ADMINISTRATIVE REFORMS COMMISSION
GOVERNMENT OF KERALA

TENTH REPORT

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People Centric Service Delivery in Local Self Government Institutions

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JANUARY 2021

In Partnership With
Centre for Socio-economic & Environmental Studies (CSES)

Foreword

Kerala's decentralisation initiative received wide acclaim nationally and internationally. One of the distinguishing features of decentralised governance in the state is the transfer of substantial powers, functions, functionaries and funds to Local Self Government Institutions (LSGIs). Being the government closest to the people, they expect that the services of the LSGIs including those of the institutions managed by them would be delivered in a people- friendly manner.

Apart from the decentralisation initiative, the introduction of Service Delivery Policy, Right to Service Act and the Citizen Charter are milestones in the path towards more efficient service delivery of public institutions including LSGIs. The implementation of programmes such as the Service Delivery Project, the Kerala Local Government Service Delivery Project and the ISO certification of Panchayat offices provided further impetus in this direction. During the course of the study, the Commission noticed many good service delivery practices by Grama Panchayats, Municipalities and Municipal Corporations across domains of service delivery and sectors, some of which have been showcased in this report. The way LSGIs managed the containment of Corona Virus and mitigated its impact on the people, especially vulnerable groups such as elderly, disabled and migrants, in the times of the pandemic is laudable. It also shows the capacity of the LSGIs to rise to the occasion during such periods of crises. While we appreciate such efforts, the Commission is also of the view that there is much scope for improvements. Therefore, the focus of the review of the current situation was on understanding the issues in service delivery by LSGIs including Transferred Institutions and evolving recommendations and strategies for making the LSGIs more responsive to the needs of the people with respect to delivering the services.

Many grass root level institutions such as Anganwadis, government schools, government health care institutions under different streams of medicine, Krishi Bhavans, veterinary hospitals, Matsya Bhavans and dairy extension units which were earlier under the control of the State government are now functioning as institutions of the local self-governments. This has increased the responsibilities of the LSGIs as they now have to ensure the quality of

services administered not only by their office but also the institutions transferred to them. It, however, provided them opportunities for addressing many of the needs of the local community which are unlikely to receive attention from national or state governments.

Aiming for People-centric service delivery of local governments is not just about good behaviour of the staff. It includes several other aspects such as the availability of service standards, timeliness of service, systems to monitor whether standards are met, whether information about services reach the relevant population, whether there is ease of access to institutions and services, etc. More importantly, how far the decentralised governance system responds to the needs of the local community, how far the system is accountable to its citizens, how transparent is the system, are citizens able to participate in local governance, etc., further determines whether the system is people-centric or not. Service delivery in LSGIs can be considered people-centric only if it leads to high satisfaction among citizens. It is widely known that satisfaction on services is highly dependent on the expectations of the users. A literate society like Kerala is bound to have high expectation about government services, whether it is of the national, state or local government. The expectations, on the other hand, are also shaped by the service standards and the quality of services the citizens receive at a point of time. It implies that expectations undergo changes on a continuing basis. The challenge of the LSGIs is to meet the ever increasing expectations of its residents which can be achieved only through continuous improvements.

I am happy to present this report on People Centric Service Delivery from Local Self Government Institutions at a time when the state is completing 25 years of decentralised governance. The Commission has tried to examine the issues from the people's perspective rather than the institutional perspective. I am sure that the implementation of the recommendations, evolved through rigorous field work, consultations and review of available literature, will make significant improvement in the delivery of services of the 'local governments' in Kerala.

V.S. Achuthanandan M.L.A.
16.01.2021
Thiruvananthapuram

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Abbreviations

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ABBREVIATIONS

AI	Artificial Insemination
ALMSC	Anganwadi Level Monitoring and Support Committee
ALP	Agricultural Labour Pension
AMC	Annual Maintenance Contract
ANM	Auxiliary Nurse Midwife
AO	Agriculture Officer
APCOS	Anand Pattern Cooperative Society
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWW	Anganwadi Worker
BP	Block Panchayat
BPL	Below Poverty Line
BRC	BUDS Rehabilitation Centres
CAG	Comptroller and Auditor General
CHC	Community Health Centers
CMO	Chief Medical Officer
CMSDP	Commercial Milk Shed Development Programme
CSES	Centre for Socio-economic and Environmental Studies, Kochi
DEO	Dairy Extension Officer
DESU	Dairy Extension and Service Unit
DFI	Dairy Farm Instructors
DHS	Directorate of Health Services
DMO	District Medical Officer
DPC	District Planning Committee
ERP	Enterprise Resource Planning
FHC	Family Health Centres
FIMS	Fisheries Information Management Systems
G2C	Government to Citizen Services
GIS	Geographic Information System
GP	Grama Panchayat
HKS	Haritha Karma Sena
HMC	Hospital Management Committee
ICDS	Integrated Child Development Services
ICDS-CAS	ICDS- Common Application Software
ICT	Information and Communication Technologies
IFDP	Integrated Fisheries Development Programme
IGNDP	Indira Gandhi National Disability Pension
IGNOAP	Indira Gandhi National Old Age Pension
IGNWP	Indira Gandhi National Widow Pension

IKM	Information Kerala Mission
ILGMS	Integrated Local Government Management System
IPM	Integrated Pest Management
ISM	Indian Systems of Medicine
ISO	International Organization for Standardization
JHI	Junior Health Inspector
JPHN	Junior Public Health Nurses
KFWS	Kerala Fishermen Welfare Society
KILA	Kerala Institute of Local Administration
KLGSDP	Kerala Local Government Service Delivery Project
KMRL	Kochi Metro Rail Ltd.
K-Swift	Kerala Single Window Interface
KWA	Kerala Water Authority
LDRS	Loan Distress Relief Scheme
LED	Light Emitting Diode
LHI	Lady Health Inspector
LI	Livestock Inspector
LSGD	Local Self Government Department
LSGIs	Local Self Government Institutions
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MGP	Modernising Government Programme
MLA	Member of the Legislative Assembly
MO	Medical Officer
MP	Member of Parliament
MSDP	Milk Shed Development Programme
NCD	Non Communicable Diseases
NHAI	National Highway Authority of India
NHM	National Health Mission
NOC	No Objection Certificate
NRC	National Register of Citizens
NRHM	National Rural Health Mission
OP	Outpatient
PDS	Public Distribution System
PFRP	Post Flood Rehabilitation Programme
PHC	Primary Health Centre
PRIs	Panchayati Raj Institutions
PWD	Public Works Department
RDO	Revenue Divisional Officer
RPWD Act	Rights of Persons with Disabilities Act
RTS	Right to Services
SCRS	Savings cum Relief Scheme
SFAC	Small Farmers Agribusiness Consortium
SNF	Solids-Not-Fat

TCS	Tata Consultancy Services
TH	Taluk Hospital
TQM	Total Quality Management
ULB	Urban Local Body
UMWP	Unmarried Women Pension
VEO	Village Extension Officer
VO	Village Office

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INTRODUCTION

Background

73rd and 74th amendments to the Constitution of India ushered anew system of governance and gaveconstitutional status to Local SelfGovernment Institutions (LSGIs). Following this, Kerala Panchayat Raj Act, 1994 (KPR Act) and the Kerala Municipality Act, 1994 (KM Act) were passed by the State Legislature. Decentralisation of governance and administration in the state started in a campaign mode but later it attained an institutional mode. Under the system, a three tier structure with Grama Panchayatsat the first level and Block Panchayats and District Panchayats at higher levels was formed for rural areas. For urban areas, a single tier structure of Municipalities and Municipal Corporations was created. Various powers, functions and responsibilities were transferred to the LSGIs to function as the third tier of government. The Acts also envisaged functional decentralisation through transfer of functions of various departments of the state government to LSGIs, i.e.the transfer of public service delivery institutions likeschools, dispensaries, primary health centres, hospitals, Anganwadis, agriculture offices, veterinary institutions etc., to the LSGIs.The LSGIs also prepare plans and implement schemes for economic development, ensuring social justice. LSGIs provide various services to citizens in two ways: i) administered directly by the LSGI office through provision of services - issue of certificates, licensing, collection of taxes, civic services, etc. and ii) delivery of services of grass-root level institutions of line departments,which are now managed by LSGIs.

A government which is committed to upholding the rights and ensuring the welfare of the people needs to provide good quality services to the people,in an equitable and fair manner. It is towards this end that Government of Kerala formulated Service Delivery Policy as part of the Modernising Government Programme aimed at citizen centric administration, - "A People Centered Service Delivery Policy". Key principles of

service delivery that are spelt out in the policyare people centeredness, clear standards of service delivery, equity, transparency, accountability, integrity, fairness, good behaviour from the service providers, rationality, efficiency, convergence through linkages, right to service delivery, grievance redress, continuous improvement of methods and standards, changing attitude and improving skills, sustainability, inclusion and holistic approach. While the policy showcased appropriate approach to ensure provision of quality public services, the same was encapsulated as a right to the citizen with the formulation of the Kerala State Right to Service Act, 2012, which came into force on November 1, 2012.Given that the LSGIs are "Local Governments", it is imperative to understand as to how far these 'governments'have been successful in ensuring the rights of its citizens towards efficient and timely delivery of good quality public services. It is in this broad premise that the Administrative Reforms Commission (ARC) undertook this study to examine the delivery of services by the government machinery at the local level[1]. Centre for Socio-economic and Environmental Studies (CSES), Kochi associated with ARC in thestudy.

Objectives and Scope of the Study

The Commission seeks to suggest measures for improving the responsiveness, efficiency and effectiveness of LSGIs as is required in a welfare state and revisit and redefine roles of institutions and agencies of government closest to the people. Offices and institutions covered by the study are:

- Grama Panchayats
- Municipalities
- Municipal Corporations
- Institutions at the grass-root level providing services to Agriculture and Allied sectors

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[1] This is also the second phase of the study on people-centric service delivery undertaken by the Fourth Administrative Reforms Commission. In the first phase, the Commission looked into service delivery from the Departments of Land Revenue, Survey and Land Records, Registration, Food & Civil Supplies and Police. The report was published in March 2020 (Fifth Report of the Fourth Administrative Reforms Commission).

- o Krishi Bhavans
- o Govt. Veterinary Hospitals
- o Dairy Extension Service Unit
- o Matsya Bhavan
- Institutions at the grass-root level providing health care services
  - o Primary Health Centres/Community Health Centres/ Taluk Hospitals
  - o Government Homeo Dispensaries
  - o Government Ayurveda Dispensaries
  - o ISM Dispensaries
- Institutions at the grass-root level providing social support services.
  - o Anganwadis

The study thus seeks to look at the delivery of administrative and civic services by LSGIs and the delivery of services for supporting livelihood activities, and provision of health care and social support services. Across these institutions, a gamut of services is provided to the people. However, focus of the report is on services that are most sought by people and for which there is a personalinterface with the concerned service delivery point, the institution. With respect to LSGI offices, the services that were assessed include registration and certification of births, deaths and marriages, and provision of various licenses and permits. The study also assessed the provision of social security pensions through the LSGIs to vulnerable groups-the elderly, widowed, unmarried women, disabled and agricultural labourers. The provision of civic services (streetlighting, waste management and roads) by the LSGIs isalso examined.

The study seeks to understand bottlenecks affecting effective service delivery including issues related to systems and processes, infrastructure, human resources, hierarchical linkages, inter departmental convergence, availability of service standards, etc. andsuggest measures to addressing these issues.

Methodology of the Study

The multitude of services offered by LSGIs and the institutions included in the study are quite varied in terms of nature and mode of delivery as well as the extent of peopleinterface with offices and officials. This study is exploratory and focuses on understanding process of service delivery of LSGIs and backward and forward linkages with transferred institutions for the provision of services to people, and bottlenecks in the same. Qualitative techniques areadopted for this.

- Review of documents on service delivery including reports of earlier studies on service delivery of LSGIs and transferred institutions.
- Visits to sample LSGIoffices and transferred institutions.
- In-depth interviews with various stakeholders, i.e.,officials of LSGIoffices and transferred institutions, including Heads of institution, elected representatives and field staff.
- In-depth interviews with people

For a detailed study, seven Grama Panchayats, 2 Municipalities and 1 Municipal Corporation were selected based on various factors such as region (hilly/coastal/low-lying), presence of vulnerable communities such as tribal folk, fisher folk and linguistic minorities and overall performance or LSGIs that have been recognised for implementation of good practices in service delivery. The selected LSGIs are:

- Meenja Grama Panchayat
- Edavanna Grama Panchayat
- Sreekrishnapuram Grama Panchayat
- Mulanthuruthy Grama Panchayat
- Ramankari Grama Panchayat
- Marayoor Grama Panchayat
- Neendakara Grama Panchayat
- Thaliparamba Municipality
- Attingal Municipality
- Kochi Municipal Corporation

Initially, review of literature on earlier initiatives aimed at improving service delivery likeModernising Government Programme (MGP), Kerala Local Government Service Delivery Project (KLGSDP), Kerala State Right to Service Act, 2012 etc. was taken up. Based on the understanding gained about various services and service delivery processes involved, in-depth interviews and discussions were held with various stakeholders including elected representatives, officials of the LSGIsand transferred institutions. A small group of beneficiaries of services of each selected institution were also interviewed.   During visits to the offices, observationof service delivery proceedings on the day of visit and examination of relevant documents and registers were undertaken. Field visit toeach LSGI was conducted over a few days as considerable time was required for visiting different institutions, interviewing officials and beneficiaries, examining documents, etc. In some cases, multiple visits were required due to non-availability of officials,and retrieval of required information from the records.

Field visit started towards the end of January 2020. Worsening COVID scenario and consequent lockdown in March adversely affected the field work. Field work had to be suspended during the lockdown period. Once the lockdown was partially lifted, subsequent visits were held to institutions wherever possible. Whereversuch visits were not possible, multiple telephonic interviews were conducted for interacting with the concerned officials andrequired data and documents were collected through email.

Citizen charter from each of these institutions was examined in detail.Discussion with stakeholders focused not only on issues in service delivery but also on areas for reform/improvement and adaptable good practices, elsewhere. Inputs from the respective departments and petitions/suggestions submitted by the public and various organisations to the Commission also helped in identifying issues and providing recommendations. The Commission also received support from the panel of experts in developing this report.

Structure of the Report

This report has three chapters, excluding the introductory chapter which gives an overview of the study. The first chapter documents, in detail, issues and recommendations towards improving the delivery of services administered through the LSGI office. The second chapter presents the findings and recommendations related to Transferred Institutions. The last chapter discusses how the provision of services through LSGIoffice and Transferred Institutions has adhered to principles of people centricity across stages of service delivery.

CHAPTER 1

SERVICE DELIVERY OF
LOCAL SELF GOVERNMENT INSTITUTIONS

1.1 Introduction

Kerala has devolved more funds, functions and functionaries to Local Self Government Institutions (LSGIs) compared to many other states in India. Decentralisation envisaged better service delivery to the people through better participation of people in local governance, more transparency in functioning, improvement in accountability of service providers and availability of flexible funds at the disposal of LSGIs. Decentralised governance also envisaged the LSGIs to take into account specific needs of the locality in governance at the local level, especially of the poor and vulnerable groups. To facilitate better institutional mechanism for decentralised governance, Kerala Panchayat Raj Act and Kerala Municipal Act were revised as per the recommendations of the Committee on Decentralisation of Powers (Sen Committee). As noted earlier, a three tier structure was created in rural areas with District Panchayats (DP), Block Panchayats (BP) and Grama Panchayats (GP). In urban areas, a single tier system was introduced with Municipalities in towns and Municipal Corporations in cities. One of the key features of decentralisation in the state is the transfer of grass root level institutions and staff of line departments to LSGIs. It ismade mandatory for all LSGIs to prepare Citizen Charter and publicise the same.

Kerala's decentralisation initiative started with a 'big bang' approach -People's Planning Campaign with sudden and sweeping reforms towards fiscal decentralisation, distinguishing Kerala from other States which mostly tookgradualist approach[2]. Later, the process was institutionalised, though the vigour of campaign mode was missing. Many issues arepointed out such as low participation of people in local governance, lack of capacity of LSGIs to formulate and implement projects in some sectors taking into account the specific needs of the locality, dual control of concerned department and the LSGI over the staff of the transferred institutions,agenda fixing by elected representatives and weakening of institutional

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[2]Oommen, M. (2016). Understanding Decentralised Governance and Making it an Integral Component of Democracy and Development in Kerala. *KILA Journal of Local Governance, 3*(2), 1-18.

mechanisms such as Grama Sabha/Ward Sabha, Working Groups and Beneficiary Committees. However, the Commission, in this report, examines only issues related to delivery of different services by the LSGIs including the services of institutions managed by them, and how the institutional structures brought in post decentralisation have impacted service delivery. This chapter discusses the delivery of services administered by the LSGI office and the next chapter discusses the services of the transferred institutions.

1.2. Rural and Urban Local Bodies in Kerala

There are 941 GPs, 87 Municipalities and 6 Municipal Corporations in the state. District-wise details of the rural and urban local bodies in the state are presented in Table 2.1.

Average population in a GP in the state is 27197 and in a Municipality is double that at 51308[3]. Average population of a Municipal Corporation is nearly 10 times the population in a Municipality (5.1 lakhs). Thiruvananthapuram Municipal Corporation has the highest population with nearly 10 lakh residents, while the least populated Corporation is Kannur (2.3 lakhs).

Table 1.1: District-wise Number of Rural and Urban Local Bodies

District	Number of Grama Panchayats	Number of Municipalities	Number of Municipal Corporations
Thiruvananthapuram	73	4	1
Kollam	68	4	1
Pathanamthitta	53	4	-

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[3]Computed from data from https://lsgkerala.gov.in/lbinfo/

Alappuzha	72	6	-
Kottayam	71	6	-
Idukki	52	2	-
Ernakulam	82	13	1
Thrissur	86	7	1
Palakkad	88	7	-
Malappuram	94	12	-
Kozhikode	70	7	1
Wayanad	23	3	-
Kannur	71	9	1
Kasaragod	38	3	-
Kerala	**941**	**87**	**6**

As mentioned in Chapter I, the study examined in detail the delivery of services by seven Grama Panchayats, two Municipalities and one Municipal Corporation in the state. The details of population, number of households, area and staff strength of the offices of the sample LSGIs are presented in Table 2.2.

The staff categories in the GP are Secretary, Superintendent, Upper Division Clerk, Lower Division Clerk, Office Assistant and Part Time Sweeper. The responsibilities of various wards with respect to service as well as tax collection are usually distributed among the clerical staff. In addition, personnel from other line departments such as the Assistant Engineer, Overseer, Village Extension Officer (VEO), ICDS Supervisor, MGNREGS personnel, etc. are also part of the LSGI office. A technical assistant is appointed on contract basis in all LSGIs by the Information Kerala Mission (IKM), to assist with the e-governance services. Apart from the main office located in the Central region, Kochi Corporation has a regional office in the Western region and seven zonal offices and 22 Health Circle Offices. It has been noted that though significant differences were observed in the population among LSGIs, the sanctioned staff strength appears to have not taken this into consideration.

Table 1.2: Population, Area and Staff Strength of the Sample Local Bodies

Type of local body	Name of the local body	Population	Number of Households	Area in sq.km
Grama Panchayat	Neendakara	16976	5167	10.19
	Ramankari	13332	3237	16.17
	Marayoor	12399	3307	108.7
	Mulanthuruthy	25852	6489	21.47
	Sreekrishnapuram	21873	6384	29.6
	Edavanna	46128	9048	49.13
	Meenja	23318	4527	44.91
Municipalities	Attingal	37346	9768	16.87
	Thaliparamba	38474	7571	18.92
Municipal Corporation	Kochi	602046	150758	94.88

Source: https://lsgkerala.gov.in/lbinfo/ accessed on 23-6-2020. Note:*- Not available

LSGIs are also responsible for providing services in different sectors like health, agriculture, animal husbandry, dairying etc., through grassroot level institutions which are transferred to LSGIs following decentralisation. In principle, employees of these institutions are also employees of the LSGI and the LSGIs can exercise control in sanctioning leave, requiring attendance of staff in meetings, calling for performance reports, prescribing field duties and approving tour programmes of the employees of the transferred institutions[4]. However, other matters related to employees - recruitment, salary, transfer, etc. are still handledby the Department. The service delivery of the transferred institutions and issues in the same, are discussed in detail in the next chapter.

1.3. Services of LSGIs

Major services administered by LSGI offices are:

o   Registration of vital events such as births, deaths and marriages

o   Issue of various certificates

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[4]G.O. (P). No.113/98/LAD dated 2.6.1998.

- o   Social security schemes

- o   Issue of permits and licenses

- o   Civic services

- o   Redres of public grievance

- o   Collection of various taxes

Apart from the above services, the LSGIs are engaged in administrative work related to implementation of projects in different sectors. This includes own projects of LSGIs and projects implemented through Implementing Officers of Transferred Institutions. Statutory convening of Grama sabhas/ Ward Sabhas, Special Grama Sabhas/ Ward Sabhas, plan formulation, beneficiary selection etc. forms a major chunk of works in LSGIs.

One of the major initiatives to improve service delivery in LSGIs is the e-governance initiative spearheaded by the Information Kerala Mission (IKM).   One of the objectives of forming IKM is to "transform local bodies into effective institutions of self-governance by providing transparent, efficient and responsive mechanisms for governance and citizen service delivery at local bodies in a time bound manner". IKM has developed applications which aid the local bodies in providing e-governance facilities to people in service delivery and in day to day administration, plan monitoring and management, accounting, finance, purchase, etc.   Detailsof the applications developed by IKM for LSGIs and other e-governance initiatives which are accessible to people/citizens are presented in Table 2.3.

Table 1.3: E-Governance Initiatives for LSGIs by IKM

Name of the Software Application	Purpose	Whether can be accessed by citizens
Sevana Civil Registration	Registration of births, deaths and marriages	Y
	Generation of certificates	Y
Sanchaya	Revenue and licensing with an e-payment gateway for paying the property tax and for getting ownership	Y

	certificate	
Soochika	File flow management and tracking system to help citizens track the status of the service that they had applied for	Y
Sevana Pension Portal	Presents information on beneficiaries of social security schemes	Y
Samagra	Mobile governance applications (along with m-Keralam) developed to make services available to citizens at their fingertips through mobile phones	Y
Sanketham	Issue of building permits and ownership certificate	Y
Surekha	Plan formulation and monitoring	N
Saankhya	Double entry accounting for funds and grants	N
Sakarma	Management of meetings	N
Sthapana	Payroll management of staff	N
Sachitra	Asset database management	N

Of late, IKM has introduced the Integrated Local Government Management System (ILGMS), which is an Enterprise Resource Planning (ERP) software integrating the services provided across various software applications mentioned above into a single window system. The system was introduced in Chemmaruthy GP on a pilot basis and is being scaled up in a phased manner.

Improvement of service delivery at the local level was the objective of other programmes of the state government also. In 2005, the Service Delivery Project (SDP) was initiated under the Modernising Government Programme (MGP). Under the programme, service delivery standards and benchmarks including time norms for delivery of services were developed. Citizen charters were prepared by LSGIs with the details of services provided along with time norms for service delivery. Enactment of the Right to Services (RTS) Act in 2012 provided people with the legal right to efficient service delivery. It went a step further by assigning responsibility to officials for the delivery of services and also defined appellate authorities whom peoplecan approach if the service is not delivered as per the standards stipulated. In 2013, another programme, Kerala Local Government Service Delivery Project (KLGSDP),

was initiated by the state government specifically to improve services of LSGIs and transferred institutions. Another initiative of the state government for service delivery improvement of LSGIs started during the twelfth five-year plan (2012-17) encouraged LSGIs to implement Total Quality Management (TQM) and obtain ISO 9001-2008 certification. Intent of the initiative was to make the LSGIs capable enough to improve on the hardware and software aspects of service delivery, and thus to improve the quality of service to the public.[5]

As can be understood, there have been many attempts to improve service delivery of LSGIs and the current status of service delivery is attained through a process of evolution since 1996. It needs to be stated, at the outset that the Commission recognises and appreciateschanges that occurred in local governance during the last two and half decades. The present report focuses on recommendations to address issues and bottlenecks that still remain in ensuring people centric service delivery from the LSGIs. In this chapter, the focus is on major services for which people depend on LSGIs such as registration of births, deaths and marriages, issue of various certificates and building permits, administration of social security schemes and management of civic services.

1.3.1 Registration of Life Events – Births, Deaths and Marriages

Kerala has one of the most robust civil registration systems in the country with near universalisation of registration of births (99.9%) and deaths (91%)[6]. Certificates generated under this system are essential statutory documents relating to citizenship, age, name, parental details, place of birth, etc. LSGIs are entrusted with the registration of births, deaths and marriages. The Secretary of the LSGI is the designated registrar.

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[5] CSES (2019). Study on the impact of TQM-ISO Training Programme for Elected Representatives and Functionaries of Local Governments, Kerala Institute of Local Administration.
[6] As per the data available on the civil registration system Sevana portal, in 2019, 4.75 lakh births and 2.62 lakh deaths were registered in the state. However, these figures do not include data from the Kochi Corporation as local Sevana software is not used in the Corporation.

Registration of large majority of births (91 percent) is facilitated by hospital kiosks as most of the deliveries in Kerala take place in hospitals. If the delivery takes place at home or if the hospital does not have a registration kiosk, people have to register at the LSGI office in person. But hospital kiosks have relatively smaller role in the registration of deaths. Only about one-third (35%) of the deaths are registered through hospital kiosks. This is because majority of deaths occur outside hospitals. While the chance of not registering birth is low as birth certificate is essential for school admission, under reporting happens in the case of deaths. Birth/death is to be registered in the LSGI where it occurs. Therefore, more births are registered in urban local bodies with hospital facilities for delivery care. Similarly, death registration can be more in places where secondary and tertiary healthcare facilities are available. For example, in Mulanthuruthy GP in Ernakulam district, the number of birth registrations is very low as there are no hospitals with delivery care facilities in the GP and because of its nearness to Ernakulam/Kochi city with many hospitals. Similarly, in Marayoor GP, birth registration mainly relates to deliveries at home in tribal hamlets as the nearest hospital with delivery facilities is Taluk hospital located in Adimali GP.

Time norms are framed under RTS Act 2012 for various services related to registration of birth/death, correction in register, issue of certificates, etc. (Table 2.4).

Table 1.4: RTS Timeframes for Major Services under Registration of Births, Deaths and Marriages

Service	Time norm		
	Grama Panchayats	**Municipalities**	**Municipal Corporation**
Registration of birth			
Within 21 days (institutional delivery)	Same day i.e., on the day the report is received from the hospital		
Within 21 days	7 days*	5 days*	5 days*
21 days – 30 days	- Same as above -		
30 days – 1 year	7 days after receiving sanction from the District Registrar		
More than 1 year	7 days (if applied with approval from SDM or 7 days from receipt of approval from SDM)		

Non-Availability Certificate	7 days (In cases where verification report has to be obtained from other offices, 7 days after receipt of the report)		
Birth/Death Certificate	7 days	7 days	If registered within 21 days: Online-3 days, Others - 7 days
Addition of name to birth register/correction	7 days	15 days	15 days
Marriage registration under Kerala Marriage Registration Rules (Common) 2008	7 days	10 days	7 days

Source: KILA RTS Handbooks for Grama Panchayats and Urban Local Bodies
Note*: for births/deaths not registered through hospital kiosk.

As per the RTS Act, registration of births/deaths through hospital kiosk is to be done on the same day. If it is done at the LSGI office, the number of days fixed for registration is 7 days while for urban LSGIs a lower time limit (5 days) is set. For registration of births/deaths between 30 days to one year of occurrence, application submitted to the GP is forwarded to the District Registrar (Panchayat Deputy Director) and on sanction from the higher official entry is made in the register of births/deaths of the GP. In urban local bodies, sanctioning authority is the Secretary/Health Officer. For registration of births/deaths after one year, approval of Revenue Divisional Officer is required. Delay is rarely reported in registering recent births except in tribal areas. However, LSGIs receive many applications for registration of births that had occurred long ago as it is required for passports and for getting citizenship in another country. It is seen that delayed registration of births and deaths is more in rural areas compared to urban areas (Births- 21% in rural and 11% in urban; Deaths- 45% in rural and 25% in urban)[7]. Low awareness about such requirements among the rural population and socially backward communities such as ST is reportedly leading to delay in registration and occurrence of discrepancies in records. Sometimes, the name of the child may not be decided at the time of registration which will have to be added in theLSGI records later (often after the naming ceremony). For addition of the name in the birth register, RTS sets a timeline of 15 days. For correcting any discrepancy in the date of birth given in the school and the birth certificate, the timeline fixed is 7

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[7] Department of Economics and Statistics 2018, Annual Vital Statistics Report , Government of Kerala.

days after receipt of report from District Registrar. However, for births before 1970 approval is to be obtained from Chief Registrar and correction done within 15 days of approval by the Chief Registrar.

As per RTS, once the registration is done birth/death certificate is to be issued, within 3 days for online applications and 7 days for applications submitted in person. Once the registration is done, the applicant can take a printout of the bar-coded certificate on the same day[8]. It is reported by all the local bodies that birth/death certificates are issued in most cases on the date of registration, except in Kochi Corporation where online facilities are still not available.

Another life event that is to be registered by the local body is marriage under the Kerala Registration of Marriages Rules (Common), 2008. The registration is to be done within 45 days of solemnization of the marriage. Certificates can be printed out once the registration is completed and the records are digitised. The applicant has to first e-file an application through the Sevana portal (on one's own or through Akshaya centre) and then visit the LSGI office for registration, with the e-generated token. Payment of fees is to be made at the LSGI Office as online facility is not available. In almost all cases, LSGIs are able to adhere to prescribed time norm. Some of the officials reported that the time limits can be revised as they are able to do it in shorter time. The number of marriage registrations undertaken in the LSGI Office depends on the facilities available in the locality such as temples, churches, auditoriums, etc. For example, Guruvayur Municipality, where the famed Sreekrishna Temple is located is one of the Municipalities in the state with the highest number of marriage registrations.

1.3.2 Issuance of Various Certificates

LSGIs have the authority to issue Certificate of Ownership of Building, Residential Certificate, No Objection Certificate, BPL certificate, Unemployment Certificate, etc. Previous studies show that among the various certificates issued from the LSGI office,

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[8] G.O. (M.S.) 202/2012/L.S.G.D. dated 25.7.2012.

the most sought are ownership, BPL and residential certificates[9]. Among the certificates, only in the case of ownership certificate there is provision for submitting application online and downloading the certificate from the 'Sanchaya' portal. However, many people are unaware of the online provision and still apply in person at the LSGI office for ownership certificate. For other certificates, citizens have to apply in person, for which acknowledgment receipt is generated through 'Soochika' from the front desk of the LSGI office citing the section to which the application is forwarded and theexpected date of delivery.

It is observed that RTS does not prescribe time norms for many of these certificates for GPs while the same is available for urban local bodies. However, some LSGIs have framed time norms for certificates in their citizen charters. For example, Mulanthuruthy GP has set a time norm of 7 days for the issue of non-availability certificate. Similarly, Sreekrishnapuram GP includes miscellaneous certificates to be issued by the GP President, which are not included in the RTS. However, varied time norms exist across local bodies. Most of the certificates are reportedly issued on the same day.More time is takenonly when field enquiry is required. There is significant improvement in the time taken for delivery of certificates after the present norms are fixed and therefore the time norms need to be revised.

1.3.3 Social Security Schemes

A major function of LSGIs is the approval and administration of social security pensions to vulnerable groups. Major pensions are - Indira Gandhi National Old Age Pension (IGNOAP), Indira Gandhi National Disability Pension (IGNDP), Indira Gandhi National Widow Pension (IGNWP), Agricultural Labour Pension (ALP) and Unmarried Women Pension (UMWP). The first three are central schemes and the other two are state schemes. The LSGIs also handle administration of unemployment dole and the scheme for marriage assistance to daughters of widows.

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[9] CSES 2006. Baseline Study of Grama Panchayats, Municipalities and Municipal Corporations under Service Delivery Project, Modernising Government Programme.

As per the data available in the social security pension website, Sevana Pension Portal, the number of persons receiving social security pensionin the state under different schemes is around 48 lakhs i.e., 14 per cent of the state's estimated population of 3.47 crore (Table 2.5). Around 80 percent of the social security pensioners in the state reside in rural areas, with the proportion being as high as 90 percent in the case of agriculture labour pension.

Table 1.5: Beneficiaries of Different Pension Schemes

Type of Pension	Total number of pensioners				Average number of pensioners per LSGI		
	GP	Municipality	Municipal Corporation	Total	GP	Municipality	Municipal Corporation
ALP	406989	39760	5961	452710	433	473	994
IGNOAP	2009850	317217	188756	2515823	2136	3776	31459
IGNDP	334443	47550	26147	408140	355	566	4358
UMWP	63582	11481	9806	84869	68	137	1634
IGNWP	1080545	168271	106948	1355764	1148	2003	17825
All	3895409	584279	337618	4817306	4140	6956	56270

Source: computed from data available in Sevana pension portal https://welfarepension.lsgkerala.gov.in accessed on June 30th, 2020.

As seen in Figure 2.1, more than half of the social security pensioners in the state are recipients of old age pension (52%), followed by widow pension (28%). Beneficiaries of unmarried women pension scheme constitute only two per cent. Nearly two-thirds of the pensioners (64%) are women (not shown in the figure), which is not surprising as two pension schemes IGNWPS and UMWP are exclusively for women from vulnerable categories.

Figure 1.1: Composition of Social Security Pensioners in the State
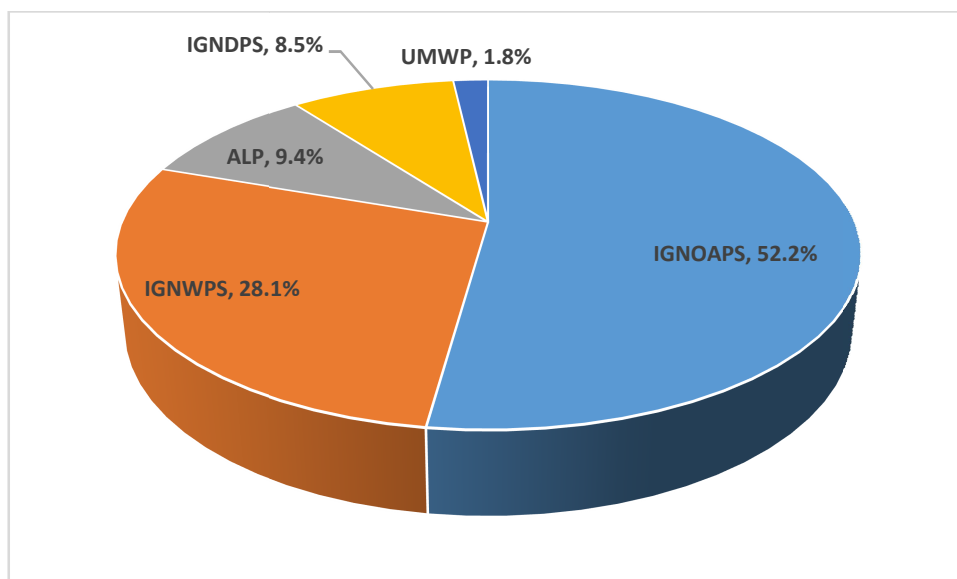
The number of pensioners in the sample GPs range from 1830 in Neendakara GP to 5458 in Edavanna GP. However, the coverage of local body population by social security pension is highest in Ramankari GP where 22 per cent of the population arebeneficiaries of social security pensions, while in all the other GPs as well as Municipalities, it ranges between 10 and 20 percent. In Kochi Corporation, only 9 per cent of the population are beneficiaries of social security schemes.

Table 1.6: Number of Social Security Pensioners in Sample LSGIs

Name of the LSGI	Number of pensioners	Percent of LSGI population
Grama Panchayats		
Neendakara	1830	10.8
Ramankari	2322	21.5
Marayoor	2262	18.2
Mulanthuruthy	3890	15.0
Sreekrishnapuram	3862	17.7
Edavanna	5458	11.8
Meenja	3291	14.1
Municipalities		
Attingal	5281	14.1
Thaliparamba	5108	13.3
Municipal		

Corporation		
Kochi	53560	8.9

Earlier the LSGIs were also entrusted with distribution of pension. Since 2015 pension is credited directlyto the beneficiary account by the state government. There is also an option of receiving the pension at the doorsteps through Co-operative Societies.

Though the application for pension along with necessary documents can be submitted online, it was reported that the applications are received mostly in person. While some applicants submit applications in person to the LSGI office, others give it to their ward member/councillor, who then hands it over to the LSGI office. Only in one of the sampleLSGIs, the applications are accepted online. On receipt,the application is forwarded to the concerned inspecting authority. In GPs, the inspection of UMWP and IGNWP is to be done by the ICDS Supervisor, ALP by Agriculture Officer, IGNDP by the Medical Officer at the PHC, and IGNOAP by the VEO. In urban local bodies, enquiry for ALP is done by the Agricultural Assistant, IGNDP by Health Inspector, IGNWP by ICDS Supervisor, and IGNOAP and UMWP by an official designated by the Secretary. For example, in Kochi Corporation, the Revenue Inspector (RI) is the inspecting official for IGNOAP and UMWP.

Since 2019, annual mustering of social security pensioners is undertaken to ensure that only eligible beneficiaries are enrolled and to discontinue payment of pension after the death of the pensioner.   It can be done through Akshaya centres. Mustering service is available at the doorsteps of bedridden and pensioners with mobility issues. Mustering camps are also held by LSGIs to ensure universal mustering.

Apart from the social security pensions, LSGIs provide financial assistance for marriage of daughters of poor widows and unemployment dole. In the former category, one-time assistance of ₹30000 is given for the marriage of daughters of widows with less than ₹ 2 lakh annual household income. The assistance has to be sought within one month of marriage, while for up to one-year assistance can be sanctioned by the District Collector. Unemployment dole is given to those applicants aged between 18 and 35 years, who have registered for a minimum of three years in

the employment exchange and whose annual household income is less than ₹20000. Assistance is at the rate of ₹120 per month and is disbursed twice in a year, depending on availability of funds. Applications are invited through newspaper advertisementwhen funds are available and assistance is sanctioned based on enquiry on eligibility of the applicants. It is reported that at presentLSGIs receive very few applications. Reasons include lower income limit fixed for eligibility, meagre assistance provided, and introduction of more beneficial schemes such as MGNREGS. For example, Mulanthuruthy GP had only 38 live applications for unemployment dole in 2020. Similarly, in 2019 only two applications were received for marriage assistance.

1.3.4 Building Permits and Building Number

A major service for which people approach LSGIs is for permit for construction of residential or commercial building and for modifications to existing buildings. Before giving approval the LSGIs examine whether the applicationsare in line with provisions of the Kerala Panchayat Building Rules/Kerala Municipal Building Rules. Registration of application is to be done through the'Sanketham' portal by a licensed engineer/architect. The applicant has to take printed copy of the application generated from the portal and apply in person at the LSGI office (along with site plan and other documents - land tax receipt, property registration document, estimate, etc.). The plan needs to be drawn by a licensed engineer/architect.Concerned official of the local body visits the site and forwards field inspection reportto the Secretary. In GPs,Assistant Engineer is the inspecting authority. For residential buildings of less than 100 sq. ft., permit is not required in GPs. However, No Objection Certificate (NOC) ofLSGI needs to be obtained. Property tax is collected only after building number is allotted. After construction of the building the person has to submit a completion certificate. Before building number is given, officials of the LSGI again inspects the site to see whether there has been any violation of permit conditions. The person also requires occupancy certificate from the LSGI to apply for electricity and water connections.

The RTS Act does not provide time norms for issuing building permit and allotment of building number in GPs, but in urban LSGIs it is 30 and 10 days, respectively. However, in the handbook prepared by KILA for RTS administration, permit is to be issued within 30 days. The Citizen Charter of Neendakara GP has however kept the maximum number of days within which building permit is to be issued as 15 days. In most of the GPs it was reported that the permit is issued within 30 days, except in cases of violation. It is also observed that people keep enquiring whether the same is ready, for which they visit LSGI office several times.

1.3.5 Licenses

Industrial and commercial entities such as factories, farms, hospitals, educational institutions, laboratories, etc. have to get license from respective local body before the commencement of operations. As per the RTS, license needs to be given within 30 days of application if no NOC is required from other departments/agencies. If NOC is required, license should be given within 30 days of producing the NOC. The license has to be renewed every year. Rush for renewal of license is usually seen towards end of the financial year when tax payments are to be done. It is reported that though the RTS stipulates 30 days for granting licenses without NOC, the same is usually given within few days. As per the citizen charter of Sreekrishnapuram GP, time norm is reduced to 15 days (without NOC), while Neendakara GP issues it within 20 days, irrespective of whether NOC is required or not. To speed up licensing, state government has introduced K-Swift programme which facilitates online services. However, among the sample LSGIs it is used only in Kochi Corporation.

1.3.6 Payment of Tax

People approach LSGIs for payment of property tax and professional tax which are collected twice a year, in March and September. In case of complaints related to tax assessment,people can appeal before the Finance Standing Committee. In most local bodies notice regarding payment of taxes is sent to the persons in the first quarter of the financial year. Tax collection camps are then held across wards/divisions of the

local body. Those who do not pay through tax collection camps are met in person or contacted over phone to remind them about payment of tax. Payment of professional tax is compulsory for everyone whose half yearly income is ₹ 12000 or more. Online payment facility is available for property tax but not for payment of professional tax.

1.3.7 Public Grievances

Attending to public grievances and its redress is an important responsibility of local bodies. The grievances can be classified into those relating to (i) services and staff of the LSGI, and (ii) general public affairs or disputes related to cutting of trees, access to road, sanitation, water, etc. It is reported that majority of the complaints belong to the latter category. The local body usually keeps complaint boxes/registers at various locations of the local body where people can put/record their complaints, apart from submitting it directly at the local body. These are generally handled by the performance audit wing of the local body. Complaints received at higher offices like those of Ministers,District Collectors etc., are also forwarded to the concerned local body. There may also be complaints related to transferred institutions or services provided by other departments such as Revenue, Police, SC/ST department, etc. which are forwarded to the concerned offices for redress. With the implementation of RTS, as mentioned earlier, first and second appellate authorities are designated for each of the services included in the RTS. However, even before implementation of RTS, LSGIs had grievance redress forums such as LSG Ombudsman set up in 2001 and Tribunal in 2004. The Ombudsman is a high powered quasi-judicial authority to conduct enquiries into charges of corruption, maladministration or irregularities in discharge of administrative functions by LSGI officials and elected representatives. As per the CAG Audit Report of 2018, during 2016-17 out of 2,638 cases (including 1,245 old cases), 1,917 cases (73%) were disposed of by the Ombudsman. A Judicial Officer in the rank of district judge is appointed as Tribunal for hearing appeals against decisions of LSGIs taken in exercise of their functions like assessment, demand and collection of taxes or fees, issue of licenses, grant of permits, etc. 3,084

cases (appeal & revision) were filed before the Tribunal during 2010 to 2017, out of which 1,640 cases (53%) were pending for disposal[10].

Sample of a local body where public grievances are handled/redressed in a commendable and systematic manner is Sreekrishnapuram GP. The GP maintains proper records of complaints received and date of disposed, along with the outcome. This register is accessible to the public as it is displayed in the waiting area of the office of the GP. It was reported that two years ago the GP had organised successfully a public grievance Adalat which apart from services of the GP covered that of the transferred institutions and offices of other departments functioning in the local body area such as Water Authority, BSNL, Police, Civil Supplies, etc. Similarly, Neendakara GP has been organising legal service clinic with the co-operation of the Legal Services Authority where people have free access to expert legal guidance and counsel. Earlier, these clinics were held twice a month but with a significant drop in the number of complaints received it is being held only when required. There are also visits once a week by women police officers from the local police station to the respective local bodies for attending to disputes. However, this is reportedly ineffective as most of the times the exact day or time of officers' visit is not informed in advance. Different LSGIs have adopted different methods for public grievance redress. In some local bodies, the ward-in charge is also the person who looks into complaints received from the ward. In some local bodies, clerical staff are assigned charge of grievance redress. Depending on severity of the complaint, Secretary/elected representatives and the President may intervene. In most cases, the dispute/complaint is resolved during enquiry and site visit. If not resolved, notice is sent to concerned persons and then the issue is raised in the LSGICouncil.

1.3.8 Civic Services

Provision of civic services like roads, streetlights, waste management, public taps, waiting sheds, etc. is a major function of the local bodies. Construction and

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[10] Report of Local Self Governing Institutions of Kerala for the year 2018. Report of the Comptroller and Auditor General of India.

maintenance of LSGI roads is the responsibility of the Engineering Division of LSGD. Demands for new roads, maintenance and tarring of existing roads, etc. are decided in the Grama Sabha and based on priority accorded by the Working Group, the works are undertaken. In all the GPs, works are undertaken by inviting tenders. Major grievance with regard to roads is related to poor maintenance of roads. Maintenance works of up to ₹10000 can be undertaken by the Assistant Engineer, while higher amounts project has to be approved by the Council. Currently, concreting works of small roads in rural local bodies is allowed under the MGNREGS material component.

One of the basic services provided by LSGIs is the provision and maintenance of streetlights. Apart from the streetlights installed by the LSGI, there is also mini mast and high mast lights installed using funds provided by MLAs/MPs. These are also to be maintained by the local body. It is observed that all new streetlight installations use LED. Majority of the sample local bodies procure lights from public sector units such as KELTRON to avoid the tender process. However, Neendakara GP adopted tendering process to source lights. Maintenance is usually covered by an Annual Maintenance Contract (AMC). Non-availability of an A Class electrician in the locality also makes it difficult for local bodies to ensure timely repair and maintenance. Some of the local bodies reported that they procureservices of electricians for maintenance works through tendering process.

Most of the rural LSGIs do not undertake drainage works as most rural roads do not have sufficient width for drainage. Drainages in many rural areas is not covered by slabs. Regular cleaning is also not undertaken. However, drainage is built in many roads in urban LSGIs. There is a ward level sanitation committee in urban LSGIs which plans for regular cleaning of drainage. As roads in the LSGIs may be managed by different agencies such as National Highway Authority (NHAI), Public Works Department (PWD) as well as the LSGIs, there is always blame game between the agencies when there are issues of waterlogging due to delay in clearing drainages. This is especially the case of Kochi, where agencies such as PWD, Kochi Metro Rail Ltd. (KMRL), NHAI as well as the Kochi corporation are involved in developing and maintaining road infrastructure. To address this issue, a drainage cleaning campaign

with the co-operation of all agencies is taken up under 'Operation Breakthrough' in the city[11].

Another civic amenity that is a primary responsibility of the local body is the provision of drinking water. In areas where the supply by Kerala Water Authority (KWA) is not available, LSGIs have designed schemes for ensuring water supply. Some LSGIs have initiated programmes through 'Jalanidhi' or with the support of MP/MLA, District Panchayat or Block Panchayat. In rural areas, there were many public taps in the past, but now these are mostly seen only in the premises of government institutions. However, in urban areasslum/colony dwellers and households in densely populated areas depend on public taps. In summer, many LSGIs ensure supply of water through tankers. Among the sample GPs, scarcity of water is reported as a major problem in Neendakara, Ramankari and Meenja. Availability of potable drinking water has always been a major issue, including during rainy season in Ramankari GP, in Kuttanad a region lying below sea level. Meenja GP does not have KWA water supply and coverage of Jalanidhi scheme is not adequate.

Another basic function of the LSGIs is the collection and disposal of solid and liquid waste from households, public places, and institutions. This is an area where the local bodies, especially the urban local bodies face many problems. In cleaning public places, the rural local bodies face additional issues as GPs haveonlya part time sweeper. Hence sweeping of public areas is not regularly done. In urban local bodies, sweepers and waste collection staff are appointed on contract basis. Waste bins are rarely found in public places. Sreekrishnapuram GP has taken the initiative of placing several waste bins solely for the collection of plastic waste. The GP also have placed four separate bins in schools. Each bin is meant to collect one category of waste. Students can even bring household waste and make use of these bins to dispose it. Similar activities are undertaken in Mulanthuruthy GP as part of a block level initiative. The GP is further planning to install CCTVs to monitor dumping of waste

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[11]https://www.newindianexpress.com/cities/kochi/2020/may/20/a-race-against-time-to-prevent-flooding-2145423.html

and to install waste bins in public places. Waste bins are placed in public places in Marayoor GP where regular collection of waste from these bins is also ensured.

Private firms applying for license from local bodies need to have a proper waste management system, which is to be checked by the local body before granting license as well as its renewal. If complaints of poor waste management are raised against the firm, local body can suspend or revoke the license. To help the households to manage waste at source, subsidies are often given for bio-compost and pipe compost by the LSGIs. However, the maintenance of these is often an issue. Mulanthuruthy GP has been able to effectively manage it with the help of the Thuruthikkara Science Centre functioning in the GP.

To attain the goal of waste free Kerala through sustainable waste management solutions, formation of Haritha Karma Sena is an initiative undertaken by the Haritha Kerala Mission. In each GP, a Self Help Group is formed which coordinates waste collection activities of the GP. Fixed user fee is charged. The local bodies provide safety gear such as gloves, masks and boots to persons engaged in waste collection. However, it is reported that they do not use them as they feel uncomfortable wearing them. The same experience is reported by the cleaning staff in urban local bodies. It is also reported that supply of these articles often becomes a one-time affair and are not replaced regularly. In Mulanthuruthy GP, collected waste is routed through Clean Kerala Company. Sreekrishnapuram GP owns a shredder unit and shredded plastic is used for road construction and tarring. Neendakara GP hands over the collected plastic waste to a shredder unit owned by the Fisheries Department. Edavanna GP is planning to start a shredder unit. However, Ramankari GP is yet to form Haritha Karma Sena as the GP is not able to find proper landfill.

Box 1.1: Innovative Initiatives at Local Level for Waste Management

Haritha Keralam is an umbrella mission of the state government integrating the components of Waste Management, Organic Farming and Water Resources Management. A major component of the programme is household level segregation and safe disposal of organic waste through feasible options like composting, biogas, arrangements for institutional waste disposal, re-use, recycling and safe disposal of non-degradable and electronic waste.The major stakeholders in this process, apart from the Haritha Keralam Mission is Kudumbashree Mission, Suchitwa Mission and Clean Kerala Company.

LSGIs have to constitute Haritha Karma Sena (HKS) comprising of Kudumbashree members. Necessary support in the form of uniforms, protective equipment, gloves, etc., has to be provided by the LSGI. Members of the HKS collect non-biodegradable waste from houses and establishments. The waste is segregated based on its features and transported to shredding units for recycling. Shredded plastic is given by Clean Kerala Companyto the LSGIs for tarring of roads. Collection will be based on user fee.

Some LSGIs have gone beyond the envisaged activities. For instance, Aryad Grama Panchayat in Alappuzha district has distributed waste bins with QR codes attached to it for the collection of non-biodegradable waste. The QR code can be scanned by using smartphones by the households and the HKS members and details like house number and location, status of filling up of the waste bin, status of collection, status of payment of user fees, etc. can be generated. This data can be regularly monitored by the GP to ensure that there is no break in collection of waste from households. Another good practice is of the Adat GP in Thrissur district. The GP has started a bio-compost unit along with cows and uses biodegradable waste and cow dung to produce organic manure which is distributed to the farmers in the GP. Such best practices need to be emulated by other GPs as well. The initiative of KILA to document such practices is a welcome step and these learning experiences need to be shared and discussed in wider platforms.

1.4. Issues in Service Delivery

- Services of LSGIs include those administered by LSGI offices and those of the institutions such as Anganwadis, government schools, government health care institutions, Krishi Bhavans, veterinary hospitals/dispensaries, dairy extension units, Matsya Bhavans etc. that have been transferred to the LSGIs.In the case of these transferred institutions, the LSGIsare seen not to beplaying their role as envisaged under decentralisation and the institutions continue to function as part of the respective departments rather than of the LSGI. Most of the elected representatives and officials of LSGIs and transferred institutions who were interviewed felt that the LSGI's role in functioning of these institutions is largely restricted to plan implementation in the respective sector. Interaction of the functionaries of these institutions and the functionaries of LSGIs, including elected representatives is largely restricted to plan implementation. Working groups and committees are mandatorily constituted in all the LSGIs where issues relating to the sector are to be discussed and resolved.In these as well the discussions are largely restricted to plan implementation or similar defined

roles. Though it is envisaged that the LSGIs is to monitor functioning of these institutions, regular review of their functioning and service delivery is seldom undertaken. The situation is partly because of the dual control of the transferred institution and its staff by the LSGI and line departments. Authority of the LSGIs over officials of transferred institutions is envisaged through their authority, to sanction leave, call for their attendance in LSGI meetings and seek reports, take disciplinary action, etc., it is found that LSGIs are reluctant to perform the role they are assigned under the decentralised governance system in order to avoid any conflict. Smooth functioning is often dependent on personal camaraderie between functionaries of the LSGI and the institutions and the status quo is attempted to be maintained. Delivery of the services of these institutions is also not "promised" by the LSGIs in their citizen charters. These issues are further discussed in the next two chapters.

- Even though there are many e-governance initiatives by LSGD, it is seen that the focus is more on planning and administration i.e., it is the G2G applications such as *Surekha* that are more effective as compared to the initiatives meant to bring governance closer to the citizens, i.e., G2C. As pointed out in the Fifth Report of ARC, many services of the departments of Revenue, Registration, Civil Supplies and Police are available online making it easier for the people to access the services. But the LSGD has not been able to provide such facilities. At present, online service is limited to services like issuance of birth, death, marriage and ownership certificates and payment of property tax. This is against the ethos of people-centric service delivery where the services need to be brought to the people by the service provider, instead of expecting the people to go to the service provider and avail services. Even in the case of Sevana portal used for birth, death and marriage registration, which is seen to be the most accessed portal, there is no option for submitting online submission of applications.

- In Kochi Corporation, online services are not available as it does not use the IKM software which is used by all other LSGIs in the state. Unlike in other

local bodies, peoplehave to visit the Corporation head office or regional office to receive certificates even in the case of births or deaths registered through hospitals. Most of the online services available to people in other LSGIs are not available to people living in Kochi. This scenario prevails despite the Corporation entering into a ₹ 5 crore agreement with TCS to provide online services. TCS has now withdrawn from the contract and the system has become defunct. It is also pointed out that migration of the existing data in Kochi corporation to another database will require considerable time and resources.

- The service delivery system followed in Kochi Corporation creates additional problems to its residents which is not experienced by people in other parts of Kerala (See Box 2.2). In Kochi, the applicant has to submit a stamp paper of ₹ 50 denomination on which the certificate is printed. Scarcity of stamp paper of smaller denominations is reported and sometimes the applicant is forced to buy stamp paper of higher denominations. The study team interviewed applicants who visited different places in search of stamp paper. It is also pointed out that, often the applicant comes to know about the requirement of stamp paper only after reaching the Corporation Office, as the system is not followed in any other LSGI in Kerala. In all other LSGIs the birth and death certificate with digital signature can be taken on plain paper from anywhere. Thus, the applicants in Kochi Corporation have to spend considerable amount of money and time to avail a service which is offered free of cost in other LSGIs. (Rs. 20 for the application form + ₹ 5 court fee stamp + ₹ 50 for stamp paper + conveyance charges for visiting the Corporation office and for procuring stamp paper).

- An issue reported with respect to registration of births and deaths through hospital kiosks is that the report forwarded by the kiosk has many errors due to which the person may have to apply for making corrections in the certificate. Often, people do not have an option to check the report sent by the hospital before it is forwarded to the LSGI Office. While some hospitals call the applicants to verify entries before it is sent, others do not. This is a serious

issue in death registration as the family leaves the hospital soon after the death. Though the LSGIs are envisaged to train the personnel in hospital kiosks, it seldom happens. In the case of births/deaths not registered through hospital kiosk, there is no facility for online application and people have to visit the LSGI office to submit the application.

- In Marayoor GP, it was reported that delay in registration of births and deaths still occur in tribal hamlets, especially in the case of deliveries at home. As per the KILA handbook, the tribal extension officer and forest department officials are responsible for reporting such events. However, the same does not happen effectively. Some marriages are not registered as the age norms for marriage is not followed.

Box 1.2: Issues in Birth & Death Registration in Kochi Corporation

Kochi Corporation is the only LSGI in the state which does not use the Sevana software for civil registration. The Corporation was using a software developed by TCS much to the disadvantage of its residents. Hence, even in the case of events registered through the hospital kiosk one has to visit the Corporation office to get the certificate. To illustrate the situation, the case of a registration of a birth which occurred in March 2020 is presented. The registration was done through a hospital kiosk and the parents were given an acknowledgment receipt. They were asked to visit the Corporation office with a stamp paper of ₹ 50 denomination, ₹5 court fee stamp and parents' identity proof to get the certificate. However, in the COVID situation they could not collect the certificate due to lockdown. The parent opined "it would have been much easier and more convenient if there was a facility to get the certificate online."

In another case of death registration in April 2019 a family member of the deceased went to the hospital after being called back to check correctness of the details furnished for registration. There were many corrections as the draft was drawn up based on the details furnished when the patient (now deceased) was admitted and details such as initials and patient's full name, etc., were not furnished. Based on the corrections given, the registration details were properly entered. As there was some server issue, she was asked to visit the Corporation office with ID proof of the deceased. She went to the office under the impression that the death certificate will be issued on the same day. However, when she enquired at the front office, she was asked to fill out an application form that was being supplied outside (Rs.20 + ₹ 5 court

fee stamp) and an affidavit as the deceased did not have Aadhaar. When she approached the concerned staff to submit the application form, she was told to bring a stamp paper of denomination of ₹ 50 (the number of stamp papers depended on the number of copies required). As the stamp paper was not available in the office premises, she was advised to enquire at the premises of court/ treasury located nearby. However, stamp paper of lower denominations had run out. Then she went to the High Court premises where also she could not get one. She then contacted an advocate whom she knew who informed her that lower denomination stamp papers usually run out as soon as it is issued. The advocate promised to get the required stamp paper when the next batch is released in the afternoon. Luckily, she could get one and the applicant went back to the Corporation office to submit the application. She was given an acknowledgement receipt and was asked to come after 15 days. She was then unable to understand whether the registration was done and so she called the office to enquire the status of the certificate, for which there was no proper response. So, after 15 days, she contacted someone she knew in the Corporation office who informed her that the certificate is ready.

- It is reported that the applications for registration of births of those born before 1970 is on the rise for many reasons like documentation for passport, emigration, citizenship, NRC, etc. However, in such cases, approval has to be obtained from the Chief Registrar. It is reported that there is considerable delay in the approval process as the Chief Registrar receives applications from all over the state. It is also found that the timeframe for the service is defined only after receipt of approval from the Chief Registrar (for which there are no time norms).

- In the case of late applications for registration of life events which require approval of the District/Chief Registrar, the documents to be attached along with the application are not clearly specified. The upload icon in the portal only mentions the number of attachments to be uploaded viz. attachment 1, attachment 2, etc. Therefore, the applicants as well as the staff in the LSGI office are often confused, especially in the case of birth/marriage registrations that had happened long ago.

- With respect to certificates/services, which needs to be applied in person, it is observed that though only a ₹5 court fee stamp needs to be attached with the application, there are people sitting in the premises of the LSGI offices who

charge an average of ₹ 50 for filling upthe application forms, which is more than the fees charged by the Akshaya centres for similar services.

- In areas where significant linguistic minority groups live, LSGI officials reported difficulty in processing applications submitted in languages other than Malayalam. For instance, the staff of Meenja GP in Kasaragod district reported such a difficulty as some of them come from other parts of the state and are not well versed in the language (Kannada/Tulu/Konkani) spoken in Meenja. This is especially true in the case of handwritten application forms. On the other hand, residents of such localities find it difficult to read the applications forms printed in Malayalam/English and the assistance of staff who knows their language as well as Malayalam is sought. This causes further delay in processing of applications. The staff also face difficulty to interact with the elected representatives as their spoken language may be Tulu or Konkani or the dialect may be different.

- Main issue with social security pensions is the delay in approval of pensions despite RTS time norm of 40 days in GPs and 60 days in urban local bodies. The delay reported in Kochi Corporation ranged from 6 months to 2 years. It is pointed out that there is considerable delay in forwarding inspection reports by the inspecting authorities - ICDS supervisors, VEO, Medical Officer/Health Inspector and Agriculture Officer etc. It happens mainly because it is not the primary duty of these officials and is undertaken along with their main responsibilities - monitoring of Anganwadis, providing services at the PHC, agricultural assistance, etc., as the case may be. Delay also occurs when the post of inspecting authority is vacant for long. There is also lack of clarity about whether the time norm is for completion of the entire process from the submission of application to sanctioning of pension or completion of enquiry by the official as it is worded differently in RTS and citizen charters for urban and rural local bodies.

- In GPs where CHCs are functioning, enquiry report for disability pension is to be submitted by a Medical Officer of PHCs in adjoining GPs. This stipulation also causes considerable delay.

- Old age pension is the most prominent social security scheme implemented through LSGIs and eligibility for it is assessed by the VEO. It is seen that the area of a block is divided into circles and VEO given the responsibility of different circles covering 2 to 3 GPs. Hence, the VEO will not always be available in a GP, may get shifted to another circle, etc. This is another reason for delay in getting the enquiry report.

- As per the current norms, list of pension beneficiaries needs to be approved in Grama/Ward Sabha prior to placing it before the LSGI Council for approval. But Grama/Ward Sabha is usually convened once in three months. Thus, if this procedure is followed time norms fixed for completion of processing of applications under the RTS Act cannot be honoured in many cases. Another issue causing delay

  in processing pension applications is that the Sevana pension portal is accessible to the LSGI only during pension disbursement time, i.e., usually once in three months.

- Majority of pensioners belong to vulnerable population such as elderly and disabled. But most of the local body offices are not disabled or elderly friendly. In some GPs, office is located on the first floor of the building. In the offices of some urban LSGIs, the sections are spread out over more than one building/floors. Pensioners are required to visit Akshaya centres where there is no disabled/elderly friendly protocol for the recently introduced annual mustering. It is also observed that some Akshaya centres direct the pensionersunnecessarilyto the LSGI office to report that mustering has been completed.

- An issue pointed out about issuing of building permits is that the'Sanketham' portal can be accessed only by licensed engineers and architects. So, it is not possible for the citizen to initiate the application process without a licensee's help. As the site plan is drawn by a licensee, she initiates the process through Sanketham. After this the person who seeks the serviceneeds to visit LSGI office to submit the files. It is reported that there are contractors/agents who handle the entire process for a hefty fee. Most people who have to go through the process felt that it is easier to obtain permits when the application is routed through licensees or agents who have contacts in the LSGI office. One of the respondents narrated an instance of a site plan getting approved by the LSGI when routed through an agent, while the same plan was rejected earlier when the person applied on his own. Another applicant narrated the difficulties she encountered when she tried to apply for building permit and building number without engaging an agent (see Box 2.3).

- Another problem related to building permit is that even for correction of minor errors in data entry in Sanketham portal, the LSGIs have to contact IKM to resolve the issue as only limited access is provided to the LSGI officials. The LSGIofficials complained about delayed response from IKM. It also needs to be pointed out that this scenario persists despite the availability of officials of IKM in all the LSGIs.

Box 1.3: Case of a Citizen Applying directly for Building Permit and Building Number

Vasantha Kumari (name changed) had recently completed construction of a house located in an urban area. She got the building permit within 2 weeks, but for that she had to visit the Corporation Office multiple times. During each visit she had to go from one section to another to enquire about the status of her file. A couple of times she herself had to take the file from one section to the other, "*Peon cheyyenda pani nammale kond cheyyikkum, aavasyam nammude aayi poyille*", she said (We will have to do the work of the Office Assistant as well, as it is our own need). In every visit to the office, she was asked to come after 2 days, without giving an exact date as to when the permit will be ready (though there is a time norm under RTS). She had a

similar experience in getting the building number, application for which was submitted in January 2020. Though she started staying in the house since February, she is yet to get the building number (in May when the interview was conducted). She had kept enquiring till March when the COVID pandemic related lockdown was declared. During one of the enquiries, she was informed that her file was missing, only to be pulled out from the pile on the official's desk when the Superintendent intervened as he had seen her coming to the office several times.

The applicant said that she was advised to engage a contractor/agent so that the entire process from submitting application for permit to allotment of building number and issue of occupancy certificate will be handled by them. For these services, a minimum of ₹20000 will be charged. However, she had thought of saving this by doing it on her own. The licensee was involved only in drawing the site plan. Though she did save the money, she feels that it was not worth the trouble and stress she went through and the process is yet to be over. The applicant feels that as the licensees have contacts in the LSGI office, they can get things done quickly. She also feels that the fee charged by agents is inclusive of the speed money to be paid to the concerned staff to expedite the process.

- The process of granting building permits has not yet been made fully digital. According to the officials, this is mainly because of lack of provision for uploading large sized digital documents. All forms also need to be submitted in triplicate. In 2018, a portal for making the process of building permit more transparent, 'Suvega' was launched on a pilot basis in Kozhikode Corporation. The portal had features such as uploading plan documents, auto verification of entries with provisions of the applicable Acts, generation of dates for site inspection, etc.[12] But it is not working now as the application was not updated as per the new building rules. Introducing a modified version of 'Suvega' for all LSGIs in the state is likely to ease the process.

- To speed up the licensing process in LSGIs, state government implemented the K-Swift programme which provides services and time limits for delivering the services were reduced. However, the same is currently available only in Kochi Corporation. Though other LSGIs can make use of K-Swift online services, it is not being done.

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[12] https://www.thehindu.com/news/cities/kozhikode/cm-to-launch-building-permits-software/article23919168.ece

- Front office of LSGIs is expected to accept application for services, from where it can be forwarded to concerned sections. However, in urban local bodies applications are to be submitted at Tapal section, while in rural local bodies' inward entry is done in 'Soochika' system at the front office. Thereafter, the applicant is instructed to hand over the application to the concerned section. This is reportedly done to verify whether the application is complete in all respects. According to the officials, it will also facilitate rectification of errors then itself, thereby avoiding rejection of application.

- Another public grievance with regard to LSGI is poor maintenance of roads. Complaints of even new roads getting damaged are reported. Maintenance works of up to ₹10000 can be undertaken by the Assistant Engineer. For higher amounts, project needs to be prepared and approved by the Council, which can take up considerable time.

- A major issue concerning road development is that agencies such as Water Authority, Electricity Board, BSNL, etc. often undertake works which require cutting and digging up of even new roads. This point to the serious issue of absence of interdepartmental co-operation.

- An issue with respect to construction and maintenance of roads to remote habitations, mainly to provide connectivity to tribal hamlets is reported from LSGIs like Marayoor GP in Idukki district. The GP officials reported that no additional cost can be budgeted for such roads even though transportation cost of materials is higher in the case of such roads. Only in Edamalakkudy GP, the only tribal GP in the state, hike of 20 percent of the budget is allowed towards covering higher cost of transportation. There is also considerable delay in the construction of such roadswhen permission from the Forest Department is required.

- Current method of fund distribution and utilization is another major area of concern in road construction and maintenance. Across local bodies, available funds are distributed among the wards without assessing needs of different wards and condition of existing roads. Instead of constructing a proper road or

taking up road maintenance for the complete stretch of a road, it is done in bits and pieces. This affects quality of the road constructed as the funds allotted to a ward may be insufficient for proper construction/maintenance. An earlier study evaluating the Kerala Local Government Service Delivery Project found that though a very large proportion of the performance grant provided to LSGIs as part of the project was spent on roads, construction of an entire stretch of road was rarely undertaken. Even the need to construct roads to inaccessible tribal areasgets side lined[13].

- Facilities required for testing the quality of roads is available only with the Public Works Department (PWD). There is considerable delay in getting test results of LSGI roads from PWD. It is also reported that in the absence of a manual for LSGIs on road construction, they are constrained to follow guidelines of PWD manual, which at times may not be suitable given the difference in the nature and scale of works undertaken.

- Issues related to maintenance of streetlights are seen to affect regularity of the service. The maintenance is usually covered by an Annual Maintenance Contract. However, complaints on non-working streetlights are often not attended as and when it is raised. Replacement of defunct streetlights is done only when a significant number of lights are to be replaced. The LSGI staff also complained about the short life of LED lights procured from public sector units.

- The sample LSGIs do not have proper records of the number of streetlights. Effectiveness of the provision of street lighting depends on the extent of roads covered, hours of street lighting and its timing. As can be understood, absence of such critical details affects proper supervision and monitoring. What is usually available is the details of payment made to the KSEB towards electricity charges for street lighting.

- Though property tax and professional tax are major revenue sources for local bodies, only property tax can be paid online. However, payment can be made

[13]CSES (2017). Evaluation of Kerala Local Government Service Delivery Project. Government of Kerala.

only through net banking. Other payment options such as credit/debit card and e-wallets are not available. Professional tax cannot be paid online. It is also found that some LSGIs are charging ₹15 from people as cost of the notice sent for payment of property tax.

- RTS does not prescribe time norms for many services of GPs (issue of building permit, allotment of building number and issue of some certificates) while the same is available for urban local bodies. However, some GPs have framed time norms for certificates in their citizen charters.

- It is found that most of the services such as registration and issue of certificates are delivered within prescribed time limits. In fact, the actual service delivery time is much lower than the time limits set in RTS Act in most cases. In many cases services for which the fixed time limit is 5-7 days, are delivered on the same day. This points to the need for optimizing the time norms for more effective service delivery. The fact that many LSGIs have fixed lower time limits for delivering services is a proof of this.

- Differences were observed in the time frames relating to marriage registration under the Kerala Marriage Registration Rules (Common) 2008 and RTS. This necessitates the modification of the RTS in such a way that the rights ensured under the relevant rules are retained under the RTS.

- As per the RTS Act, time frame for issue of birth and death certificate is a maximum of 7 days in urban local bodies. In Kochi Corporation, the study team came across an applicant who was asked to come after 15 days. In the acknowledgement receipt issued to her, it was stated that the application will be attended to within 30 days. Obviously, it is a blatant disregard of time norms of the RTS Act.

- As per the RTS, time limit for approval of pension in GPs is 40 days, while that in urban LSGIs is 60 days. However, it is reported that the time taken for the approval is much higher as there can be delay in getting report from the inspecting authority. There can also be delay in getting the approval of

Grama/Ward Sabha (which is usually convened once in three months) and by the LSGI council.

- Given that the RTS supersedes the earlier citizen charters with respect to defining service standards and that the LSGIs are expected to refine their citizen charter when a new council comes into force, it is imperative that the refined time norms are conveyed to the public by distributing printed copies to all households and through the website of the LSGI. Though notice board is regarded as an information dissemination mechanism important notices/information is often displayed inconspicuously in the LSGI office and is not seen by people due to the poor display. The problem with websites of the LSGIs is not restricted to non-availability of service delivery norms. Almost all LSGIs have static websites where bare details such as history, socio-demographic features etc. are provided. The annual plan documents are not regularly updated. Websites of urban LSGIs are relatively better. It also needs to be emphasised that though people are seeking services such as birth/death/marriage certificates or paying taxes, theyneed to access them through the state portal. A multitude of software applications and web portals under different names leads to further confusion among the people. The recent initiative of the LSGD to integrate online service applications through the Integrated Local Government Management System (ILGMS), introduced as a pilot project in Chemmaruthy GP is a welcome step in this direction and needs to be rolled out across all LSGIs at the earliest.

- The Commission in its fifth report on people centric service delivery from offices of the Land Revenue Department, namely the Village office, had observed that apart from its function as the basic unit of land administration, VO often acts as the grass root level unit of general administration as well. As a result, it is entrusted with the issue of several certificates, which following decentralisation can be entrusted with the LSGIs. It was also observed that certificates such as residential certificates are issued by both VO and LSGI and sometimes the LSGIs are demanding certificates from the VO to prove

eligibility for some of their services even when the LSGIworkscloser to and is better informed about the people.

- Holding public grievance redressAdalaths once a month in the local body is suggested in the KILA Handbook for local body administration. However, the same is not practiced in any of the sample local bodies.

Box 1.4: Disabled & Elderly Friendly Local Governance: A long way to go

Persons with disabilities and elderly are vulnerable groups whose needs are to be integrated into the planning and development process at the local level.State government has stipulated that the LSGIs should set apart 5 per cent of their plan funds for the welfare of children, aged and disabled.A major legislation that sought to ensure the security and welfare of the disabled is the Rights of Persons with Disabilities Act, 2016. The Act mandated that the government shall ensure access to public institutions and services for persons with disabilities.The state government has made necessary modifications in the Kerala Panchayat and Municipal Building Rules to ensure that all new public buildings including those in the private sector are accessible to persons with disabilities. The Act also mandated that all existing public buildings shall be made accessible within a period not exceeding five years from the date of notification of rules. As the Rules under the Act were notified in the state in 2020, all public buildings are to be made disabled friendly by 2025.

It goes without saying that it is the responsibility of the LSGI to ensure physical access to all institutions under its management, which includes not only LSGI Offices but also those of transferred institutions. However, the same has not been ensured in majority of LSGIs. A recent review of the initiatives of the state government for persons with disabilities[14] found that a major work undertaken to improve the access is providing ramps in institutions. However, in many institutions though ramp was constructed for entry into the building, citizens have to use steps to reach the premises. Such issues are more in hilly areas and areas such as Kuttanad surrounded by inland water bodies.In some institutions, the ramps were built without following recommended elevation standards. Such difficulties have been observed even in buildings exclusively meant for persons with disabilities such as BUDS school which are functioning with LSGI support. Disabled friendly toilets and signages are available only in few institutions.

Access to communication, especially during emergencies, still remains a major area

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[14] CSES (2019). Initiatives of the Government of Kerala to Protect the Rights and Welfare of Persons with Disabilities. Department of Social Justice, Government of Kerala.

of concern. In order to ensure that communication gets through to persons with different types of disabilities, different media such as television, radio, newspaper, internet, word of mouth, telephone has to be used. There is a state level initiative to make all the government portals disabled friendly, but the LSGI websites are yet to be made disabled friendly. As the access of persons with disabilities to internet is limited, it is necessary to ensure other way communications such as toll- free phone assistance and face to face interactions are made available.

Considering the difficulties faced by elderly and the disabled, the LSGIs shall develop a system to collect applications for old age pension and the disability pensionfrom their houses. An institutional system to collect the applications, respond to their queries as well as regularly update them on the status of their applications needs to be instituted in the LSGIs. Since 2019, pensioners have to muster every year. Though doorstep mustering was facilitated, elderly and disabled pensioners were observed to be approaching the LSGI Offices, after visiting the Akshaya centre to inform that their mustering had been done. It was also observed that many of the Akshaya centres do not have disabled friendly access. Similarly, many of the public health institutions managed by LSGIs are yet to become disabled/elderly friendly.

The review of the initiatives of the state for persons with disabilities also reported considerable delay in disbursing scholarship for students with disabilities. Other issues in planning include lack of understanding about the type of projects that can be undertaken for persons with disabilities and low utilisation rate of the funds earmarked for them.

KILA has documented some good practices by LSGIs for disabled. For example, the Kalotsav for Disabled organised by Mudakkuzha panchayat not only had performances by the disabled and the caretakers, but also exhibition and sale of products made by the disabled at the BRC. The programme was widely appreciated and the LSGI has decided to conduct it every year.

Recommendations of ARC in this regard in its 3rd report 'Welfare to Rights, Chapter 4- Persons with Disabilities may also be seen.

1.5. Recommendations for People-Centric Service Delivery

1. **The Commission recommends that the LSGIs needs to monitor more effectively the functioning of the institutions transferred to them. It is only then that the objectives envisaged under decentralisation can be achieved. For this, monitoring systems need to be developed at the state level. Recommendations on these issues are detailed in chapter IV.**

2. **To address discrepancies observed in developingand implementing service standards, expressed mostly in terms of time limits for delivering services of LSGIs, the Commission recommends the following:**

- **LSGD needs to take initiative for re-assessing standards of service, particularly the time norms and necessary revisions made to account for adoption of newer technologies and consequent reduction in the workload and time taken for processing applications. In fact, this shall be a continuing exercise with revision done every two years. Services which are not currently covered needs to be brought in to the RTS frame. Required changes shall be included in the RTS framework. Changes shall be made in the citizen charters also, as required. Any difference in the service standards with existing rules also needs to be addressed.**

- **The Commission is of the view that the differences in time norms fixed for various services between rural and urban local bodies are illogical. Rural people need to have the same rights to services as urban residents.Time norms shall be dependent on the process rather than from where it is issued. Hence, the Commission recommends that common time norms need to be fixed for rural and urban local bodies. Similarly, service delivery time fixed for offline applications shall be the same as that for online applications which is essential to ensure that the disadvantaged groups are not adversely affected by their limited ability to access technological solutions.**

- **For services in which there are multiple stages and functionaries involved, time norms shall be fixed for each stage. This will ensure better accountability among the officials and promote collective responsibility.**

- **While minimum standards of service need to be fixed at the state level, the LSGIs shall be encouraged to improve them and declare it in their citizen charters.**

- **Responsible officials need to inform higher officials about all applications which are not processed within the time limits, with the reasons for the same. There shall also be display of service delivery performance of the LSGI across services vis-à-vis the stipulated time norms so that people can be aware of functional efficiency of the LSGIs.**

- **LSGIs need to consider whether some of the civic services of LSGIs can be brought into the ambit of right to service delivery (such as time norms for repair of streetlights, filling of potholes, clearing of drainage).**

- **Service standards of the transferred institutions need to be published in the LSGI offices and included in the website of the LSGI.**

3. **To improve information dissemination,ARC recommends that a broadcast group/mobile application which covers all households in the LSGIneeds to be developed, used exclusively for providing information related to functions and services of the LSGI including those of transferred institutions. To ensure that no household is left out, other methods of information dissemination like display boards in the offices of LSGIs and the transferred institutions, Akshaya Centres, and in public places need to be ensured. Care shall also be taken to ensure that information is made available to households having disabled and elderly persons. Wherever required, information needs to be provided in formats accessible to persons with different types of disabilities.**

4. **The Commissionrecommends that delivery of all services of local governments and state government departments need to be integrated into one central service portal. There shall be link to this website from the website of local bodies as well as concerned government departments. Mobile application shall also be developed for the same. The ILGMS is a welcome initiative but needs to be scaled up across all LSGIs at the earliest and be developed as an integrated service portal which includes services of other departments also. It is also necessary that all portals, including LSGI websites are made disabled friendly.**

5. **ARC recommends that there shall be provision for submission of application and receipt of services online, which can be accessed by people directly or through Akshaya Centres. At the same time offline mode needs to be continued to ensure that services are not denied to those who are not able to access technology-based solutions. The officialsneed to be trained to provide services to such applicants,cordially. To facilitate regular monitoring of performance ofdelivery of services data related to offline applications need to be integrated with the database of online applications. The Commission also recommends that LSGIs shall include facility of online payment for all their services including payment of taxes, fees, fines and rents. The portal shall also provide option for payment of fees and other charges through net banking, debit and credit cards and e-wallets etc.**

6. **ARC suggests that government needs to consider if some of the functions of VOs related to general administration can be entrusted with the LSGIs.**

7. **The Commission recommends that the Land Revenue Department and Local Self Government Department shall hold consultations and clearly define**

responsibilities of the LSGI Office and the Village Office concerning issuing of certification. As pointed out in the fifth report, the certifying authority vested with the VO as the basic unit of general administration in the state needs to be re-examined as this system was in practice before decentralisation of administration and governance.Similarly, the Commission reiterates its recommendation in its fifth report that certificates not related to land needs which are now issued by the Village Office needs to be issued by the LSGI (for example non-remarriage, one and the same certificates). Government shall also examine the feasibility of service delivery by accepting self-declaration of people and till that's implemented, having a Digital Family register where the details of all the household members are updated and could be accessed by officials of various Departments/Offices[15].

8. The Commission recommends that e-governance system in Kochi Corporation shall be integrated with the system of the IKM followed in other LSGIs at the earliest as having a separate e-governance system has resulted in financial loss to the Corporation and hardships to the residents of the city.

9. ARC recommends that the LSGIs need to ensure involvement of community level workers like tribal promoters and ASHA workers to ensure timely registration of vital events. Given the complexities involved in delayed registration, LSGIs need to entrust tribal promoter or the ASHA worker to support the family in registration/documentation (an incentive may be given). Providing awareness about registration may also be included in the care advice protocol followed by community health workers in these areas. Special camps need to be held in the tribal hamlets to ensure registration of past unregistered life events. The Commission also recommends that procedural complexities in registering life events which happened long back may be examined by the LSGD and resolved, to make it easier for the people. Enquiry of eventsneeds to be entrusted toLSGI officials rather than higher level officials. If approval from higher officials is required, time norms shall be fixed for completing the process.

10. Since most of the births and a significant number of deaths are registered through hospital kiosks LSGIs shall provide necessary training to the employees of the kiosks. It shall be made mandatory that the hospital forwards applications

[15] Fourth Administrative Reforms Commission Kerala (2020). Towards People Centric Service Delivery: Land Revenue, Survey & Land Records, Registration, Food & Civil Supplies and Police. Government of Kerala.

to the LSGI only after the applicant verifies correctness of details given. Sending the draft report through WhatsApp or email to the applicant for confirmation of details before submission may be considered. For those who do not have access to such facilities, concerned officialsneed to read out details through phone and request for consent of the applicant before forwarding the details to LSGI office.

11. Taking into consideration various issues that the Commission has observed in the process of issuing building permits and allotment of building numbers, the following recommendations are made:

   o LSGD need to take steps to ensure that the entire process from submission of application for permit to allotment of building number and issuance of occupancy certificate online, so that people need not make repeated visits to LSGI office. LSGD shall examine whether a modified version of 'Suvega', implemented on pilot basis in Kozhikode Corporationfor processing applications for building permits can be used for the same in all LSGIs. It will also facilitate access to officialsto these documents in the field during inspection. The shift from a system of having many documents (to be submitted in triplicate) to a digital, paperless system will make matters easier not only for the people, but also for the officials. It will also reduce file build-up in the office.It may be noted that the Ministry of Environment, Forests and Climate Change of Government of India permits online submission of applications and supporting documents for environmental clearance of projects (a greater number of documents are to be uploaded than in the case of building permit).

   o People need to be given information with clarity regarding date of delivery of services and acknowledgment receipt shall be issued on submission of application with expected date of delivery. People also need to be provided facility to enquire on the status through phone or through an online tracking system.

12. With respect to development and maintenance of LSGI roads, the Commission recommends the following:

   o LSGIs shall prepare an annual road construction and maintenance calendar (as part of the planning done in the last quarter of the previous financial year) and the same shall be shared with other departments and agencies viz.

PWD, Water Authority, Electricity Board, BSNL etc. There need to be better planning of works by other departments and better integration of works among departments so that wastage of public resources does not take place as in the case of digging newly constructed roads by other departments.

- o LSGIs shall ensure that road development is undertaken in a planned manner wherein an entire road is constructed rather than small stretches of a road. This will not only benefit people of the local body but would also reduce wastage on account of poor planning and implementation.

- o LSGD need to examine the feasibility of setting up labs for testing the quality of LSGI roads as the present practice of depending on PWD is resulting in delay in receipt of test results.

13. The Commission also recommends that the LSGD needs to prepare a separate manual for construction works of LSGIs. It is brought to the notice of the Commission that PWD manual that is currently used is not suitable for the nature and scale of works usually undertaken by LSGIs.

14. The Commission recommends that specific conditions need to be included in the Annual Maintenance Contract for street lighting to ensure that all streetlights are lit every day and the problems are rectified as and when it occurs. Specific conditions in the contract shall include time limit for fixing issues in street lighting, even if it is for one light. The LSGI shall also keep a record of the date of reporting of the complaint to the agency of AMC and the date of rectifying the problem, preferably in an online platform that can be accessed by the people.

15. ARC recommends that all LSGIs shall examine the feasibility of holding public grievance Adalaths at least twice a year, after giving wide publicity to enable people to approach LSGIs with grievance related to LSGI offices andother government institutions functioning in the LSGI. Ensuring co-operation and participation of other departments in the Adalat is important for the success of such an initiative. Public grievance redress also needs to be included in the RTS. There are good practices at the grassroot level like of Sreekrishnapuram GP which organised such an Adalat on issues related to transferred institutions and other government institutions in the Grama Panchayat. Similarly, Chottanikkara GP constituted a sub-committee specifically for public grievance

redress with the President as its Chair, which meets twice a month. Such good practices need to be emulated.

16. **The Commission recommends that a GIS based platform at local body level for people to register complaints regarding civic services (streetlights, road maintenance, waste disposal etc.) and to monitor the redress needs to be set up. As there is already an application for asset database viz., Sachitra, this shall be integrated with the same. Areas with problems, areas where the problems are resolved, etc., can be virtually represented on the platform to effectively communicate efficiency of service delivery.**

17. **More attention need to be given in the training to officials of LSGI and those in transferred institutionsfor easing complexities in service delivery. Currently training focus mostly on legislative and administrative aspects rather than on people friendliness. The Commission recommends that KILA, the agency entrusted with the training of elected representatives and local body officials needs to include training modules based on principles of customer service management and people-centered service delivery.**

18. **ARC recommends that LSGIsneed to device mechanism for doorstep delivery of services to the applicants, especially elderly and the disabled through their network of community workers and volunteers. Incentive may be given for delivering the services. Annual mustering of beneficiaries of state pension schemes is introduced recently in Kerala for which the elderly and disabled has to visit Akshaya Centres. Possibility of engaging community workers to provide mustering service at the doorsteps of the elderly and the disabled rather than asking them to visit Akshaya Centres need to be considered by the state government.**

19. **Awards for best local bodies based on indicators of service delivery performance need to be instituted by the Government,similar to awards given to LSGIs for best tax collection, fund utilisation and plan implementation.Government may also consider giving special performance grants to better performing local bodies.**

Box 1.6: Two Models of People Centric Service Delivery- Aymanam and Eraviperoor [16]

Aymanam Grama Panchayat in Kottayam district terms itself as a "People friendly Panchayat". A major initiative of the Panchayat in this direction is the introduction of a system to receive feedback from people on service delivery. After receiving a service from the GP, the resident is requested to give their feedback on different aspects of service delivery such as timeliness, behaviour of staff, etc. Feedback received is reviewed every week in the staff meeting and necessary changes are made in the office, whenever issues are identified. The Panchayat also has a Smart Aymanam Panchayat mobile application through which services are made available at the fingertips of the people. Information regarding various services is also provided through this app. Another innovation is that of a labour bank in the app, wherein details of local skilled and semi-skilled workers like plumbers, electricians, etc. are stored so that people can contact them and request their services. Information related to the Panchayat Council as well as Grama Sabha meetings, minutes of the meetings, beneficiary list, budget allocation, etc. are accessible, to the people and brings in better transparency and accountability. The public can also submit their complaint/suggestions through the app. Aymanam has also embarked upon GIS based digitisation of details of all households in the Panchayat area, which is expected to aid in better planning. This is also expected to aid in the need assessment of vulnerable populations such as people with disabilities, elderly, BPL, those with chronic illness, etc. A survey form is prepared and required data collected from each household. The digital database also geo tags and stores photographs of the houses and building,assisting in services such as verification of eligibility for services, tax assessment, etc.

The Panchayat office is equipped with all facilities for the officials as well as people. While most LSGI offices have only one front desk/enquiry counter, Aymanam has two help desks in addition to the front desk. One of the help desks is managed by Kudumbashree and application forms are issued for Rs.10. There is also a token system which displays number of the token as well as the counter to be approached. All the section numbers as well as the service of specific section is clearly labelled. The panchayat office starts functioning at 9 AM to facilitate service delivery to those who go for work. The Panchayat also has an AC waiting room for people with facilities such as drinking water, writing facilities, TV, feeding room and toilet facilities. Display monitors are placed in different areas of the Panchayat building where information regarding various services and updates is continuously streamed. The Panchayat received ISO

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[16] https://www.kila.ac.in/nerkazhcha/

certification in 2017.

Jagratha Samithis are constituted at the ward level, and Panchayat level Jagratha Samithi meetings are held every week where issues are raised and discussed. The panchayat also has a public grievance redress system or Grameena Kodathi (rural court) where public can bring their complaints and LSGI functionaries attempt to resolve it. Service of a woman Police Officer is also made available every week to listen to complaints of women.

Eraviperoor Grama Panchayat in Pathanamthitta district won the Prime Minister's Award for Public Administration and also entered the Limca Book of records in 2015. Since 2013-14, the GP has been trying to improve service standards prescribed in the RTS Act and the Citizen Charter. Certificates such as residential certificate are issued in 10 minutes. In the case of marriage registration, laminated marriage certificates are issued in about half an hour of registration. Birth and death certificates are also provided within 30 minutes, as part of the e-governance initiative. In order to ensure people friendly behaviour, officials of the GP are provided training similar to customer satisfaction training undertaken in the private sector. Knowledge of the officials about RTS and Citizen Charter is tested regularly. The GP focus on moulding the officials in a way Public Relations Officers are expected to function in a people friendly manner. The GP office is well equipped with all facilities for people and officials and is also disabled friendly. Touch screen kiosk and proper storage rooms with easy file retrieval systems are some of the other features that help to improve service delivery. Apart from the well administered office, high tech Anganwadi, Sayamprabha elder forum, Eraviperoor rice mill, cloth bag making unit, etc. are innovative interventions undertaken by the GP. The GP has also won many awards at the state level such as Bio Diversity Award and Arogya Puraskar. Many teams from other states and other GPs visit the GP to study the 'Eraviperoor model'.

Box1.6: Success of LSGIs in managing COVID 19

Response mechanism adopted in Kerala to combat spread of COVID-19, especially in the first wave of the epidemic is discussed and debated by researchers, policy makers and public in India and internationally. While it is acknowledged that Kerala could leverage on its high social and human development achievements, often described as the 'Kerala development experience' it is also due to the coordinated local level response in Kerala, i.e., measures adopted by local governments and other agencies working in co-operation with the local government, that were key in combating COVID-19. Right from the early days of the virus spread state government started a campaign named "Break the chain" and issued guidelines on various general and targeted interventions that need to be undertaken; with new or additional programmes added according to the change in scenario. For example, the initial emphasis was mainly on contact tracing and quarantining mainly of Non-Resident Keralites returning from affected regions. Following the nationwide lockdown since March 2020 there

was increased focus on welfare and social security measures. In the context of decentralised governance in Kerala, LSGIs were given autonomy to plan best implementation strategies considering characteristics of the population they govern - strategies adopted varied between rural and urban local bodies, response was distinct in localities where there was large concentration of inter-state migrant workers, it differed in localities where there is large concentration of excluded population like fisherfolks or Scheduled Tribes. The challenges faced varied from LSGI to LSGI.

At the local level, ward level activities were led by the elected representatives and coordinated at the LSGI level by a committee constituted for the purpose. In order to spread awareness about the virus and to encourage hand washing practices public places such as bus stops were provided with wash basins and soaps with the co-operation of trade associations and youth organisations. The responsibility of contact tracing, quarantining, and regular checking of health status of the people was entrusted with community health workers, mainly ASHA and also Anganwadi workers. Local level vigilance committees were constituted to ensure that quarantine rules were not broken. Houses where persons are under quarantine were labeled by the LSGIs to ensure that no one from outside visit them. Residential quarantine was facilitated through inspection by authorities of LSGI/health department to ensure availability of proper facilities like independent room and toilet facilities and to ensure that individuals in high-risk population groups such as the elderly, children, chronically ill, disabled and children are not stayingin the household. For those who could not be quarantined at home, LSGIs were to provide facilities for institutional quarantine. This included hotels with paid facilities for those who could afford as well as free accommodation for those who could not afford to pay. A major initiative undertaken during the lockdown was the running of community kitchens, to ensure that no one goes hungry. The kitchens were managed by Kudumbashree units and highlight of the initiative was that prepared food was delivered by volunteers to the homes of the needy, mainly the elderly and migrant workers. Food was provided free of cost to those who could not afford, and only a subsidised rate was charged from others. Food for those in institutional quarantine was also supplied from these community kitchens. Similarly, to meet the household requirements for essentials, free PDS ration kits were provided by the State government. The kits were packed at the local level by Kudumbashree units and supplied through PDS outlets. Door delivery of the kits was also ensured to the high-risk population - elderly, disabled and the chronically ill. This was undertaken by a local level response team constituted with volunteers and grassroot level functionaries. Supply of medicines to these households was also facilitated through them. When the academic sessions restarted, online lessons were started via television, laptops, tablets and smartphones. Local level interventions were planned by identifying households who are not in possession of such gadgets and were provided through involvement of political parties, youth organisations, charitable organisations and individuals. When the second wave of the epidemic hit and there was increase in the number of cases, the LSGIs identified spacious buildings like auditoriums and facilities including beds were set upfor First Line Treatment Centres to attend to cases without major health concerns. It was thus due to the concerted efforts of many agencies, coordinated by the LSGIs that Kerala was able to contain the spread initially and also to ensure lower death rates, as the strain on the public

health system was kept in check.

SERVICE DELIVERY OF SELECTED TRANSFERRED

INSTITUTIONS

2.1. Introduction

Transfer of public service delivery institutions to LSGIsis a major characteristic of decentralisation in Kerala. The institutions transferred to LSGIs include government schools, health care institutions, Anganwadis, veterinary institutions, agriculture offices, etc. LSGIs need to thus ensure that services of other departments of the State government are provided to people through thesetransferred institutions, along with carrying out other mandatory and statutory functions entrusted toLSGIs. While some of the financial, administrative and developmental functions of these institutions are with the LSGIs, state government continues to meet salaries of the employees. There is also administrative control on these institutions by the government departments. In this chapter, ARC examines issues related to service delivery of the transferred institutions suggest recommendations to resolve/address them. Apart from process and system- related issues and bottlenecks, ARC focus on the role played by LSGIs in the service delivery processes of the institutions. How LSGIs can facilitate better service delivery from these institutions through resolution of identified issues is the main discussion point. As mentioned earlier, only selected public service delivery institutions transferred to LSGIs are included in the study. They are:

- Anganwadis
- Public health care facilities (across streams of medicine)
- Krishi Bhavan
- Veterinary institutions
- Dairy Development
- Matsya Bhavan

As mentioned earlier, this chapter is largely based on visits to these institutions in the sample LSGIs and also interaction with key stakeholders - institutional heads, elected

representatives, officials of the public service delivery points as well as line departments and the people. Some of the good practices which were reported/observed has also been documented. Before going into detailed discussion on service delivery from each institution, an overview of the legal framework and institutional mechanisms put in place, following decentralisation for the management of the institutions by the LSGIs is given.

2.2. Overview of the Institutional Mechanisms in LSGIs for supervision of Transferred Institutions

As per the Kerala Panchayati Raj Act, 26 of the 29 functions of the Eleventh Schedule of the Constitution pertaining to the Panchayat Raj Institutions (PRIs) are transferred. Similarly, 17 of the 18 functions in the 12th Schedule of the Constitution pertaining to Urban Local Bodies (ULBs) are transferred. The Kerala Panchayati Raj Act and the Kerala Municipal Act mandates the LSGIs to take care of all matters related to the schedules and functions in their jurisdiction. LSGIs shall have exclusive power to administer the enumerated matters and prepare and implement schemes aimed at economic development and social justice.

As this report discusses service delivery of the selected institutions in the context of decentralization, it is necessary to understand the institutional mechanisms that were brought in for management of different institutions under the LSGIs. These institutions are delivery points of services in different sectors and serve as implementing office for schemes related to the sector.

As mentioned earlier, the President/Chairperson/Mayor is the Chief Executive Head of Grama Panchayat/Municipality/Corporation respectively, who is selected by the elected representatives from among them. LSGIs are mandated to constitute Standing Committees to assess project proposals and issues related to specific sectors such as Health, Education, Development, Welfare, etc. Decisions of the Standing Committees are considered by Panchayat Committees/Municipal Council. Mandatorily there are four Standing Committees in GPs, six in Municipalities and eight in Corporations, mandatorily. Chairpersons of the Standing Committees are elected by the elected

representatives. LSGIs also need to constitute a Steering Committee which coordinates and monitors working of all the Standing Committees. LSGI President/Chairperson, Vice-President/Deputy Chairperson and Chairpersons of the Standing Committees constitute the Steering Committee.

One of the important changes envisaged under decentralisation was that of community participation and bottom-up planning, for which various structures are constituted at LSGI level. A meeting of the people in a ward/division, known as Grama/Ward Sabha is to be held four times a year. This serves as a platform for the people to voice their needs and problems, decide on optimal utilisation of available resources in a manner beneficial to them, identify direct beneficiaries of programmes to be implemented by the LSGI, etc. The meeting needs to be attended by the elected representative of the ward/divisioncompulsorily. Even at other times, elected representative functions as an important link between the people and the LSGI. Another important structure is the sectoral Working Group, which include officials, elected members, experts and activists in specific sectors. These Working Groups are envisaged to function as monitoring committees for implementation of projects. Every year LSGIs prepare development plan for the succeeding year on the basis of guidelines issued by government. The plan is to be approved by the District Planning Committee (DPC). Thus, with decentralisation, plan formulation and implementation are done with the integrated involvement of the Working Groups, Grama Sabha/Ward Sabha, Standing Committees, DPC and implementing officers. Assessment of the planning and implementation process, including fund generation, allocation and utilisation, is beyond the scope of this report. However, a discussion of how effective the institutions and functionaries are in providing services to the people and how the planning and monitoring mechanisms are used to ensure the same is undertaken in the section relating to each institution. At the institutional level also committees are to be formed with the head of the institution, elected representatives, beneficiary/people's representatives, etc. as members. These committees are to function as per the Acts and Rules issued.

Table 2.1: LSGI-level Planning & Monitoring Mechanisms in Selected Institutions

Institution	Standing Committee	Sectoral Committee	Institution level
Health care institutions (PHC, Ayurveda, Homeo & ISM dispensaries)	Health & Education[1]	Ward Health & Sanitation Committee	Hospital Management Committee
Anganwadi	Welfare	ICDS Coordination Committee	Anganwadi Monitoring & Supporting Committee
Krishi Bhavan	Development	Agriculture Development Committee (Ward and LSGI level)	Institutional Management Committee
Veterinary	Development	Working group	Hospital Development Committee
Dairy	Development	Working group	
Matsya Bhavan	Development & Welfare	Working group	

Note: [1]In urban LSGIs, Health & Sanitation SC

Assessment of the functioning of these institutions and monitoring is envisaged to be undertaken at regular periods through staff meetings at the institutional level, joint meetings of heads of all transferred institutions at the GP level, and at the Standing Committee level. However, confusion with regard to the control of the LSGI over the officials of the transferred institutions prevailed as matters of the staff are handled by the Department itself. Following the recommendation of the Committee on Decentralisation of Powers (Sen Committee), an order was passed in June 1998 defining disciplinary control of the LSGIs over the staff[17]. The LSGI is authorised to sanction leave, require attendance at meetings, call for reports, prescribe field duties and approve tour programmes, of the staff of the transferred institutions. The LSGIs

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[17] G.O. (P). No.113/98/LAD dated 2.6.1998

can also report on the performance of the officials to the department, for assessment. The order also states that if the transferred officialsare assigned duties of more than one local body, rotation between LSGIs shall be by a Department order and attendance remarks taken from all the LSGIs.

Box 2.1: Grama Sabha/Ward Sabha

Grama Sabha and Ward Sabha are to have a key role in planning, decision making, implementation and monitoring of programmes for local development. Grama/Ward Sabha are to be held once in every three months. Special Grama Sabha/ Ward Sabha can also be held for specific purposes. Formulation of projects, fixing of priorities of schemes and programmes as well as identification of beneficiaries is to be done in these meetings. The meetings are reportedly held regularly. However, studies have shown that participation of people is low[18]. For instance, the end line survey of Kerala Local Government Service Delivery Project found that only around one third of the respondents had attended at least one Grama Sabha/Ward Sabha in the previous year. The participation was more from socially and economically weaker sections (BPL and SC/ST households)[19]. Only around half of the attendees voiced their opinion in these meetings. The belief among the people about their opinions being taken into consideration, the selection of beneficiaries being transparent, etc.is also quite low. It is also observed that middle class and educated people showed reluctance to participate. Participation was found to be particularly low in urban local bodies. As per the Annual Report of the Kochi Municipal Corporation. For example, on an average, only about 1 percent of the voters in the city participated in the ward sabha. The maximum participation was around 4.5%[20]. It is feltwidely that the initial momentum and high level of participation seen during the Peoples Planning Programme has not been sustained.

2.3 Service Delivery in Anganwadis

Anganwadi Centre (AWC) is the grassroot level service delivery point of the Integrated Child Development Services (ICDS) Scheme. The Women & Child Development Department is the nodal department for the implementation of ICDS in the state. **The objectives of ICDS are**to improve the nutritional and health status of

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[18] CSES (2017). Endline Study of the Kerala Local Self Government Service Delivery Project. KLGSDP, Government of Kerala.

[19] CSES (2013). Baseline Study of the Kerala Local Self Government Service Delivery Project. KLGSDP, Government of Kerala.

[20]https://cochinmunicipalcorporation.kerala.gov.in/documents/10157/b0461ef3-ef62-422a-b1b5-468c07d8affb

children in the age-group 0-6 years; to lay the foundation for proper psychological, physical and social development of the child; to reduce the incidence of mortality, morbidity, malnutrition and school dropout; achieve effective co-ordination of policy and implementation amongst the departments to promote child development; and to enhance capability of the mother to look after normal health and nutritional needs of the child through proper nutrition and health education.

2.3.1 Services of Anganwadis

To accomplish the objectives, a package of six services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school non-formal education and nutrition & health education are provided under ICDS through AWC (Table 2.2). While services such as pre-school education and supplementary nutrition are provided directly from the AWC services like immunization, health check-ups, referral services and health education, are largely facilitatedby the AWC through provision of services by the community health workers and staff of Primary Health Centre.Major beneficiaries of the services of AWC are children aged below 6 years, pregnant women, lactating mothers and adolescent girls.

AWC are transferred to the Grama Panchayat in rural areas, and Municipalities and Municipal Corporations in urban areas. The AWC is managed by an Anganwadi Worker (AWW) who is assisted by an Anganwadi Helper (AWH). While LSGI has overall control of AWCs, salary and service matters are managed by the Women & Child Development Department.

Table 2.2: Services and Target Groups of AWCs

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper
Pre-School Education	Children 3-6 years	AWW

Immunization*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

*AWW assists ANM in these services

In each AWC, there is an Anganwadi Level Monitoring and Support Committee (ALMSC) with AWW as the convenor and the elected representative of the ward/division as president. Representatives of beneficiary groups are included in the committee. GP level co-ordination of ICDS is done by the ICDS Supervisor, who is also the Convenor of the LSGI level ICDS Coordination Committee chaired by Chairperson of the LSGI. Implementing officers of other transferred institutions such as PHC, LP School, etc., are members of the committee. Supervision of AWCs and implementation of plan schemes of the LSGI are responsibilities of the Welfare Standing Committee. Maintenance plan of AWCs is prepared by the Committee in consultation with ICDS Supervisor and ALMSC and presented before the LSGI Council for approval. At the department level, the ICDS Supervisor reports to the Child Development Project Officer. Depending on the number of AWCs, there could be one or more ICDS supervisors in an LSGI.

As per the existing norms, there shall be an AWC for a population of 400-800 in rural and urban areas. For tribal, hilly and difficult/remote areas, AWCs are to be established without considering the above population norms. In 2018-19, 33,115 AWCs were functioning in the State, i.e., the average population covered by an AWC is 1008 (200 more than the maximum as per population norms). In the sample LSGIs,

only in Marayoor GP and Ramankari GP, the average population covered was below 800. In other LSGIs, the average population covered exceeded 1000. In the hilly area of Marayoor with a concentration of ST population, the population covered by an AWC is around 400. Most of the AWCs in the GP are functioning as mini AWCs catering to tribal hamlets. In the three urban ICDS blocks in Kochi Corporation population coverage were twice the population norms.

One of the major changes in ICDS in the recent times is the introduction of ICT enabled real time monitoring. It is based on ICDS- Common Application Software (ICDS-CAS) developed for the purpose. ICDS-CAS has two components, the mobile application which is made available to the field functionaries pre-loaded on mobile phones and a six-tier monitoring dashboard for desktop/tablets made available to Supervisors and officials at higher levels. The initiative is expected to strengthen delivery of services through effective monitoring and timely intervention. The application allows capture of data from the field on a regular basis. Out of the 11 registers maintained by AWCs, 10 aredigitized as part of the software application installed by the National Nutrition Mission. Only the register which records monthly summary of activities needs to be maintained in physical form.

2.3.2 Issues in Service Delivery

- Provision of adequate and appropriate physical facilities is a pre-requisite for delivery of services to the beneficiaries of services of AWC, mainly children. As in the case of health care institutions and schools, infrastructure development is an area where significant interventions byLSGIs and consequent improvements are required. It also needs to be mentioned that the population norms were revised and there is significant increase in the number of AWCs in the state. While there were around 15000 AWCs during the initial years of decentralisation, it is now more than 33000. There isa minimum of 20 AWCs in every GP and the number runs into 100 or more in the Corporation area. It is observed that facilities in AWCs and service delivery from all AWCs in an LSGI are not similar. While there are AWCs which are functioning in good buildings with all requisite facilities, there

are others which do not have the required basic facilities. Though there areguidelines from Central and State agencies regarding minimum facilities, many AWCs are functioning without minimum facilities.

- Studies conducted during early years of decentralisation reported that many of the AWCs are functioning in buildings with thatched roof, asbestos or tin sheets and mud flooring. At present there is significant improvement in the case of facilities such as toilet, kitchen etc., as compared to the situation when decentralisation was implemented. [21]There is notable improvementin the physical structure with construction of new concrete buildings for AWCs by the LSGIs. As regards basic amenities, as per the data available on the website of the Women & Child Development Department, 16 per cent of AWCs do not have drinking water facilities and 2 per cent do not have toilets[22]. Some AWCs in the sample LSGIs such as Meenja, Ramankari and Marayoor reported these issues. Though it is intended that all AWCs shall have child friendly toilets it is yet to be achieved.In newly constructedbuildings these guidelinesare followed. However, in AWCs in older buildings, especially those functioning on rent such facilities are not provided. Lack of facilities and space for cooking is reported in some AWCs. As per website of the department, cooking gas is not available for two in five of the AWCs (40%). From only around one-tenth of the AWCs having electricity during the initial years of decentralisation, the AWCs are reaching near universalisation in the case of electrification. However, some AWCs, especially those in tribal areas do not have electricity connection. Similarly, some of the AWCs do not have compound wall, putting the children at risk. There are also AWCs that do not have sufficient indoor and outdoor space and facilities such as furniture, teaching-learning materials, toys, etc. Sometimes the indoor activity space is used for storage.

- AWC must have a pleasing appearance and ambience attractive to children and induce parents to send their children to the AWC. The presence of plants, trees,

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[21]Seema TN (2001). Performance of Anganwadi Centres in Kerala: An evaluation and experiment to develop a model centre with community participation. Discussion Paper No.28. KRPLLD. Centre for Development Studies, Thiruvananthapuram.

[22]Compiled from http://wcd.kerala.gov.in/DOCUMENTS/Circulars/Internal%20Circulars/28180.pdf accessed on 10-11-2020.

garden, etc. in the compound is very important as their presence not only provides the child opportunities to learn and to develop her senses but also makes the AWC more appealing and attractive. It is necessary that the pre-school must provide ample outdoor space for children to play and must also have shady areas. But majority of the AWCs do not have playgrounds and shady trees. Though it is envisaged that the building may be painted in a baby friendly manner with pleasing colours, pictures of animals, flowers, etc., the same is not the case in majority of the AWCs.

- The issue of poor facilities is acute in AWCs functioning in rented buildings. This is one area where major strides have been made by LSGIs. During early years of decentralisation, only one-fourth of the AWCs had own building.[23] At present only around one-fourth (23% as on 3-11-2020) of the AWCs are still functioning in rented buildings[24], which in most cases are unsuitable to function as AWC. With a maximum limit of ₹1000 per month for rent in rural areas (₹ 4000 in urban areas), finding a suitable clean and safe place with adequate indoor and outdoor space is almost impossible. Often, a portion of a house or a small room with shared toilet facilities is taken on rent. Some AWWs complained that rates fixed by the LSGIengineer is often less than the market rates and therefore owners are unwilling to rent out buildings for AWCs. It is also reported that buildings are taken on rent at higher rates, the balance usually met by the AWW and AWH. Such incidents are reported in the sample LSGIs. In some cases, contribution from beneficiaries is also sought. Delay in release of rent is another problem reported by the AWWs. The delay can be as high as 6 months. Pressure to pay rent falls on the AWW, who are often constrained to ward off eviction notice from owner of the building. In a few cases, the AWCs had to be shifted due to non-payment of rent.

- Many local bodies are willing to construct building for AWCs without own buildings, but it is difficult to acquire land as per existing norms. High price of land acts as a deterrent in many places.

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[23] Seema TN (2001). Performance of Anganwadi Centres in Kerala: An evaluation and experiment to develop a model centre with community participation. Discussion Paper No.28. KRPLLD. Centre for Development Studies, Thiruvananthapuram.

[24] Compiled from http://wcd.kerala.gov.in/DOCUMENTS/Circulars/Internal%20Circulars/28180.pdf accessed on 10-11-2020.

- Another issue reported is regarding maintenance of AWCs. It was reported by some AWWs that maintenance is not undertaken in a timely manner. It is also reported by some of the AWWs that the priority fixed by the engineering section is not always in accordance with the need for maintenance. Maintenance of AWCs functioning in rented buildings is left to the mercy of the owner.

- It is also observed that many AWCs are not disabled/elderly friendly. This could exclude disabled children from seeking preschool education from AWCs and also adolescent girls, pregnant and lactating mothers from coming to the AWCs for the services meant for them. This is also inconvenient to grandparents escorting the children.

- The AWCs are to function on all days except Sundays and public holidays from 9.30 AM to 3.30 PM. But it is reported that in some AWCs, these timings are not strictly followed, thus limiting the time when the services are available to children.

Box: 2.2: Issues in AWCs in tribal areas

AWCs in tribal/hilly areas face additional challenges. For instance, some specific issues related to service delivery in AWCs is reported from Marayoor GP in Idukki district which was examined in detail by the Commission. Unlike in other GPs, the AWCs in the GP are mini AWCs, i.e., catering to the particular tribal hamlet where the AWC is functioning. While some hamlets have AWCs with pucca buildings, there are others without proper buildings. Though the GPs are ready to construct AWC buildings, contractors are not willing to take up the work as the budget does not take into account the high cost of transporting materials to remote areas. This was also pointed out as an issue in the construction of roads in tribal areas. The issue of high cost of transporting raw materials, cooking gas, etc. is mainly reported in such areas. There is dependence on firewood, especially in the hilly regions. Smoke from firewood is hazardous to children,

especially if cooking is done indoors. The already constrained indoor space is further constrained when the activity area is used to stock firewood and other provisions. It is also observed that teaching-learning materials provided to the AWCs in the tribal areas are regular material used in other areas and children may feel a cultural disconnect from these aids.

A major problem observed in the tribal areas is the absenteeism of AWWs. In some AWCs in tribal/remote areas due to poor physical access, especially during rainy season and sometimes during winter due to fog AWWs do not come regularly. However, as the AWH is mostly from the hamlet itself supplementary feeding is not affected.As observed in other AWCs, AWW may also be called for other works by the LSGI and other departments. In remote areas, it is extremely difficult for the AWW to manage both the duties and may not go back to the AWC when other duties come up.

- Another issue affecting the delivery of services particularly pre-school education is the absence of AWW in the AWC during working time. In addition to managing the prescribed services under ICDS, AWW is often entrusted with functions such as facilitating Grama Sabha/Ward Sabha, spreading awareness in the community about various welfare programmes, organising campaign against social evils, data collection on elderly and persons with disability, etc. They are also expected to be engaged in many community activities organised by the LSGI. They also have to regularly visit houses of beneficiaries and attend meetings organised by the department and the LSGI. These are usually convened during working hours due to which the beneficiaries are denied regular provision of services. Thus, the AWWs are associated with programmes of the departments of Women and Child Development, Social Justice, Health and Family Welfare as well as the LSGIs. Depending on the demand from other departments, AWWs are often compelled to give more importance to works which are not related to core functions of AWC. It is also pointed out that due to the responsibilities assigned by different departments and LSGIs, the ICDS Supervisor is not able to monitor the functioning of AWCs effectively, at times.

- Even though ICDS envisages pre-school education to children in the age group 3-6 years, majority of parents shift their children to pre-primary schools soon after

attaining the age of 4. Oftenthese children remain in the rolls of the AWC though they do not avail its services. This may be because improvement in pre-school education in AWCs is not achieved vis-à-vis significant improvements in the quality of school education through decentralisation. If the AWWs which are engaged in delivering pre-school education are to perform well, they should be adequately trained. Training of 3 months' duration (in which other services are also covered) obtained by AWWs is insufficient to deliver good quality pre-school education. It may be noted that pre-primary teacher training programme is of one-year duration. Differences in the quality of pre-school education between AWCs and other pre-schools will also give a head start for children from the relatively better off sections when they are enrolled in Class I.

- Supplementary feeding is the most used service of AWC. AWCs are to provide 500 calories and 12-15 gm of protein to the child beneficiaries (up to 6 years), with 800 calories and 20-25gm of protein prescribed for severely malnourished children. The food supplement for children below 6 months is to be given as take-home ration, while for other children it is to be provided in the AWCs as 'hot cooked meal'. It is also envisaged to split the meal into snacks and lunch. In the case of other beneficiaries, 600 calories and 18-20 grams of protein is to be given. Supplementary nutrition is to be provided for at least 300 days in a year. In the initial years of decentralisation, grave issues were reported with respect to supplementary feeding viz. irregularity and poor quality of food[25]. Since decentralisation, regularity of provision and quality of materials procured is ensured by the LSGIs. However, it is observed that in large majority of AWCs visited, the menu followed is more or less the same; that of upma in the morning and *kanji* and *payar* (rice gruel and bengal gram) as lunch. It is likely that the children get fed up with same food every day. Parents told us that government schools in the vicinity are serving much more varied menu. Though LSGIs/AWCs

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[25]Seema TN (2001). Performance of Anganwadi Centres in Kerala: An evaluation and experiment to develop a model centre with community participation. Discussion Paper No.28. KRPLLD. Centre for Development Studies, Thiruvananthapuram.

can decide on locality specific menu depending on availability of local produce, such efforts are made only in some AWCs. However, a scheme named *Akshayapathram* introduced in some of the AWCs is worth emulating. Under the scheme, varieties of dishes/fruits are additionally provided to children with the support of beneficiary households and LSGIs.

- It is brought to the notice of the Commission that the release of funds for supplementary nutrition is often delayed. Funds for two quarters are sometimes releasedtogether in the last quarter of the financial year. While some GPs are able to manage the situation, some of the GPs in backward/under developed regions find it difficult to continue providing supplementary nutrition. The delay in submitting utilisation certificate to the central government in time is a major reason for delay in fund release. The delay can be at the LSGI or state level. Similar issues have been reported in another study regarding the release of central share in Samagra Shiksha Abhiyan[26].

- The amount of allowance fixed for transporting cooking gas cylinders is uniformly fixed at ₹40 without considering the distance to the gas agency and the availability of proper roads. The transport expenses can be more in hilly terrains where road access is poor. Similarly, allowance for cooking charges is also insufficient.

- Participation of beneficiaries in the AWC meetings is reportedly low. However, it is reported that attendance has improved with the introduction of online meetings during COVID- 19 pandemic. A lactating mother said, "I couldn't go to meetings when I was pregnant with my first child, but now I am able to attend the online meetings without affecting my household chores. I can ask questions to the doctor, and talk to other mothers and pregnant women, and even the doctor would take the time to respond to issues raised, send materials to read, etc. I learned a lot through this". Some of the enterprising AWWs are organising online health classes and consultations with doctors during the pandemic with the support of LSGIs.

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[26]CSES. (2019). Study on the Allocation, Release and Utilization of Funds under Sarva ShikshaAbhiyan, Rashtriya Madhyamik Shiksha Abhiyan and Samagra Shiksha Abhiyan.Kerala State Planning Board. Government of Kerala.

- ALMSC is constituted in the AWC with the elected representative of the ward/division as the President and the AWW as the Convener, for monitoring progress and to ensure smooth functioning of the AWC. This committee is to meet at least once in a month. Marked improvement in the delivery of services is seen in AWCs where the Committee is active. However, in many AWCs the committee is not functioning well and the meetings are not held regularly. Some instances of elected representative who is the President of the committee marking the attendance in the register without attending the meeting are also reported.

- It is also observed that involvement of LSGIs and its functionaries in the functioning of AWCs is restrictedmainly to the supply of provisions for supplementary feeding and infrastructural support. However, what cannot be overlooked is that the functioning of AWCs, transferred institutions of the LSGI is to be closely monitored by the LSGI. Monitoring will be effective only if standards are set. But such uniform standards across each of the services of the AWCs are not prescribed. Though RTS mentions that the services are to be provided on all working days, there are no standards relating to the quality of the services to be provided.

- The mobile application introduced under the National Nutrition Mission is set to ease the work of AWWs by replacing existing registers. But it is yet to be fully implemented in the state and the AWWs are still maintaining physical registers also. However, this is an issue during the transition stage which is likely to be solved in the near future. On the other hand, the AWWs have acquired the necessary skills to use such technologies.

- In areas with linguistic minorities, some AWWs and AWHs are unable to communicate in Malayalam with ICDS supervisor as well as LSGI officials due to linguistic differences. The support of interpreters is required, which affects regular monitoring of activities.

2.3.3 Recommendations

1. **The Commission recommends that the Women and Child Development Department needs to ensure that within a period of three years, all AWCs**

shall have all the required facilities and provide services as per standards fixed at the state level. This recommendation is based on the observation that despite various guidelines issued by the Central and State governments, many of the AWCs are not adequately equipped to ensure rights of the beneficiaries to quality services. Given that AWCs are shared responsibility of the Women and Child Department and LSGIs, more funds need to be provided by the state government than the prescribed state share in the centrally sponsored scheme of ICDS, as is being done now. The state government needs to consider implementing special programme to address the inadequacy of facilities in AWCs by the state and local governments-GPs, Block Panchayats and District Panchayats, Municipalities and Municipal Corporations, sharing the expenses. Additional funds shall be mobilised from MLA SDF and MP LADS. The LSGIs shall also mobilise CSR funds of corporates and funds from philanthropic foundations. Some of the works can be taken up under MGNREGS. Necessary land for constructing the buildings needs to be identified from land available with different government departments. Possibility of starting AWCs in more schools also needs to be explored. KILA guidebook for AWCs shall be used by all LSGIs while constructing/maintaining AWCs. Facilities of minimum standards need to be provided and maintenance calendar shall be drawn up by the LSGI. Ensuring child friendly facilities are also essential.

2. AWCs functioning from rented buildings are experiencing issues regarding payment of rent and absence/ limitations of required facilities. ARC recommends that till the time independent buildings are constructed, state and local governments together needs to share rent to be paid in excess of the amount allotted under ICDS for taking building with required facilities. LSGIsneed to take the responsibility for providing buildings with required facilities on rent. The department shall also ensure that rent is released to the LSGIs without delay.

3. To ensure that the services of AWCs reach all sections of the population, the Commission recommends that the Department of Women & Child Development need to assessgeographical distribution of AWCs. Based on the assessment, decisions shall be taken on starting new AWCs or shifting the existing ones to appropriate locations. This is required to ensure that the

population covered is within the prescribed norms and that there is no overlap of beneficiary communities when two AWCs are closely located. The possibility of forming Anganwadi Hubs (as done in Delhi[27]) which shares resources and space of participating AWCs needs to be considered in high population density urban areas where AWCs are located close by. AWWs and AWHs of participating AWCs can function as a team and divide work efficiently.

4. The Commission recommends for a more child friendly menu in AWCs with focus on different meals on different days. Flexibility needs to be allowed in the menu, recipe, mode of preparation and even in the ingredients/condiments. ALMSC needs to finalise the menu after assessing the preference of beneficiaries on food, type of cooking, etc. It needs to be ensured that local ingredients and local cuisine is integrated into the menu. Support of other functionaries like Agricultural Officer shall be sought to encourage cultivation of vegetables in AWC compounds, wherever possible. Participation from the local community shall also be sought to improve the menu through provision of dairy and poultry products, etc., or provision of special food on special days. Necessary funds for diversifying the menu shall be shared by the state government and the LSGIs. With the introduction of Common Software Application (CAS) in ICDS, food provided each day needs to be uploaded in the application. This would also facilitate better monitoring and ensure that variety is ensured in the menu.

5. It is observed that the early childhood education in AWCs has not received the attention it requires. To address the issue, the Commission recommends that the State government needs to initiate a pre-school education quality improvement programme for AWCs. AWWs shall need to be participated in online training programmes focusing on pre-school component. Necessary improvements in the pre-school curriculum of AWC need to be made at the state level. The state government shall also develop a policy on pre-school education which shall be applicable to pre-primary schools in the private and public sector and the AWCs.

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[27] National Institute of Public Cooperation and Child Development. (2019). Best Practices in Anganwadi Services Scheme Under Umbrella ICDS. New Delhi: Government of India.

6. ARC recommends that the Women & Child Development Department shall institute programmes to strengthen and empower the ALMSC to improve participation of the public and beneficiaries in the activities of AWCs as it is the key to improving service delivery. Guidelines may be issued for their selection to ensure that only persons who are genuinely interested in the activities of the AWC are included as public and beneficiary representatives. The example of Delhi government of advertising in local pages of newspapers seeking educated homemakers, social workers and general public for these voluntary positions also needs to be considered. Members need to be given training, preferably online forempowering them to function effectively to support and monitor AWCs. Delhi government is providing Apps for the members of the committee to effectively monitor functioning of the AWCs. Government needs to consider adopting/adaptingthis in the state.Provision needs to be made for feedback from the Committee to the LSGI Council. The Committees, with the support of LSGIs, may also facilitate resource mobilisation from the community and funds of MLA SDF and MP LADS for meeting needs of AWCs. Special collection drives shall also be organised for collecting used playing and learning materials which are in good condition, from the community. ALSMC and the LSGI level co-ordination Committee needs to facilitate organisation of events such as opening day, arts day, sports day and festival days with the support of LSGI and the community.

7. In the observed absence of standards for service delivery from the AWCs, the Commission recommends that the Women and Child Development Department needs to set standards for all services delivered by AWCs and develop indicators for monitoring performance of the AWCs. The indicators need to include, apart from availability of infrastructure and facilities cleanliness, hygiene, safety of premises, functioning of the ALMSC, use of facilities by the beneficiaries, quality of pre-school education and supplementary nutrition, etc. Periodic updating of the data shall be done and which shall be used for monitoring by the department andLSGI and also for identifying gaps in service delivery. A sub-committee of LSGI coordination committee consisting of elected representatives, community representatives/members of ALMSC and officials of some of the transferred institutions like schools and PHC needs to visit all AWCs at least once in a

year to make on the spot assessment. However, it needs to be ensured that these visits shall not be fault finding missions but serve as a platform for providing guidance and support to the AWC functionaries in different domains such as health and nutrition, maintenance of AWC as well as for identifying priority needs of the AWC.

8. ARC recommends that proper coordination needs to be established at the state level among concerned departments such as the Women and Child Development, Health and Family Welfare and Social Justice to ensure streamlining of activities to be performed by the AWW. This is required to ensure that the services at the AWC are not hindered due to the additional duties given by other departments. At the local level LSGI shall take up this responsibility. Better planning and co-ordination between the transferred institutions with respect to duties delegated to AWWs needs to be ensured by the LSGIs. Calendar of activities of AWC functionaries related to ICDS and other department shall be drawn up at the LSGI level. Meetings of the department and LSGIs that the AWW needs to attend needs to be organised without affecting delivery of services from AWC. As far as possible, the meetings shall be organised online.

9. The Commission recommends that all AWCs shall be made disabled friendly as there may be disabled beneficiaries and also grandparents escorting the children. It is also seen that selected AWCs are converted to nodal AWCs on a pilot basis to serve as resource centres for other AWCs in order to provide service to children with special needs. This system needs to be extended to all LSGIs in the state.

10. The Commission recommends that the provision of online meetings shall be continued even after the pandemic situation is over as it is found that there is increased attendance of beneficiaries in online meetings vis-à-vis physical meetings in AWCs. Measures shall also be taken to make these meetings and classes more interactive. Requirements of the participants need to be assessed and sessions arranged accordingly. Topics and timing of classes/meetings shall be decided in consultation with the beneficiaries. e-Resources shall also be shared on the virtual platforms accessed by the AWC beneficiaries. The beneficiaries shall be connected with AWCs through social media platforms.

2.4 Service Delivery in Public Health Care Institutions

Kerala has made remarkable achievements in the field of health.Performance of the state in the state compareswell with more developed regions in the world. A major reason for achievements of the state in this sector is its strong health care infrastructure at different levels and across different branches of medicine - Modern Medicine, Ayurveda, Homeopathy, Siddha, Unani etc. With decentralisation, functions, institutions and schemes of health care institutions in the government sector included in the 3rd, 4th and 5th schedule of the Kerala Grama Panchayat Raj Act, 1994 and in the 1st schedule of the Kerala Municipality Act, 1994 are transferred to the local bodies[28]. Accordingly institutions under the departments of Health Services, Homeopathy and Indian Systems of Medicine at the grama, block and district level are transferred to the LSGIs[29].

2.4.1 Services of Public Health Care Institutions

Institutions offering health care under modern medicine (Allopathy) function under the Directorate of Health Services (DHS). Primary health centres (PHC) are the basic health care facilities functioning in the Grama Panchayats. They provide basic curative, promotive and preventive health care services. While most PHCs in the state offer only outpatient consultation, there are 24x7 PHCs which offer inpatient services.In order to ensure a more patient friendly system capable of meeting healthcare needs of all members of the family,government upgraded selected PHCs across the state into Family Health Centres (FHCs) under the '*Aardram*' Mission. Below these basic health care facilities, there are sub centres which function as peripheral outposts of existing healthcare delivery system in rural areas. The number of sub-centres depends on the population, with one sub centre to be available for a population of 5000. In tribal areas, one sub centre is to be available for a population of 3000. Functions of a sub-centre are limited to implementation of programmes related

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[28] as per G.O (P) 189/95/LAD dated 18/09/1995 with effect from 2nd October 1995.
[29] as per Order No: PLB 1-93596/95/DHS dated 25/10/1995 and order No. PLB 1-93896/95/DHS dated 04/10/1996 of the Director of Health Services, Thiruvananthapuram.

to mother and child health care, family planning and immunisation. There are 5408 sub-centres in the state.

Secondary level health care institutions in the rural area i.e., Community Health Centres (CHC) and Taluk Hospitals (TH)are transferred to Block Panchayats whereas the District Hospitals and General Hospitals are transferred to District Panchayats. In urban areas, PHCs, CHCs and Taluk Hospitals are transferred to the Municipalities and Municipal Corporations. As can be seen from Table 2.3, 852 PHCs inclusive of 114 24x7 PHCs and 170 FHCs are transferred to GPs. The number of PHCs is less than the number of GPs in the state (941) as in some of the GPs, a CHC is functioning which is managed by the Block Panchayat. There are 224 CHCs in the state. Management of Taluk Hospitals and District Hospitals is entrusted to the Block/District Panchayat or Municipality/Municipal Corporation, depending on whether the hospital is functioning in a rural or urban area. Of the 18 General Hospitals, 15 (which were earlier District Hospitals) are transferred to LSGIs.

Table 2.3: Number of Health Care Institutions Transferred to LSGIs across the branches of Medicine

Stream of Medicine	Parent department	Type of Institution	Number
Modern Medicine[1]	Directorate of Health Services	Sub Centres	5408
		PHC- OP only	568
		24x7 PHC	114
		PHC functioning as FHC	170
		CHC	224
		Taluk Hospital	96
		District Hospital	18
		General Hospital	18
Homeopathy[2]	Department of	Hospitals	34

	Homeopathy	Dispensaries	664
Indian Systems of Medicine (ISM)[3]	Department of AYUSH	Ayurveda Hospitals	130
		Ayurveda Dispensaries	805
		Visha	4
		Siddha	6
		Nature Care	1
		Unani	1

Source: [1]https://dhs.kerala.gov.in/

[2] http://homoeopathy.kerala.gov.in/

[3]http://www.ism.kerala.gov.in/

Ayurveda, Yoga & Naturopathy, Unani and Siddha are known as Indian Systems of Medicine (ISM) and they function under the Department of AYUSH, Kerala. Their services are provided through a wide network of AYUSH hospitals and dispensaries throughout the state. Similarly, there are hospitals and dispensaries under the Department of Homeopathy. The ISM and Homeo dispensaries are under the management of the GPs.Block Panchayats are responsible for running of hospitals in rural areas and District Panchayats for management of District hospitals. Municipalities and Municipal Corporations are responsible for running dispensaries and hospitals in their jurisdiction. There are 805 Ayurveda dispensaries and 130 Ayurveda hospitals in the state. There are only very few dispensaries offering treatment in other ISM such as Visha and Siddha. A Nature Cure dispensary is functioning at Kollam and anUnani dispensary at Kasaragod. There are 664 homeo dispensaries in the state. Apart from these, there are also 416 dispensaries under National Health Mission (NHM), 3 floating dispensaries, 4 mobile dispensaries and 29 temporary dispensaries in areas having higher population of Scheduled Castes [30].

As per staff structure (Table 2.4), each PHC is to have 2 doctors (one woman Medical Officer). But in majority of PHCs only one doctor is available. It is at the CHC level that specialty cadre doctors are available in general medicine, gynaecology, paediatrics, dentistry and ENT.

[30]http://homoeopathy.kerala.gov.in

Apart from curative services, these institutions also carry out promotive and preventive health care activities under the public health wing which comprises of a Junior Public Health Nurse (JPHN) and Junior Health Inspector (JHI). They are usually stationed in the designated sub centres. Along with their regular activities of immunisation, mother and childcare, water chlorination, etc.,they are responsible to conduct enquiries whenpublic health issues come up and submit report to the LSGI, advising measures to be taken. Health Supervisors function at the CHC level. It may be seen from the previous chapter that in urban local bodies, there is an entire health division comprising of Health Officer, Health Inspectors and Junior Health Inspectorswho are in charge of the public health and sanitation activities of the local body.

Table 2.4.: Staff Pattern in PHC & CHC

Staff Pattern		Envisaged Number of staff		
Category	Designation	PHC	24X7 PHC and FHC	CHC
Hospital Staff	Medical Officers	2	4	5 specialist doctors and 2 General categories
	Pharmacist	1	2	2
	Staff Nurse	3	2	12
	Nursing Assistant	1	3	As per the bed strength
	Hospital Attendant	1	3	As per the bed strength
	Part time sweeper	1	2	As per the bed strength
Public Health Wing	Health Supervisor	Nil	Nil	1
	Lady Health Supervisor	Nil	Nil	1
	JPHN	1 per subcentre	1 per subcentre	2
	JHN	1 per	1 per	2

		subcentre	subcentre	
	LHI	1 (NRHM Staff)	1 (NRHM Staff)	
Administrative staff	Clerk	1	1	1
	Peon	1	1	1
	Block Coordinator	Nil	Nil	1
	Statistical Assistant	Nil	Nil	1

Source: https://dhs.kerala.gov.in/

In the case of Homeo as well as ISM systems, it is mostly outpatient care that is provided through the dispensaries. Number of inpatient facilities is limited. Running sub centres in peripheral areas, conducting temporary medical camps, implementation of palliative care programmes, and other specially designed treatment programmes are some of the outreach activities of Ayurveda hospitals. Homeo hospitals also engage in similar outreach activities, especially for preventive care. Staff pattern across theseinstitutions are more or less the same (Table 2.5)

Table 2.5: Staff Pattern in Ayurveda/Homeo Dispensary and Hospitals

Designation	Dispensary	Hospital
CMO/MO	1	2 (1 CMO and 1 MO)
Store superintendent	Nil	1
Pharmacist	1	1
Nursing superintendent	Nil	1
Nurse	Nil	1
Nursing Asst./Attender	Nil	1
Therapist	Nil	1
Other staff	Nil	1
Lab technician	Nil	1
Attender/Office Attender	1	1

Clerk	Nil	1(In hospitals with more than 30 beds)

Administration of health care is entrusted to Medical Officer or the Chief Medical Officer, as the case may be.In higher level institutions, Hospital Superintendent handle administrative matters. Monitoring and supervisory functions of the department is carried out by the District Medical Officer of the concerned branch. Monitoring and supervisory functions of LSGIs over the health care institutions are donethrough Hospital Management Committee and Health and Sanitation Committee. Hospital Management Committee (HMC) is constituted in each health care institution under the leadership of President/Chairperson/Mayor of LSGIs, to monitor functioning hospital and manage affairs of the hospital. HMC is also responsible for maintenance of the hospitals and ensure provision of necessary facilities in the hospital.

Detailed study of selected health care institutions under different branches of medicine in the sample LSGIs (Table 2.6) was undertaken. Apart from visits to sample institutions, discussions were held with key stakeholders including medical officers, elected representatives and the people. As public health institutions, multitudes of services other than curative care are offered by these institutions. However, scope of this study is restricted mainly to health care services that the people seek most from these institutions.

Table 2.6: Health Care Institutions functioning in the Sample LSGIs

Name of the LSGI	PHC	CHC	Taluk Hospital	Homeo Dispensary/ Hospital	Ayurveda Dispensary/ Hospital	ISM Dispensary
Mulanthuruthy GP	-	Y	-	Y	Y	-
Ramankari GP	Y	-	-	Y	Y	Y
Sreekrishnapuram GP	Y	-	-	Y	Y	-
Edavanna GP	Y	-	-	Y	Y	-

Neendakara GP	Y	-	-	Y	Y	-
Meenja GP	Y	-	-	Y	Y	-
Marayoor GP	-	Y	-	Y	Y	-
Attingal Municipality	-	-	Y	Y	Y	Y
Thaliparamba Municipality	-	-	Y	Y	Y	-
Kochi Corporation	Y	Y	Y	Y	Y	-

PHCs are functioning in 5 out of the 7 sample GPs. PHC at Sreekrishnapuram is converted into a Family Health Centre. In Mulanthuruthy and Marayoor GPs, there are CHCs, i.e., the management of these institutions are with the respective Block Panchayats. All the three urban LSGIs have Taluk hospitals. Kochi corporation also has a General Hospital within its jurisdiction. Homeo and Ayurveda dispensaries are functioning in all the sample LSGIs. Siddha dispensaries are functioning in Ramankari GP and Attingal Municipality. Among the urban LSGIs, a homeo hospital is functioning in Attingal Municipality and Kochi Corporation. Kochi Corporation also has three homeo dispensaries. An Ayurveda hospital also functions in Kochi Corporation. Kochi also has a network of urban primary health centres functioning under the National Health Mission.

In most of the PHCs visited, the number of outpatients on a day averaged about 50, except in Sreekrishnapuram PHC which is a Family Health Centre. On an average 200 patients visit the PHC every day. It is also reported that there are seasons when the number of patients may increase such as during wide spread occurrence of fever/during monsoon when there is an increase in communicable diseases. In the case of Ayurveda dispensaries, the number of outpatients ranged from 45 to 50 patients daily. The average in homeo dispensaries is also around 50 per day. The Siddha dispensary in Attingal reportedly attends 75 to 100 patients on a daily basis, and an order is passed recently to upgrade the dispensary to a hospital. The dependence on Ayurveda is more among the elderly, while homeo is depended more by women and children.

Pharmacy is available in all PHCs and medicines are distributed free of cost. Pharmacists in sample PHCs shared their observation about a shift of patients with lifestyle diseases to government hospitals in the last few years. There is also an increased focus on management of non-communicable diseases (NCDs) through the public health care network as there is high prevalence of lifestyle diseases in the state. This is also one of the major objectives of programmes likeFamily Health Centre and e-Health where the health profile of all the residents of the area is collected and maintained in the health centre for regular follow up. In Ayurveda dispensaries, 'Kashayam'(concoction of medicinal plants) is prepared on daily, depending on demand. In Homeo dispensaries medicine is mixed with the placebo by the medical officer and given as per requirement. Purchases in homeopathic pharmacies are done in two categories. One is as medicine, and another is sundries which include the bottles and the placebo. The purchase of supplies of medicines across all branches is funded by both the LSGI and health department. Rates for various tests are fixed by the HMC and BPL card holders are provided the services free of cost.

2.4.2 Issues in Service Delivery

Studies on decentralisation of the health care sector during the early years of decentralisation had identified a number of issues for not achieving envisaged objectives. Issues like lack of technical expertise on project planning among doctors and LSGI functionaries, conflict between MOs and LSGI functionaries, improper staff redeployment, irregular supply of medicines, lack of proper infrastructure facilities, etc. were pointed out. It was also observed that the minimum level of services to be provided was not clearly defined[31]. The effect of decentralisation initiative on health sector was observed to be quite limited with positive results being reported in panchayats providing active support and is quite varied across panchayats, depending on access to resources[32]. However, later studies show that decentralisation has played a major role in improving infrastructure facilities in health care institutions, ensuring

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[31] D Narayana and K K Hari Kurup 2000. Decentralisation of the Health Care Sector in Kerala: Some Issues, CDS Working Paper No.298. Centre for Development Studies.
[32] D Varadarajan, R Thankappan and Sabeena Jayapalan 2004. Assessing the performance of primary health centres under decentralized government in Kerala, India. Health Policy and Planning; 19 (1): 41–51

proper sanitation and drinking water etc.But these institutions are now facing upcoming issues like problems of the elderly, increase in lifestyle diseases, etc.[33] Studies have also highlighted the importance of an effective HMC and good rapport between the LSGI and hospital functionaries as key factors in improving the delivery of health care services by health care institutions under LSGI's management[34]. The advent of Central and State government programmes such as NHM and *Aardram* mission and targeted special programmes like pain & palliative care, NCD surveillance and management, etc., implemented with the involvement of LSGIs are observed to be effective. The health sector buoyed by such programmes along with decentralisation, has undergone major revival and has led to an increase in theutilization of public sector health care institutions by the people. However, some issues that have implications on the quality of service delivery are identified and are discussed in this section.

- Availability of required human resources is key to effective service delivery. Main service for which people visit government health care institutions across branches of medicine, is OP consultation. Though most of the sanctioned posts in the sample institutionsare filled, in a few casesposts were lying vacant for a long period. What is observed is that in most cases where posts are vacant MO from adjoining LSGI is given additional charge, thus having to split the days between the two institutions. Otherwise, people have to depend on health care institutions in the adjoining LSGI or the private sector. Both scenarios cause inconvenience to the people. This is observed especially in the case of LSGIs in hilly/tribal areas. For example, in Marayoor Ayurveda dispensary, the doctor from Munnar GP was given additional charge and was available only on some days. The GP has now appointed a doctor and nurse on temporary basis. A similar situation prevailed some time back in the CHC functioning in the GP, where the doctor was in charge of the CHC as well as the PHC in the adjoining GP, Kanthalloor and was available only on alternate days. Again, the GP had posted a doctor on temporary basis. In

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[33] M Benson Thomas and K Rajesh 2011. Decentralisation and Interventions in Health Sector: A Critical Inquiry into the Experience of Local Self Governments in Kerala. ISEC Working Paper 271. Institute of Social and Economic Change.
[34] Jacob John 2012. A Study on the Effectiveness of the Panchayati Raj Institutions in Health Care System in the State of Kerala. Planning Commission, Government of India.

hilly areas, it is often seen that doctors who are posted in the hospital seek transfer from there due to which regularity and consistency of services is not ensured. Non-availability of proper accommodation facilities for staff is also an issue in these areas.

- All the public health care institutions follow staffing pattern as defined by Central/State guidelines. These often do not consider the size and characteristics of the population covered. Differences exist in the population covered, socio-economic and demographic composition, seasonal health related vulnerabilities, availability and access to other health care institutions, geographical coverage, etc. which are all important determinants of demand for and access to health care services. High footfall of patients in an institution can result in patients not getting enough time with the doctor or having to wait longer. LSGIs can make contractual appointments, wherever required. What is observed is that staff appointments made by the LSGI is mostly to address staff vacancies as determined by the fixed staff structure, rather than due to differentials in need.

- Provision of associated services such as dispensation of medicines, laboratory tests, etc. are also affected when pharmacist, laboratory technician, etc. are not available and this is on account of not only vacancies in sanctioned posts but also non-sanctioning of posts.

- Due to non-availability of clerical staff in Homeopathic/ISM dispensaries, MO has to spend considerable time on administrative matters. This affects smooth functioning of the dispensaries as people may have to wait for long for the MO to finish these responsibilities. There is no post of a pharmacist or person to dispense medicines in Siddha dispensaries, due to which medicine dispensing is done by doctors themselves. Unlike in modern medicine, where the medicines to be dispensed are already available, in the case of ISM, medicines need to be prepared by mixing various herbs and medicinal potions, which would take considerable time and thus cause delay in attending to the patients.

- The outpatient consultation timing in all the PHCs and dispensaries is from 8 AM to 2 PM. Earlier studies on utilisation of public health care infrastructure have shown that there is more than proportionate dependence on public facilities by

patients from lower socio-economic backgrounds, such as from BPL and SC/ST families. The dependence is also significantly higher in rural areas than in urban areas. The restricted timing puts the patients, many of whom are daily wage labourers at a disadvantage. Under the *Aardram* Mission, the timings of FHC is extended to 6 PM to facilitate evening OP consultation. Though in other PHCs, LSGIs can facilitate evening OP by appointing doctors on contract, the same has been done in only some PHCs. ISM and homeo dispensaries are also function only from 8 AM to 2 PM.

- CHCs are to have four Medical Officers in different specialties including gynaecology. However, in both the CHCs visited delivery care service is not provided. Special attention needs to be drawn to the situation in hilly areas, which are also areas with a concentration of tribal population. Marayoor GP has a CHC but deliveries are not undertaken there. People have to go to Adimali Taluk Hospital, located around 70 km away for delivery. This is of serious concern as the area is populated with tribal households who already have poorer maternal and infant health outcomes in comparison to the general population. Studies also show that the distance as well as related expenses is a major determinant of non-utilisation of delivery care services and incidence of home deliveries among tribal women, in this area[35].

- Even when the vacancies are filled, doctors are sometimes on leave or absent on account of other official commitments as well as personal reasons. For example, the MO may be called to attend meetings convened by the LSGI or DMO. Similarly, MO may not be available at the PHC, when their medical camps and other outreach programmes are held. Scheduling of such meetings and programmes, even when done by the LSGIis not done in a manner to ensure minimum disruption of institutional services. It is also observed that non-availability or absence of the doctor in an institution is not informed to the local community. People come to know about it only when they visit the institution and have to go back without getting treatment. Even when there may be facilities to

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[35] Parvathy Sunaina 2018. Inequalities in Maternal Health Care in Kerala. Unpublished PhD Thesis. Mahatma Gandhi University.

call and enquire, patients and staff in the hospitals are not fully adapted to its use. It is also seen that dispensing of medicines is affected when the pharmacist is on leave; patients are asked to buy medicine from outside or to collect medicines later. There is no arrangement for dispensing medicines when the pharmacist is on leave.

- Provision of infrastructure facilities is one area where the LSGIs have total responsibility. Studies have shown that post decentralisation there is significant improvement in the infrastructure of health care institutions such as new buildings, new diagnostic equipment, etc.[36] However, wide differences in the facilities provided across LSGIs is observed, which is dependent on factors like effectiveness of the HMC, funds available to the LSGI, etc. There are PHCs, especially those functioning in remote areas that do not have laboratories. In Edavanna PHC, which has significant tribal population the patients have to go to the nearby CHC for conducting tests prescribed by the PHC. In Ramankari PHC also people face the same issue.

- A major issue faced by patients depending on ISM and Homeo dispensaries is the absence of laboratory facility. When detailed tests or lab check-ups are needed, patientshave to depend on private labs pointing to the lack of integration between institutions under the management of the LSGI.

- Waiting area is available in all the dispensaries. But the infrastructure provided is not patient friendly. Seating facilities for patients are available in the OP in all institutions but is not sufficient in the institutions where the number of patients is high. Number of patients in the OP is seldom considered in the provision of such facilities. As a result, in some PHCs patients have to stand till their turn to consult doctor. Seats are not reserved/priority seating arrangement not made for differently abled, elderly or pregnant women. Proper maintenance of toilet for patients is another aspect which needs to be improved in the health care institutions. In some institutions toilets for patients remain locked.

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[36] Jacob John 2012. A Study on the Effectiveness of the Panchayati Raj Institutions in Health Care System in the State of Kerala. Planning Commission, Government of India.

- Homeopathic and Ayurveda dispensaries face serious space constraints. Availability of facilities is also poor. Only limited seating facilities is provided for patients waiting for OP consultation. Provision of toilet facilities is not ensured for women and disabled in any of the institutions visited. Overall, availability of infrastructure and facilities is much better in PHCs compared to the Homeopathic and Ayurveda dispensaries.

- As per the Rights of Persons with Disabilities Act 2016, all public institutions are to be made disabled friendly. An order was also passed by the state government to give priority to elderly and disabled in public health care institutions. However, facilities for the disabled like ramps, railings, announcement of token number, lifts, etc. are not available in many of the institutions. This is especially so in the case of dispensaries that are functioning in the top floors of shopping complexes owned by the LSGI. It is also observed that the directive to give priority to the elderly and disabled is displayed in most hospitals at the OP counter and consultation area. However, the practice is not always followed and is not adhered to across all stages of service.During dispensing of medicines elderly and disabled were observed to stand in the queue for medicines in the pharmacy.

- Supply of medicines is done free of cost in all government health care institutions. Medicines are provided by the department and also procured using HMC fund. The most in demand medicines are the NCD medicines, wherein supply of medicines for blood pressure and diabetics is regularly done on weekly basis in most of the PHCs. But it is reported that towards the end of the month, the stock finishes and then the patients may need to buy from outside. Medicine purchase in the institutions is done as per annual indent prepared at the beginning of the financial year. In most of the PHCs distribution of medicine is managed by fixing a monthly allocation to prevent stock out, but in some of the PHCs stock management is not done. In Edavanna PHC, multiple medical camps organised as part of the post flood medical interventions led to a shortage of medicines in the PHC. It is also observed that there is a significant shift of patients having lifestyle diseases to government hospitals in the last few years pointing to the need to reassess the demand for such medicines.

- Immunisation is an important programme carried out by PHCs through sub-centres. Storage of vaccine is found to be an issue in some places where there is no refrigerator and other storage facility. Vaccines are usually stored in the pharmacy of the PHC and carried to the field when needed. But for sub-centres located at a long distance from the PHC this is reported to be an issue. It is also opined by the public health staff that facilities in sub centres need to be improved so that they could function more effectively. This was especially crucial during the spread of COVID-19 when it was difficult for the people to go to the PHC, and sub-centres were more accessible.

- Though Kerala's rural areas are well connected, access to some health care institutions is still an issue as they are not located in easily accessible location. Unlike private health care institutions where access and visibility are given prime importance to attract patients, in the case of public sector institutions prime consideration is often given for utilisation of space already available with the LSGI, which may not often be in easily accessible location. In some cases, the building or land which is chosen for these institution is inconvenient to majority of the population in the LSGI. For example, the PHC in Ramankari GP in Alappuzha district is around 5 kilometres away from the centre of the GP. There is also lack of public transport facility, due to which many patients have to walk to the institution as they may not be able to afford hired/private vehicle. Main road to the PHC from the nearest public road is totally damaged and another road is not usable as the bridge was damaged during the last flood. Patients are forced to use a longer way and hence there has been a reduction in the number of patients. In Mulanthuruthy GP, the homeopathic dispensary is situated in an interior location which is not accessible by public transport. People accessing services of PHC in Edavanna (Malappuram) also face the same issue because of lack of public transport facilities. In Edavanna, the tribal population are unable to access services of the PHC as approach roads from their habitations damaged during the 2018 floods are yet to be restored.

- An issue related to public health programmes and outreach programmes of ISM and Homeo institutions is that services of community health workers such as

ASHA, JPHN and JHI are not available to these branches of medicine. These functionaries are associated only with the PHCs in rural areas and with the health and sanitation wing in municipalities and municipal corporations. Integration of activities of outreach programmes across the branches of medicine and community level functionaries does not exist.

- Palliative care units are mostly working directly under PHC/CHC and the LSGI facilitates them through staff support, vehicles and medicines. It is however, opined by some of the people that these outreach programmes should also provide Ayurvedic care and medicines as many of the elderly patients depend on Ayurveda for taking care of their physical condition/ailments and they do not have a choice of system of medicine as the palliative care unit is functioning under PHC/CHC.

- Another related issue is that in GPs where CHCs are functioning, public health staff are not available regularly as they are attached to other PHCs and are only reporting to the CHC. This affects the provision of public health and community outreach programmes in the GP where the CHC is functioning. This also holds true in the case of disability certification for the approval of pension. MO of the PHC is the implementing officer and since there is no PHC in the GP enquiry of the application is to be done by MO of the adjoining PHC, which leads to considerable delay in processing of the application.

- It is seen that area to be covered by community health workers is often not considered while assessing the number of health workers required. This becomes a major issue especially in tribal areas where the hamlets are in difficult to reach locations within forest. In such cases, a health worker can manage only lesser number of houses compared to other areas. Ironically, these are the communities that need the assistance of health workers to provide them information and associated services.

- In areas where language minorities residelike the northern regions of Kasaragod bordering Karnataka andIdukki districtadjoining Tamil Nadu, it is seen that the doctors and other staff who usually are from other parts of the district/state are not able to communicate properly with the patients. For example, in Meenja most of

the patients speak Tulu which the medical staff are not able to follow. This affects proper patient-doctor communication.

- It is the responsibility of LSGIs to constitute Hospital Management Committee (HMC) in all institutions. Studies have shown that the efficiency of service provided from health care institution is largely dependent on the proper functioning of HMC. However, HMC was either not constituted or was ineffective in some of the institutions. This was especially so in the case of ISM dispensaries. Meetings of HMCsdo not happen at regular intervals, as envisaged. This affects proper monitoring of the functioning of these institutions. People also reported that there is no mechanism for registering their complaints or grievances.

- Information regarding timings and services are to be displayed in the institution. This is done at present. However, the rights of patients as given in the citizen charter are often not displayed or only done in an inconspicuous manner. Information regarding non-availability or absence of staff is also not displayed at times. Only norms for services such as certificate from the MO are included in the RTS while core services of health care institutions like provision of treatment and medicinesetc., is not covered.

- A major change post decentralisation is that medical officers are the implementing officers of projects in the health sector in the LSGI. However, it is reported that they may not have the orientation or technical knowledge of how to undertake such planning and implementing activities, especially considering the special characteristics of the LSGI. On the other hand, elected representatives and other LSGI functionaries may not be aware of the technicalities/nuances of health care that need to be considered while designing projects in the domain. This may often lead to conflicts between functionaries of LSGI and healthcare institutions.

2.4.3 Recommendations

1. **The Commission recommends that LSGD and health department needs to evolveguidelines in consultation with each other on administrative and technical functions of institutional mechanisms likeStanding committee, LSGI and ward level working groups, Grama Sabha, HMC, etc. and related**

functions clearly spelt order toensure effective monitoring and supervision, in view of dual control of health care institutions by the LSGIs and Health Department,

2. Proper orientation and technical guidance shall be given to functionaries of LSGIs and officials of healthcare institutions acrossbranchesof medicine onvarious aspects of planning and implementation -need assessment, project designing, planning, etc., of LSGI projects in the health sector. Apart from public health programmes, care shall also be taken to include aspects of hospital management. This is essential to avoid conflicts among LSGI and health functionaries from lack of awareness about technicalities in each other's domain. Orientation can be facilitated by KILA with the involvement of officials of Health department.

3. The Commission recommends that LSGI need to take measures to ensure that essential health care services are made available through contractual appointment of required staffin areas where there is concentration of socio-economically backward tribal communities and access to health care is a major issue. Facilities for accommodation for staff posted to these areas shall be ensured/provided. State government also needs to examine the feasibility of giving special grants to such LSGIs as it is due to the inability of the parent departments that the LSGIs are compelled to provide services on their own. It may also be noted that many of these LSGIs have only limited funds of their own. While backwardness is a criterion used for devolution of funds to LSGIs, the situation in healthcare institutions indicate the need of special purpose grant for such LSGIs. State government may also consider giving special incentives to health care staff working in remote locations.

4. LSGIs need to assess regular as well as seasonal demand for health care services and the adequacy of the human resources in all the health care institutions in their jurisdiction. If found inadequate, the LSGIs shall make necessary contractual appointments to provide additional human resources. Feasibility of providing evening OP consultation in these institutions also needs to be examined.This applies to institutions across all branches of medicine and staff positions.ARC recommends that LSGIs need toensure that all vacancies in the health care institutions across branches are filled

through contractual appointment till the vacancies are filled through regular appointment.

5. LSGI and other supervisory offices such as DMO shall ensure that meetings are conducted through video conferencing/other online platforms, as far as possible to ensure that provision of services are not hindered by the absence of the officials. It also needs to be ensured that online meetings are scheduled without causing disruption to services to be provided. Delegation of more administrative and financial authority to implementing officials will assist in limiting the number of meetings.

6. Organisation of medical camps and other outreach programmes also needs to be done without interference to regular functioning of these institutions. This applies to institutions across all branches of medicine and all staff positions.

7. The Commission recommends that the LSGIs shall integrate the provision of outreach services across streams of medicines. Provision of ISM medicines also through the pain and palliative programmes and other outreach programmes shall also be considered. The LSGIs shall also organize medical camps integrating all streams of medicine. Such programmes can be held as per a pre-fixed schedule so that citizens can also be made aware of it well in advance.

8. LSGD needs to ensure that HMCs are constituted in all LSGIs. The HMCs in institutions in all branches of medicine shall regularly assess the need for medicines to facilitate supplies during unexpected peaks in demand. Wherever the LSGIs and the HMCs are active and efficient, such issues are seldom reported. HMC also needs to ensure that services like dispensing of medicine are not denied due to the absence of staff. ARC suggests that government may consider reimbursement of cost of medicine procured from outside, for eligible population. There shall also be provision in the institutions for the people to register their complaints/demands. This needs to be regularly monitored by the HMC and necessary steps taken for redress. Report of the same shall be submitted to Health Standing Committee to initiate necessary action.

9. The Commission recommends that the HMC shall meet at least once a month and review data and discuss issues in service delivery relating to the previous month, services provided and constraints, medicines dispensed and shortages,

tests prescribed and availability of facilities, dependence on private providers etc. The same shall be presented in the LSGI level Health Committee meetings.

10. State Government needs to examine the feasibility of providing one clerical staff, whose services shall be shared by different health institutions in an LSGI. LSGIs shall also examine the possibility of appointing clerical staff on part time/sharing basis in ISM and homeopathic dispensaries.

11. LSGIs shall also consider whether a centralised lab where patients seeking treatment from all branches of medicine could get basic tests done. Alternatively, existing lab facilities in modern medicine branchmay be made use of for doing tests prescribed by doctors in other branches of medicine. LSGIs can also consider, through an agreement under which the prescribed tests may be done at subsidised rates in private labs based on prescription from government hospitals. The LSGIs needs to examine the feasibility of setting up a medical complex of all health care institutions in the LSGI including facilities like lab, administrative support, public health staff, etc. to be shared byall institutions in the complex.

12. All provisions of the RPWD Act, including giving priority in consultation and treatment, needs to be adhered to by public health institutions across all streamsfor making them disabled/elderly friendly. At present, focus seems to be on implementing these changes mostly in institutions of modern medicine. But it needs to be ensured that all health careinstitutionsare disabled/elderly friendly. A specific timing may also be fixed in the health care institutions for the elderly so that they need not wait for long.

13. The Commission recommends that while carrying out maintenance works, priority shall be accorded to roads leading to public health facilities. Priority shall also be given to areas inhabited by vulnerable sections such as tribal folk, so that their access to health services is not affected due to poor road connectivity. Proper access to all healthcare institutions shall be ensured by the LSGIs.

14. LSGIs needs to ensure that there are separate isolation areas in health facilities, especially in the context of spread of communicable diseases during the monsoon season. It is also recommended that health facilities shall be made more mother and child friendly with facilities for breast feeding, child

friendly areas, etc. The LSGIs needs to ensure availability of clean and well maintained toilet facilities and basic facilities such as seating and drinking water. Waiting area could be made more attractive as in hospitals in the private sector. LSGIs may also examine feasibility of involving individuals and corporate in infrastructure development projects, through sponsorships.

15. ARC recommends that the LSGIs, through HMCs needs to take the initiative of printing and supplying all required details of healthcare institutions including contact information of staff, services available, timing, charges, if any and the citizen charter. Contact information of referral and tertiary institutions may also be provided. A good practice that was seen in one of the institutions visited was the provision of contact details of the health care facility printed on the OP tickets.

16. Information regarding non-availability/absence of doctor in the health care facility, organisation of medical camps, etc., shall be disseminated to the people through social media platforms so that people need not come to the institutions unnecessarily. Notice/display boards may be set up at important locations in each ward where day to day updates of services are provided.

17. The state has been successful in initiating programmes that address the changing health care needs due to change in the composition of population and lifestyle, i.e., problems of the elderly and terminally ill patients through provision of pain and palliative care, and that of lifestyle diseases through the NCD programme. The state also has an effective community disease surveillance programme at the local level.

18. Kerala is widely acclaimed for successful containment of the spread of corona virus in the first wave through integrated functioning of community health workers, LSGI functionaries, volunteers, etc. While the primary health care in Kerala has become robust and strengthened with implementation of State level programmes and LSGI level interventions, it also needs to be mentioned that there are many issues related to health that still remain unaddressed. The state stillfaces challenges related to mental health, suicides, sexual abuse, etc. LSGI level health care system needs to be further strengthened to provide counselling services to persons with mental health issues, those suffering from post-abuse trauma, etc., for which the LSGIs may need to devise new interventions.

19. In Kerala, there are model dispensaries and PHCs that were constituted on experimental basis like the Cuban model 24X7 PHC at Vattiyookavu with Family doctor system, and Floating Dispensary as an innovative step of National Health Mission Kerala to bring health care professionals to Kadamakudy Grama Panchayat in Ernakulam district. The Commission recommends that thesepeople friendly models need to be studied and emulated/adapted by LSGIs, according to their specific conditions.

Box 2.3: Chaliyar Model PHC[37]

PHC functioning in Chaliyar in Malappuram district was converted to a Family Health Centre (FHC) under Aardram mission in 2020. Even before being selected as an FHC functioning of OP was extended to 6 PM. The FHC provides necessary laboratory tests. Monthly visits by a Gynaecologist and facility for tele-consultation with specialists are some of the innovative programmes implemented by the FHC. Impressive development of infrastructure - new OP Block and observation ward was made possible by the LSGI by integrating funds from other sources - MP and MLA funds and with LSGI's own funds. Due to all these improvements, use of the PHC increased significantly from 100 patients in a day to around 400. Functioning of the six sub centres under the PHC is also greatly appreciated for effective implementation of national health programmes. The PHC won the National Quality Standards Award and the KASH Award and Kaayakalpam award from the State.

2.5 Service Delivery in Krishi Bhavans

Krishi Bhavan is another institution transferred to the LSGIs as part of decentralisation of governance. Agriculture Officer and two or three Agriculture Assistants constitute the staff of Krishi Bhavan. In Municipal and Corporation areas, Agriculture Field Officer is in charge of Krishi Bhavan. There are 1068 Krishi Bhavans in the state, with a staff strength of 1045 Agriculture officers, 39 Agriculture Field Officers and 2853 Agriculture Assistants. Apart from being responsible for the day to day functioning of Krishi Bhavan, the Agriculture Officer is also the

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[37] https://www.kila.ac.in/nerkazhcha/

implementing officer of LSGI projects in agriculture sector. In each LSGI, there is a Working Group on Agriculture, with Agriculture Officer as the convenor. The standing committee for development of the LSGI is in charge of the agriculture sector. As in other sectors, LSGI plans in agriculture sector are to be approved by the Grama Sabha/Ward Sabha. Identification of beneficiaries of LSGI schemes is also finalised in the Grama Sabha/Ward Sabha. But beneficiaries of departmental schemes are identified by the Krishi Bhavan. In the agriculture department, the Assistant Director of Agriculture at the block level supervises the functioning of Krishi Bhavan.

2.5.1 Services of Krishi Bhavan

The Krishi Bhavans:

o Provide technical advice to farmers at various stages of cultivation such as preparation of land, selection of seeds and seedlings, use of fertiliser and pesticide, irrigation, protection and upkeep of crop, harvesting and marketing. As per the RTS Act 2012, Krishi Bhavan should provide advice to the farmer seeking this service within five days, if a field visit is required. In case of emergency, it should be provided on the same day itself. If the farmer visits Krishi Bhavan for advice, it should be given in two hours.

o Facilitate soil testing by collecting soil samples from farmers and forwarding it to the soil testing labs of the department for analysis. As per the RTS Act, the results in such cases have to be provided within 30 days. But there is a provision for the farmer to directly submit the soil sample to the labs for analysis. In such cases, resultsare given in 7 days.

o Provision of good quality seeds and seedlings to farmers which is done under the schemes of the agriculture department and those of LSGI. There is a facility in Krishi Bhavan for testing the quality of seed and the service has to be provided in 30 days. However, farmers rarely approach Krishi Bhavan for seed testing.

o Provide financial assistance under various schemes.

o Provide fertilizer subsidy to farmers.

o Provide machinery/equipment to farmers on rental basis.As per the RTS Act, machinery support service is to be provided within three days of application.

Tractor, tiller, paddy harvest machine, paddy planter and weed cutter are the machines mainly available in Krishi Bhavans. Subsidy is also provided to farmers for purchase of machinery.

o Issue certificate to farmers for electricity connection for irrigation purpose and certificate for availing agriculture loans.

o Prepare First Investigation Report (FIR) for relief assistance to farmers affected by natural calamities.

o Execute crop insurance policies.

o Registration for farmers' pension scheme

o Financial support for purchasing motor pump sets, drip irrigation facilities etc.

o Issue certificate for starting nursery.

o Timely procurement of agricultural produce

o Provide training on technological solutions through Farm School, Farmers Field School, Model Plot, exposure visits and capacity development training.

o Start Farmer's Cooperative Eco shops for supplying agriculture equipment, pesticides and fertilisers at reasonable price. The farmers can also sell their produce in these shops. However, such shops are available only in a small number of LSGIs.

o Issue license for manufacturing and marketing of chemical fertilisers, bio fertilisers and pesticides

Apart from the above services, Krishi Bhavan is also responsible for maintaining Land Data Bank for implementation of the Kerala Conservation of Paddy Land and Wetland Act, 2008. In case of complaints of misclassification of the land in the Land Data Bank, the Agriculture Officer has to conduct an investigation on the complaint and based on the report, the Local Level Monitoring Committee constituted under the Kerala Paddy Land and Wetland Act in the LSGI will takes appropriate decisions.

There are different community groups such as *Padasekhara Samithi* of paddy cultivators and clusters of vegetable farmers which act as the link between Krishi Bhavan and the farming community. Information about schemes is mainly communicated through these groups. Another community level group is the *Haritha Sankethika Karma Sena* which is engaged in cultivation of fallow land, upkeep of

machinery, marketing of products, etc. Dissemination of information about schemes including deadline for submitting applications is done mainly through Agriculture Development Committee, elected representatives, WhatsApp groups of farmers, notice boards of Krishi Bhavan and LSGI Office.

2.5.2 Issues in Service Delivery

- Main objective of decentralisation and transfer of grass root level institutions like Krishi Bhavan to LSGIs was to transform the Grama panchayats, Municipalities and Municipal Corporations as focal points for planning and service delivery in the sector. However, the participatory structures that were created in the agriculture sector which links Krishi Bhavans with farming community seems to be largely bypassing the LSGIs. Though Grama Sabhas are expected to assess the needs, this happens only to a limited extent.

- There is more scope for providing demand-driven services by involving local stakeholders and promoting participatory planning and implementation of agricultural schemes, not only of the LSGI but also of the agriculture department. Priorities of the Agriculture department are often worked out on the basis of priorities stipulated at the state level. The view of nearly every Krishi Bhavan official interviewed was that local issues can only be solved through LSGI plan. The officials mostly viewed LSGI's role to be limited to the implementation of LSGI schemes in agriculture.Elected representatives also shared this view. The officials also tend to view implementation of LSGI schemes as an additional activity they are bound to undertake.

- As regards departmental schemes, it is reported that the annual plan and programmes are drawn up at the state level resulting in schemes that are not location/area-specific. The situation in the hilly areas of Marayoor in Munnar could be entirely different from the situation in Ramankari in Kuttanad. Lack of flexibility to adapt to local situations appears to be a major constraint for agriculture development. Decentralisation in agriculture sector was expected to facilitate it. It is also seen at times that implementation of the schemes of the

department andLSGI is not timely, i.e., not in line with the requirements at various stages of cultivation like planting, harvesting, etc. when support is required by the farmers.

- Functioning of Krishi Bhavan is seldom monitored by the LSGI, though there are institutions of the LSGI. Functions and accounts of the Krishi Bhavan are not reported to the LSGI. Expenditure details are also submitted directly to the department. These problems are mainly because of the lack of clarity in the operating principles, standards and procedures. While decentralised mode of service delivery was envisaged by transferring this institution to LSGIs, the system still works largely in a centralised pattern. Synergy between Krishi Bhavan and LSGI found in some places is mostly because of the personal relationship between the officials concerned.

- Nature of services of Krishi Bhavan necessitates staff to visit farms and interact with farmers, individually and in groups on a regular basis. Necessary technical advice can be given during the field visits of Agriculture Officers and Agriculture Assistants. But many farmers complained that the staff of Krishi Bhavan rarely visit the field and interact with farmers. Agriculture Officers and Agriculture Assistants, on the other hand were of the opinion that they are overburdened with office duties. As pointed out by one of the farmers, the Agriculture Assistant now functions only as an 'Administrative Assistant'. It is also found that proper field visits are not done. Visits are ad hoc basis without any preparation. Majority of the field visits undertaken by the staff are for verification purposes, rather than for assessing field realities. While there are exceptions to this, it is evident that there is no systematic field visit plan to understand ground realities which is essential for planning at the local level. Given the fact that the staff of Krishi Bhavan are mostly from outside the Grama Panchayat and are transferred after a few years, the absence of regular field visits reduces their ability to prepare agriculture plans suitable to the locality. Another casualty is the failure to implement pest and disease management in the locality caused due to late identification of pests and diseases.

- While the need for more field visits is clear, the farmers also approach the Krishi Bhavan for availing different services. But it is reported that there is no fixed time schedule on availability of Agriculture Officer in the office. As a result, farmers have to make repeated visits to the office to get required service.

- The post of Agriculture Officer is vacant in some of the Krishi Bhavans visited. Agriculture Officer in another Krishi Bhavan is given additional charge who will be available only for a few days. As a result, service delivery is delayed in both the Agriculture Offices.

- Any meaningful local level planning in the sector requires good data on, the extent of cultivation of different crops, type of farmers (marginal, small and large), soil type, and needs of the farmers. Krishi Bhavans are expected to create and maintain basic agriculture related data of the LSGI. Some of the officials themselves admitted available data was collected long back and there have been significant changes in the agricultural scenario since then, but regular updating does not take place. Agriculture is also a sector which has scope for using GIS based data for proper planning,considering specific characteristics of different areas. Cadastral level maps available from resource mapping exercises conducted earlier marking slope, soil types, watersheds, water resources, disease proneness, irrigation facilities etc. can be useful in more scientific location specific plans. But the agriculture department or LSGD is yet to take up such an initiative.

- Website of the Agriculture Department provides technical information about farming. The department, jointly with Small Farmers Agribusiness Consortium (SFAC) has created an interactive and informative website and mobile app named '*Karshika Vivara Sanketham – Oru Viral Thumbil*' for providing technical advice to the agriculture community. *Kerala Karshakan,* a monthly journal of the Farm Information Bureau, is another source of information. Printed materials are also circulated through Krishi Bhavans. However, such materials reach only a small section of the farming community. It is observed that information is passed on mostly to the farmers who regularly visit Krishi Bhavan and not to the wider farming community. This leads to systematic exclusion of other farmers.

- Awareness about the Mobile App of the department is low, and many farmers are not adept in using it.

- As per RTS Act, financial assistance under sanctioned schemes is to be provided within 30 days of the deadline for submission of application. But delay is reported in many cases. Delay of payment is also reported in the distribution of relief extended to farmers affected by natural calamities.Farmers also reported late availability of inputs and assistance which diminishes their utility. General opinion of farmersis that the delay is mostly in the case of department administered schemes and the LSGIs schemes are better in this regard.

- Provision of machinery and equipment for different farming activities is a service of Krishi Bhavan. However, shortage of machinery and equipment is experienced in the sample Krishi Bhavans and farmers do not receive support in time as per the calendar of agricultural activities and are forced to depend on private providers available at higher rates but at any time. The farmers also complain that the system for the selection of beneficiaries of the scheme is not transparent. Reportedly, machinery is rented out on first come first served basis, but farmers complain that those who are in regular contact with Krishi Bhavan are given preference. It is also reported that at times farmers who become beneficiary of a scheme are not eligible for the next three years. On the other hand, Krishi Bhavan officials reported shortage of machinery and equipment, lack of storage space for keeping them and difficulties in their maintenance. They also reported absence of a maintenance protocol and incidences of machines getting damaged due to the absence of proper maintenance and lack of space for storage. Due to the shortage of storage space in the Krishi Bhavan, the machinery is often kept in the premises of the farmers.

- Farmers, particularly small and marginal farmers, do not have the technical expertise to handle machinery/equipment. High cost of labour also prohibits them from engaging skilled workers to operate them.

- As mentioned earlier, soil testing is an important service of the agriculture department. Krishi Bhavan is expected to collect soil sample and forward the same for analysis to the laboratories of the department. The farmers can also

directly approach the labs of the department for soil testing. As per the RTS Act, the test results of soil collected by Krishi Bhavan is to be provided within 30 days. But if the farmer approaches the lab directly, it is stipulated that the result is to be given within 7 days. The difference in time lines is unreasonable. It is also reported that the staff in Krishi Bhavan often asks the farmers to directly approach the lab which causes inconvenience to the farmers.

- Krishi Bhavans are envisaged to provide certain diagnostic technical support such as testing quality of seeds, pests and diseases, etc., for which Plant Health Clinics are established. However, the clinics are operational only in some Krishi Bhavans (one in a block) and even in locations with such facilities, the poor quality of technical training provided to the staff affects delivery of the services. Less awareness about the need for such tests also has led to lower utilisation of seed testing. A major objective of the Plant Health Clinic is to control pests and diseases. But required/sufficient training to perform her jobis not received by the Pest Scout employed in the Clinic and the lab facilities remain underutilised.

- Some of the farmers interviewed complained about the poor quality of seeds and seedlings distributed through Krishi Bhavans. The seeds and seedlings are not subjected to quality control process before distribution. There were also complaints about the quality of organic manure. Presence of large quantity of soil was reported in organic manure.

- At present, Krishi Bhavans are using the crop calendar prepared at the state level. This may not be suitable for some areasgiven the differences in the agro-climatic conditions.

- Lack of coordination between the irrigation department and agriculture department is also been brought to the notice of the Commission. For instance, at times irrigation canals are opened by the Irrigation Department without considering the agricultural calendar adversely affecting crop production.

- Krishi Bhavans do not have a register in which the details of applications for different services and schemes are recorded. A register is maintained for each scheme with only the name of the scheme and achievement details. Application details are not mentioned in it. The filing system is also not proper as all the

application forms and supporting documents are bundled together and retrieving an application for checking is cumbersome. Date of receipt of application and date of approval are not properly recorded. It is also noticed that some Krishi Bhavans are demanding two copies of the filled application form - one for documenting at Krishi Bhavan and the other for the LSGI.

- Though Krishi Bhavans are envisaged to help farmers in selling their produce, such efforts are seen to be limited. Farmers' Cooperative Eco shops established in some Krishi Bhavans is a platform for the farmers to sell their produce. Some Krishi Bhavans formed farmers' societies for procurement and marketing of products and organise shopping festivals. But such initiatives are not carried out by many of the Krishi Bhavans. Another major issue observed is the weakness in procurement of vegetables. The absence of warehousing facilities for proper storage of these products is also an issue.

- Wide differences in infrastructure and facilities are noticed in Krishi Bhavans visited. For instance, Mulanthuruthy Panchayat has provided ISO standard facilities and filing system to Krishi Bhavan. Sreekrishnapuram Krishi Bhavan also has good infrastructure. On the other hand, infrastructure and facilities available are grossly inadequate for effective service delivery in Ramankari. The Krishi Bhavan is functioning in a small room.

2.5.3 Recommendations

- **The state government needs toreview the functioning of Krishi Bhavan and make it more accountable to LSGIs not only forLSGI schemes but also for the departmental schemes. It is felt that there is a need for reorientation of the programmes of the department to give flexibility to the Krishi Bhavan to plan and implement schemes suitable for the locality. One size fits all policy needs to be changed to facilitate this. Being an institution transferred to the LSGI, the Krishi Bhavan has to report to the LSGIs on its functioning on a regular basis.**

- **There is lack of clarity in the relationship between Krishi Bhavan and the LSGI among officials of the Krishi Bhavan and functionaries of LSGIs, including elected representatives. LSGD and Agriculture Department needs to work together in developing a system of governance and service delivery which is more**

accountable to the LSGIs. Krishi Bhavan officials feel that they are officials of the agriculture department and therefore, their accountability to the LSGIs is limited to planning and implementation of LSGI schemes. The Commission is of the view that LSGIs have authority over the transferred institutions as LSGI is the government responsible to the people for the functioning of this institution. Officials of Krishi Bhavan and higher level officials of Agriculture department needs to be reoriented to ensure that the LSGIs are able to perform the role envisaged through decentralisation.

- Irrigation schemes are implemented for enhancing agriculture production. However, most often the two departments function in separate water tight compartments. There is urgent need for better coordination and joined up functioning of thedepartments of Irrigation and Agriculture department to ensure that agriculture is not adversely affected by unilateral decisions of the departments involved.

- Being the government responsible for the delivery of services of Krishi Bhavan, it is imperative that LSGI closely and consistently monitors how the institution is providing services to farmers. The performance of Krishi Bhavan shall be assessed seasonally and annually. A copy of the performance assessment shall be submitted to the LSGI. It needs toinclude*inter-alia* ward-wise field activities of each official, number of farms visited by them and time norms followed in delivering services. Issues related to functioning of Krishi Bhavan also need to be discussed in the meetings of ward/panchayat level agriculture working group and development standing committee in Grama Sabha/Ward Sabha.

- Nature of services of Krishi Bhavan demands regular field visits by the officials. But the frequency of such visits is low. The situation is attributed to the large amount of 'office work'. The Commission considered this aspect in detail and has come to the following conclusions. 1) The primary purpose of Krishi Bhavan, at present appears to be 'scheme implementation' rather than working for the agricultural development of the area, 2) Krishi Bhavan has to focus more on understanding the field realties and in providing solutions as and when problems are reported by farmers or advice is sought. 3) Office work in Krishi Bhavan can be reduced/minimised by making use of modern management techniques

and adoptionof IT enabled service delivery. In view of the above, the Commission makes the following recommendations:

1. Thorough revamping of the office administration in Krishi Bhavans including office procedures, filing system, documentation and record keeping and processing of applications needs to be done without any further delay. Use of mobile apps and other online platforms shall be adopted for accepting applications for services. Adoption of IT enabled processing of applications will enable officials of the Krishi Bhavan to process applications even when they are in the field. Integrated software suite for gathering and organising data,like ERP shall be adopted for Krishi Bhavan. This willbe more effective for monitoring the functioning of Krishi Bhavan by LSGI and the department. To put this into effect, Agriculture department shall conduct a study to streamline the functioning of Krishi Bhavans andfocus on reducing the time required for office work.

2. Database for various schemes shall be integrated to avoid the need for submitting supporting documents along with applications each time a service is sought, even if it is for the same land/crop. This shall reduce workload of the farmers as well as officials in administering schemes of the agriculture department andLSGI. The integrated database shall be accessible to Krishi Bhavan and LSGIofficials.

3. Time saved through simplification of procedures and better office administration shall be spent on field work to understand the ground realities and for providing timely advice to farmers. Plan for field visit needs to be prepared in consultation with LSGI and farmers. The information shall be communicated to the farmers in advance through electronic and offline modes so that they can plan their activities accordingly.

4. Majority of the LSGIs in the state are ISO certified. But this is limited to offices of Grama Panchayats, Municipalities and Municipal Corporations. As an institution of the LSGI, Krishi Bhavans shall also be brought into the ambit of ISO certification.

5. Some of the posts of AO remains vacant and needs to be filled expeditiously to ensure that service delivery is not affected.

6. **As recommended in the Eighth Report of this Commission[38], Plant Health Clinics need to be set up in all Krishi Bhavans as an extension tool for providing services to the farmers at clinic and field level. Integrated Pest Management (IPM) in agriculture combines use of biological, cultural and chemical practices to control insects and other pests, promotes use of natural predators/parasites for pest control and use of only selective pesticides for back up when pests could not be controlled through natural means. Promoting IPM needs to be an important function of the Plant Health Clinics. There is also a need for creating better awareness about the plant health clinic among farmers through the networks of farmers.**

7. **The Commission recommends that information dissemination through Krishi Bhavan needs to be made more effective through better use of social media platforms and use of information dissemination mechanisms available with the LSGIs. Rapid spread of mobile phones and social media offers opportunities to improve service delivery to small and marginal farmers. Mobile phones could be particularly useful in extending the reach of services by facilitating communication that is not restricted by distance and time. Information on crop insurance, markets, price, plant varieties, pest and disease management, calendar alerts, farm inputs, soil nutrients, fertiliser application can be communicated more effectively. Messages to famers about schemes, good practices, changes in knowledge and technology and services of Krishi Bhavan and location specific information related to agriculture can also be communicated through these platforms. Response to famers' questions can also be provided. However, information shall also reach those farmers who are not able to use such platforms, through conventional methods of communications. A register of all farmers with their address, phone numbers and WhatsApp numbers (if available) needs to be prepared in all Krishi Bhavans to facilitate the same. Registration drive shall be organised by the LSGIs for enrolling all farmers, including marginal cultivators and homestead cultivators. Apart from this, details related to Krishi Bhavan like name and contact numbers of Agriculture Officer, time norms for different services etc. shall also be displayed in the LSGI and included in the LSGI website and Citizen Charter.**

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[38]Fourth Administrative Reforms commission (2020). Eighth Report of the Commission: Sustainable Development- Governance Issues.

8. **ARC recommends that RTS time norms for getting test results from the Krishi Bhavan needs to be reframed for faster delivery of results. Given the technological options available for soil analysis and communication, the test results could be communicated much faster, say within 3 days if not in lesser time. There is also need for a mechanism to update the farmers about the status, i.e., when the sample is forwarded, test conducted and the results through SMS, WhatsApp messages, emails or other online communication methods. But considering the issues faced by large number of farmers in accessing online communication, there should be an option for speedy delivery of the test results at door steps rather than asking the farmer to visit the Krishi Bhavan to receive the results. Mobile sample collection units/soil testing laboratory at the Block level with specific dates for collection of samples from each LSGI, can greatly improve usefulness of the service.**

9. **The Commission recommends that the LSGIs shall conduct need assessment of machinery and equipment required in the LSGIconsidering crop composition, size of holdings and seasonality of agricultural operations. LSGIs shall procure additional machinery/equipment to enable more farmers to avail this important service. LSGIs can also make provision for extending subsidy to famers for procuring it from private sector. LSGIs need to ensure that transparent criteria-based selection process is in place for the selection of farmers for support. Calendar for allotting machinery to farmers needs to be published in advance to enable farmers to plan accordingly. Proper maintenance of machinery/equipment shall be ensured through annual maintenance contract/other suitable mechanisms.Training needs to be imparted to small and marginal farmers including homestead cultivators to operate machinery/equipment.**

10. **List of beneficiaries of all schemes of the department and the LSGIneeds to be displayed in the LSGI office, Krishi Bhavan and shall be uploaded on the website of the LSGI to ensure transparency in the selection process.**

11. **The Commission recommends that the LSGD needs to take the initiative to collect relevant data in the agriculture sector in all LSGIs with the support of the agriculture department to provide reliable data for local level planning in the sector. Methodology and data collection formats shall be prepared at the state level considering variations in cropping patterns, terrain, size of holdings,**

homestead cultivation, etc. It is also important to make sure that collected data is compiled not only at the state and district levels, but also up to the level of ward/division of the LSGI. The data shall include soil type, slope, watersheds, type of farmers, crops cultivated, history of disease incidence, water resources, ward boundaries etc. It needs to be integrated with GIS based resource maps of the LSGI. There shall be provision for linking it with the information collected through field visits. Use of data collection applications for mobile phones which employs geo-tagging needs to be used to compile location specific data. The data can be used for planning of departmental and LSGI schemes. It will also be helpful for employing watershed based approach in agriculture development. Necessary changes shall be made in the guidelines of LSGD/Planning Board relating to plan preparation to facilitate expenditure for this purpose by LSGI. The data will also be useful to officials newly posted in the Krishi Bhavan to understand agricultural situation in the LSGI. There is also a need to train the staff of Krishi Bhavan in using the data for planning.

12. LSGIs shall monitor the reach of information and services of Krishi Bhavan to different segments of the farming community. Representatives of farmers,includingmarginal farmers and homestead cultivators who constitute a significant section of the farming communityshall be involved in designing schemes in the sector.

13. Provision of infrastructure for effective functioning of Krishi Bhavan is the responsibility of LSGIs and ARC recommends that they need to ensure that required facilities are available. Apart from infrastructure required for administrative functioning of Krishi Bhavan, facilities for storing machinery, displaying varieties of seedlings and saplings, storing saplings before distribution, etc. needs to be provides. Many Krishi Bhavans lack these facilities. Wherever the current facilities or space available with the Krishi Bhavan is found inadequate for delivery of all the envisaged services, it shall be provided by the LSGI in other LSGI-managed premises.

14. The Commission recommends that the LSGI shall prepare crop calendar with the involvement of officials of Krishi Bhavan and farmers representatives. This calendar shall clearly mark timelines for activities such as planting, harvesting, etc. for each crop. Depending on support required at each stage - seedlings for planting, machinery, etc. it shall be ensured that assistance is provided on time.

15. **Conditions that prevailed during spread of COVID 19 has led to increased use of virtual training programmes. Such methods need to be employed not only for training of officials of the department, but also of elected representatives of LSGI and the farming community. This will reduce the cost of training and increase reach of the training programmes. These programmes can also be done using wide screens in public places, office of LSGIs, schools, libraries etc. Service delivery aspects shall be included in the training programmes for officials of Krishi Bhavan. This needs to include methods for assessing needs of different categories of farmers- marginal, small, large, homestead cultivation, mixed cropping and monocropping etc.**

16. **LSGIs need to organise exclusive Grama Sabha/Ward Sabha at least once in a year to discuss development of agriculture, dairying and animal husbandry in the area. It is observed that Grama Sabhas held exclusively for a particular domain/purpose are quite successful vis-à-vis general Grama Sabhas.**

17. **As recommended by this Commission in its eight report, the state needs to move towards a watershed-based development process, especially in agriculture and allied sectors without any further delay. Prior to adoption of the process mapping of all major, minor and micro watersheds in the state needs to be completed.**

18. **While decentralisation has created opportunities for improved service delivery in agricultural sector it has also brought about considerable challenges. Most of the challenges arise from lack of clarity on the operating principles, standards and procedures governing service delivery in decentralised environment. Only by adopting bottom-up approach which promotes active participation of farmers in designing and implementing agricultural schemes suitable to different locations, objective of decentralisation can be achieved. Relationship between LSGI and the grassroot level institution in the sector - Krishi Bhavan, needs to be redefined. Such an initiative will help in improving capacity of the LSGI to intervene more effectively in the agriculture sector.**

Box 2.4: Successful integration of institutions at the local level for agricultural development[39]

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[39] https://www.kila.ac.in/nerkazhcha/

The activities undertaken for agricultural development in Manacaudu Grama Panchayat in Idukki district is worth mentioning. Large stretches of paddy fields that had been lying barren for many years are now made cultivable and paddy harvested from nearly 20 acres. It needs to be mentioned that revival of barren paddy fields is undertaken by many LSGIs in the state under the Haritha Keralam Mission. Under this programme, volunteers are recruited and necessary training and farming equipments provided by the LSGIs. Other than this, what makes the activities undertaken by the Agriculture office and LSGI in Manacaudu Panchayat different is the identification of land in public institutions lying barren and cultivation of vegetables there. A good initiative was the vegetable cultivation undertaken in the compound of the Panchayat PHC. The PHC which was functioning in a plot of nearly one acre had around 62 cents of unutilised land in which a project for vegetable cultivation was taken up. Care and watering of the plants was regularly followed up by officials of the PHC with advice from officials of the Agriculture office. Similarly terrace farming was also undertaken on the terrace of Panchayat office. The organic vegetables cultivated are sold through auction from the site itself. Thus, such integrated functioning of various institutions under the LSGI is a replicable model that could be a boost for organic farming at the local level.

2.6 Service Delivery in Veterinary Dispensaries/Hospitals

Animal husbandry is an economic activity pursued by many rural households in Kerala. These households largely depend on government veterinary dispensaries/ hospitals for the care and needs of cattle, goats, poultry, pet animals etc. There are 885 veterinary dispensaries and 1359 veterinary sub centres at the LSGI level and 50 veterinary polyclinics at the block level in the state. Apart from these, there are 38 regional animal husbandry centres and 14 District Veterinary Centres (DVC), 9 mobile veterinary hospitals, 7 mobile farm aid units and one motorboat veterinary hospital functioning under the Department. This report focuses on services of veterinary hospitals/dispensaries managed by the Grama Panchayats, Municipalities and Municipal Corporations. Two Veterinary Polyclinics functioning in the sample GPs (Mulanthuruthy and Sreekrishnapuram) but managed by Block Panchayats are also taken up for study.

2.6.1. Overview of the Structure and Services

Main services provided by veterinary institutions include treatment of sick animals and birds, vaccination, artificial insemination for livestock, pregnancy check-up, feed and fodder supply and treatment for issues of infertility. These institutions also organise health camps and immunisation drives, adopt preventive measures to curb spread of animal and bird borne diseases during outbreaks, provide insurance to animals, provide technical assistance and advice to farmers and organise knowledge dissemination activities. The veterinary institutions are also implementing agencies of schemes by the Department and the LSGIs, pertaining to the animal husbandry sector. Veterinary Surgeon of the Veterinary hospital/dispensary is the implementing officer.

Veterinary hospital/dispensary is staffed with a Veterinary Surgeon, Livestock Inspector (LI), Office Attendant and a Part Time Sweeper. The dispensary also serves as the referral point for the sub centres. The sub centres mainly deal with insemination of animals, livestock surveys and act as information dissemination points for various schemes and activities of the Department. LI working at the sub centre reports to the veterinary surgeon of the veterinary hospital/dispensary. Polyclinics, constituted at the block level, are the immediate referral points for the panchayat level veterinary hospitals and dispensaries and are better equipped in terms of staff and diagnostic and care facilities (Table 2.7).

Veterinary hospitals/dispensaries function from 9.00 AM to 3.00 PM.Main medical services provided are insemination, vaccination, treatment for diseases and attending to emergencies. During emergency situations, if the animal cannot be brought to the hospital the veterinary surgeon may visit the house/farm and attend to the animal. Emergencies include conditions such as dystocia (difficulty in labour), poison intake, fracture, etc. Veterinarians are also expected to make field visits during outbreak of diseases. There is also a provision of emergency veterinary services at the block level where a registered veterinary practitioner is appointed on contractual basis whose services are available from 6.00 PM to 6.00 AM. The scheme was introduced in 105

blocks in 2018-19 and is now available in 125 blocks out of a total 152 blocks in the state.

Table 2.7: Staff Structure in Sub centres, Veterinary Dispensaries and Polyclinics

Institution & Designation	Number of Staff
Veterinary Hospital/ Dispensary	
Veterinary Surgeon	1
Livestock Inspector	1
Attender	1
Part time sweeper	1
Veterinary Subcentre	
Livestock Inspector	1
Temporary staff	1
Block level Polyclinic	
Senior Veterinary Surgeon	1
Veterinary Surgeon	1
Livestock Inspector	1
L.D Clerk	1
Laboratory Technician	1
Attender	2
Part time sweeper	1

Apart from these services, veterinary institutions take up schemes to strengthen the livestock population in terms of quantity and quality and increase production of milk, egg and meat and to create more self-employment opportunities and enhanced income levels for households engaged in the sector. Schemes of LSGI which benefits the farmers directly are meant mainly for purchase of animals and feed. Schemes implemented in the veterinary institutions in the sample LSGIs are *Govardhini* (of the Department) and *Kannukutty paripalanam* (protection of cow and calf), *Pennadu vitharanam* (distribution of doe), and distribution of egger duck/chicken. LSGI

interventions that indirectly benefit the farmers through improved delivery of services include purchase of medicines and essentials for veterinary hospitals/dispensaries. Annual budget of the LSGI for the visited veterinary institutions ranged from Rs. 50,000 to Rs. 2,00,000.

Beneficiary selection in the case of the departmental schemes is done by the veterinary hospital. In the case of LSGI schemes, the selection of beneficiaries is done in the Grama Sabha.

2.6.2 Issues in Service Delivery

- A major issue faced by the people who depend on veterinary institutions is the absence of the veterinary surgeon during working hours. Often, they are told that the surgeon is away for meeting/training. The study team also experienced it in some institutions during the visits. This is a major problem as there is only one veterinary surgeon in the veterinary hospital/dispensary which caters to a whole GP. It was also mentioned that in such circumstances, the Livestock Inspector (LI) sometimes treat the animals though she is not sufficiently trained for the purpose.

- Duty time of the veterinary surgeon is from 9.00 am to 3.00 pm. Some farmers complained that they were told to wait for the night service of surgeon at the block level when an emergency situation was reported after the scheduled hours. One farmer said that he was instructed to carry out the procedure for uterus prolapse on his own, as the case was reported late in the evening. The surgeon visited only next day, almost after 12 hours. The animal recovered, although the offspring was lost and due to lack of timely support the cow became permanentlysterile.

- In cases when the animal cannot be transported, the veterinary surgeon is expected to provide farm gate support. However, it was reported that in many cases such support is not provided in the absence of transport facility or provision for travel allowance. Some of the surgeons also reported their reluctance to extend such support if the request comes after duty hours. It is also pointed out that staff of veterinary institutions have considerable office work which compel them to restrict medical appointments till 2.00 pm. Some surgeons reported that they work 2 to 3 hours after normal working hours to complete the administrative work. Farmers

also reported that the service is not provided after 2.00 pm as the hospital functionaries are involved in administrative duties. Thus, the farmers are not able to avail emergency and critical care from the veterinary institutions for major part of the day.

- Working hours of the emergency night surgeon at the block level polyclinic is from 6.00 pm to 6.00 am. It is reported that these surgeons often attend to non-emergency cases as well if brought to the clinic. It is reported that around 100 calls are attended during the nights in a month. However, the post of emergency night surgeon is not filled in some polyclinics. For example, the post in Mulanthuruthy polyclinic is lying vacant for three months after transfer of the previous surgeon to another polyclinic. Due to this, night services are not available in the polyclinic at the time of visit to the clinic as part of the study. Recruitment of night surgeons is done through the employment exchange. During interaction with people it was reported that night time services are not always available,causing fatal losses/permanent disabilities to animals.

- One of the main services provided by veterinary sub-centres is artificial insemination (AI). Cost per farm visit of the LI for insemination ranges from Rs.200 to Rs.250. Farmers are forced to pay for public services when it is provided at their door steps. Therefore, some farmers depend on private providers in the locality who charge lesser amounts and are easily accessible as compared to officials in government hospital/dispensary/sub-centre. However, seeking the services of inadequately trained service providers may lead to adverse outcomes from use of inappropriate semen. In the case of LI also it is reported that decision on the semen to be injected is taken after seeing the animal and at times result in complications during delivery. After conducting AI, the LI is expected to confirm success of the animal or the photos of the animal sent by the owner. Such unscientific methods can lead to failure of AI. Poor quality insemination can be rectified through follow-ups and referring the animal to veterinary surgeons, if the animal fails to conceive in three consecutive trials. But such follow ups happen rarely and as a result, the farmer will know about failure of insemination only late

into gestation period. The farmers are also reluctant to invite the LI for follow up visit as it entails considerable cost.

- Main schemes for rearing cattleare *Kannukutty Paripalanam* Scheme (LSGI) and *Govardhini* scheme (Department). A major issue regarding the scheme concerns supplies of free feed. Every month, on or before the 5th, indent needs to be submitted to Kerala Feeds (public sector undertaking supply of feed) indicating the number of beneficiaries and quantity of feed required for the succeeding month. Though the indent is to be submitted as per fixed schedule, there is no schedule for delivery of feed. For example, in Mulanthuruthi GP, feed for two months was supplied together, despite sending the indent in time. Due to the uncertainty, the cattle owners need to repeatedly contact the veterinary hospital to know about availability of feed. This irregularity and absence of effective information sharing causes hardships to the farmer as she has to invest extra money and effort to purchase feed from outside.

- Another issue observed about departmental schemes is that local level differences are not into considered. There is little flexibility to adapt to local conditions. For example, it was reported that sometimes there would be a scheme where funds for 10 cows may be allotted to a GP, but given the local conditions, there may not be much demand for cows and the demand may be for something else such as poultry. It is also pointed out that there are no schemes for the care of calf as the services mainly cover the period from breeding to delivery.Milch animal schemes are managed by the Dairy department.

- It is seen that services for domestic animals/pets is largely a neglected area. The state has been witnessing rapid growth in the pet industry of ornamental fish, birds, dogs, etc. where even high valued imports are undertaken. This is now a source of income to many entrepreneurs. But the department is yet to respond to the changes in demands in the sector. There is a shortage of medicines, vaccines and veterinary personnel trained to handle pets like pigeons, imported parrots, rabbits and other pet animals. Animal census data includes cattle, buffalo, goats, pigs and poultry. The wide variety of pet birds and animals are clubbed together and classified as 'others'.

- One major deterrent to better service delivery in veterinary institutions is the absence of service standards and continuous service evaluation mechanism. It is also found that functioning of veterinary centres is seldom monitored by the LSGI.

- Some veterinary institutions reported shortage of medicines, vaccines and semen. Shortage of medicines was reported in some GPs. However, it was reported that in many cases medicines are purchased using LSGI funds. Shortage of vaccines is reported mainly for diseases of animals other than cattle. Shortage of semen is mainly reported in the case of goats. Non-availability of semen to inseminate bovines as per breeding schedule was also reported in some places.

- It is seen that the hospitals/dispensaries and even polyclinics have minimal facilities. For diagnostic services like x-ray, scanning, ultrasound, etc., the owner has to take the animal to District Veterinary Centre or to private facilities. For example, in Ramankari GP, facilities are available only in Alappuzha District Veterinary Centre. Similarly, in the case of Mulanthuruthy, despite the presence of a Polyclinic, facilities are available only at Muvattupuzha, located 30 kms away. In emergency situations, transporting the animal to long distances can be harmful to the animal.

- People report that considerable cost is involved in transporting the animal to the hospital or for making arrangements for the surgeon to attend the animal on the farm.The amount varies from Rs.300 to Rs.500, depending on factors such as type of vehicle and distance. This cost often deterspeople to seek the services of government veterinary surgeon. If the animal needs to be transported to the hospital, farmers lose half a day in terms of travel, waiting and service time. It is reported that in the case of animals in labour, some farmers approach the surgeon only if they are not able to handle the situation. Fatalities are caused at times by the delay.

- The difficulty of bringing the animal to the veterinary hospital is often accentuated by poor connectivity to these institutions in some LSGIs. For example, in Ramankari GP the hospital is constructed recently. But the bridge on the road to the hospital is not wide enough for four wheelers, thus making transportation of large animals such as cows, difficult. As the hospital is situated at one end of the

GP, farmers staying at the other end depend on the hospital in neighbouring Kidangara GP or the polyclinic at Changanassery. Thus, despite availability of staff and facilities, the number of cases attended in this hospital is low. It is also reported that the absence of proper signages and directions make it difficult to locate institutions situated in remote locations.

- It is observed that information regarding schemes does not reach the people. Many young farmers complain that although the web sites for the veterinary department and for LSGIs are not regularly updatedand necessary details are not available. Mechanisms for dissemination of information at the local level appear weak as it does not reach majority of the farmers.

- Veterinary institutions are to maintain data on livestock and animal/bird population in the area and update it on a regular basis. This is to help in better planning of schemes and programmes and also for control of disease outbreaks. It is reported that it is difficult for a single LI to conduct the animal survey. For example, in Mulanthuruthy GP, 15 wards were allotted to one LI to complete the animal census survey in a timebound manner. Although there is a provision for appointing contractual staff, it is not done due to shortage of funds. Registration is done mainly during insemination by government veterinary institutions and when insurance is provided. However, some farmers voluntarily register though it is only on a small scale.

- An effective disease surveillance system is necessary to control spread of diseases and disease management. But surveillance system available in the state is weak.

- Contact details of the hospital and surgeon is not displayed in conspicuously in most of the institutions visited. Contact details are usually given only if peopledemand it. In some institutions telephonesare not functional. Difficulty in accessing contact details and poor communication facilities hinder the surgeons to respond to emergency requests.

- On registration, a token with date of visit, registration number, type of animal and nature of the medical problem is issued. There is no announcement or display system of the token number and people keep enquiring as to when their turn will come. The requirement is more in polyclinics where the number of cases attended

a day is higher. Facilities like chairs/seats, drinking water, toilet and provision for sanitising (in light of Covid-19) are not available or adequatein the institutions visited. Provision of clean shelter and drinking water for animals is also not ensured. It was also observed that cages/shelters for keeping the animals are not properly maintained and is rusted/ruined in some institutions.

2.6.3 Recommendations

1. **State government needs to review functioning of government veterinary institutions to make it more accountable to the LSGIs not only in the case of LSGI schemes but also of departmental schemes. Veterinary institutions shall report regularly on its functioning to the LSGI. The LSGIs shall also take responsibility for monitoring functioning of government veterinary centres. As an institution of the LSGI, it is imperative that needs of the farmers and owners of animals/birds in the locality are considered in formulation of schemes. The LSGIs shall take the initiative for a more participatory approach in designing schemes in the sector. To ensure increased participation of cattle and poultry farmers and owners of other animals and birds, groups of farmers/owners of animals needs to be formed by the LSGIs. Representatives of such groups shall be involved in designing schemes at the local level. Dissemination of information about different schemes can also be done through these groups. LSGIs shall conduct need assessment of farmers in the sector.**

2. **Government needs to ensure that under no circumstances shall services be denied to a person due to the non-availability of the veterinarian or para vet. Care needs to be taken by the LSGIs and the Department to convene meetings or organise training programmes only in the afternoon, as the services are most sought in the morning session. Prevalence of COVID-19 has made many offices adept in using technology solutions for convening meetings through video calls. Except in cases where physical presence is necessary, meetings and training programmes may be organised through video conferencing/webinars, thereby saving time spent on travel.**

3. **State government may consider delivering services at the doorsteps of farmers through increasing mobile services and farm gate support by veterinary surgeon and LIs. This will not only avoid the stress of walking the**

animals or transporting them by vehicle over long distance but also save precious time of the farmer. Service delivery at farmer doorsteps can also increase conception rate and reduce health risks to the animals. Farm gate support given by veterinary surgeon, LIs and night surgeons shall be reported to higher-level offices of the departments and the LSGIs on regular basis. This includes visits for treatment, vaccination, insemination and follow up visits. However, it is also important to ensure that the surgeons are available in the dispensary during fixed hours in the morning. In areas where there is high density of cattle, the block panchayats shall supplement these efforts by providing vehicles for support. In other cases, travel expenses of officials for doorstep delivery of services needs tobe reimbursed as the farmers have to spend more than travel cost of the staff for getting service of the public service provider. In addition, veterinary medical camps and fertility camps need to be organised at the local level on a regular basis, at various locations. Vaccination campaign shall be undertaken to maximise coverage. Training sessions for farmers shall also be organised periodically.

4. The Commission recommends that the Department and the Block Panchayats shall ensure that all postings of night surgeons are filled up in all the Polyclinics. Department/Block Panchayat shall also ensure that necessary facilities for diagnosis and surgery are available at least at the block level. LSGIs shall consider creating a panel of veterinary surgeons and para vets including those who have retired from service to increase availability of services beyond working hours of the veterinary hospital/dispensary. LSGIs need to ensure that such services are provided only by those who areadequately trained. The LSGIs shall also ensure, through regular monitoring that the farmers are not denied service of government veterinary hospital/dispensary during working hours because of office work/meetings/workshops.

5. Procedures shall be in place to provide emergency veterinary care during and outside scheduled hours. Veterinary surgeon needs to be available to expeditiously assess the animal's condition and treat the animal. Time norms shall be fixed for delivering emergency care depending on severity of the reported medical problem and shall be included in the citizen charter of the veterinary centre and the LSGI. It is important to guarantee at least

emergency care services. If the veterinary surgeon in the hospital/dispensary is not able to attend any emergency, she shall report to the polyclinic from where the services are to be provided within prescribed time limit. Details of emergency cases attended including reporting time and time taken for attending the case shall also be recorded in the database.

6. The Commission recommends that LSGIs need to streamline information dissemination and procedures for implementing schemes. All necessary information regarding schemes as well as contact details of veterinary surgeons and LIs shall be made available to people through website and citizen charter. It shall also be displayed in the veterinary centre and LSGI office. Relevant information regarding schemes of LSGIs and the department needs to be communicated through messages to registered phone numbers of farmers and owners of pets.

7. There is scope for reducing office work by revamping office procedures, filing system and processing of applications. Use of mobile apps and other online methods for receiving applications for services will reduce office work. While the department has made some initiatives in this direction, there is more scope for reducing the office work. The possibility of introducing ERP for office and file management needs to be considered by the department. LSGIs canmore effectively monitorfunctioning of veterinary hospitals/dispensaries/polyclinicswith access to such a database.

8. The Commission recommends that the Department and LSGIs needs to strengthen the scope of veterinary services to cover care and treatment of pet animals and birds. Medicines and vaccines for such animals/birds shall be made available. The Department shall also ensure necessary changes in staff training modules to address issuesof pet animals/birds. The department needs to recognise growing importance of the pet industry and adapt accordingly.

9. The Department shall implement well-structured online platform for data processing, processing of feed order and automated generation of delivery schedule and communicating the information to the beneficiary about distribution in the registered phone number. Once a beneficiary is registered, the quantity of feedreceived each time shall be entered, and the remaining quantity of benefits automatically generated as in the Public Distribution

System. This will ease the veterinary surgeon's struggle with documentation and streamline the system. Kerala Feeds shall chart the route for feed delivery and intended date of delivery.

10. LSGIs are responsible for providing required infrastructure/facilities to transferred institutions.ARC recommends that LSGIs shall provide adequate waiting facilities for people. Care shall also be taken to maintainproper animal shelters, provide drinking water to the animals, and the space shall be maintained well and kept clean. To ensure that all prescribed services are available, medicines, vaccines and semen needs to be stocked taking into account the type of animals and birds, agro-climatic conditions etc., of the locality. Veterinary institutions shall also be included in the ISO certification of LSGIs.Access to transferred institutions shall begiven priority while undertaking road works. Roads to veterinary institutions shall be wide enough to ensure transportation of animals by vehicle.

11. The department shall strengthen disease surveillance system as the current system is weak. Systems followed by the Health department for surveillance of communicable diseases can be adapted. Comprehensive GIS tagged database is essential for management of disease outbreaks. Forthis,LSGIs shall organise registration camps for different types of animals with the active involvement of the staff of veterinary institutions. The data shall also be used by the LSGIs and veterinary institutions for planning activities in the sector which suits local needs. Pet animals shall also be included in the registration.

12. The Commission recommends that LSGIs shall introduce health benefit scheme for calves. Nutritional feed shall be provided based on registration. This will also serve as an incentive for the owners to register the calves.

13. The number of sub centres and LIs need to be fixed at the local level according to factors such as geographical area covered, animal/bird density and physical characteristics of the area.

14. Activities of dairy department and dairy cooperatives are closely related to that of the animal husbandry department. There is a need for better coordination between these two departments in improving service delivery to dairy farmers. The two departments need to jointly identify gaps in available services. There is scope for cooperation between veterinary institutions and

dairy cooperatives whereby the latter can act as a partner in extension activities of the former. Similarly, cooperation with the Forest department can help in fodder production through agroforestry, grassland development and plantation of fodder trees as part of social forestry.

15. To ensure transparency in the selection of beneficiaries of departmental schemes and LSGI schemes, the list of beneficiaries of all schemes shall be displayed in the office of the LSGI, the veterinary hospital/dispensary and shall also be uploaded on the website of the LSGI.

16. As mentioned in the section on Krishi Bhavan, the LSGIs need to organise at least one grama sabha in a year to discuss developments in agriculture, animal husbandry and dairying.

2.7 Service Delivery in Dairy Extension and Service Units

Study of delivery of services of veterinary dispensaries and hospitals reveals that majority of services and schemes are oriented towards livestock farmers. Dairying is one of the important activities undertaken by landless, small and marginal farmers in rural Kerala for their livelihood. According to official records about three lakh families are actively engaged in dairy farming in the state. Kerala is a milk deficient state with a per capita availability of milk of only 189 gram/day vis-à-vis national availability of 394 gram/day[40]. Shortage of milk is often met by importing milk from neighbouring states.

Office of the Deputy Director of Dairy Development department **was transferred to the District Panchayat for coordination of activities at the district level** and Dairy Extension and Service Unit (DESU) to the Block Panchayat. This report looks at the functioning of the basic unit of the Department, i.e., **DESU,functioning at the block level. Detailed study of a sample DESU was taken up to understand current service delivery system and practices followed.O**fficials, functionaries of dairy

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[40] But, among the states in India, milk production per animal is the highest in Kerala with about 3.7 tons per year, which is more than two times the national figure (1.4 tons).

cooperative societies, dairy farmers and elected representatives were interviewed for the study.

2.7.1 Services of Dairy Extension and Service Unit (DESU)

DESU isheaded by Dairy Extension Officer (DEO) and is supported by two Dairy Farm Instructors (DFIs). DFI is the implementing officer of dairy development programmes at the GP level. Other than the DEO and DFIs, a woman cattle care worker and a dairy promoter are also working in the DESU on contract basis. Clerical post is available in some of the DESUs. Earlier there were only 152 DESUs, one in each Block Panchayat. 10 DESUs were additionallystarted in blocks with milk production exceeding 10000 litres per day. Functions of DESU include implementation of department schemes and schemes of LSGIs, cattle registration, managing welfare schemes of the Kerala Dairy Farmers Welfare Fund Board (hereinafter Dairy Welfare Board), monitoring activities of dairy cooperatives and organising awareness and training programmes for dairy farmers.

Even though DESU is the basic unit to provide services of the department, dairy cooperatives play an important role in the sector. Dairy Co-operatives in the state function as 'Anand Pattern Cooperative Society' (APCOS), introduced in the state as part of 'Operation Flood Phase II'. As per the website of the Department, there are 3259 APCOSs registered in the state, of which 3016 are functional i.e., seven percent (243) of the registered APCOSs are not functional. There are also 388 non-APCOS societies registered with the Department, one-fifth of which are currently dormant i.e., only 314 are functional. Thus, the total number of functional societies is 3330, Wayanad has the lowest number(56) of societies and Thiruvananthapuram (345) the highest. In 2018-19, 6.8 lakh metric tons of milk was collected through the network of societies with a per day collection of 18 lakh litres[41]. These societies engage closely with the dairy farmers and extend support to DESUs to implement programmes of the department andLSGIs. The dairy cooperatives also disseminate information about different schemes of the department and LSGIs and distribute application forms for

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[41] Performance report (ക്ഷീരമേഖലയിൽപുത്തനുണർവ്വ്(, Department of Dairy Development, 2019

schemes including those of Dairy Welfare Board. Registered societies are eligible for financial assistance for working capital (Rs. 61500) and need based assistance. Schemes are also available for revival of non-functional societies, setting up hygienic milk collection rooms, milk storage facilities and operation of farmer facilitation cum information centres. Awards are given to best performing dairy cooperatives.

One of the main programmes of Dairy Development department undertaken through DESU is Commercial Dairy Milk and Milk Shed Development Programme (hereinafter MSDP) formulated to achieve self-sufficiency in milk production by increasing the number of cross bred cows and buffaloes, forming self-helpgroups of farmers and entrepreneurs and undertaking various activities to attract people to dairy farming. *Ksheera Gramam* (Milk Village)programmeand Post Flood Rehabilitation Programme (PFRP) are other schemes of the department. Under MSDP, financial assistance is provided mainly for the purchase of cow/heifer. Support is also provided for construction and renovation of cattle shed and for purchase of dairy farm equipment such as milk cans, milking machines, automatic water bowls, generators, misters, sprinklers, wheel barrows, etc. (Table 2.8).

Table 2.8: Subsidy provided under CMSDP and PFRP

| Name of Project | Amount of Subsidy | | |
| | CMSDP | | PFRP |
	Unit Cost (Rs)	Subsidy (Rs)	
Godhanam (Single Cow Unit) - Cross bred	106000	35000	41000
Godhanam (Single Cow Unit) - Native	111000	36500	NA
Two Cows Unit	211000	69000	82000
Five Cows Unit	560000	184000	215000
Ten Cows Unit	1161000	383000	NA

Five Heifer Unit	247000	98800	NA
Ten Heifer Unit	491000	196400	NA
Composite Dairy Unit – 1 Cow+ 1 Heifer	141000	53000	60000
Composite Dairy Unit – 3 Cows+ 2 Heifers	400000	150000	170000
Composite Dairy Unit – 6 Cows+ 4 Heifers	780000	292000	NA
Need based Assistance to Progressive Farmers	100000	50% of expenditure (Max. Rs. 50000)	60000
Milking Machine	50000	50% of expenditure (Max. Rs. 25000)	NA
Construction of cattle shed/ Renovation	100000	50% of expenditure (Max. Rs. 50000)	60000

Ksheera Gramam project is implemented in ten GPs in the state. Apart from the benefits provided under MSDP, one kilogram complimentary feed is also distributed to selected beneficiaries under the programme. PFRP was introduced after floods ravaged the state in 2018. The dairy sector had experienced huge loss of livestock, full or partial loss of cattle sheds, feed and equipments like chaff cutters, milking machines, generators, bio-gas plants, etc. in the flood. Total estimated loss is Rs. 107.5 crores. The components of PFRP are the same as that of MSDP but subsidy amount is more than that in that of MSDP. Additional components such as contingency fund and construction of elevated cattle sheds are also offered under the scheme to flood affected farmers.

The unit cost under MSDP cover the price of cows and cost of transportation, insurance, feed, cattle shed facilities, cow dung pit, and biogas plant (if more than 4 animals). Subsidy amount is transferred to the account of the farmer after cattle is purchased and necessary facilities are made available. Subsidy is around one-third of

the total estimated cost. In schemes like need based assistance, 50 percent subsidy is given for purchase of milking machines and construction of cattle shed.

Applications are invited through advertisements in the print media and are also notified in the dairy cooperatives. For all schemes,targeted number of beneficiaries is fixed by the department. Table 2.9 shows that the department has achieved the target in most of the schemes,andevensurpassedtargetsset insomeschemes.

Another programme implemented through DESU is promotion of fodder cultivation. The programme, implemented with the cooperation of dairy cooperatives supports individual farmers and groups of dairy farmers. Assistance includes supply of fodder slips, financial assistance for fodder cultivation (azolla, maze, subabul, gliricidia etc.) including support for mechanisation of farming activities. Financial assistance is extended to farmers for purchase of grass cutter /chaff cutter, sprinklers, motor and pump. Assistance is also provided for hydroponic units and for fodder cultivation in barren land, by dairy cooperatives.

Another important service offered to dairy farmers is comprehensive Insurance Scheme *(Ksheera Santhwanam)* of the department implemented with the cooperation of Dairy Welfare Board and Kerala Cooperative Milk Marketing Federation (Milma). Under the scheme, registered livestock is insured. The scheme also covers health, accident and life of the farmer, spouse and children below 25 years.

Table 2.9: Targeted number of Beneficiaries and Physical Achievements under CMSDP, *Ksheera Gramam* and PFRP

Name of Project	Target beneficiaries and achievements under the project				
	CMSDP		*Ksheera Gramam*		PFRP
	Target	Achievementi n20-2019	Targ et	Achievementi n20-2019	Target*
Godhanam (Single Cow Unit) - Cross bred	1080	1070	150	*	840
Godhanam (Single Cow Unit) - Native	70	75	NA	NA	NA
Two Cows Unit	600	604	600	269	440

Five Cows Unit	28	28	40	35	50
Ten Cows Unit	28	26	40	*	NA
Five Heifer Unit	28	29	NA	NA	NA
Ten Heifer Unit	28	28	NA	NA	NA
Composite Dairy Unit – 1 Cow+ 1 Heifer	240	241	30	90	85
Composite Dairy Unit – 3 Cows+ 2 Heifers	100	100	10	26	75
Composite Dairy Unit – 6 Cows+ 4 Heifers	28	24	NA	NA	NA
Need based Assistance to Progressive Farmers	700	750	110	165	650
Milking Machine	275	360	50	36	NA
Construction of Cattle shed/ Renovation	550	555	20	18	430

Note:* Achievementsnotpublishedintheofficialdocuments.

NA-Componentnotapplicableinthescheme

DESU organize farmers' contact programmes for disseminating latest developments and knowledge in dairy farming and fodder cultivation and to discuss problems faced by the farmers. DESU is also expected to organise exhibitions, seminars, farm visits and formation of school dairy clubs. In order to ensure quality of milk, the departmentruns quality control labs in all districts where tests are conducted for determining fat and SNF, adulterants, preservatives, etc. Mobile quality control units are functioning in all districts for collecting samples and conducting tests in the presence of the public to create awareness about quality of milk.

DESU officials also implement activities of Dairy Welfare Board, for which DEO is the nodal officer at the block level. Services from the Dairy Welfare Board include monthly pension to dairy farmers who are above 60 years of age and have poured minimum 500 litres of milk for any five years, family pension for the nominee, financial assistance for the marriage of farmer's daughter, funeral assistance, distribution of educational awards at the block level and best dairy farmer award at the block and GP levels. There is also provision for disability pension to registered dairy farmers who are unable to continue dairy farming due to accident or severe disease. Under the *Ksheera Suraksha Padhathi (scheme)* of the department,one-time assistance

is provided to the farmer in case of accidental death, permanent disability and for the treatment of life threatening diseases, infectious diseases, snake bites and injuries.

Apart from implementation of programmes of the department and the Dairy Welfare Board, DESUs are involved in the implementation of plan schemes of LSGIs in the dairy sector. For example, *Ksheera Vardhini* is a financial support scheme implemented by Ernakulam District Panchayat under which dairy cooperatives are provided a revolving fund of Rs.2 lakh to be distributed among the members to purchase cow. Rs 4 is provided per litre, over the price of milk to farmers supplying milk to the societies. However, there is an annual ceiling of Rs. 40000. The Gram Panchayat, Block Panchayat, District Panchayat and the Department contribute equally to the scheme.

2.7.2. Issues in Service Delivery

- DESU is involved in the implementation of schemes of the department andLSGIs. But the citizen charter of DESU does not specifyclearly the services provided and modalities for accessing the services. The charter only expects the "officials to make the services transparent and efficient, to respect citizens' rights and to behave politely with them". The only time frame prescribed in the charter is for attending grievances of dairy cooperatives (to be attended within one month) and specifies that reasons shall be furnished if the grievance is not addressed. The charter also mentions that citizens shall be provided with necessary information regarding registration of societies, if demanded. Though the citizen charter is displayed in the offices visited, absence of service standards and norms makes it not very useful to ensure rights of citizens while availing services.
- Under RTS 2012, only two services are notified (fodder cultivation and quality control). But the farmers approach DESU for assistance under various schemes and for welfare pension. As in the case of citizen charter, service standards are not mentioned in RTS.

- Non-availability of officials when people visit the office is an issue. It is reported that the officials often have to attend meetings and training, under take field visits, etc., due to which they may not be available in the office. Some dairy farmers also complained that some officials reach the office late in the morning. The study team also experienced similar situation in a couple of offices during the visits. In the absence of information on the availability of officials, the farmers are compelled to wait a long time to meet the officials. As the office serves entire area of a block,farmers may be coming from far.Making multiplevisits in vain or waiting for long to meet the officials causes inconvenience to them.

- Even though these offices are block level institutions visited by many dairy farmers, the offices do not havenecessary facilities like seats, waiting area, drinking water and toiletsfor the public. For example, in Ramankari it was reported that 20-30 farmers visit the office daily to get various services, but the office has no facilities for public.

- Persons with Disabilities Act,2016 mandate that all public institutions need to be disabled friendly. But majority of the offices visited are not disabled friendly. It is observed that dairy farming is a self-employment activity resorted to by many rural households having persons with disabilities. There are also schemes of the Dairy Welfare Board specifically meant for persons with disabilities. It is imperative to ensure that persons with disabilities have proper access to these offices.

- It is reported that several persons come to DESU to get advice for starting dairy farm and to know the services provided from the office. However, they often are not able to get the required information or are not attended to as the officials (DEO/DFI) may be engaged in some other work or the concerned person is not present in the office.

- Physical access to DESU wasreportedto beanissueas some of the offices arelocatedinplaceswithoutaccesstopublictransport.Forexample, inMulanthuruthy thebusstopis 2 kilometres awayfromtheoffice. A large number of dairy farmers and functionaries of dairy cooperatives visit the office for its services. They have to hire auto rickshaw to reach the institution and often have to ask the rickshaw driver

to wait as they may not get a vehicle to go back. All these add to the cost of service to the farmers.

- Though DFIs are the implementing officers of dairy development programmes of GPs, shortage of DFIs is reported. For example, in Mulanthuruthy Block there is only one DFI for six GPs. It is also reported that no facility is available for them to function from the GP office, because of which the dairy farmers have to go to DESU to meet them. This affects integration of LSGI level works with that of the Department and causes inconvenience to dairy farmers. Presently the shortage of DFIs is met with the help of contract workers like cattle care worker and dairy promoter who are assisting the DFI in the field level functions. However, there is only one cattle care worker in most of the blocks (total of 160 in the state).

- As DESU is a block level institution, the dairy cooperatives act as grassroot level institution and is closely linked to the dairy farmers. The cooperatives play a major role in dissemination of information on schemes and provide support to the farmers for availing benefits. But there aremanydairy farmerswhoarenotmembers of a dairy cooperative orthe society in which the farmer was a member is inactive. There is higher chance of such farmers to be left out of the schemes due to poor access to information. Many such farmers are poor marginal farmers who are genuinely in need of assistance.

- It is found that the targets fixed for different schemes do not consider local needs and demandfrom dairy farmers. As a result, even if a target is fixed for a locality, there may not be sufficient demand from the farmers in the locality. Some of the veterinary surgeons interviewed pointed out that they had to sometimes coerce dairy farmers to apply for benefits under certain schemes to achieve the targets. They also pointed out that demand for some schemes is higher than targets fixed for the locality. This points to the need to reassess the needs and demands of farmers to fix meaningful targets at the local level.

- Under departmental schemes, subsidy is provided for purchase of animals and dairy farm equipment. Farmer has to make full payment and purchase the animal/equipment to avail subsidy. They pointed out that purchase price fixed by the department is often lower than the market rate as rates is not revised

periodically. Therefore, the actual subsidy is lower than what is envisaged in the scheme. These conditions are disadvantageous, especially to extremely poor farmers or those who want to take up dairying as a livelihoodthough the objective of the department is to provide job opportunities to the poor by engaging them in dairy farming. The farmers also report of delay in the release of subsidy for purchase of cattle, a high value purchase made by the dairy farmer. Delay is reported in processing the application at DESU and in certification of the animal by veterinary surgeon. Farmers complained that the veterinary surgeon visits the farm for inspection of the animal 2-3 weeks after the animal is purchased. This cause hardship to the dairy farmers as they have already paid the full price.

- Due to shortage in the availability of livestock in the state,purchase of livestock under MSDP is mainly from the neighbouring state of Tamil Nadu. It is usually during July-August that application for MSDP is accepted by the department through DESUs and allotment usually happens during August-September. Fixed number of beneficiaries are selected for different components of MSDP. In order to reduce the cost of transporting animals, purchase is done for a group of farmers and the transportation expenses are shared by the farmers. One complaint raised by the farmers is that there is no scientific mechanism to check the yield of the animal. Yield they obtain once the animal is brought to Kerala is often much lower than what was obtained in Tamil Nadu. The farmers complained that they are often cheated about milk yield by the sellers. Another reason could be changes in the agro climatic conditions and lack of time to adjust to the new place. Farmers also pointed out that they are not advised on how to support the animal for adapting to the new environment.

- Giving technical advice to livestock farmers regarding better yielding breeds, care of livestock, etc., is an important function of the DESU officials. It was discussed in the previous section on veterinary institutions that the process of artificial insemination, which is usually done by the Livestock Inspector has many issues such as injection of incompatible semen, poor follow-up on the progress, poor care given to calf, etc., due to which conception failsor the calf is not healthy and high

yielding. It is reported that there is very limited convergence in the activities of the departments of Dairy Development and Animal Husbandry at the local level.

- Training and awareness programmes for dairy farmers are usually conducted at the block level in the morning after 10 AM. Farmers complained that these programmes follow a set agenda wherein elected representatives of the BP are invited to address the farmers. This takes quite some time and farmers start leaving the venue early as they have to milk the cattle in the afternoon. Thus, the training programmes are not very effective. Many farmers are daily wage labourers, and they have difficulties in attending lengthy programmes.

- There is provision for online submission of application for services of the Dairy Welfare Board. While the dairy cooperatives have necessary facilities, the secretaries do not have the skills to support the farmers in submitting applications online. Hence the farmers depend on Akshaya centres for submission of applications online.

- Website of the department givesdetails of schemes, and statistics on scheme-wise achievement and milk production. The site also has a farmers' corner, where formats of application forms are given, which is a welcome move. However, the website does not mention about services notified under RTS or the implementation schedule of services and timeframes.

- Officials have to do a lot of paperwork along with field visits. Data of schemes also need to be updated on the department portal. Considerable time is spent on office work due to which, time available for interaction with the farmers and for field work is reduced.

2.7.3 Recommendations

1. **The department needs to develop standards for the services and revise citizen charter and RTS with time frame for each service, and information about respective appellate authorities. Care needs to be taken to include all schemes and services of the department. Time frames need to be fixed/revised considering actual time required for delivering a service with increased use ofinformation technology.**

2. The department needs to provide devices that can be used by the officials to update data on real time basis from the field itself to reduce documentation work at office. Knowledge in using computer and its applications shall be made mandatory to DEOs and DFIs. The existing employees shall be provided necessary training.

3. The department and LSGIs shall examine the feasibility of designing new schemes with more flexible conditions, especially for extremely poor and marginal farmers who now find it difficult to apply for assistance, given the conditions.

4. The Commission recommends that the department shall undertake annual revision of cost estimates for schemes to ensure that the subsidy component is not gravely affected due to inflation. The Department shall also examine the feasibility of meeting the expenses for transporting animals from other states under MSDP. The LSGIs needs to design schemes to cover these expenses.

5. In order to avoid delay in the disbursement of subsidy, the department shall fix time norms for releasing subsidy as the beneficiary purchases cattle only after she is found eligible to receive subsidy. Only process to be completed is certification by Veterinary Surgeon. Time taken for certification needs to be shortened through better coordination between the Veterinary hospital and DESU.

6. List of beneficiaries of the schemes of the department, Block panchayat and GPs shall be uploaded in the websites of the GP/Block Panchayat and displayed in DESU and offices of the Block Panchayat and GPs to ensure transparency in the selection of beneficiaries.

7. The Commission recommends that the Department shall examine the feasibility of an app based appointment system to which all DESUs shall be linked. Registered farmers shall be able to seek appointment with the DESU officials either individually or through dairy cooperatives. Schedule of the officials fortraining,meetingsandfieldvisitsneeds tobemadeavailabletothe dairy farmers through LSGI level functionaries like DFI and cattle care workers and through dairy cooperatives .It is also recommended that meetings and training for officials shall be held online as far as possible. COVID-19 scenario has made people more adaptable to online meetings and this trend needs to be encouraged. Attendance and availability of officials in

DESU shall be displayed in the office and official contact numbers shall be given to dairy farmersThis will ensure that the farmers can meet the officials when they come to the office and are not inconvenienced by the absence of officials.

8. The Commission recommends that all DESUs need to make information dissemination more effective not only among members of dairy cooperatives but also dairy farmers who are outside the dairy cooperative network. A list of dairy farmers with their phone numbers shall be prepared and messages about services and technical information shall be communicated by phone. Care shall be taken to ensure that information reaches farmers who are not members of any societies and also those who do not have phone connection. DESU and offices of the block panchayat and GPs, and dairy cooperatives shall have proper display of standards of service and time norms and scheme related information such as eligibility conditions, timeline, etc.

9. The Department needs to focus on providing more information to the farmers through the website, with regular updates. The recent renovation of the website of the Dairy Development Department is a welcome initiative, especially having a dedicated 'farmers' corner'. However, more information needs to be provided. The schedule of the implementation of schemes, right from publication of advertisement, block wise allotted targets, number of applications received etc. shall be updated on real time basis. The website shall also provide RTS notifications. Links of the same needs to be made available in LSGI websites.

10. Farmers training /awareness programmesneed to be restructured to serve the purpose of training/awareness creation at the GP level instead of the present practice of organising it at the block level. Online training programmes shall be organised so that farmers need not have to travel to the Block office. The dairy cooperatives shall make provision for accessing online training programme for farmers who could not access it from home. Training schedule and calendar shall be prepared for online and offline programmes. The department and LSGI shall take the assistance of experienced dairy farmers to provide peer training at the local level.

11. The Commission recommends that government needs to take initiative for better convergence of activities/joined up functioning of the departments of

Animal Husbandry and Dairy Development. The departmentsneed to conduct more effective training programmes on suitable breeds, care of livestock, etc., for the farmers along with veterinary hospitals/dispensaries. Veterinary officialsneed to conduct vaccination activities in a region in consultation with the dairy department. Farmers shall be made aware of semen used and copies of the records including treatment details shall be kept with the farmers. Efforts need to be taken to improve calf survival rate through adoption of scientific methods for insemination. There shall also be a mechanism for exchange of information on the needs of cattle farmers between veterinary institutions and DESU/dairy cooperatives.

12. **The Commission recommends that the Block Panchayats needs to ensure that adequate facilities are available for the public- waiting area, seating facilities, drinking water and toilet facilities, in the offices. Dairy Development Department and Block Panchayat shall ensure that offices of DESU are located in placesaccessible by public transport. LSGIs need toprovidenecessaryfacilitiestoDFIs to ensure their presence and enable the public to meet them there. Continued interaction with people will help in planning schemes according to local needs. LSGIs need to monitor functioning of the DFI more effectively.**

13. **The departments of Dairy Development and Animal Husbandry shall jointly introduce common database for registration of cattle. Block Panchayat, GPs, DESU and veterinary institutions needs to jointly organise cattle registration campaign.**

2.8 Service Delivery in Matsya Bhavans

Matsya Bhavan is envisaged as an institution at the grass-root level for providing the services of Fisheries Department, Kerala Fishermen Welfare Fund Board (hereinafter Matsya Board) and Matsyafed[42] to fisherfolk. As early as in 1997, the Task Force of the State's Ninth Plan on Livelihood Security of Fishing Communities[43]

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[42]Matsyafed is the apex federation of 651 primary level fishermen development welfare co-operative societies in the state.
[43] Government of Kerala. 1997. Report of the Task Force on Livelihood Security of Fishing Communities. Trivandrum: State Planning Board.

recommended that activities in the fisheries sector shall be organized through Matsya Bhavans which will function as "single-point nodal link between the fishing community and the governmental structure". The Task Force recommended that Matsya Bhavans shall house programmes of the Department of Fisheries, Matsyafed and Matsya Board under a common roof and shall be located in fishing villages. It also recommended that Matsya Bhavan shall come under the control of the respective panchayats. The idea of single window approach was later accepted by the state government. Accordingly, the institutional structures are being redesigned in the state to improve efficiency of service delivery in the fisheries sector. The process is now in the transition stage and envisaged changes are yet to be completed. The process of integrating the services of the three agencies – Fisheries Department, Matsyafed and Matsya Board, is also incomplete. In 2020, there are only 67 Matsya Bhavans as against the department's estimate of 200 required in the state.

Matsya Bhavan is the institution in the fisheries sector which has been transferred to Local Governments as part of decentralisation. Matsya Bhavans shall be headed by a Fisheries Extension Officer and will have Fisheries Assistant Extension Officer and Fisheries Officer. As part of restructuring, designation of the officers is also to be changed to give more attention to extension activities instead of 'inspections'. For instance, the Sub Inspector of Fisheries is renamed as Fisheries Officer. Changes are also made in the designations of other officials. Shortage of implementing officers of LSGI schemes in fisheries sector is to be addressed by increasing their number to 137 including Fisheries Extension Officers, Fisheries Assistant Extension Officers and Fisheries Officers.

Functioning of the grass root level offices of the Fisheries department, Matsya Board and Matsyafed associated with the sample LSGIs of Ramankari GP in Alappuzha district, Neendakara GP in Kollam district and Kochi Corporation in Ernakulam district is taken up for the study.Interviews were conducted with officials of the department at different levels, Matsyafed, and Matsya Board, and with functionaries of societies, elected representatives and officials of LSGIs, fisherfolk and allied workers.

2.8.1 Services of Matsya Bhavan

Matsya Bhavan is the delivery point of the services of the Fisheries Department, Matsya Board and Matsyafed and the implementing office of the LSGI schemes in the fisheries sector. Major services of Fisheries Department are registration of boats and renewal of licence, registration and licensing of fishing nets (stake net and Chinese net) and financial assistance for fisherfolk under different schemes. Saving cum Relief Scheme (SCRS) is a major scheme administered through Matsya Bhavans which is intended to provide off season assistance to fisherfolk, both inland and marine. An amount of 1500 is collected from the fisherfolkin three instalments and the Central and State governments contribute ₹ 1500 each. An amount of ₹ 4500 is released to the beneficiary in three instalments during lean season, April to August in the marine sector and June to August in inland sector. In the inland sector, Matsya Bhavan also has other functions such as promotion of aquaculture and registration of fish farmers. In the marine sector, the institution is entrusted with functions such as co-ordinating *Punergeham*, a project for rehabilitating fisherfolk residing within 50m from the High tide Line (HTL) to safer dwelling places, provision of life jackets, etc.

Grassroot level offices of the Fisheries Department, Matsyafed and Matsya Board have independent functionsand fisherfolk have to depend on more than one office for availing service or benefits under different schemes. For instance, the basic requirement for availing any service meant for fisherfolk is membership as an active fisher/allied worker in Matsya Board. Other services of Matsya Board includes implementation of pension schemes (old age pension and pension for wives of deceased fishermen), financial assistance for education of children of fisherfolk households, group insurance scheme, marriage assistance to daughters of fishers and financial assistance for treatment of life threatening diseases. While most schemes of the Board are applicable to fishers and allied workers, benefits can be different with lower financial benefits for the allied workers compared to fishers. For instance, under the group insurance scheme, the maximum amount given for treatment of life-threatening diseases is ₹ 25000 for allied worker while it is ₹50000 for active fishers.

Annual fee for membership in Matsya Board is ₹ 100 for active fisher while it is ₹ 240 for allied worker.

The third agency, Matsyafed, the apex federation of primary level welfare societies in the fisheries sector implements schemes aimed at promotingproduction, procurement, processing and marketing of fish and fish products of members of the primary cooperative societies. Activities of Matsyafed are centred around the societies. Applications for services of Matsyafed need to be recommended by the co-operative societies. IFDP (Integrated Fisheries Development Programme) is a major scheme of Matsyafed under which loans are provided to fisherfolk for purchase of fishing boat, fishing net and engine. Purchase has to be made from the Matsyafed Vyasa store for availing the loan. Another scheme is interest free loan for fisherwomen as working capital for fish vending. Microfinance loans are also extended to groups consisting of at least five members to start new business/enterprise within or outside the fisheries sector. Besides these, term loans are given to members aged below 45, for starting new business. One criterion for availing a new loan is that the existing beneficiaries/groups should have repaid at least 75 percent of the previous loan. Another scheme is Loan Distress Relief Scheme (LDRS), through which members of the societies are exempted from repayment of microfinance loan or interest free loan in case of death or serious illness. On payment of an annual premium, Matsyafed provides life insurance coverage of ₹10 lakhs in case of accidental death of members.

The Commission examined the projects in the fisheries sector of GPs, Block Panchayats and District Panchayat in one district viz., Alappuzha. In 2019-20, out of the 72 GPs in the district, 24 GPs had implemented one or more projects in the fisheries sector. Large majority of the projects were for providing furniture (23 GPs) and laptop (21 GPs) to children of fishing households. Another major project of the GPs is financial assistance for the purchase of fishing net (9 GPs). Other projects included financial assistance for purchase of fishing boats (2 GPs), icebox (2 GPs) and solar lamp (2 GPs). Purakakd GP provided computer and accessories to Matsya Bhavan under its scheme in 2019-20 and Arattupuzha GP had a scheme for promoting cage fishing in the backwaters. Out of the 12 Block Panchayats in Alappuzha district,

only three had implemented projects in the Fisheries sector in 2019-20. Projects included provision of revolving fund to fisheries cooperatives, development of a fish landing centre and financial assistance to fisherfolk for purchasing fishing net. The projects of Alappuzha district panchayat included financial assistance for starting units by women to produce valued added fishery products, project for fish stocking in public water bodies and financial assistance for purchase of fibre boats and fishing nets.

2.8.2 Issues in Service Delivery

- As noted earlier, the Task Force of the State's Ninth Plan on Livelihood Security of Fishing Communities (1997) had recommended that Matsya Bhavans, controlled by the panchayats shall provide the services of the department of Fisheries and Matsyafed and Matsya Board under a common roof to be located in fishing villages. Even though the process of integrating the services has been initiated, many offices of the three agencies still function in different places with minimal integration and interaction. This is of great inconvenience to the fisherfolk as they have to visit multiple offices for a service. Some of the fisherfolk who were interviewed shared their ignorance about the office they should approach for a particular service. Among the three LSGIs visited for understanding the situation (Neendakara GP, Ramankari GP and Kochi Corporation), only the Neendakara Matsya Bhavan had all the three offices functioning under one roof. Matsya Bhavan for the fisherfolk in Ramankari GP is located at Mannar, 22 kilometres away from Ramankari where only the office of the Fisheries Officer of the Fisheries department is functioning. The office of the Fisheries Officer of the Matsya Board is located at Ambalappuzha (24 kilometres away from Ramankari and 26 kilometres from Mannar) and the Project Office of Matsyafed is located at Alappuzha (18 kilometres away). In Kochi Corporation, where a Matsya Bhavan has been newly constructed at Fort Kochi by the Kochi Municipal Corporation, only the office of the Matsya Board is functioning there. The Fisheries officer (Marine) of the Fisheries Department is functioning from the office of the Deputy Director, Fisheries. The Project Office (Marine) is located at Manassery and the

Project Office (Inland) is at District office at Thoppumpady. In the case of Alappuzha district, three Project officers are functioning from district office of Matsyafed.

- There is lack of clarityamong officials and LSGI functionaries about the transfer of Matsya Bhavans to LSGIs. For instance, Ramankari GP where inland fishing is a source of livelihood for many households, the LSGI does not have any interaction with the Matsya Bhavan located at Mannar. Officials and elected representatives interviewed, including members of the Standing Committee for Development (which is in charge of fisheries sector) are not aware that the GP comes within the jurisdiction of Matsya Bhavan at Mannar. Similarly, a display board in Neendakara GP which displays the list of institutions under the GP does not mention the Matsya Bhavan functioning in the GP. Lack of clarity about the relationship between GPs and Matsya Bhavan is also reported by higher level officials of the Fisheries Department. This clearly indicates that effective transfer of the institution is yet to materialise and Matsya Bhavan continues to be an institution of the Fisheries department alone.

- As part of restructuring governance in the fisheries sector, the boundaries of fishing villages are being redefined. According to documents available in Matsya Bhavan at Mannar (inland), several inland fishing villages under its jurisdiction are combined to form two fishing villages viz., Kuttanad and Kayamkulam. Kuttanad fishing village consists of all the GPs in Kuttanad Taluk. Newly constituted Kayamkulam fishing village covers the GPs in Chengannur and Mavelikkara Taluks and parts of Chengannur and Mavelikkara municipalities. Even after the reorganization, these villages are not coterminous with the boundaries of the GPs or Block Panchayats. It is also clear that the jurisdiction of a Matsya Bhavan is not coterminous with the boundaries of the Grama Panchayat or Block Panchayat. Officials of Matsya Bhavan are expected to be the implementing officers of a large number of LSGIs which is next to impossible. In the previous financial year, Fisheries Officer (formerly Sub Inspector- Fisheries) in Mannar was the only implementing officer of the schemes of several GPs in Kuttanad and Kayamkulam regions in the fisheries sector. But the official was involved only in the

implementation of plan schemes of the GP where the office is located viz., Mannar. In the absence of active involvement of officials of the Fisheries department, many LSGIs are not implementing schemes in the fisheries sector even when a significant section of the population earns their livelihood through fishing. Most of the projects are for providing furniture and laptop to children of fishing households.

- Many fishers reported that they do not know which institution should be approached for a particular service forcing them at times tovisit the wrong office. It is of great inconvenience to the fishers as the offices of the three agencies are located in different places. While the issue will be solved once all the agencies are functioning under one roof, it remains as a problem now. Depending on the type of boat, the fisherfolk have to approach different offices (Matsya Bhavan or the office of the Assistant Director/Fisheries Station) for registration/renewal of license. These two offices are located at distant places.

- Another problem reported by the fisherfolk is about the administration of SCRS, a major scheme of the department useful to active fishers and allied workers. As per the scheme, beneficiary contribution is to be collected in six instalments during the months from September to February. But in practice it is collected in three instalments. The collection is done by the Fisheries Officer of the Matsya Bhavan in venues such as community halls, cooperative societies, religious institutions in the fishing village, etc. But some fishers reported that the instalment is collected by the officials only at the office. There is no provision for online payment of beneficiary contribution. The officials interviewed reported that specific dates are not fixed for collection and it is scheduled as instructed by higher officials of the department, on an ad hoc basis. If the beneficiary misses any instalment, the corresponding state/central share of the relief is lost.

- Issues with collection of contribution from fisherfolk was also observed intheSixthReportoftheCommissionwhichlookedattheimplementationofselectlegislat ionsforvulnerablecommunitiesinthestate,onebeingtheFisherfolk.[44]Lack   of

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[44] Fourth Administrative Reforms Commission, 2020. Welfare to Rights: Implementation of Select Legislations, Part II. Government of Kerala.

definitional clarity with respect to who the fisherfolk beneficiary is with respect to the fund set up under the'Kerala Fishermen Welfare Fund Act-1985' was reported. According to the Act, 'fisherman' means a fisherman as defined in Kerala Fishermen Welfare Societies (KFWS) Act 1980, where the definition is any member of the society who is engaged in fishing operations for his livelihood or fisherman who permanently resides in a fisheries village or carries on fishing operations from or within a fisheries village. However, lack of clarity of geographical boundaries of fishing villages is also seen in the registration, and dubious registration of people who are not actively engaged but are mere residents of the village. It was also observed that many of the societies are now defunct.

- Fishers have the right to receive the services within time norms prescribed under the RTS Act. For effective monitoring, date of receipt of application, date of preparation of verification report, date of forwarding it to the concerned authority, date of delivery of service/assistance, needs to be properly recorded. But it is not done in some offices and therefore is not easy to track service delivery efficiency.

- Another major issue observed with regard to the RTS time norms is that though time norms are fixed for some services of the three offices associated with Matsya Bhavan, it is mentioned that the delivery of the service/assistance is subject to the availability of funds. It was found that in the case of some applications, it took around one year to complete the process and release assistance. Time norms for release of assistance to fisherfolk for treatment of life-threatening diseases is 15 days while the same for marriage assistance is 30 days. But an examination of the records in sample Matsya Bhavans indicates that the actual time for release of assistance ranged between 5 to 11 months. Fixing time norms with a rider like 'subject to availability of funds' is against the objective of RTS Act, as it does not ensure any right to people for timely delivery of services. The fishers also reported that they are not informed about delay in release of assistance and therefore they have to contact the office several times to enquire about status of the application.

- The citizen charter of the fisheries department available on the website is not updated and the time frame of services of these offices is not mentioned. The only

service for which time frame is given is registration of boats- 30 days vis-à-vis 10 days in the RTS Act. Similarly, time frame is not available on the website for the services of Matsya Board or Matsyafed.

- Information dissemination on services is found to be poor. None of the offices visited has displayed time norms under RTS Act. The officers reported that the information on services is disseminated through community leaders, representatives of fisherfolk, religious institutions etc., and that the personal number of officers is given to facilitate enquiry on the status of service delivery. However, many fishers are unaware of the details of services and benefits and how it can be sought. It is noticed that the Matsya Bhavans are yet to make use of the possibilities of information dissemination through mobile phones and social media platforms.

- The Fisheries department has developed Fisheries Information and Management System (FIMS) for efficient delivery of services. FIMS is a web enabled system for monitoring implementation of schemes and transfer of benefits to fishers. The system has two major components - creation of database of active fishers and allied workers and MIS for the schemes. At present, only creation of database through registration of fisherfolk is being undertaken. But it is seen that even the registration process through FIMS is not completed in some of the offices due to non-availability of facilities such as computer, internet connection, etc. While some officers use mobile phone to enter data, some others wait for the facilities. At present, no other service of Matsya Bhavan is provided online and hence the fishers need to make repeated visit to get the service.

- Fishing nets have to be purchased from Matsyafed Vyasa Store and products have to be sold through auction organised by Matsyafed through agents appointed by the co-operative societies to avail financial assistance from Matsyafed for purchase of fishing net. The auction method was adopted to avoid exploitation by intermediaries. The fishers have reported some problems such as poor quality of fishing nets sold through Vyasa Store and non-availability of fishing nets of required size in the store.

- As noted earlier, services and benefits of the programmes of Matsyafed are available only to members of cooperatives under its fold. Application for assistance has to be recommended by the cooperative society. But it is found that several cooperatives are defunct. For instance, project office (marine) in Kochi corporation has 10 registered societies of which only seven are working. Similarly, out of the 32 registered societies under the Alappuzha project office which covers the Kuttanad region has 32 registered inland societies, but only 12 are working.

- Fish Farmers' clubs are to be promoted at the GP level to improve management practices in aquaculture, for information exchange, facilitating timely supply of quality inputs, increasing crop insurance cover and to ensure better value for aquaculture products. These are to be organised under the GP. To promote development of aquaculture and to facilitate activities of Farmers' clubs, 400 promoters have been engaged by the Fisheries Department after providing a short-term training. But it is found that the training they have received is inadequate to perform the tasks effectively. The promoters themselves have reported about lack of clarity about their roles and functions. Fish farmers who were interviewed reported that they are not getting much technical support from officials of Matsya Bhavans or the promoters.

- Block Panchayats are undertaking projects in fisheries sector. But, at present no officials of the Fisheries department is associated with the Block Panchayat.Implementing officer of projects in the Fisheries sector of the Block Panchayats is Assistant Director, Agriculture who has no exposure to the Fisheries sector.

- Apart from administering schemes, officials of Matsya Bhavan are expected to study field realities and provide technical advice to fisherfolk on regular basis.But interactions with officials of Matsya Bhavan and fisherfolk clearly indicate that field visits are rarely undertaken resulting in deficiency in implementation of extension activities by Matsya Bhavan.

- A community motivator is appointed on contract basis in all Matsya Bhavans. Butoften, the community motivator is assisting the permanent staff in data entry,

collection of SCRS instalments, etc. rather than engaging with the fishing community in the field.

- Sanctioned posts of staff in some Matsya Bhavans remain vacant. For example, the post of Fisheries Officer of Matsya Boardin Ambalappuzha office remained vacant for four months and officer of Kumarakom office was given additional charge. During visits to the offices, it was noticed that the officers are seeking assistance in office workof persons who help fisherfolk in filling the application forms. One of the officers told "he will be getting ₹10 for filling the application form. Though no payment is made from the Board, they assist us".

- The Kerala Inland Fisheries and Aquaculture Act, 2010 was implemented in the state to ensure protection of livelihood and traditional rights of fishermen and to ensure availability of nutritious fish and food security to the people. It was observed in the Sixth Report of the Commission that though major responsibilities are vested with the LSGIs for development of inland fishing, such as granting licenses for fishing in waterbodies, fish cultivation and conservation, etc. the same is not being done effectively by the LSGIs.

2.8.3 Recommendations

1. **The Commission recommends that Matsya Bhavans needs to function as envisaged, i.e., as a single window system where all the services of various agencies in the fisheries sector is provided. The number of Matsya Bhavans needs to be increased from the current 67 to 200, as envisaged in the Fisheries Policy of the state. It is necessary that Matsya Bhavans are in locations easily accessible to beneficiaries.**

2. **Since Matsya Bhavans are institutions transferred to LSGIs, the Commission recommends that they shall have its jurisdiction within a Block Panchayat to integrate the services of GPs and Matsya Bhavan and to improve implementation of LSGI schemes in the fisheries sector. The implementing officers of Matsya Bhavan shall be assigned the charge of group of GPs in the Block Panchayat. They shall not only be involved in the implementation of GP schemes but also undertake extension activities in the GPs assigned to them. Reorganisation of the fishing villages needs to be done by a Committee**

constituted for the purpose by the Fisheries Department. As far as possible, the redefining exercise shall try to make the boundaries of fishing villages coterminous with the boundaries of the LSGIs. This is imperative for the Block and Grama Panchayats to have a more meaningful role in the fisheries sector. The Committee shall have representatives of the Fisheries Department, LSGD, representatives of fisher community and experts. The Committee shall consider the fishing population and manageability of extension activities while redefining boundaries. Staff pattern of Matsya Bhavan shall also be decided accordingly. The fact that fishing is being expanded to new areas especially in the form of aquaculture also needs to be considered by the Committee.

3. A consultative workshop shall be organised jointly by Fisheries and LSG departments to define the role of LSGIs in Matsya Bhavans and to identify interventions that can be taken up by the LSGIs in fisheries sector. This is also required in the context of responsibilities vested with the LSGIs in various Acts related to fisherfolk like spreading awareness, maintaining registry for active fishermen, facilitating training for inland fishing and provision of licensingetc. which are not done presently. There is also lack of clarity about responsibilities of LSGIs at different tiers. KILA handbook on Matsya Bhavan can be the base document for discussions. Changes required in the KILA handbook shall be discussed in the workshop.

4. The Commission recommends that synergy between LSGI and Matsya Bhavan needs to be achieved for implementation of projects as envisaged in decentralised planning. Representatives from the fisher community shall also be included in project formulation phase to identify their needs and design projects accordingly. It is only then that the LSGI can float projects which generate interest and demand among the target group. Participation of fisheries officers shall also be ensured in the grama/ward sabha.

5. Fisheries Department needs to enhance the scope of FIMS to ensure that all services delivered through Matsya Bhavans are integrated and facilitated online to minimise administrative work of the staff and enable them to focus more on field work. Use of mobile applications accessible by officials in the field itself needs to be introduced. Roles and responsibilities of the officials need to be redefined to give more importance to extension activities, social

security issues, and promotion of livelihood opportunities in the sector. Field functions of the Matsya Bhavan officials need to be clearly defined.

6. The Commission recommends that time norms under RTS needs to be reframed without the condition - availability of funds. The rider that the norms shall be applicable only when 'funds are available', denies the right of fisherfolk to effective service delivery even when service standards are fixed.Time norms shall also be fixed for various stages of services such as field level inspection, preparation of verification report, forwarding to higher officeetc., wherever applicable. The applicants shall be regularly updated about status of their application. Service standards needs to be included in the citizen charter of the Fisheries department and the LSGIs and uploaded in their websites.

7. Information dissemination shall be done in a systematic manner through mobile messages/social media and proper display of information, including time norms for various services of Matsya Bhavans. The same shall also be made available to the fisherfolk through societies, community motivators, promoters and elected representatives. Changes about fish farming and fish processing practices shall also be shared with the fisherfolk. Increase in field interactions of the officials can also help in information dissemination.

8. Differences in issues in the inland sector and marine sector, and in services to be provided to the two sectors needs to be considered while organising training required for Matsya Bhavan officials. The training programmes shall include extension work as a major component, especially in the inland sector. Similarly, training programmes shall include addressing issues faced by workers in fish processing, fish vending, fish marketing etc.

9. The Commission recommends that the department needs to ensure speedy delivery of financial assistance for medical treatment and marriage assistance. Funds shall be earmarked in the beginning of the year itself to ensure that timely delivery of the services is not affected due to lack of funds. Unjustifiable delay, of more than a year in some cases noticed by the Commission is bound to cause hardships to the fisherfolk and result in postponement of treatment or marriage.

10. Efforts shall be made to reduce the need of fisherfolk to visit Matsya Bhavan for services such as remitting SCRS instalment, and to the extent possible the

services shall be provided online or at the doorsteps. Provision for online payment of SCRS instalments and payment through Akshaya Centres shall be facilitated. The services of promoters can also be made use of for collecting the same from the fisherfolk.

11. ARC recommends that LSGIs shall provide facilities for theimplementing officer to function from the locality of the GP as LSGIs are responsible for providing necessary infrastructure to transferred institutions. This will facilitate better interaction between the GP, implementing officer and fishing community. As the official may be in charge of more than one GP, availability of officials in each GP shall be as per schedule fixed by the Matsya Bhavan in consultation with BP and GPs. Infrastructure and facilities required for the smooth implementation of FIMS shall also be provided at the local level. Consolidation of data relating to fisherfolk and beneficiaries of various schemes and across agencies through the FIMS will help in smooth implementation of different schemes and expedite service delivery. It will also help in cross verification to ensure transparency in providing assistance and delivering other services. There shall also be a mechanism through which information on various services are made available to the fisherfolk through messages by linking the phone number once FIMS entry is completed.

12. The Commission recommends that the department needs to take up a study to assess the impact of schemes of Matsyafed on the livelihood of the fisherfolk as the effectiveness of these schemes are followed up. Matsyafed shall make special efforts to ensure the quality of products available in Vyasa Store and to increase the range of products available. If a product of the required type and quality is not available, the applicant for loan scheme shall be allowed to purchase it from elsewhere. Fisheries Department shall also undertake a study on 'Women in Fisheries Sector' to evolve schemes and projects by the Fisheries department and LSGIs to address issues of women in the sector, which have not yet received adequate attention.

13. As there is scope for combining aquaculture and paddy farming, shrimp farming in pokkali fields, duck-pig-fish farming, more coordination is required between the departments of Fisheries, Agriculture and Animal Husbandry. Similarly, coordination is required with the Irrigation

department for fish farming in canals, tanks and check dams. There is also possibility of fish farming in public ponds managed by LSGIs. The Commission recommends that the Block Panchayats shall ensure better coordination among related departments to facilitate integrated approach for fisheries development in the state.

14. The Commission recommends that Matsyafed needs to organize a programme for revival of dormant societies to ensure that all active fishers and allied workers have access to its schemes. This is required to ensure that fisherfolk are not denied the services on account of being members of a society, which is now defunct. If an existing society cannot be revived even after such efforts members shall be permitted to become members of other societies or the services shall be offered to non-members also.

15. Citizen friendly service delivery in the fisheries sector also includes ensuring good quality fish to the people through enforcement of better regulatory mechanisms.The Commission recommends that the Matsya Bhavans shall also be involved in monitoring the quality of fish sold to consumers in their jurisdiction. However, to make sure that the consumers in areas where fishing activities are limited are also getting good quality fish, other offices of the department shall make efforts to ensure the same.

16. The Commission recommends that the appointment of motivators shall be discontinuedas they had been appointed to promote the completion of house construction by fisherfolk under different housing schemes which are now being implemented through the LIFE Mission and they have no role in its implementation. If adequately equipped, the services of the existing pool of motivators can be utilised for extension activities, particularly for providing technical assistance to fisher community.

CHAPTER 3

TOWARDS PEOPLE CENTRIC SERVICE DELIVERY
FROM LOCAL SELF GOVERNMENT INSTITUTIONS

Kerala received wide national and international attention for its efforts to decentralise governance and administration. 73rd and 74th amendments of the Constitution of India and consequent decision taken by the state for decentralising authority and responsibilities to local governments provided opportunity for ensuring better delivery of services to the people. Initiative taken by the state in 1996 for decentralisation of governance is completing 25 years in 2021. Government Institutions like anganwadis, schools, healthcare institutions, Krishi Bhavans, Veterinary institutions, Dairy Extension Service Units and Matsya Bhavans came under the jurisdiction of LSGIs after decentralisation. These institutions are still referred to as transferred institutions even though the transfer happened a quarter century ago. While some of the financial, administrative and developmental functions of the transferred institutions are with LSGIs, state government meets the expenditure on salaries of the staff. Decentralisation was expected to improve service delivery of LSGIs including those of transferred institutions by 1) augmenting resource availability at the local level, 2) increasing participation of stakeholders, 3) improving accountability of governance systems to the community 4) enhancing responsiveness of institutions to community needs and 5) facilitating initiatives based on needs and specificities of the local environment.

This report has examined issues in service delivery of LSGIs which essentially includes those of the transferred institutions. Transferred institutions considered in this report are Anganwadis, Primary Health Centres, Homeo dispensaries, Ayurveda dispensaries, Krishi Bhavans, Veterinary hospitals/dispensaries, Dairy Extension Service Units and Matsya Bhavans. The report is preparedbased on visits to selected LSGIs and transferred institutions, discussions with key stakeholders and the public, review of available secondary information on best practices, earlier studies related to

service delivery, review of submissions made to the commission by different organisations and individuals and suggestions of experts. It is seen that there are several success stories scripted by LSGIs across the state in service delivery, in different sectors. While good practices are observed in the sample LSGIs visited by the study team, it is also observed that there is huge scope for improvement. The previous chapters discussed in detail issues specific to the institutions and services from each of the them. There are certain issues that are common to all institutions such as issues related to service standards, timeliness of service delivery, availability of staff, access to - information, institutions and services, etc. This chapter attempts to examine the common issues in detail to recommend steps for more effective people-centered service delivery mechanism in LSGIs and the transferred institutions.

3.1 Issues

- There are grey areas regarding the nature of relationship between LSGIs and transferred institutions. These arise mainly from dual control of the institutions and its staff by respective government departments and the LSGIs. At present, state government departments are responsible for staffing and salaries of transferred institutions and implementation of central and state schemes. Performance appraisal of these institutions is done by higher offices of the department. Only limited information is passed on to LSGIs by the transferred institution. Interactions the Commission had with different stakeholders at the local level clearly indicated that the elected representatives and the employees seldom consider the transferred institution as an institution of the 'local government'. LSGI is mostly considered as an institution which thetransferred institutions can approach for support when a need arises in infrastructure/facilities and shortage of human resources. In fact, many officials of the transferred institutions consider implementation of LSGI schemes as an additional duty they are entrusted with. LSGI does not have any role in the selection of beneficiaries of departmental schemes. LSGIs have authority over the staff of these institutions in sanctioning leave, calling for reports of its

functioning, prescribing field duties and approving tour programmes[45]. LSGIs can also report on the performance of the staff to the department, for their staff assessment. However, on ground this authority is not exercised by the LSGIs.

- The objective of decentralisation, of bringing people to the centre of governance at the local level by adopting a bottom up approach of identifying needs of the people at the local level and designing schemes incorporating local level diversities seems to have waned after the success achieved during the initial years - especially during the campaign phase. It is seen that services provided by the transferred institutions are mostly decided at the state level by the department and hence are not location/area-specific. The situation in the hilly areas of Marayoor in Munnar could be entirely different from the situation in Ramankari in Kuttanad. Lack of flexibility to adopt to local situations is a major constraint in successful implementation of several schemes. Systematic assessment of local needs is not done and even if it is done, there is no provision to incorporate the same except in LSGI schemes. Views of most of the officials interviewed is that issues specific to the locality can be solved only through planning by LSGI. However, many LSGI schemes are seen to be replication or extension of departmental schemes. Innovative/ location specific initiatives are limited in number.

- Citizen charter and Right to Services Act are important steps to ensure rights of people for effective service delivery. The Commission finds that many services of LSGI and transferred institutions are still outside the purview of RTS, and the Citizen charter of the LSGIs and transferred institutions. In the case of services for which standards are available, there is scope for revising them through improvements in processes and use of technology. Moreover, for services involving different stages and functionaries, norms are not fixed for completion of each stage and concerned functionary is not assigned individual responsibility to complete the process as per defined standards. It is important to ensure transparency in delivering services to the people.

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[45]G.O. (P). No.113/98/LAD dated 2.6.1998

- The nature of services of Krishi Bhavans, Veterinary hospitals/dispensaries, Dairy Extension Service Units and Matsya Bhavans demands regular field visits by the officials. In the case of veterinary institutions, door step delivery of services like artificial insemination of cattle, treatment for diseases is also important. But the frequency of field visits is quite low. The situation is attributed to the largevolume of 'office or administrative work' which leaves the officials with less time for their duties as 'field officers'. The Commission considered this aspect in detail and has arrived at following conclusions. 1) primary purpose of the grassroot level institutions at present, appears to be 'scheme implementation' rather than working for the development of the locality and service to people in respective sectors- agriculture, livestock, dairying, fisheries, 2) the institutions need to focus more on understanding field realties and in providing solutions as and when problems are reported or when advice is sought. 3) There is scope for reducing office/administrative work in these institutions through increased use of modern management techniques, and by adopting IT enabled service delivery.

- There is an urgent need to improve dissemination of information from the LSGIs and institutions managed by it at the local level. Opportunities provided byIT enabled services andsocial media platforms are yet to be fully utilised. It is observed that information flow is largely confined topeople with close links to the institutions, though exceptions are found in some LSGIs. This often leads to systematic exclusion of the poor and the marginalised. LSGIs are entrusted with management of the transferred institutions and it is imperative that they facilitate flow of required information to people about services by LSGIsand transferred institutions.

- Two types of issues relating to physical access to the transferred institutions areidentified, (i) poor physical access to the institution because of its location in places inaccessible by public transport and/or motorable roads. Such difficulties are more in the case of institutions in hilly terrains and remote localities (ii) the institution is inaccessible to persons with disabilities and to elderly people.

- Only very few services of LSGIs are currently available online. Recent initiative of IKM to integrate all services and portals into one - ILGMS, is a welcome initiative. It is rolled out onpilot basis and though nearly 200 services are envisaged to be provided online, less than ten services are available, currently.

- The reach of training and awareness programmes for farmers, livestock owners, fisherfolk, etc is low. Availability of new technologies like video conferencing offers opportunities for decentralised training. Increased use of technology based solutions by state government and LSGIs in outreach programmes is requiredto enhance reach of capacity building programmes. Many among the intended beneficiaries of such programmes, particularly those from poor social and economic backgrounds may not be adept at using these technologies or cannot access them.

- Authority of LSGI over transferred institutions can be institutionalised only when people perceive LSGI to be a forum to redress grievances related to the services of the transferred institutions. Under RTS, the appellate authorities for transferred institutions are higher level officials in the department.

- An integrated service model for LSGI necessitates better coordination among the different departments involved. Lack of coordination/cooperation between departments is brought to the notice of the Commission (e.g., Irrigation and agriculture, animal husbandry and dairying, ICDS and health, agriculture and rural development).

- One of the objectives of decentralisation is to make LSGIs more responsive to the needs of different sections of the local community. While Grama Sabha/Ward Sabha was envisaged to perform this role, discussions on agriculture, livestock, dairying, fishing sectors are largely restricted to the selection of beneficiaries of LSGI schemes in the sector.

- Staff pattern of most of the transferred institution is not fixed considering the size of the target population, extent of field duties and the geographical peculiarities of the locality etc., at present. As a result, some of the institutions fail to deliver services effectively.

- Two institutions considered in the present report viz., Dairy Extension and Service Unit and Matsya Bhavan do not have office at the Grama Panchayat level. But the staff of these institutions are expected to make field visits and are also implementing officers of LSGI schemes in the sector.
- Majority of LSGIs in the state have ISO certification. But this is limited to the offices of Grama Panchayats, Municipalities and Municipal Corporations.

3.2 Recommendations

1. **Financial and administrative authority of LSGI on the transferred institutions needs to be clearly defined as there is confusion about it among elected representatives, staff of LSGI and transferred institutions. The Commission recommends that the State government needs to constitute a Committee to review the functioning of transferred institutions in decentralised setting, define role and functions of LSGI with regard to transferred institutions, and suggest a road map for governance and service delivery at the local level. The Committee needs to include elected representatives of LSGIs, representatives of LSGD and other concerned government departments and experts in the subject. Terms of Reference of the Committee needs to include 1. Defining authority and responsibilities of LSGI on the transferred institutions 2. Accountability of transferred institutions to LSGI and the local community and reporting and monitoring mechanisms required at the local level 3. Improving flexibility in implementation of schemes administered by the state government departments through the transferred institutions.**

2. **The Commission recommends that departmental schemes need to be categorised into 1. Schemes implemented throughout the state without any modification 2. Schemes which allow flexibility in implementation considering local/regional context.**

3. **Capacity of LSGI functionaries including officials of transferred institutions needs to be strengthened to identify and implement schemes suitable to local needs, through flexible schemes of both the department and the LSGI. There also needs to be enhanced efforts from the LSGI to effectively use institutional**

mechanisms under decentralisation for need identification and community participation, as was done during People's Planning Programme during initial years of decentralisation.

4. ARC recommends that LSGD need to take the initiative for setting new standards for all major services of LSGIs including those of the transferred institutions in consultation with the respective departments. Standards shall be set for each stage of the service delivery process, assigning responsibility to concerned functionary. While service standards set at the state level need to guarantee the minimum quality of services the public can expect, LSGIs need to be given the freedom to set their own service standards above that fixed at state level. Citizen charter of LSGIneeds to include service standards of all institutions managed by it.

5. LSGIs shall strive to achieve transparency in delivering services by 1. Publishing information on service delivery performance of the LSGI office and the transferred institutions against the service standards mentioned in RTS/Citizen Charter, 2. Publishing the list of beneficiaries of departmental schemes and LSGI schemes. Details of processes and officials involved, date of decision by Grama Sabha/transferred institution, etc., shall also be published. The information shall be made available on the website of the LSGI and displayed conspicuously in the office of the LSGI and concerned transferred institution. Display of a performance dashboard in the offices and websites of LSGIs will make the people more aware of the functioning of these institutions and also prompt them to demand their rights to avail services provided by government.

6. State government needs to revamp the system of office administration of institutions of the LSGI - office procedures, filing system, documentation and record keeping, and processing of applications involving LSGD and other government departments. The institutions need to move towards less paper mode of functioning. To enable this, all field officers, need to be equipped with devices in facilitate entry of information from the field itself. A model that could be replicated by the field departments of the state government is the initiative of National Nutrition Mission to provide Anganwadi workers with smart devices for real time updating of data from field rather than entering it in different registers kept in the Anganwadi. An integrated software suite for LSGIs to gather and organise data such as ERP needs to be adopted to cover the services

of the transferred institutions. This will also facilitate effective monitoring of the functioning of grassroot level institutions by LSGI and the department.

7. Data of people seeking services of LSGIs (including schemes of the department and LSGI) shall be integrated to avoid the need for repeated submission of documents each time a service is sought. This will simplify the application process and reduce administrative work of the staff.

8. Meetings, workshops and training programmes for staff of the institutions shall be organised, as far as possible using online platforms to save the time for travel. This will also ensure the presence of the functionaries in the institutions. Timing of such programmes shall be fixed in such a way that service delivery of the institution is not affected.

9. The time saved through simplification of procedures and better office administration shall be spent in the field to understand ground realities and for providing timely service to the people. Field visit plan shall be prepared in consultation with LSGI and representatives of target groups and communicated to them in advance through electronic and offline methods enabling them to plan their activities accordingly.

10. The Commission recommends that information dissemination at the local level needs to be more effective through better use of social media platforms and IT enabled services. Mobile phones could be particularly useful in extending the reach of services by facilitating communication that is not restricted by distance and time. Information on different services of the LSGI and grass root level institutions, service standards, schemes of the LSGI and government departments, good practices in farming, fishing, livestock management, dairying, changes in knowledge and technology and services can be communicated through these platforms. Response to queries by the people can also be provided through it. A register of farmers, fisherfolk, livestock owners with phone numbers and WhatsApp numbers need to be prepared and kept updated in all LSGIs to facilitate the same. Registration drivefor enrolling farmers with special focus on enrolment of the poor and vulnerable groups needs to be organised by the LSGIs. It also needs to be ensured that people who are unable to access these platformsare reached through conventional methods of communication. Service standards, details of schemes of LSGI and transferred institutions, details of LSGI and transferred institutions (name and contact numbers of functionaries)

shall be displayed in the LSGIoffice and the concerned institution and shall be included in the LSGI website and Citizen Charter. LSGIs shall also consider providing a common service number where people can register for services and regularly get notified about services across institutions.

11. LSGIs need to give priority to projects for improving physical access to public institutions managed by them. Interventions shall include shifting institutions to more accessible locations and improving road access to public institutions. Post implementation of the Rights of Persons with Disabilities Act 2016, all public institutions are to be made disabled friendly. Disabled friendliness shall not be limited to provision of ramps which only helps persons with locomotor disabilities. Public institutions shall be made user friendly to persons with other types of disabilities also. LSGIs shall also consider door step delivery of some of the services to persons with disabilities and the elderly.

12. There is an urgent need for scaling up the range of services available through ILGMS. State government needs to consider integrating provision of online services of departments and the LSGIs in a single portal, with links provided to the concerned department/LSGI, as the case may be. This will be a major step in the direction of ensuring people centered service delivery.

13. GramaPanchayats, Municipalities and Municipal Corporations needs to facilitate and ensure access of every resident in their jurisdictions to capacity building programmes at e-learning centre to be established at the ward/division level. In many wards/divisions this can be done using existing infrastructure such as schools, libraries, clubs, community halls, Anganwadis, etc. While the smart classrooms of the schools can be used for this purpose, necessary facilities shall be provided by LSGIs in other institutions, which can be used for other purposes also. The objective shall be "capacity building of all stakeholders".

14. The Commission recommends that the LSGIs shall also function as appellate authorities for the services of transferred institutions. People are likely to prefer approaching a local level grievance redress forum than officials of the department who will be further away from their location. LSGD needs to develop a mechanism for integration of services of related government departments.

15. The Commission recommends that at least one Grama Sabha shall be convened every year exclusively to discuss issues related to agriculture and allied sectors.

Grama Sabhas convened for a specific purpose/group or domain is deemed to be effective as observed in the case of Child Grama Sabhas convened under the forum of Child Friendly Local Governance. Necessary modifications shall be made by the LSGD in the guidelines for planning of the LSGIs. Moreover, the LSGIs shall, jointly with the concerned transferred institution, undertake an assessment of the needs of farmers, fishers, livestock owners, ICDS beneficiaries, etc. to formulate interventions to fulfil some of these needs locally using LSGI funds.

16. The Commission recommends that concerned departments need toreassess requirement staff of the transferred institutions in different contexts. Decentralised system in which the transferred institutions are more accountable to LSGIs may increase the work of LSGIs. This aspect needs to be considered by the LSGD while deployingof officials to LSGIs. LSGD may promote recruitment of staff in temporary vacancies by LSGIs through a transparent process. Based on need assessment at the local level,LSGIs shall also be allowed to recruit staff on contract basis through transparent process to support existing staff of the transferred institutions.

17. GIS platform for mapping details of schemes and interventions of LSGI and transferred institution needs to be developed at the state level to facilitate better planning by LSGIs. LSGI functionaries shall be given necessary training to use GIS for planning at the local level.

18. Grama Panchayats need toensure that necessary facilities are made available for the functioning of Dairy Extension and Service Unit and Matsya Bhavan.

19. As institutions of LSGI, transferred institutions which provide defined sectoral service also needs to be brought into the ambit of ISO certification. This will be a step forward in ensuring that minimum standards of service are offered to the people by LSGIs.

20. The state government shall consider instituting an award for the best performing LSGI in service delivery. Instituting such an award for people centric service delivery along with a provision for performance grant will serve as an incentive for people centered delivery of services by LSGIs.

21. There are many success stories of service delivery of LSGIs and transferred institutions in the state. These experiences need to be shared and emulated. Decision of KILA to document best practices is a welcome initiative. However,

LSGIs also need to share the challenges they faced and how they overcame them. It is missing in the current initiative. LSGD needs to facilitate sharing of experiences through organising seminars and workshops and also through visits to other LSGIs.

22. **All the above recommendations are based on approved principle of participatory governance. 73rd and 74th Constitutional amendments, a historical step which led to creation of 3-Tier system of Panchayati Raj and Single Tier system of Nagara Palika, envisaged peoples' councils or committees to lead local governance. Members of these Councils/ Committees are elected directly by members of the Grama Sabha/ Ward Sabha i.e., people of the local body. Same structure of State Legislature/Parliament with an executive body of Council of Ministers was not envisaged for the Local Governments by the constitutional amendments. Members represent political parties as in the case of legislature or Parliament, but they do not represent ruling party or opposition as there is no 'ruling' or 'opposition' in LSGIs. Framing of laws and policy formulation is not delegated to Local Governments. Once elected they are bound to function as a single body for welfare and development of the LSGI. There is neither ruling front nor opposition, or opposition leader in LSGIs as often referred in the media. Deviations from provisions of constitutional amendments curtail spirit of decentralisation of authority leading to partisan decision making by LSGIS and dilutes basic tenants of 'Janakeeya Aasuthranam' (peoples' planning). The Commission suggests that government may take urgent steps to impart awareness to the elected representatives of LSGIs on concepts and vision underlying 73rd and 74th amendments of the Constitution. An awareness campaign through media may also be carried out by I&PRD.**

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