However the discrimination based

on class has to be eliminated through training programs for Panchayat members and regular monitoring of the selection of beneficiaries during Gram Sabhas. The community would be required to get trained for such activities.

Across services the CRC shows that the responsiveness of the GP officials leaves much to be desired. They behave well but are not effective. The staff requires to be trained in dealing with complaints from the people efficiently.

Dissatisfaction with the services is high across services, and it is especially high for roads, PHCs, and PDS. These services require immediate attention from the GP officials.

Findings generally show that the community is politically aware and participates. Self-help groups must be involved in spreading awareness on civic issues and participation in the community. Capacity building programs to make the community participate more in monitoring the functioning of the Gram Panchayat should be encouraged.

Mobilization of resources through motivation of the community to pay taxes is very critical for the financing of the Gram Panchayats. In Manpur, especially the proportion of residents paying property taxes is extremely low.

Ranking of the GPs covered reveals how Gram Panchayats are able to perform relatively better given similar circumstances. The lower ranked GPs should learn from the top ranked ones as to how they can perform better. Bharritola, Dhaba and Manery are top ranked, while Bodegaon, Kanhardabari and Tolum, are lowest ranked.

On the whole, the performance of GPs in Rajnandgaon is average and leaves a lot of room for improvement. Several good initiatives are required to improve their services.

The background consists of several overlapping geometric shapes. A large, bright pink rectangle is positioned in the top-left corner. A dark purple rectangle is located in the top-right corner. A dark purple rectangle also occupies the middle-left and bottom-left areas. A bright pink rectangle is situated in the bottom-right corner. The word "Bastar" is written in white, bold, sans-serif font, centered horizontally in the lower-left quadrant of the image.

**Bastar**



**A**n area rich with forests and natural resources, Bastar is the largest district in southern Chattisgarh. Almost 60% of the district is covered with forests of sal, teak and bamboo. A majority of residents of Bastar are of Schedule Tribes, whose livelihoods continue to be dictated by tradition. However, Bastar remains poverty ridden. Most people do not find year-round employment and literacy levels are among the lowest in Chattisgarh.

## Survey Methodology

Among the several blocks in Bastar district, Bastar and Bade Rajpur blocks were selected to study for this report. The following six Gram Panchayats located in Bastar block were selected for the study: Godiyapal, Bastar, Baniyagaon, Mawaliguda, Kesharpal and Badechakwa. The following six Gram Panchayats located in Bade Rajpur block were selected for the study: Banskot, Choterajpur, Bishrampuri, Khalari, Baderajpur, and Gamhari.

## Access to Basic Amenities: A Profile

Some of the services that are essential for basic development in rural areas include educational and health services as well as provision of food and agriculture related subsidies. Following is a brief profile of the basic amenities implemented by Gram Panchayats in Bastar.

### Health Care

Four of the GPs (3 in Bastar and 1 in Bade Rajpur) do not have a PHC or sub centre located in them. Except for Vishrampuri GP in Bade Rajpur block and Bastar, Kesarpal GPs in Bastar block, there are no private doctor facilities available in the rest of the GPs. Six of the GPs (2 in Bastar and 4 in Bade Rajpur blocks) have access to both PHCs as well as private doctors. However, it is alarming to note that only in Bastar block, half of the selected GPs namely Godiyapal, Mawaliguda and Badechakwa do not have access to either of the two health care facilities.

### Community Toilets

Only Godiyapal GP in Bastar block has a com-

munity toilet. All the rest GPs (11) do not have community toilet facility.

### School Facilities

Access to schooling for primary school going children is not an issue. All the GPs have lower primary and upper primary (middle) schools located in them, except Mawaliguda (Bastar block). All of them also have Anganwadi or balwadis. Except for Gamhari in Bade Rajpur block, all GPs have formal education and except Bastar in Bastar block rest of the GPs in this block do not have formal education facilities. Except for Bastar and Kesarpal (in Bastar Block), and with the exception of Chote Rajpur and Kalhari (in Bade Rajpur block) all the GPs have a secondary level school. Only Bastar (Bastar Block) and Vishrampuri (Bade Rajpur) have separate schools for girls at both the middle and secondary levels.

### Pucca Roads and Bus Stops

Khalhari GP in Bade Rajpur and Kesharpal, Badechakwa GPs in Bastar Blocks have pucca road within the villages. In Bastar block all GPs have bus stop facility, but in Bade Rajpur block only three GPs (Banskot, Vishrampuri and Gamhari) have these facilities.

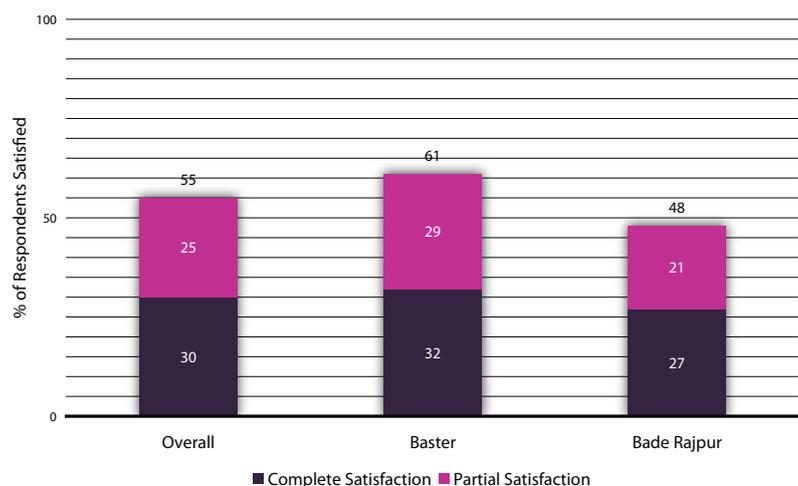
### Post Offices, Fair Price Shops & Banks

While all GPs have Fair price shops, only two GPs from each block (Bastar, Kesarpal GPs in Bastar block and Banskot, Vishrampuri GPs in Bade Rajpur block) have banking operations. Four GPs from each block have post offices. Godiyapal, Mawaliguda in Bastar block and Chote Rajpur, Ghamhari in Bade Rajpur block do not have post office facilities in their villages.

### Community Organizations

All GPs, except Mawaliguda in Bade Rajpur Block, have Self Help Groups. Only Bastar GP has fertilizer cooperatives functioning. Mahila mandalis are not so popular, with them present in only three of the GPs that too only in Bade Rajpur block (Banskot, Vishrampuri and Gamhari). Only Bastar GP of Bastar block has reported the presence of NGOs; SDMC (School Development and Management Committees) is present in all of the GPs in Bastar district. Three GPs in Bastar block (Godiyapal, Bastar

**Chart 6: Respondent Satisfaction towards Drinking Water Distribution in Bastar**



and Kesarpal) and all of the GPs in Bade Rajpur block have forest protection committees. Only Bastar and Visranpuri GPs from each block have Water Users Associations while Village Water User Association exists only in Bastar GP.

### Access to Services Provided by Gram Panchayats: A Profile

Other information collected includes access to public services provided by the GP to the villages. These included drinking water, streetlights, drainage facilities and community latrines.

#### Drinking Water

Among the public sources of drinking water, hand pump is most popular with all 12 GPs claiming 100% coverage among their respective villages. The least available public source is tap at home (1.5%) and piped water sources (1.3%).

#### Streetlights

Almost 6 of the 12 GPs (3 in Bastar and 3 in Bade Rajpur blocks) have provided streetlight facilities to all their respective villages. Badachakwa, Godiyal and Mawlliguda in Bastar block, and Bade Rajpur, Chote Rajpur and

Khalhari of Bade Rajpur do not have access to streetlights.

#### Sanitation

With regard to provision of drainage facilities, two GPs in Bastar block and all six GPs in Bade Rajpur do not have drainage facilities; besides this, of the four GPs with drainage facilities, only two GPs (Baniyagaon and Kesarpal in Bastar block) have households with wastewater connected to drainage facilities.

### Findings

#### Drinking Water

**The CRC survey showed that only 2% of respondents use a tap at home. The main source of water was seen to be hand pumps (78%).** About 20% of the respondents reported that they use other sources.

**Nearly 55% of the respondents are partially or completely satisfied with the quality of drinking water distribution through hand pumps in Bastar (Chart 6).**

Among those who expressed dissatisfaction, almost 48% were dissatisfied because hand pumps were too far from their home. Nearly 41% of respondents lived further than 100 meters from a hand pump. Similarly, 39% were dissatisfied because of long queues near hand pumps and 20% were dissatisfied because there was a paucity of hand pumps in their locality. Unsurprisingly, when respondents were asked for suggestions to improve the quality of drinking water service in their locality, 54% suggested that GPs construct more hand pumps and 20% suggested that GPs provide alternate sources of drinking water, such as public taps or taps connected to water tanks.

**Almost 41% of users must travel more than 100 meters to fetch water from a hand pump.** However, nearly 26% of respondents live within 50 meters of a hand pump.

Nearly 97% of respondents mentioned that adult women were the primary water retrievers for their household.

### Most aspects of the quality of service delivery of drinking water are positive (Table 4).

While 65% of respondents mention that they have to wait in a queue when fetching water at a hand pump, 76% of respondents feel that water available through hand pumps is sufficient during the summer months and 83% of respondents report that platforms are in place around hand pumps. Lastly, 78% of those surveyed report that water from hand pumps is usually clear and 86% report that water from hand pumps is usually sweet-tasting.

**Nearly 16% of respondents reported that hand pumps broke down more than three times in the previous year.** On an average, hand pumps, when damaged, are unavailable for use for 19 days until repair.

**Almost 61% of respondents reported facing a problem.** Most problems were related to malfunctioning hand pumps. Less than 28% of respondents who had faced a problem had their grievances resolved.

### Sanitation

**While none of the respondents reported access to drainage facilities, just 4% of respondents had access to toilets.** Almost 91% of respondents who did not have access to toilets reported that the primary reason for not having a toilet in the household was that they did not have the funds to build a toilet.

### Streetlights & Roads

**An exceedingly small proportion of respondents had access to streetlights.** No respondent surveyed in Bade Rajpur and just 5% of respondents in Bastar reported that streetlights existed in their locality.

**Nearly 57% of those surveyed report that there are no pucca roads in their locality.** Respondents in Bastar were worse served in this regard – 68% of those surveyed in Bastar reported that there were no pucca roads in the block compared to 46% of respondents in Bade Rajpur. Possibly, as a result, just

**Table 4: Indicators of Service Quality of Drinking Water Distribution in Bastar**

Indicator	Overall (%)	Bastar (%)	Bade Rajpur (%)
Hand-pump within 100m of Household	59	59	60
Water Available During Summer Months is Sufficient (Hand-pumps)	76	76	77
Platform Exists Near Hand-pumps	83	78	89
Queues Regularly Form Near Hand-Pumps	65	65	76

14% are completely satisfied with roads in their vicinity.

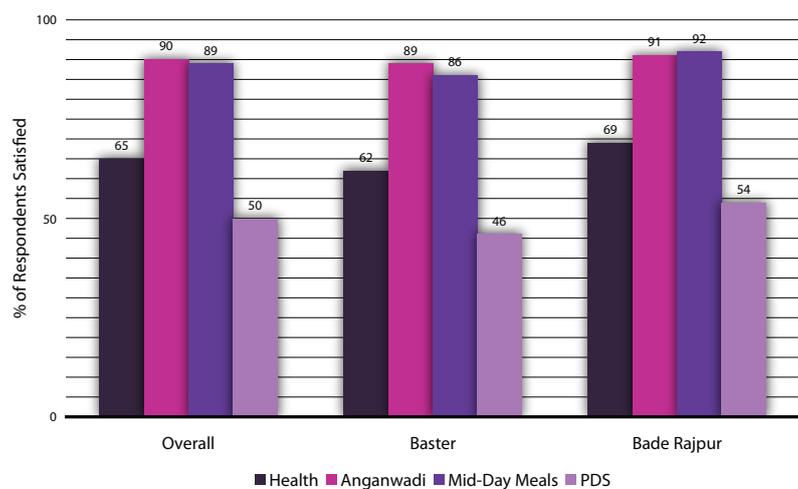
**Only 25% of respondents report that roads are cleaned daily.** Nearly 56% of those surveyed report that roads are cleaned less than once a week. Again, Bastar is worse served than Bade Rajpur – 70% of respondents surveyed in Bastar report that roads are cleaned less than once a week compared to 34% of respondents surveyed in Bade Rajpur.

### Other Services

**Almost 65% of those surveyed are satisfied with sub-health centers in their block (Chart 8).** More than 70% of respondents report their GP provides a sub-health center. Nearly 92% report having used a health center and 72% report being able to obtain medicines easily. A larger proportion of respondents in Bastar report having visited a sub-health center compared to respondents in Bade Rajpur – 98% of respondents in Bastar reported visiting a sub-health center compared to 89% of those surveyed in Bade Rajpur. However, a greater proportion of respondents in Bade Rajpur report being able to obtain medicine easily compared to respondents in Bastar – 76% of respondents in Bade Rajpur report being able to obtain medicine easily from sub-health centers compared to 68% of respondents in Bastar. 64% of respondents report that ANMs visit their locality frequently.

**Nearly 90% of users are satisfied with the Anganwadi services provided in their community.** More than 90% of users

**Chart 7: Respondent Satisfaction towards Health, Anganwadi, Mid-day Meals & PDS Services in Bastar**



report that Anganwadi services are provided by their GP while just 42% report that family members have visited a center. When asked for suggestions to make Anganwadi centers better, most felt that meal services should be improved.

**More than 89% of users are satisfied with mid-day meal programs offered by schools.** Nearly 57% of respondents reported that a child in their household attends a primary schools, and almost all of those responded that their child’s school has a mid-day meal program. When asked how to improve mid-day meal programs, most responded that milk, eggs, and fruits should be added to menus.

**Almost half of those surveyed are satisfied with PDS stores in their locality.** Every respondent reported that PDS stores existed in their GP. However, just 52% of respondents reported that PDS stores were open regularly. Residents of Bastar were far worse served than their counterparts in Bade Rajpur in this regard – just 35% of those surveyed in Bastar reported that PDS stores were open regularly compared to 62% of those surveyed in Bade Rajpur. When asked for suggestions to improve the PDS, 64% suggested that provisions be made available more regularly and 43% suggested that PDS store open as per scheduled timings.

**Almost 92% of respondents feel that**

**productivity of Mini-Forest Produce (MFP) has gone down.** Local bazaars have been reported to be the main selling points (71%), followed by Van Naakas (28%).

**Civic Responsibilities & Usage of Schemes**

**While a large proportion of respondents are aware of their block name, block number, and Panchayat member, about half have met a Panchayat member and less than half feel that Panchayat members have performed useful work.** Even so, nearly 92% of respondents voted in the previous Panchayat election.

**All respondents carry a ration card. However, only 71% have a voter ID card and less than 52% have another form of identification.**

**While 98% of respondents report that Self-Help Groups are active in their community, just 31% are actually a member of a SHG.** Additionally, less than 41% of respondents feel that SHGs have made a positive contribution to their community. Also, just 33% of respondents report the presence of Youth Clubs in their village. 15% are a member of a Youth Club, and less than 17% feel that Youth Clubs have helped their community.

**While almost every respondent paid property tax last year, just 5% reported paying property tax in the current year.** A negligible number of respondents reported paying any other tax.

**Nearly 75% of aware respondents attended their GP’s Gram Sabha, and 63% found the Gram Sabha useful.** Almost 88% of respondents were aware of their GP’s Gram Sabha and 96% were informed of the Gram Sabha’s venue and timing. A larger proportion of respondents in Bade Rajpur (70%) found Gram Sabhas useful than respondents in Bastar (56%). 51% of respondents were aware that the purpose of Gram Sabhas was to review GP budgets and 46% of respondents

were able to understand budgets reviewed during Gram Sabhas. However, only 16% were aware of PESA. Nearly 41% of respondents were completely satisfied with Gram Sabhas and a further 27% were partially satisfied.

**Among the fifteen schemes covered in the CRC, highest level of awareness is for Indira Avas Yojana (90%) followed by the National Rural Employment Scheme (81%) and the Old Age Pension Scheme (79%) (Table 5).** It is interesting to note that for the same schemes beneficiaries have had to incur high costs with bribes ranging from Rs. 1829/- for IAY to Rs.3000/- for Old Age Pension schemes. However, as in the case of Rajnandgaon, more than half the beneficiaries in general, found the availing process to be simple.

### A Comparative Analysis of Services

**Respondents are the most satisfied with Anganwadi services while respondents are the least satisfied with roads (Chart 8).** While 90% and 89% of respondents are satisfied with Anganwadi services and mid-day meals, respectively, just 30% of respondents are satisfied with roads in their locality. 50% of respondents are satisfied with both the PDS and drains, respectively.

### Ranking of Gram Panchayats

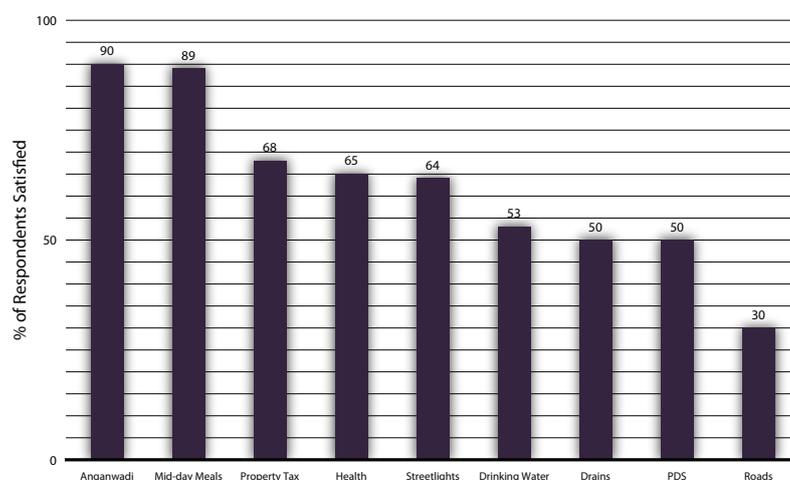
**Bastar is the highest ranked Gram Panchayat (Table 6).** When ranked on an index based on respondent satisfaction towards eight public services, Bastar and Kesarpal are the top two ranked Gram Panchayats whereas Baniyagon and Bade Rajpur are the poorest performing Gram Panchayats.

**Unlike in Rajnandgoan, there is little disparity in terms of service quality between the top 3 ranked Gram Panchayats and the bottom 3 ranked Gram Panchayats.** For example, 82% of respondents surveyed in the top 3 ranked Gram Panchayats had access to public drinking water compared to 74% of respondents in the bottom

**Table 5: Awareness of Common Development Schemes Offered by Gram Panchayats in Bastar**

Scheme	Aware of Scheme (%)	Aware of Application Process (%)	Applied for Scheme (%)	Availed Scheme (%)
Indira Avas Yojana	90	14	38	19
National Rural Emp. Scheme	81	12	46	22
Old age pension	79	2	8	2
Handicap pension scheme	75	3	5	2
Food for Work Programme	75	20	23	26
Homeless pension scheme	70	2	5	2
Pradhanamanthri Rural Road Scheme	65	9	12	13
Sampoorna Swacchta Abhiyan	36	3	10	4
Nava Anjor	34	2	8	2
Maternity Benefit scheme	31	2	4	2
Swarnajayanthi Grama Swarozgaar Yojana	31	2	4	2
National Family Welfare	25	1	2	0
Girl child development	23	2	2	1
Sukhad Sahara	15	1	1	0
Aayushmati	15	1	2	2

**Chart 8: A Comparison of Respondent Satisfaction towards 9 Services in Bastar**



3 ranked Gram Panchayats. However, respondents in the top 3 ranked Gram Panchayats had greater access to pucca roads compared

**Table 6: Ranking of Gram Panchayats in Bastar in Terms of Quality of Public Service Delivery**

Overall Rank	Gram Panchayat	Services Rank							
		Water	Streetlight	Roads	Health	Anganwadi	Mid-day Meals	PDS	Gram Sabha
1	Bastar	1	2	1	1	10	8	11	12
2	Kesarpal	5	3	2	3	6	1	6	6
3	Vishrampur	6	4	9	2	4	10	4	8
4	Godiyal	10	1	11	12	7	5	3	3
5	Chote Rajpur	10	4	8	5	2	7	2	2
6	Mawaliguda	4	4	7	7	11	9	5	1
7	Baskot	9	4	3	4	3	6	9	10
8	Gamhari	8	4	4	9	1	3	10	9
9	Badechakwa	2	4	5	11	5	12	6	4
10	Khalari	6	4	10	6	12	1	1	7
11	Baniyagaon	2	4	5	10	9	11	12	11
12	Bade Rajpur	12	4	12	8	8	4	8	5

to respondents in the bottom 3 ranked Gram Panchayats – 18% of respondents surveyed in the top 3 ranked Gram Panchayats reported access to pucca roads in their village compared to 3% of respondents in the bottom 3 ranked Gram Panchayats.

## Conclusions

On the whole drinking water services are poor in the district. While coverage of households by piped water is minimal, hand pumps are fraught with problems. Not only do residents have to travel long distances to fetch water, they face frequent breakdowns and long downtime as well. The Gram Panchayats need to consider providing wider access to piped water and also devise ways of improving water supply from hand pumps. Fixing more hand pumps, hiring mechanics at the local level to repair the pumps, or training local residents to carry out repairs should be explored. The motors used for hand pumps should be of good quality so that they last longer.

Sanitation facilities are lacking in most parts of the district. The Gram Panchayats should allocate funds for the provision of drainage facilities and building of toilets in the villages. Awareness programs to make people realize the importance of using toilets and the health implications of not using one are also essential.

Coverage of streetlights is also very low. The fact that very few lights are functional and the down time is nearly 20 days, points to the need for improvements in this service as well. Use of better quality lights, better maintenance through community participation can be tried out.

The status of roads in the district is very poor. While access to pucca roads is minimal, whatever roads are there are not cleaned regularly and the condition of the roads is not good. Problem incidence is high and resolution is extremely low. This is a service that needs very urgent attention from the GPs.

The services that seem to be doing well in this district are Anganwadis, health centres and mid day meal schemes in schools. This quality should be maintained.

PDS services are again very poor and people face shortages and non-availability of items.

Responses on Gram Sabha functioning show that these Sabhas are being held regularly at three month intervals and people are fairly well aware of the gram sabhas and meetings. However the discrimination based on class has to be eliminated through training programs for Panchayat members and regular monitoring of the selection of beneficiaries during Gram Sabhas. The community would be required to get trained for such activities.

Across services the CRC shows that the

responsiveness of the GP officials leaves much to be desired. They behave well but are not effective. The staff requires to be trained in dealing with complaints from the people efficiently.

Dissatisfaction with the services is high across services, and it is especially high for roads, drains, hand pumps and PDS. These services require immediate attention from the GP officials.

Findings generally show that the community is politically aware and participates. Self-help groups must be involved in spreading awareness on civic issues and participation in the community. Capacity building programs to make the community participate more in

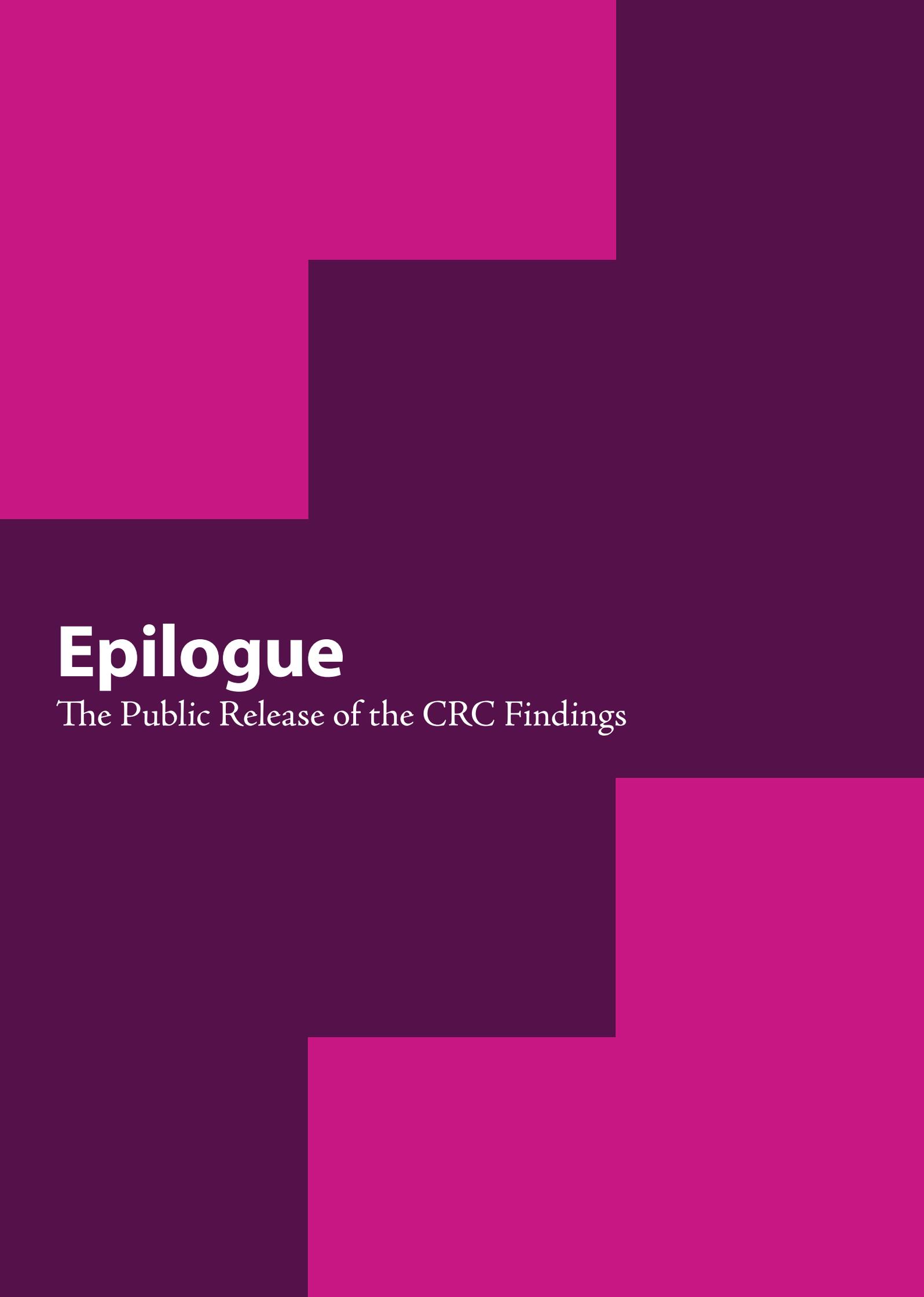
monitoring the functioning of the Gram Panchayat should be encouraged.

Mobilization of resources through motivation of the community to pay taxes is very critical for the financing of the Gram Panchayats.

Ranking of the GPs covered reveals how Gram Panchayats are able to perform relatively better given similar circumstances. The lower ranked GPs should learn from the top ranked ones as to how they can perform better. Bastar, Kesarpal and Vishrampur are top ranked, while Bade Khalari Baniyagoan and Rajpur, are lowest ranked.

On the whole, the performance of GPs in Bastar is less than average and leaves a lot of room for improvement. Several good initia-



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# Epilogue

The Public Release of the CRC Findings



The findings were released in a public meeting on 15th November, 2007. The release took place at the Rotary Hall in Raipur. The meeting was well attended by officials from various service provider agencies such as Electricity Supply, Food and Civil Supplies Department, ICDS, CGSERC, NGOs working in Chattisgarh such as CRS, Prerak, Vardan, Arunoday, IFAD, representatives of the media, and staff members of Samarthan from Raipur, Bastar and Rajnandgaon. There were also some elected representatives from both districts.

The program was presided over by Mr. P.P. Soti, Director, Panchayat Raj, Chattisgarh. The program began with a welcome speech by Dr. Surendra Jena of Samarthan. He also gave a brief background of the project. This was followed by an introduction to the CRC Approach by Dr. Sita Sekhar, Chief Research Officer, PAC. The presentation on the findings from the CRC in Bastar and Rajnandgaon followed. This presentation was made by Surendra Jena, Manish and Shuchi of Samarthan, Raipur. Mr. Soti gave his impressions of the findings, followed by other officials of the service providers who gave responses to the findings. The house was then thrown open for discussions. The discussion was lively and several points for further action emerged from the discussions.

- ✦ Mr. Soti gave a note on caution on what should be ensured during the fieldwork – representative sampling, covering issues of interest to the users, and the timing of the survey to avoid biases due to elections or seasonal variations. He was later assured that all these factors were taken into consideration for the fieldwork for this CRC. He however, assured that once the report was out he would share the findings with officials at all levels in his department as well as elected representatives.
- ✦ Mr. Soti observed that Chattisgarh state has been very progressive in terms of reforms in the Panchayat Raj system. Implementation of the schemes is also done very efficiently by the Government he stated. Therefore he said the findings that the beneficiaries are dissatisfied should be more closely studied to identify issues to

be tackled.

- ✦ Mr. Soti also suggested that the report be improved by using secondary data. He suggested that the Janrapat brought out by the Chattisgarh Government in the year 2000 when the state was formed, for each Gram Panchayat should be used to compare with the current findings.
- ✦ The finding that participation in gram sabhas is high was found to be suspicious by some of those present.
- ✦ There was a suggestion that qualitative aspects also be included in the final report.
- ✦ The Electricity supply department representatives felt that apart from asking about streetlights the study should have covered electricity connections as well. However it was clarified that the study was on services provided by the Gram Panchayat and electricity supply is not one of the functions of the Gram Panchayat.
- ✦ Some of those present felt that the high satisfaction score given to health services were not reflective of reality.
- ✦ There was surprise expressed at the lack of data on corruption. However it was explained that the scope for corruption in the Gram Panchayat services is usually low.
- ✦ The service providers expressed a view that the report should highlight good practices where they do happen.
- ✦ Some members of the media and NGO said they would prefer the inclusion of more qualitative aspects and case studies.
- ✦ On the whole the CRC methodology was appreciated and all service providers have promised to give opportunities to Samarthan to share the findings with the officials and elected representatives at the ground level. Samarthan also promised to come up with suggestions for reform.



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