



Gandhi Marg Quarterly

43(2): 151–186

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<http://gandhimargjournal.org/>

ISSN 0016–4437

Mission Antyodaya: Well Envisioned but Poorly Understood

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ABSTRACT

Mission Antyodaya (MA) is a rational scientific attempt in India, which opened a wide platform for 'big data analysis.' Such an initiative is a novel one even in the realm of world literature on decentralized planning. It was also touted as a credible mechanism for addressing multidimensional poverty at the grassroots level in the country. While some say MA is an advanced version of Graibi Hatao of the 1970s, others argue that it strives to envision the Gram Swaraj idea propagated by Mahatma Gandhi. However, despite all the potential it has to offer, MA as a concept and as a process is poorly understood. This paper looks into the various facets of MA and its relevance in rural development. After providing an account of the evolution of MA, its objectives and methodologies involved, the paper critically examines the missing relationship between the participatory planning, Gram Panchayat Development Plan and the MA and how this affected the whole process. The paper also documents the case of Kerala which has showcased good performance in the MA survey results. It critically examines how a state like Kerala renowned for its acclaimed approach in decentralization and participatory planning failed to incorporate this aspect of grassroots level participatory democracy into the MA.

Key words: Decentralisation, Planning, Rural Development, Kerala, Gandhi's Talisman

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Introduction

MISSION ANTYODAYA (MA) was first adopted in the Union Budget, 2017-2018.¹ It is envisaged as an accountability and convergence framework for transforming lives and livelihoods based on measurable outcomes. The MA is a scientific yet novel initiative of the Government of India to converge as well as to manage the optimum use of resources allocated by 27 Ministries² of the Union Government to accelerate development in rural areas. It strives to realize the vision of poverty-free India. It aims at the well-being of one crore households spread over 50,000 Gram Panchayats (GPs) by addressing multi-dimensional poverty in India through convergence of programmes and schemes along with a saturation approach³ that focuses on raising income and strengthening institutions. This is sought to be achieved through a cluster approach and the GPs serve as the focal point of convergence. It also enables convergence, partnerships and networking with professionals, institutions, and enterprises for the transformation of rural livelihoods. For example, under the MA, priority is given to SHGs in Antyodaya clusters where they play a crucial role in strengthening of agriculture, horticulture, and animal husbandry activities along with other developmental activities at the grassroots level. To ensure accountability, the MA framework stresses on strengthening capacity for social audit at the local level. Thus, the MA is built on the foundation of convergence, accountability, and measurable outcomes to provide sustainable livelihoods to the rural poor. An annual survey in GPs across the country is an important aspect of the MA framework. It is carried out in tandem with the People's Plan Campaign (PPC)⁴ and its purpose is to lend support to the preparation of the Gram Panchayat Development Plan (GPDP)⁵ in a participatory manner. Popularly known as MA Survey, it ranks the GPs on the basis of the score obtained on various parameters used in the MA Survey. Since its inception, the survey has been carried out prior to the preparation of the GPDP. The survey data and findings are used as a base to assess the gap in each GP and villages in terms of infrastructure, access to basic amenities and the overall socio-economic and human development. These gaps have to be addressed in the GPDP.

This paper looks into the various facets of MA and its relevance in the area of rural development. It traces the evolution of the MA, its objectives and methodologies involved. It also critically examines the missing relationship between the PPC, GPDP and the MA and how this undermined the whole process. The paper also documents the case of Kerala, which has showcased good performance in the MA

survey results. It critically examines how a state like Kerala renowned for its acclaimed decentralization initiative failed to incorporate the aspect of grassroot level participatory democracy in the MA.

Why Mission Antyodaya (MA)?

As per the Socio Economic and Caste Census (SECC) 2011⁶, there are a total of 24.39 crore households in India out of which 17.91 crore live in villages. Out of these, 10.69 crore rural households are considered as deprived. The SECC computed the economic status of a household on the basis of seven indicators⁷ of deprivation covering aspects of source of income, housing, landlessness, and disability. According to SECC, nearly 49 per cent of the households can be considered poor as they face deprivation in one form or the other even though the overall definition and depth of the 'poverty' may not define them as poor. The deprivations they suffer range from lack of basic amenities including housing, access to free and fair education and absence of earning members in the family to households depending on manual labour. Such inequalities highlighted the need for a comprehensive social security programme to address them. As per the SECC data, nearly 2.37 crore (13.25%) households have only a single 'kutchra' room. Around 5.37 crore are landless. A total of 7.16 lakh households have differently -abled members who live without the support of other able-bodied members. The SECC data revealed that over 90 per cent of rural India does not have salaried jobs and a total of 2.50 crore households have just one salaried member. Nearly 30 per cent of rural households depend on cultivation as their main source of income whereas 51.14 per cent derive sustenance from manual casual labour (MCL). In 75 per cent of rural households, the main earning family member makes less than Rs.5000 per month (Rs.60,000 annually). Only in just 8 per cent of households does the main earning member makes more than Rs.10,000 per month. Nearly 56.25 per cent rural households hold no agricultural land. Therefore, landlessness and reliance on manual labour account for the greatest of deprivation (SECC, 2011). The findings in the data were convincing enough to formulate a convergent and evidence-based plan with the GPs as the basic units to address these issues. It was felt that the deprived households need evidence-based and targeted interventions under various government schemes and programmes in areas such as social security, education, health, nutrition, sanitation, drinking water, electricity, environment, livelihood creation, wage employment and skill development.

Tracing the Evolution of Mission Antyodaya (MA)

The brand name 'Mission Antyodaya' may be a new one, but the word 'Antyodaya' and what it envisages is nothing new to Indians. Mahatma Gandhi and Pandit Deen Dayal Upadhyaya have been exponents of development through Antyodaya, but not many have attempted to decipher the concept they propagated.

1. Mahatma Gandhi and Sarvodaya through Antyodaya

A book of essays on economy, "Unto This Last" by John Ruskin⁸ immensely inspired Mahatma Gandhi, which later paved the way for the philosophy of Sarvodaya through Antyodaya. Sarvodaya is a term meaning 'Universal Uplift' or 'Progress of All'. The term was first coined by Mahatma Gandhi as the title of his 1908 translation of Ruskin's "Unto This Last". Gandhi went on to propound the philosophy of inclusive development, "Sarvodaya through Antyodaya", which means development of all through welfare of the weakest section of the society, in his book *Hind Swaraj*⁹. Antyodaya or the uplifting of the poorest, most deprived groups of people, was a mission close to the Mahatma's heart. Gandhiji's idea of development was of Sarvodaya, the development of all through Antyodaya. In 1931, Mahatma Gandhi wrote that India does not live in its towns but in its villages. "When the cities realize that they must live for the welfare of the poor, they will make their palaces and institutions and the life of their inhabitants correspond somewhat to our villages."¹⁰

2. Pandit Deen Dayal Upadhyaya and Antyodaya

Pandit Deen Dayal Upadhyaya, an iconic figure in Bharatiya Janata Party (BJP)¹¹ and Rashtriya Swayam Sevak Sangh (RSS)¹² also proposed the concept of "Antyodaya". Literally, 'Antyodaya' means the "rise of the last person" and it was one of the concepts emphasized by Upadhyay, who was also one of the founding leaders of the Bharatiya Jana Sangh¹³ — the forerunner of the BJP. According to Upadhyay, the measurement of economic plans and economic growth cannot be done with those who have risen above on the economic ladder but of those who are at the bottom. Upadhyaya stressed on 'Antyodaya' to rid the nation of extreme poverty. This formed a part of Upadhyay's core philosophy of "Integral Humanism"¹⁴ that viewed the human as distinct from capitalism and communism.

3. Union Budget 2017 – 18 and the birth of Mission Antyodaya

The Union Budget 2017 was a crucial annual financial document after the demonetization drive. It also made clear that improving the life

of people in rural areas is a 'non-negotiable agenda' for the BJP government. Here are a few excerpts from the 2017 budget speech made by the then Finance Minister, Arun Jaitley:

I now turn to the Rural Sector, which was so dear to the heart of Mahatma Gandhi. Over Rs. 3 lakh crores are spent in rural areas every year, if we add up all the programmes meant for rural poor from the Central Budget, State Budgets, Bank linkage for self-help groups, etc. With a clear focus on improving accountability, outcomes, and convergence, we will undertake a Mission Antyodaya to bring one crore households out of poverty and to make 50,000 gram panchayats poverty free by 2019¹⁵, the 150th birth anniversary of Gandhiji. We will utilise the existing resources more effectively along with annual increases. This mission will work with a focused micro plan for sustainable livelihood for every deprived household. A composite index for poverty free gram panchayats would be developed to monitor the progress from the baseline.¹⁶

4. Mission Antyodaya– A Political or Bureaucratic Product?

The MA is one of the flagship programmes of the BJP government built on the philosophy of 'Integral Humanism' by Pandit Deen Dayal Upadhyaya. However, there have been arguments that the MA is bureaucracy-driven and lacks political ownership. Authors of this paper are of the opinion that despite the political aspect involved in the launching of MA, it is formulated and designed within a largely bureaucratic framework with political blessings.

Primary Objectives of MA

- To ensure effective use of resources through the convergence of various government schemes with GPs as the basic units of planning.
- To build and encourage partnerships with network of professionals, institutions, and enterprises to strengthen and transform rural livelihoods.
- Conduct a nationwide MA survey to assess the measurable outcomes at the GP level and to assess the gaps that need to be addressed.
- Support the process of participatory planning for GPDP by addressing the gaps found in the survey and thus develop a focused micro plan for sustainable livelihoods by improving governance and service delivery at the grassroots level.

Methodology Adopted for MA Survey

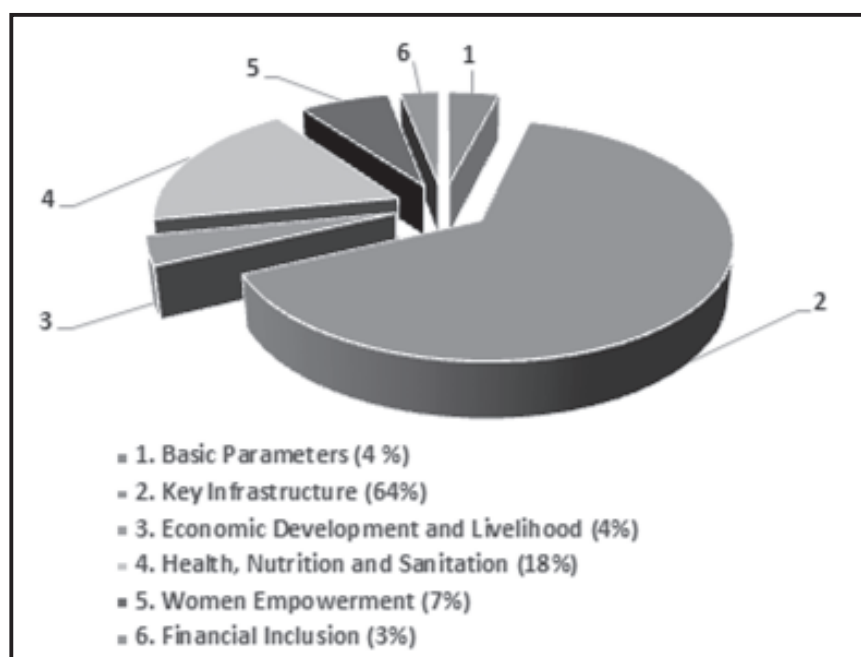
The MA Surveys are conducted at the GP level, if a GP has more than one village, the average will be taken as the score value for the GP.

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Parameters and Score Value for MA Survey 2017 and 2018

As a precursor to the preparation of annual GPDP, the Ministry of Panchayati Raj (MoPR) has directed all the states to undertake the MA survey every year - a survey by which the GPs all over the country are ranked based on three indicators i.e., basic infrastructure, human development, and economic activity. By this exercise, the development gaps needing specific intervention are identified and the GPs prepare the GPDP. In 2017 and 2018, the GPs were ranked on the basis of 46 parameters, but only six out of 29 subjects devolved were evaluated. In other words, 46 parameters connected to six subjects such as (i) health, nutrition, and sanitation (ii) economic development and livelihood (iii) financial inclusion (iv) basic parameters (v) key infrastructure (vi) women empowerment were only evaluated (Figure 1).

Figure 1: Subjects Evaluated and Ranking Parameters in MA Survey 2017& 2018



Source: Compiled and Computed by the Authors from the website of Mission Antyodaya, MoPR, Government of India.

The maximum score for the 46 parameters was 100. The first one was on location details which consist of eight entries including names and code numbers. There was no score value for the parameter of

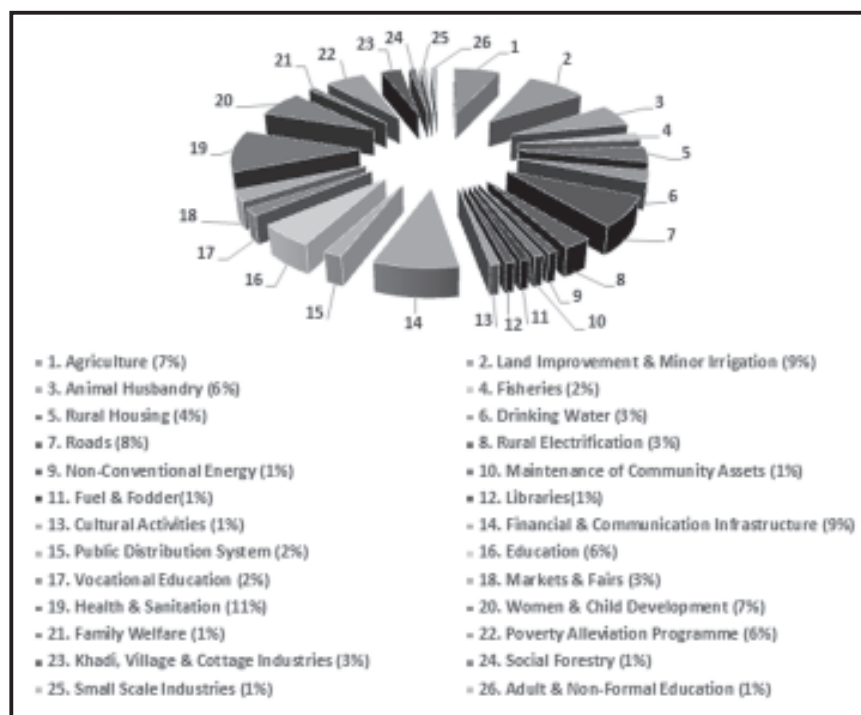
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'location' as it was used only for furnishing location specific details. Under basic parameters', there were nine questions and the score value was given only for one question, which is for area under irrigation in hectares and the score value was four. There were 22 questions for the parameter on 'key infrastructure' and the total score value was 64. Out of the 22 questions, two of them carry no marks. There were two questions (question no. 10 on percentage of household engaged exclusively in farm activities and question no. 13 on availability of banks / business correspondent with internet connectivity), with no score value. The score value for other questions varied from five to one. The 'parameters on health, nutrition and sanitation' had eight questions with a total value of 18 and it was distributed among only seven questions, and one question did not carry any marks and the marks varied from one to four. There was one parameter that exclusively dealt with 'women empowerment' which has four questions with a total value of seven and it varies from one to three. There was only one question under the parameter of 'financial inclusion' with total value of three marks. Some questions were qualitative in nature where the answer was either affirmative or negative. The affirmative answer was treated with maximum marks whereas the negative answer was given zero. In the case of quantitative questions, the volume and degree of the situation was considered and score value was given according to a scale constructed for the purpose. The major limitation of the parameters and score value applied in the MA Survey 2017 and 2018 is that only limited association has been established between the questions in the parameters and the functional domain of the GPs. When all the four questions in the MA Survey format of 2018 were distributed, it was found that there were no questions related to 12 subjects.

Parameters and Score Value for MA Survey 2019 and 2020

The MA survey 2019 is a restructured one and some of the limitations of the earlier exercise were rectified. As in the case of the survey in 2018 within the same methodological framework, the MA survey 2019 was conducted at the village level. However, the number of the parameters and the score value were drastically changed. The parameters were increased from 46 to 112 to cover all the 29 subjects transferred to the GPs as per the Eleventh Schedule of the Constitution (Figure 2).

Figure 2: Subjects Evaluated and Ranking Parameters in MA Survey 2019 & 2020



Source: Compiled and Computed by the Authors from the website of Mission Antyodaya, MoPR, Government of India

However, out of the 29 subjects only 26 subjects were given score value and three subjects (social welfare, welfare of the weaker sections and minor forest produce) were assigned zero value. Two subjects (i). land improvement, implementation of land reforms, land consolidation and soil conservation and (ii). minor irrigation, water management and watershed development) are clubbed in to one 'land improvement and minor irrigation'. One new subject, namely, 'financial and communication infrastructure' was included in addition to the 29 subjects transferred to GPs. For example, the subject on 'health and sanitation' has more activities in the functional domain of the GP whereas the subject on 'non- conventional energy' has only very little to do with the GP and it is reflected in the allocation of score values. Therefore, while health and sanitation are given maximum score value, the non-conventional energy is given minimum value. Though the total score values have been fixed as 100, the value of each parameter

has been changed as per the increase in the number of questions. The MA methodology as well as parameters and score value have remained unchanged since 2019. Attempts are being made to revise the parameters and score value for the future MA surveys by laying more emphasis on drinking water by incorporating components of Jal Jeevan Mission¹⁷ under Department of Drinking Water & Sanitation, Ministry of Jal Shakti. Ministry of Skill Development and Entrepreneurship is also supporting the Jal Jeevan Mission as the installation of Functional Household Tap Connection (FHTC) to every rural household requires skilled workforce in areas like masonry, plumbing, fitting and electricity.

Design of Survey tool for MA Survey

The questionnaires that have been designed for the MA survey are classified into Part A and Part B. Part A deals primarily with the availability of the infrastructures under 29 subjects. GPs are expected to ensure economic empowerment and social justice to the rural poor through implementation of development activities. Part B deals with the services availed by the rural poor under sectors like health, nutrition, social security, water management and efficiency for a decent living.

Fourteenth Finance Commission (14th FC) and GPDP

Though there were many attempts to give a new lease of life to Panchayati Raj, it is the 73rd Constitutional Amendment in 1992 that had ushered in the present phase where Panchayats are described as institutions of local-self-government and are expected to prepare plans for economic development and social justice. The Amendment provided for a uniform structure of three tiers at village, intermediate/block, and district levels. With the introduction of Gram Sabha (GS), it also paved the way for grassroots level direct democracy with constitutional mandate. The 73rd Amendment allows states to endow Panchayats with powers and authority 'to enable them to function as institutions of self-government'. Article 243 G of the Indian Constitution outlines the functions of the GPs as (i) preparation of plans for economic development and social justice (ii) the implementation of schemes for economic development and social justice as may be entrusted to them in matters listed in the Eleventh Schedule. Despite all these virtues, decentralization has been uneven across states largely due to the absence of adequate financial autonomy and devolution of fiscal powers¹⁸. As a result, local governments fared poorly in the ensuring efficacy in the service delivery, inclusiveness, and accountability. The Union Government and various state

governments had taken up several initiatives to correct the situation. However, the planning process of the Panchayats were found inadequate for want of resources and technical support. It was at this juncture that the 14th FC¹⁹ recommended giving Rs. 2 lakh crores to GPs between 2015 -2020.

The 14th FC was constituted on January 2, 2013. It recommended grants to the GPs for planning and delivering of basic services smoothly and effectively. As per the 14th FC, the local governments are required to spend the grants only for basic services within the functional domain assigned to them under relevant state legislations. Grants are divided into two – i.e., basic grants and performance grants. The basic grants are released to GPs for the delivery of basic services including water supply, sanitation including septage management, sewerage and solid waste management, storm water drainage, maintenance of community assets, maintenance of roads, footpaths, street-lighting, and burial and cremation grounds. The performance grants are provided based on receipts and expenditure received through audited accounts and increase in own revenues. Even as the government accepted the recommendations of the 14th FC, it was clear that such a huge amount could not be transferred to the elected functionaries²⁰ without giving them proper training in planning, accounting, and auditing²¹. Thus, the MoPR came up with the idea of GPDP — an annual plan of each Panchayat where the local community would decide on how the money should be spent. The state government communicates the “resource envelope” to all GPs. At the end, every Panchayat knows how much money it has under different schemes and how it should plan. Once a plan is formulated, the GS passes it.

As per the directives of the 14th FC, the 90 percent of the earmarked basic grants for GPs were distributed based on population (2011 census) and the remaining 10 per cent on the basis of geographical area. The total grant recommended was Rs. 2,87,436 crores for a five-year period. Out of which, the grant to the GPs was Rs.2,00,292 crores and rest was given to the Municipalities²². The 14thFC report said: We recommend that the local bodies should be required to spend the grants only on the basic services within the functions assigned to them under relevant legislations²³. Again, “we recognize that there is a need to trust and have respect for local bodies as institutions of local self-government²⁴”. The 14th FC was of the opinion that the trust-based approach²⁵ adopted by them is based on the understanding that the local governments will discharge their statutory functions with all due care. The Panchayati Raj Institutions (PRIs) and Urban Local Governments (ULGs) are de-jure institutions of local self-governments. It is up to the state governments to decide the extent

of financial, functional and sphere autonomy to be provided to these institutions. As a result, the degree of devolution varies from state to state.²⁶ Sensing that the local governments require seamless access of funds, the 14th FC strongly opined that “no further conditions or directions other than those indicated by us should be imposed either by Union or the state governments for the release of funds”²⁷.

Though the recommendations of the 14th FC did not stipulate the preparation of GPDP as a condition to release the basic grants to the GPs, the Ministry of Finance (MoF), Government of India, in its operative guidelines to the GPs suggested that for the utilization of the basic grants, emphasis should be given to information dissemination regarding the planning process and its benefit to citizens, so as to generate a campaign process in this regard.²⁸ It was in this context, MoPR issued model guidelines for decentralized planning at the GP level for formulating GPDP in 2015. The model guidelines were finalized following a series of meetings with states including a write-shop at the Kerala Institute of Local Administration (KILA)²⁹, Thrissur, in Kerala on participatory GPDP, and a similar programme was organized in Guwahati for the Northeastern Region³⁰. The following are the salient features of the GPDP guidelines³¹:

- The guidelines linked the performance of basic functions of the GPs including poverty reduction, socio-economic development, public service delivery and good governance and all these ought to be reflected in the final GPDP.
- The guidelines emphasized the need for convergence between different sectors during planning and also suggested the formation of an empowered committee at the state level to ensure smooth coordination between line departments and to address the concerns and queries while preparing the GPDP. Similar coordination committees were suggested to be formed at district and block levels.
- It stressed the need for a campaign mode for local planning through suitable environment creation.
- The guidelines detailed the trained and qualified human resources required to carry out various functions during the pre-planning, planning and post planning stages and the sources from which such resources can be drawn. It laid down the technological interventions required for capacity building and IT applications in budgeting and accounting.
- For implementation of a convergent GPDP plan, the guidelines emphasized the need to coordinate with departments, individuals, experts, SHGs and CBOs. It suggested that the line departments concerned may issue detailed and joint circulars explaining the necessity of working in tandem with the GPs and ensure coordination during the plan preparation and implementation process.

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- Review, monitoring, and evaluation were to start with the Gram Sabha, followed by the GP, the Intermediate Panchayat, District Panchayat, and the State. Monitoring and Evaluation (M&E) by academic institutions, state, and national level monitors, IT based monitoring etc. were also suggested.
- The guidelines also contained suggestions on other aspects of the GPDP preparation and implementation process such as incentivizing performance, capacity building, accountability systems and timelines.
- In the case of administrative and technical approval and implementation arrangements, the guidelines lay down the centrality of the GPs stating that the works selected by the GPs should be treated as final unless their cost implications are beyond sanctioned limits in which case the GP should be urged to downsize.
- Recognizing the special needs and privileges given to the Fifth Schedule Areas³² governed under Panchayat Extension of Scheduled Areas (PESA)³³, MoPR, issued a separate set of guidelines for PESA areas by making the Village and the Gram Sabha, the centre-stage of all prioritization and planning activities under the GPDP.

States were requested to adapt and contextualize the process listed in the framework as deemed relevant and were asked to come out with a concrete plan of action for environment generation for rolling out GPDP. In 2018, the MoPR issued a comprehensive “Guideline for Preparation of GPDP” after consultation with states and stakeholders. Following are the steps involved in the formulation of GPDP.

1. Environment creation and community mobilization.
2. Collection of primary and secondary data.
3. Situation analysis, need assessment, gap identification and preparation of Development Status Report.
4. Visioning exercise for goal setting.
5. Resources and identification/estimation of corresponding activities as part of Special Gram Sabha.
6. Plan development, prioritisation and projectization
7. Final approval of the GPDP.
8. Implementation, monitoring and impact analysis.

Peoples Plan Campaign (PPC) for GPDP and Mission Antyodaya : In 2015 – 16, consequent to the 14th FC grants to GPs, the MoPR introduced GPDP and two years later that is in 2017 -18, the MA was launched. It was decided that the GPDP and the MA should be carried out in a campaign mode. To improve the quality of GPDPs, the MoPR and Ministry of Rural Development (MoRD), Government of India, jointly launched People’s Plan Campaign under the theme “*Sabki Yojana, Sabka Vikas* in 2018. In 2019 and 2020, People’s

Plan Campaigns (PPCs) were conducted for preparing comprehensive GPDPs and the same process is still under way in 2021. The PPCs are aimed at improving the quality of the GPDP substantially. The PPCs were to build a link between gap assessment and identification through the MA Survey with the GPDP preparation. As part of the PPC, GPs have to collect as well as update MA Survey data for evidence-based planning exercise. A facilitator for each GP is nominated for providing requisite support and coordination with frontline officials of line departments for conducting Special Gram Sabha for the preparation of GPDP.

Role of Gram Sabha

Gram Sabha is a forum for people's participation in grassroot level governance. It provides opportunity to the rural people to get involved in the development programmes of their village and make the administration transparent. It is the responsibility of the elected functionaries, frontline workers, and local citizens to see that the GS functions as per the rules and expectations. Gandhiji once said "The Greater the Power of the Panchayats, the better for the People"³⁴. GPDP is an intensive structured exercise for planning at GS through convergence between PRIs and the concerned Line Departments.

A Comprehensive Special GS is conducted in all GPs across the country as part of the PPC for GPDP. In this Special GS, all developmental needs and gaps identified from MA survey will be discussed. In this GS, the frontline workers give a brief structured presentation regarding the activities of each line department as well as make public disclosure before the GS regarding progress of activities implemented in the current year along with fund utilization. In addition, activities proposed to be taken up during the financial year and funds to be allocated for the same are to be disclosed. The public disclosure statement is to be submitted to the GPs for incorporating it in the GPDP plans, once the same has been approved by the GS. The facilitators appointed shall also ensure community mobilization including vulnerable sections like SC/ST/Women during the GS. The village organisations/SHGs may be supported to present before the GS a poverty reduction plan, which, after deliberation, can be incorporated in the GPDP. During the Special GS, gaps will be identified from MA survey and other data. These gaps are indicative of sectoral requirements which need to be adequately addressed through interventions under different schemes of the line departments and other developmental activities. The GS should classify the gaps in three broad categories – (i) Critically Important, (ii) High Priority and (ii) Desirable. Keeping in view the gap analysis and prioritization,

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GPs may finalize activities to be taken up under GPDP. A public information board of the size of 20 feet x 10 feet should be installed³⁵ in every GP at a prominent place with background information of the respective Panchayats, important gaps emerging from the MA parameters, along with physical and financial progress of interventions under the schemes. The field visit by the authors of this paper during the months of December 2018, January 2019 revealed that out of 150 randomly selected GPs in four states, only 38.66 per cent of GPs had installed the boards³⁶. The state wise data shows that in Tamil Nadu all the 20 selected GPs placed the boards. It was 55 per cent in Karnataka, 23.33 per cent in Odisha and only 6.67 per cent in Kerala. It is important to note that during the field visits, the GPs in Tamil Nadu were under the control of bureaucracy since elections were not conducted.

After completion of the MA Survey, it should be validated by the GS. A printed copy of the information collected from each village should be placed before the GS for approval. Based on the feedback, necessary changes have to be made. The village organisations/SHGs have to present a poverty reduction plan to be incorporated in the GPDP. After formulation of the GPDP in the prescribed format and with the approval of GS, the final plan should be published and uploaded in PlanPlus³⁷

An overview of Mission Antyodaya across the States

During 2017 and 2018, the first all India baseline MA Survey, covering 2.5 lakhs GPs (50,000 in 2017 and 2,00,000 in 2018), was conducted. In 2017 & 18, MA Survey was conducted in 2,47,910 GPs. It is seen that 2,66,422 GPs were covered in 2019 by the survey. In 2020, a total of 2,67,459 GPs conducted the Survey.

In 2017 & 2018 MA Survey, Kalikiri, Kodandarampuram and Uranduru GPs in Chittoor district of Andhra Pradesh secured a score of 100 and topped the list.³⁸ A total of 195 GPs in Andhra Pradesh figured in the 91 – 100 score range and out of that 189 GPs are from Chittoor District. In Gujarat, a total of 32 GPs also figured in the same score range. In Anand district in Gujarat a total of 20 GPs figure in the 91 -100 score range. Kerala, a state hailed for its decentralization under 1996 PPC, did not have a single GP in this score range. Meanwhile, in Kerala, out of the 939 GPs that have uploaded the status, 91 GPs scored in the range of 81 to 90.

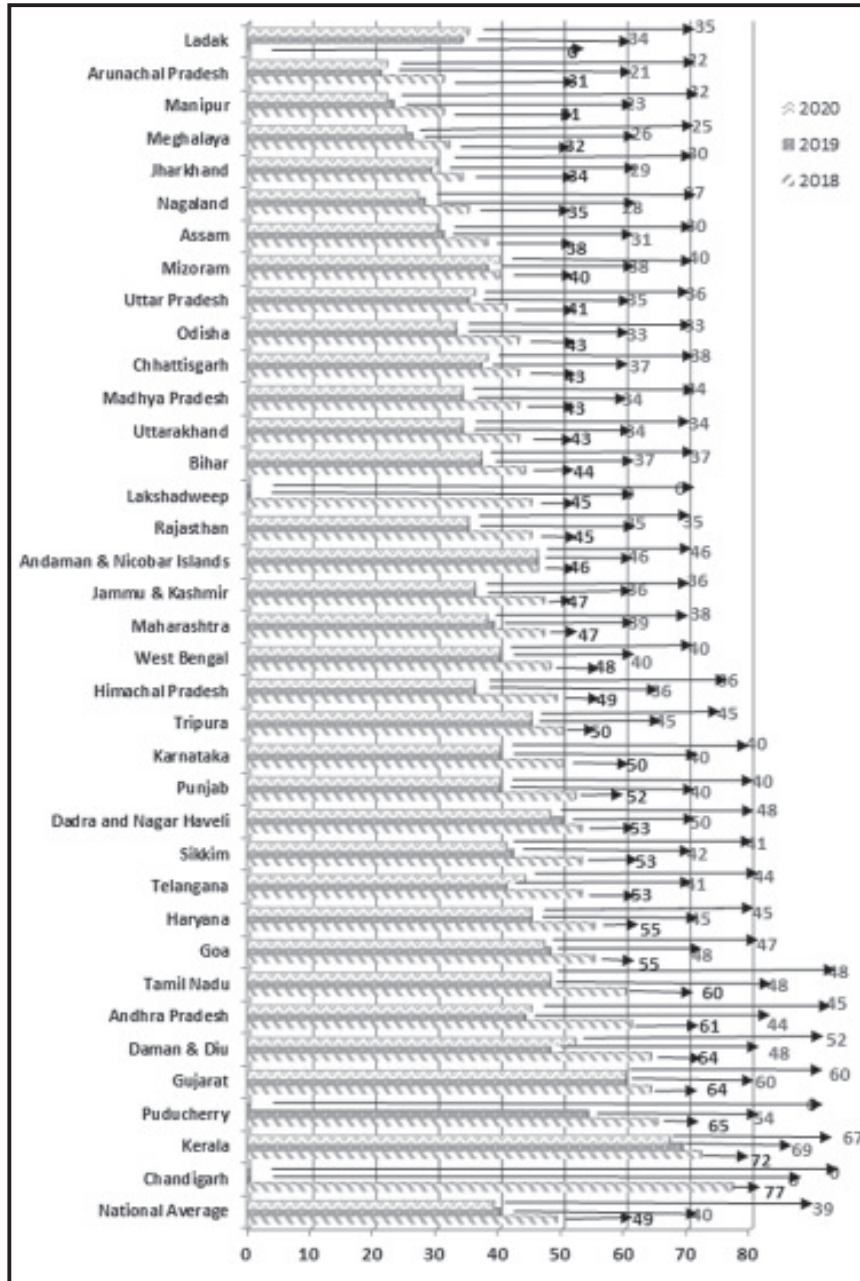
Tamil Nadu's Molugamboondi GP in Tiruvannamalai district has topped the 2019 MA Survey rankings³⁹ of GPs in the country by scoring high on implementation of development and infrastructure programmes. Baben and Vahelal GPs in Gujarat secured the second

rank, with a score of 88. In the 81 to 90 score range, 75 GPs in Gujarat and 66 GPs in Punjab made it to the list while only 27 GPs from Kerala figured in the same score range. A total of 16 GPs in Odisha, 15 GPs in Maharashtra, 14 GPs in Tamil Nadu were also placed under the same score range. At the national level, in 2019 the MA Survey was conducted in 2,66,422 GPs all over the country. It is seen that 64 per cent of the GPs surveyed all over the country scored in the range of below 41 and about one per cent of the GPs scored above 71. Yelkurthi GP in Medak district and Sulthanpur GP in Pedapalli district in Telengana, Minapur GP in Surendranagar in Gujarat and Hulakoti in Gadag district in Karnataka are the Panchayats that have secured the score value of 90 in 2020 MA Survey⁴⁰. All the four GPs have shared the first rank in the country.

Trends Observed in the State Average Score and National Average in MA Survey Since 2018

States including Kerala, Gujarat, West Bengal, Karnataka, Himachal Pradesh, Sikkim, Tripura, Punjab, Tamil Nadu, Andhra Pradesh, Telengana, Goa and Haryana are among the states that have consistently maintained an average score above national average in 2018, 2019 and 2020 in the MA Survey. Among these Kerala has an edge over all other states and UTs in all the three consecutive years in terms of obtaining an average score significantly higher than national average. For instance, in 2018, the average score obtained by Kerala in MA Survey was 72 and national average was just 49. Though in 2018, Kerala was second only to Chandigarh, it still maintained a better average score higher than that of national average. In 2019 MA Survey, Kerala secured an average score of 69 and all India average was only 40. In 2019, the average score of Kerala dropped to 69 from 72, but the state was still in a better position when compared to other states and the overall national average. In 2020 too, Kerala is still at the top among the states in MA Survey in terms of average score of 67 and is still above the national average. Among the states, Gujarat is the second-best performing state giving in terms of average score against the national average (Figure 3).

Figure 3: MA Survey 2018, 2019 &2020:
State Wise Average Score



Source: Computed and Compiled by the Authors from the website of Mission Antyodaya, MoPR, Government of India.

Critique of Mission Antyodaya

The missing link or connect between GPDPs prepared and the gaps emerging from the MA Survey findings has hindered and undermined the process of preparing comprehensive GPDP. As per the MoPR guidelines, the findings and the gap report assessments from MA Survey should serve as the baseline for the preparation of GPDP; but this is not taking place. Each Panchayat is mandatorily required to link the activities taken up in the GPDP with the gaps identified in the MA Survey, but the gaps identified in MA Survey are not addressed in majority of the GPDPs so far (See Table. 1 for details regarding the percentage of gaps addressed by GPs in their GPDPs). Even those GPs that completed MA Survey have not incorporated Gap Reports in the final GPDP.

It is evident from the Table 1 that in the first three financial years, the count and percentage of GPs that addressed the MA Gaps in their respective GPDPs were relatively negligible (less than one per cent). One of the major reasons behind this is the deficit in awareness regarding MA Survey and its linkage with GPDP⁴¹. However, since 2020-21, there has been a marked change in the gaps addressed as the MoPR issued stringent guidelines to the state to address this missing link between MA Gap Reports and GPDP. In the case of 2021-22, it is still underway and so a final analysis is not possible now. The gaps in the sectors of sanitation, roads, education and drinking water have been widely addressed by the GPs in their respective GPDPs. It is observed that the intervention in these sectors is relatively easy. Moreover, the GPs had earlier experiences in such sectors and therefore it is quite simple to address the gaps such sectors. The year 2020-21 and the ongoing 2021-22 have shown marked improvement in terms of addressing gaps, but there is no shift in the sectors. It is quiet shocking to find that majority of the GPs have not addressed the gaps under sectors in which they have direct responsibility and command. For instance, management of burials and burial grounds, fuel and fodder are some of the sectors where GPs are directly involved yet failed to identify the gaps and address it in their GPDP. On the other side, sectors such as 'administrative and technical support' may be a difficult terrain in which addressing the gaps is beyond the normal capacity of the GPs. The priority of the sectors also is a factor for addressing the gaps and it has a direct correlation (Annexure. 1).

We have conducted intensive field work in three phases on GPDP in Tamil Nadu, Karnataka, and Odisha in December 2018, December 2019, and January 2020. In Tamil Nadu, 10 GPs each were selected randomly from Cuddalore and Villupuram districts. All the 20 selected GPs had conducted the MA Survey and prepared gap reports. It is

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**Table 1: Details of GPs with
MA Gaps addressed in their GDPs**

Year	No. of GPs with sectoral specific activity in respective GDP	No. of GP with MA gaps addressed	% of GPs with MA gaps addressed
2017-18	1092519	476	0.04
2018-19	1161100	849	0.07
2019-20	1400100	3139	0.22
2020-21	1411322	161229	11.42
2021-22	1354686	125648	9.28

Source: Computed from the website of Mission Antyodaya, MoPR, Government of India.

MA Website. Data as on June 23, 2021.

seen that none of them had made the groupings into 'critically important', 'high priority, and 'desirable'. However, GPDP had been prepared in all the selected GPs. Since Tamil Nadu already prepared a five-year plan document for every GP, the preparation of GPDP became comparatively comfortable. It is also important to note that an expected level of support could mobilize from the line departments in the process. All the selected 40 GPs in Karnataka (10 GPs randomly selected from Chamarajanagar, Chikkaballapura, Kolar and Ramanagar districts) had completed MA Survey and out of it only three had done the groupings and accommodated the Survey results and gaps in the GPDP. It was found that out of the 60 selected GPs in Odisha (10 GPs each randomly selected from Bargarh, Boudh, Jharsaguda, Nuapada, Sambalpur and Sonepur districts), only 50 had conducted MA Survey but no attempts were made to classify the results in three groups to show the intensity of the gaps. While preparing the GPDP, the gaps were not addressed.

During this exercise, it was found that PPC for GPDP and MA Survey have been dealt with in a separate manner. Even after completion of the survey, they just placed it before the Special GS without making any presentations, discussions, validation, and feedback. So, neither the GP functionaries nor the local citizens were able to understand the connection between GPDP and MA. The Centre for Rural Management (CRM) team found during field visits to GPs in Karnataka, Odisha and Kerala that both GPDP and MA have not been properly understood by the Panchayat functionaries. In majority of the cases, the GPDP and MA Survey were dealt with in an unconnected manner. There have also been instances where GPs first prepared GPDP and after that completed MA Survey. Even those GPs that have showcased better performance in MA Surveys, does not mean that stakeholders in the Panchayat are aware about the process. We have a concrete example to illustrate the above situation. The Centre for Multi-Disciplinary Development and Research (CMDR), Dharwad, Karnataka conducted a national seminar on "Decentralized Governance and Planning and its Impact on Economic Development and Social Justice" during March 28 – 29, 2019. There was a separate section on "Operational Aspects and Field Perception of GPDP." Presidents and Panchayat Development Officers (PDOs) of the GPs from three best performing Panchayats, in the district of Dharwad had attended the seminar. However, none of them could explain about the MA Survey, gap reports and its connection with GPDP. They were not even aware of the score value obtained by the respective GPs in the MA Survey. Moreover, the result of the survey had been uploaded in the website of MoPR by the GPs themselves. So how can such things

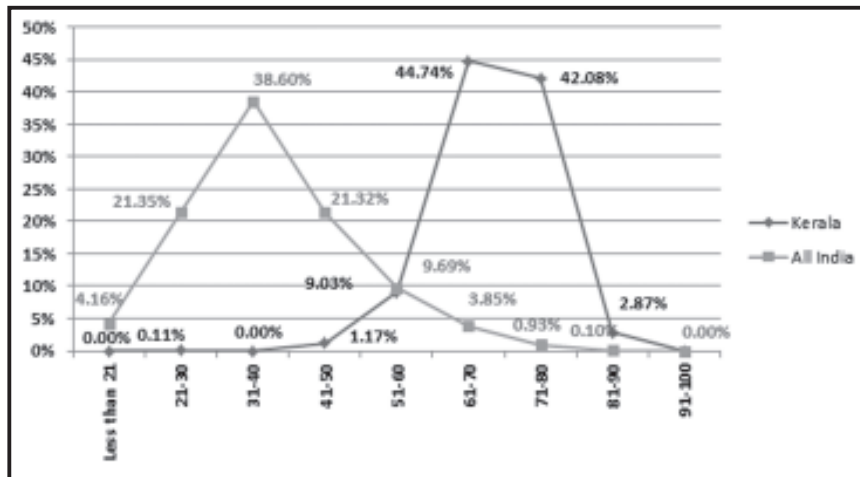
happen? It might seem unbelievable how the frontline stakeholders who claim to be part and parcel of the MA survey are not in a position to recollect score value or explain the process.

According to Fifth Common Review Mission 2019⁴² by MoRD, it was found that Chhattisgarh, Madhya Pradesh, Rajasthan, Odisha and Uttar Pradesh, the Gram Sabhas for GPDP are held without proper understanding of the process. It also points out that GPDPs in these states look more like wish-lists and also do not reflect gaps or priorities listed under MA. The Review Mission also observed that there is low awareness regarding GPDP in the Northeastern States like Manipur and Meghalaya. Another major criticism of MA is regarding the methodology involved in the case, In GPs with more than one village, the average had been taken as the score value for that Panchayat. In other words, if there are many villages, which are not coterminous with the GPs, in such cases, the average score value of the villages may not reflect the true value of any of the villages. Therefore, it is difficult to incorporate the gaps in the GPDP.

Mission Antyodaya in Kerala

In the first phase of the MA Survey in 2017, 195 GPs were covered (with *Kudumbashree* as the nodal agency) in Kerala. In 2018 (continuation of the first phase), 939 out of 941 GPs in Kerala completed the survey. At the national level, the 2017 & 2018 MA Survey was conducted in 2,47,910 GPs. While 229 GPs across India managed to secure a score between 91 to 100, none of the GPs in Kerala figured in the same score range. Meanwhile, in Kerala, out of the 939 GPs that have uploaded the status, 905 GPs (96.30 %) scored in the range above 60 and out of this 91 GPs scored a high value in the range of 81 to 90. In Kerala, out of the 941 GPs that have uploaded the MA Survey in 2019, nearly 2.87 per cent GPs scored in the range of 81 to 90 while only 0.10 per cent GPs across India fall in the same score range. Since 2019, the Department of Economics and Statistics⁴³ and Directorate of Panchayats are the nodal agencies for MA Survey in the state. In the 2019 MA Survey nearly 42.08 per cent Panchayats in Kerala came within the score range of 71 – 80 and 44.74 per cent in the range of 61 – 70. On the other hand, only 0.93 per cent GPs across India fall in the score range of 71- 80 and 3.85 per cent GPs in the country in the score range of 61-70. It is seen that both the high achievement of human development in Kerala and the poor record at the national level are reflected in the MA survey (Figure 4).

**Figure 4: MA Survey 2019:
Grouping of GPs Based on Score Range (India & Kerala)**



Source: Computed and Compiled by the Authors from the website of Mission Antyodaya, MoPR, Government of India.

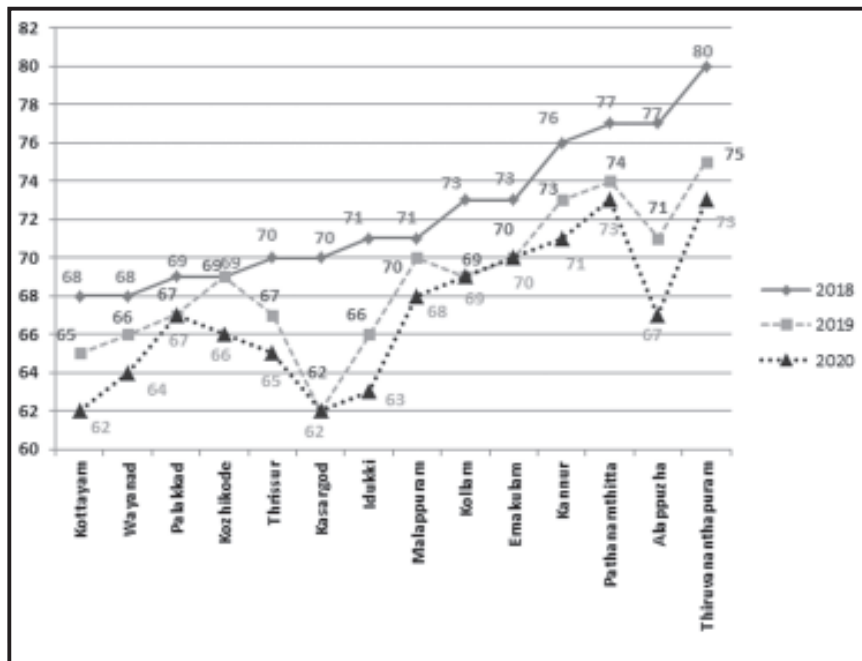
As per the MA Survey, in 2020, none of the GPs in India figured in the score range of 91 – 100. In the case of Kerala, only six panchayats figured in the score range of 81 – 90 while 260 GPs across India scored in the same score range. A total of 329 GPs in Kerala fall under the score range of 71-80 in the 2020 MA Survey.

How the Districts in Kerala fared in Mission Antyodaya (2017 – 2020)

Thiruvanthapuram district has fared better in terms of average score obtained under MA Survey in 2018, 2019 and 2020. It is followed by Pathanamthitta and Kannur in all the three years. In the year, 2017 and 2018, all the districts have obtained an average score between 68 and 80, but in 2019 and 2020, the average score started coming down (Figure. 5). According to the MA Website of MoPR, in 2017 and 2018 MA Surveys, Alamcode and Marancheri GPs in Malappuram district secured a score of 89 and got the 12th rank at National Level. In Thiruvanthapuram district 35 GPs fall under the score range of 81 – 90. In the same year, ten GPs in Pathanamthitta district and eight GPs in Kannur district also secured a score between 81 – 90. In the MA Survey 2019, 27 GPs from Kerala made it to the 81 – 90 score range. As per the MA Website of MoPR, Kalliyoor GP in Thiruvanthapuram district is at the 5th spot with a score of 85. Kottukal GP in

Thriuvananthapuram and Alappuzha GP in Malappuram have secured 6th rank with a score of 84. In 2020 MA Survey only six GPs figured in the 81 – 90 score range. Alathur GP in Palakkad district is at the 6th rank with a score value of 85. A total of 329 GPs in Kerala were categorized in the score range of 71-80 in the survey (Figure 5).

Figure 5: MA Survey 2018, 2019 & 2020: District Wise Average Score of Kerala



Source: Computed and Compiled by the Authors from the website of Mission Antyodaya, MoPR, Government of India.

Does Mission Antyodaya (MA) Reflect Ground Reality in Kerala?

Kerala enjoys top position among Indian states with respect to the Human Development Index (HDI)⁴⁴. As per the 2005 Human Development Report of Kerala⁴⁵, the HDI of the state has increased from 0.685 in 1991 to 0.773 in 2001. The same uniform distribution of development can be observed in the case of district wise human development indices of Kerala as all lie above 0.740. In fact, Ernakulam district comes out with a HDI as high as 0.80, followed by Kottayam (0.796), Pathanamthitta (0.795), Alappuzha (0.794), Thrissur (0.794), Kollam (0.787), Kannur (0.783), Kozhikode (0.781) and

Thiruvanthapuram (0.773). Malappuram district had obtained the lowest index of 0.749 but not way behind districts of Wayanad with 0.753 and Idukki with 0.754. Though the HDI is from 2005 and the focal points were districts and not GPs, it does reflect a better view of Kerala. The MA Survey is somewhat equal to the HDI. For instance, Thiruvanthapuram district has fared better in terms of average score value obtained (80, 75, 73 respectively) under MA Survey in 2018, 2019 and 2020. It is followed by Pathanamthitta (with an average score value of 77, 74, 73), Alappuzha (with an average score of 77, 71 and 67) and Kannur (with an average score of 76, 73, 71) in all the three years. In the year, 2017 and 18, all the districts have obtained an average score between 68 and 80, but in 2019 and 2020, the average score started coming down. Some may argue that HDI index ranks only districts and state and not GPs. However, despite these arguments and problems, the MA Survey has been successful in measuring development and progress at the grassroot level. Talking about the HDI in Kerala, after 2005 there have been no attempts to document the district wise HDI for the state of Kerala. Though there is a Kerala Development Report,⁴⁶ the latest one of which was released in February 2020, it has not incorporated District Wise Index. In such a context, the MA Survey in Kerala has more significance.

A Critique of Mission Antyodaya (MA) in the Context of Kerala

The state of Kerala has been a forerunner in the realm of decentralization in India. The PPC in 1996 has been considered as a far reaching and radical experiment in grassroots level planning. The MA does have the potential to take decentralization to the next level in the case of Kerala, but the state has failed to make use of it. It is true that a few of the GPs in Kerala have topped in the MA Surveys since 2017. As per the MoPR Guidelines, there shall be a State Nodal Officer, appointed by the State Governments and can also appoint state- level resource persons. In Kerala, for the first 2017 MA Survey, the *Kudumbashree* was appointed as the nodal agency. There were many allegations against the unprofessional manner in which the exercise was carried out by the *Kudumbashree*. The survey results of the 195 GPs may not reflect the true situation. There is a general tendency in the state to deploy *Kudumbashree* for various assignments without considering the professional competency of the organization. This is a part of distributing political patronage to a larger constituency for electoral reasons. It has also an advantage of economic benefit by employing women to conduct the survey on low wages. As a result, *Kudumbashree* was replaced in the second and third phases of the survey by the Department of Economics and Statistics as the nodal agency.

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Kerala is one of the states in India having a well-organized statistical system. The department has a well-qualified staff deputed in all the line departments and field level statistical investigators. A total of 811 field investigators have been appointed for data collection and compilation. The Chief, Decentralized Planning Division, Kerala State Planning Board, is in charge of the overall monitoring of MA. At the district level, the Deputy Director, Economics and Statistics Department and Deputy Director of Panchayats are entrusted with the task of monitoring MA. Additional Development Commissioner (General) and District Planning Officer are also part of this at the district level. At the taluk level, out of the 77 taluks only 61 of them have taluk level officers to oversee MA Survey. At the block level, there is one Extension Officer for Planning and Monitoring of MA Survey.

As per the MoPR guidelines, for data collection and field level enumeration of MA Survey, the services of Gram Rozgar Sevaks (GRSs), Community Resource Persons (CRPs), GP level functionaries as well as volunteers can be availed. The 2020 – 21 guidelines indicate that the state governments may also involve students of higher educational institutions in this planning exercise. These students would also get training along with the CRPs and GRSs. The field enumerators are expected to interact with ward member/Sarpanch, GP Secretary, elected office bearers, anganwadi workers, health workers, school teachers, village revenue officials, NGOs, frontline workers of other line departments, representatives of community-based organizations etc. and collect information. However, in Kerala, the staff of Department of Economics and Statistics, the present nodal agency, is doing the role of field enumerators rather than the local grassroot level actors as prescribed in the guidelines. One or two staff members from the Department of Economics and Statistics are entrusted the responsibility to conduct the MA Survey⁴⁷. As per the guidelines, it is the panchayat functionaries, CRPs or other grassroot workers who have to work as field enumerators for carrying out the Survey but here the state nodal agency is doing all the job from collection to uploading of the MA data. The guidelines clearly mention that the state nodal agency, state resource persons and district resource persons have to monitor and oversee the progress of Survey done at the GP level. Under such a system Panchayats have little or no information about MA and its relevance. For instance, for ensuring data quality, during MA Survey, two stages of data quality check were adopted: one, validation by Gram Sabha (GS) and the other, verification by Block Development Officers (BDOs). After completion of the survey, the field level functionaries/ enumerators team would be required to

get all the data validated by the GS. The team would be required to download a printed copy of the information collected on each village and place it before the GS for approval. Based on the feedback, necessary changes will have to be made. But in Kerala, no such process is undertaken as the field investigator from statistical department directly uploads the MA data. While gap report is generated after the MA data is uploaded there is no evidence to suggest that the Panchayat functionaries are aware of these gap report and how they should incorporate in GPDP.

While the 5th Common Review Mission 2019 by MoRD, Government of India states that GPDP and MA is being effectively carried out in Kerala with the participation of line departments and ratification of the plans in GS, the ground reality is different. The authors of this paper found that even in a state like Kerala famed for its own unique decentralized planning, the GPDP process is carried out without proper understanding of the process. GPDP is interpreted in two different ways in Kerala. The official stand among decentralization experts and officials are that GPDP is all about the entire planning framework and process under 1996 PPC and for GPs and the annual plan document modelled on PPC is uploaded in a software called *Sulekha*⁴⁸. For the functionaries of the GPs, the GPDP means listing the projects funded by Union Finance Commissions and uploading it in *Plan Plus*⁴⁹. In the case of MA too, the 5th Common Review Mission states that Kerala is a better performer and it appears to be true given the fact that the state stand in a better stead in terms of national average and state average. However, much like the case of GPDP, even MA is carried out with no proper understanding and the elected functionaries and officials of the GPs have no Knowledge regarding MA. The only exception is that the secretaries and plan clerks of the GPs do know that MA exists but if you ask them what the scheme is all about and what it is intended for, they are unable to explain the process and its relevance. Meanwhile, in the backdrop of the COVID-19 pandemic and strict adherence to social distancing norms, it may not be feasible to place the data before GS. In such circumstance, the collected dataset may be validated by the GP committee. Further, as social distancing norms are relaxed, GS-validation must be obtained post facto. The verification stage by BDOs shall be followed as in the previous year. It is also important to note that centrally sponsored schemes including rural development schemes are also becoming 'tensed areas' of central – state relations under the so-called co-operative federalism. Kerala has also failed to adopt MA as a value-added quality intervention to its 1996 PPC. The decentralization experts, academic community, policy makers, civil

society organizations including media have totally failed to understand the potential of MA in taking the decentralization experience to a whole new dimension.

Conclusion

The MA is a rational scientific attempt to document and measure development at the grassroot level. The voluminous data obtained as part of the MA Survey opened a wide platform for 'big data analysis' and such an initiative is a novel one even in the realm of world literature on decentralized planning. But India as a whole and Kerala in particular have failed to make use of its potential. One of the main reasons for this is due to poor awareness regarding the GPDP and the MA. The elected functionaries, officials of Panchayats and stakeholders do not have any clear idea regarding MA. Kerala may be in a better position than other states in terms of national average score but that doesn't mean the majority panchayats in Kerala are involved in the process and methodology in MA. Kerala adopted a mechanical and bureaucratic approach instead of a participatory approach envisaged by MoPR. The general opinion is that the guidelines issued for preparing GPDP and MA are too complex for the frontline stakeholders to understand. It is like so much information stuffed in one single book and as a result they are reluctant to go through these guidelines. There have also been reports from across India that the GPDP planning process is too cumbersome. The shortage of manpower and vacancies at GP level needs to be addressed for conducting MA Survey and GPDP. While programmes like Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) or Swachh Bharat Mission (SBM) enjoys success and acceptance, MA, a brand-new version to alleviate poverty in rural India has failed to gain the same recognition and popularity. The gap assessment and identification through MA has to serve as the cornerstone for preparing GPDP, but it is not happening. Irrespective of the shortcomings in the process involved in the MA Survey, its results approximated the HDI of Kerala.

The reasons for the less popularity or IEC campaigns for PPC and GPDP is another pertinent question that needs to be addressed. When MA was launched, many in the policy circles thought it was an advanced version of the 1971 *Grabi Hatao*, a populist measure introduced by the then Prime Minister Indira Gandhi. Despite being launched by the BJP government, the political ownership is completely missing. While schemes like SBM have been getting political endorsement and even enormous funds for carrying out IEC activities, the same clamour and enthusiasm is missing in the case of PPC, GPDP

and the MA. It is also interesting to note that while there are a number of schemes named after Mahatma Gandhi, and many of them performing well, MA, a concept close to Gandhi's heart, is not getting due recognition and mass popularity. Gandhi's ideas on Gram Swaraj and his talisman reflect MA values: "Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will lead to swaraj [freedom] for the hungry and spiritually starving millions? Then you will find your doubts and yourself melt away".⁵⁰

**Annexure 1: Sectors in which the number of
GPs with MA Gaps addressed from zero to highest.**

Year	Sectors in which the number of GPs with MA Gaps addressed is zero	Sectors in which the number of GPs with MA Gaps addressed is higher
2021-22	<ol style="list-style-type: none"> 1. Administrative & Technical Support 2. GP Office Infrastructure 3. Social Welfare 4. Tribal Welfare 5. Welfare of the weaker sections 	<ol style="list-style-type: none"> 1. Sanitation (27%) 2. Roads (22%) 3. Drinking water (20%) 4. Education (7%)
2021-21	<ol style="list-style-type: none"> 1. Administrative & Technical Support 2. GP Office Infrastructure 3. Social Welfare 4. Tribal Welfare 5. Welfare of the weaker sections 	<ol style="list-style-type: none"> 1. Roads (26%) 2. Sanitation (26%) 3. Drinking water (18%) 4. Education (8%)
2019-20	<ol style="list-style-type: none"> 1. Administrative & Technical Support 2. GP Office Infrastructure 3. Small-scale industries 4. Social Welfare 5. Tribal Welfare 6. Welfare of the weaker sections 	<ol style="list-style-type: none"> 1. Roads (33%) 2. Sanitation (19%) 3. Drinking water (15%) 4. Education (8%)

2018-19	<ol style="list-style-type: none">1. Administrative & Technical Support2. Adult and non-formal education3. Animal husbandry4. Burials and burial grounds5. Fuel and fodder6. GP Office Infrastructure7. Planning for economic and social development8. Poverty alleviation programme9. Provision of urban amenities and facilities such as parks10. Public amenities including street lighting11. Public distribution system12. Regulation of land-use and construction of buildings13. Regulation of slaughterhouses and tanneries14. Roads and bridges15. Small-scale industries16. Social welfare17. Tribal Welfare18. Welfare of the weaker sections	<ol style="list-style-type: none">1. Roads (43%)2. Maintenance of community system (12%)3. Education (9%)4. Drinking water (9%)5. Sanitation (8%)
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2017-18	<ol style="list-style-type: none"> 1. Administrative & Technical Support 2. Adult and non-formal education 3. Animal husbandry 4. Burials and burial grounds 5. Fuel and fodder 6. GP Office Infrastructure 7. Planning for economic and social development 8. Poverty alleviation programme 9. Provision of urban amenities and facilities such as parks 10. Public amenities including street lighting 11. Public distribution system 12. Regulation of land-use and construction of buildings 13. Regulation of slaughterhouses and tanneries 14. Roads and bridges 15. Small-scale industries 16. Social welfare 17. Tribal Welfare 18. Welfare of the weaker sections 	<ol style="list-style-type: none"> 1. Roads (43%) 2. Maintenance of community system (13%) 3. Rural electrification (9%) 4. Sanitation (8%) 5. Drinking Water (7%) 6. Education (6%)
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Source: Computed from Mission Antyodaya Website. Data as on June 23, 2021.

Notes and References

1. The then Finance Minister, Arun Jaitley presented the budget on February 1, 2017. See Union Budget Speech 2017, Government of India. Then on August 9, 2017, Prime Minister Narendra Modi made a call to free India from poverty while speaking on a special discussion to commemorate the 75th Anniversary of the 'Quit India Movement' in Lok Sabha. He placed a challenge of eliminating poverty by the time of country's 75th Independence Anniversary in 2022.
2. At present, there are a total of 54 Union Ministries in India under the political regime of Prime Minister Narendra Modi including the recently formed Ministry of Co-operation, launched on July 5, 2021.
3. Modi administration has always emphasized on access to the government's individual benefit schemes through a "saturation" coverage mode. Saturation approach signifies total coverage of a village or targeted population (rural) with a number of interventions or developmental schemes, so that with the passage of time, every household, with the support of such interventions is able to overcome poverty and deprivation, and the covered population of the area is able to lead a socially & economically dignified life.
4. The Union Government in 2018 launched a national level PPC under the slogan *Sabki Yojana Sabka Vikas*. The planning process experimented under the 1996 PPC in Kerala has been scaled up to the national level in the form of PPC for GPDP in 2018. The PPC is an effective strategy for ensuring the preparation of GPDP in a campaign mode. Meanwhile it is interesting to note that though the 1996 PPC in Kerala relied on primary and secondary data it was never used for generating customized gap reports and addressing them as in the case of MA gap reports and incorporating into GPDP.
5. GPDP preparation is a planning for strengthening GP to drive economic development and social justice and thereby transforming rural India. It is a comprehensive need-based development plan for accelerated multi-dimensional integrated growth of the respective Panchayat area. GPDP has to be comprehensive to capture important needs, gaps, activities, perspective plan, annual operational plan etc.
6. SECC 2011 was the first caste-based census since 1931. SECC 2011 was launched on June 29, 2011, by the then Prime Minister, Manmohan Singh. It was also the first paperless census conducted in India. The Ministry of Rural Development (MoRD) uses the SECC data in all programmes such as MGNREGS and PMAY (G).
7. (I) Households with only one room, (ii) Kucha walls and Kucha roof, (iii) no adult member between the ages of 16 and 59, (iv) female headed households with no adult male member between 16 and 59, (v) households with disabled member and no able-bodied adult member in SC/ST household, (vi) households with no literate adult

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- above 25 years, (vii) landless households deriving a major part of their income from MCL.
8. John Ruskin (1819 – 1900) established his reputation as Britain's foremost art and architectural historian in the nineteenth century. See, John Ruskin, *Unto This Last: Four Essays on the First Principles of Political Economy* (London: Smith, Elder, 1862).
 9. M.K. Gandhi, *Hind Swaraj* (Ahmedabad: Navajivan Publishing House, 1938).
 10. See, M K Gandhi, *Young India*, 23.4.1931; 46:12.
 11. BJP is one of the major political parties in India. As of 2019, it is country's largest political party in terms of representation in the Parliament and State Assemblies. BJP is ruling the country since 2014. The origin of the BJP lies in the Bharatiya Jana Sangh, formed in 1951 by Shyama Prasad Mukherjee.
 12. RSS is an Indian right – wing Hindu nationalist paramilitary volunteer organisation founded on September 27, 1925.
 13. In 1977, after the Internal Emergency was removed Jana Sangh merged with several other parties to form the Janata Party. It was founded in collaboration with the Hindu Nationalist volunteer organisation, the Rashtriya Swayamsevak Sangh (RSS). In the 1977 general elections, Janata Party, defeated the Congress party. In 1980 the Janata Party dissolved with the members of Jana Sangh reconvening to form BJP.
 14. Deen Dayal Upadhyaya, *Integral Humanism* (India: Hindi Sahitya Sadan, Sixth Edition, 2014).
 15. At present, the MA Website says that, the vision of MA is to make "Poverty Free India" by 2022.
 16. Budget 2017. Government of India, New Delhi.
 17. The aim of this mission is to provide tap water to all households by 2024.
 18. Niranjana Sahoo, "Even after 20 years, Decentralisation Still Remains a Challenge". *Observer Research Foundation*, May 4, 2013. URL retrieved <https://www.orfonline.org/research/even-after-20-years-decentralisation-still-remains-a-challenge/>
 19. The commission's chairman was former Reserve Bank of India governor Y. V. Reddy, and its members were Sushma Nath, M. Govinda Rao, Abhijit Sen, Sudipto Mundle, and A.N. Jha. The recommendations of the commission entered force on April 2015.
 20. There is a wrong assumption that elected functionaries are not that functionally literate and believe they lack sufficient capacity and experience in handling enormous amounts. Often credibility deficit of elected functionaries is treated as a major barrier for devolution.
 21. Nidhi Sharma, "How Gram Panchayat Development Plan is changing the villages of India", *Economic Times*. 30 July 2016. URL retrieved: <https://economictimes.indiatimes.com/news/politics-and-nation/how-gram-panchayat-development-plan-is-changing-the-villages-of-india>
 22. 14th FC: para 9.69. Here, it is important to note that 14th FC had been

hailed as path-breaking for recommending larger fund allocations to local governments and giving them more autonomy. The allocation to local governments was over twice the amount recommended by the 13th FC and for municipalities it was nearly three times (Meera Mehta and Dinesh Mehta, 2015).

23. In paragraph 9.56 of the 14th FC
24. 14th FC: para 2.37
25. D Ravindra Prasad; & V Srinivas Chary “Trust-Based Approach for Local Bodies: Fourteenth Finance Commission,” *Economic and Political Weekly*, vol. 50, no. 52 (2015), pp 19–22.
26. According to the Devolution Index (DI) Report (2016 -2017) prepared by Centre for Rural Management (CRM) Kottayam, Kerala, the uneven distribution of decentralization across various states in India was observed. For instance, Karnataka has the highest score value of 74.35 and Jammu and Kashmir had the lowest score with 27.85. The trend of uneven decentralization among states is reflected in the earlier DI Reports prepared by Tata Institute of Social Sciences (TISS), Indian Institute of Public Administration (IIPM) and National Council of Applied Economic Research (NCAER).
27. Report of the 14th FC. p.115. Also see, Jos Chathukulam and Manasi Joseph, “Integrating GPDP into the District Plan”, in *Gram Panchayat Development Planning in India*, ed. Rajesh Kumar Sinha (New Delhi: Abhijeet Publications, 2021).
28. Ministry of Finance (MoF) has issued guidelines for the utilization of 14th FC grants towards O& M under capital expenditure. In the guidelines of MoF it has been stated. “The FFC has taken a view that the measures recommended including the grants to the local governments should go towards supporting and strengthening their primary functions to deliver basic services as improvements in the quality of basic services is likely to an increase in the willingness of the citizens to pay for the services. Therefore, it is advised that all expenditure incurred by Panchayats and Municipalities on basic services within the functions devolved to them under the state laws may be incurred after proper plans are prepared by Panchayats and Municipalities in accordance with the relevant rules, regulations, processes, and procedures applicable in the state.”
29. A five - day write - shop for participatory planning for GPDP at KILA, Kerala was held from 8-13 July 2015 (27 states participated). The first author participated in the event as a resource person.
30. A three-day workshop was held in Guwahati on GPDP for the North Eastern States (Six States participated) from 28-30 September 2015. The first author participated in the event as a resource person.
31. It is argued that some aspects of the 1996 Kerala Model PPC has been scaled up to the National level in the formulation of GPDP guidelines. See Jos Chathukulam, “25 Years of People’s Plan Campaign in Kerala”, *Mainstream*, Vol LIX, No. 35 (14 August 2021). (URL Retrieved: <http://www.mainstreamweekly.net/article11410.html>)

32. The Fifth Schedule designates tribal majority areas in ten tribal minority states Andhra Pradesh, Telangana, Gujarat, Jharkhand, Chhattisgarh, Himachal Pradesh, Madhya Pradesh, Maharashtra, Odisha, and Rajasthan.
33. The Provisions of the Panchayats (Extension to Scheduled Areas) Act, 1996 or PESA is a law enacted by the Government of India for ensuring self-governance through traditional Gram Sabhas for people living in the Scheduled Areas of India. The Scheduled Areas were not covered by the 73rd Constitutional Amendment or Panchayati Raj Act of the Indian Constitution as provided in the Part IX of the Constitution. PESA was enacted on December 24, 1996.
34. Harijan, 21-12-47, p. 473
35. States may utilize funds from IEC component of Rashtriya Gram Swaraj Abhiyan (RGSA), administrative cost from 14th FC awards or other appropriate sources for this purpose.
36. The official document of the MoPR (2020-2021) claims that 80.23 % of GPs had installed the public information boards but many GPs are not very clear what should be uploaded in the GPDP website of MoPR. For example, in Kumarakom GP in Kottayam, Kerala, there is nothing in the so-called public information board image section of the Website of MoPR but a photograph of the GP President distributing some incentives to local citizens.
37. *PlanPlus* is a software developed by National Informatics Centre (NIC) under guidance and direction from MoPR, in order to demystify and strengthen the decentralized planning process. The software is a web-based and captures the entire planning workflow starting from identification of needs to the plan approval process.
38. Mission Antyodaya Website
39. Ibid.
40. Ibid.
41. Vanishree Joseph, "Use of Mission Antyodaya Data for GPDP", in *Gram Panchayat Development Planning in India*, ed. Rajesh Kumar Sinha (New Delhi: Abhijeet Publications, 2021). Also see, *Performance of Mission Antyodaya Gram Panchayats – A Quick Mid-term Assessment Study to track the Progress, 2018*, National Institute of Rural Development and Panchayati Raj (NIRD&PR), Hyderabad.
42. The 5th Common Review Mission was organized by MoRD from 4th to 14th November 2019. The Review Missions are being commissioned by the MoRD since 2016, to have an independent assessment of the implementation of various rural development schemes and to identify areas of further improvement.
43. The first author interviewed Mr. P Venu, Director, Department of Economics and Statistics on June 27, 2021. The author also interviewed Ms. Sreelakha PR, Research Officer, Department of Economics and Statistics, on February 14, 2020.
44. In the Human Development Index of India, Kerala's rating is 0.790

is the highest in the country resulting mainly from the vast improvements the state has made in the fields of sanitation, health, education, and poverty-reduction. The India Human Development Report, 2011, prepared by Institute of Applied Manpower Research, New Delhi, placed Kerala on top of the index for achieving highest literacy rate, quality health services and consumption expenditure of people.

45. Prepared by Centre for Development Studies (CDS), Kerala.
46. Prepared by the State Planning Board, Government of Kerala.
47. The first author of this paper talked to Mr. Agish B, the field investigator who conducted MA Survey in Njeezhur GP on October 13, 2020 and on June 20, 2021 to Mr. Sarath Damodran who served as field investigator for the Survey in two GPs (Kuravilangad and Maravanthurathu) in Kottayam district. Moreover, A focus group discussion (FGD) of eight field investigators were held from Appapuzha district on October 15, 2020.
48. *Sulekha* is the Plan monitoring software developed by Information Kerala Mission (IKM) for the Govt of Kerala for the projects of the local governments.
49. The authors of this paper visited 10 GPs each in 14 districts of Kerala in January 7, 8, 9, 10 and February 1, 2, 3, 4, 2021. The data uploaded in the *Plan Plus* software by the visited GPs consisted of only projects funded by 15th FC grants and they call it as GPDP. In other words, at GP level they scull out those projects that were funded using the grants provided by the 15th FCs and uploads it in *Plan Plus* to mechanically fulfill the requirement for the MoPR. The same exercise had been done at the state level by generating required data from the *Sulekha* software under 14th FC. In short, the *Plan Plus* data in the website of MoPR from Kerala has to be treated with this caution that it includes only on projects that were financed from Union FCs. To illustrate the picture, we have taken the case of Maravanthurathu GP in Vaikom Block, Kottayam where the annual plan outlay for 2020- 2021 is Rs. 8,85,47,054 whereas only Rs. 1,09,8000 (12.40 %) is uploaded as GPDP. This is the case with other GPs.
50. M. K. Gandhi, *The Last Phase*, by Pyarelal, Vol. II (Ahmedabad: Navajivan Publishing House, 1958), p. 65.

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July-September 2021

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