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## Panchayat Raj Institution And Maternal And Child Health Care Services: A Study Of Bolani Gram Panchayat

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### Abstract

Public participation in health was first highlighted in the Bhore Committee report, 1946, and later in all the national health policies of India. But, the introduction of the National Rural Health Mission (NRHM) in 2005 has brought the importance of community involvement and discussed the role and responsibilities of the Panchayat Raj Institution (PRI) to implement health policies at a local level. This study mainly focused on the active participation of tribal PRI members in local-level health meetings, which directly affects the utilisation of maternal and child health policies. Further, apart from that the socio-economic conditions have been playing very important role to fulfilling the nutritional requirement; therefore, the study critically examined their participation in various areas such as: raising voices for creating employment opportunity for the local tribal families, making awareness about government facilities for increasing local agricultural productivity, actively monitoring the daily school routine etc. Research Methodology: Though it is an empirical study that deals with their active performance in local policy implementation, it requires an empirical method of data collection. To map their performance, the personal interview method has been adopted as the primary method of data collection. The study has also used the socio-demographic data of the panchayat office of Bolani Gram Panchayat, Kendujhar, Odisha, for a comparative analysis of their performance. Results show that the majority of them participated more in infrastructure development, whereas some selected women member actively raised their voices for better maternal and child health for their community.

**Keynotes:** Tribal mother and child health, PRI participation, developmental programmes, livelihood, nutrition.

## Introduction

In “Young India” magazine Gandhiji wrote that “True democracy cannot be worked out by the twenty persons at the centres. It shall be worked out only by the villagers.”<sup>1</sup> The involvement of the community leadership became a suitable development strategy for the better management of policies and programmes in local areas and became an important advocate as a suitable development strategy due to several reasons. The merits of this approach lie in the local leadership that focuses on local needs. In the case of health care delivery also, the same holds good. Community involvement in primary health care is expected to bring about the following benefits: enhanced utilisation of the existing health services, greater mobilisation of resources, improved health-seeking behaviours and empowerment of the people due to the knowledge gained and being part of the processes.<sup>2</sup> Public participation in health was highlighted in India at different points in time, as early as 1946, in the Bhore Committee report and later in all the national health policies. In 1992, the 73rd and 74th constitutional amendments provided a blueprint for people’s participation in the implementation of social sector programmes. In the health sector, it was with the introduction of the National Rural Health Mission 2005 that the importance of community involvement was explicitly outlined. The NRHM, which is renamed as National Health Mission (NHM), envisages ensuring accountability in health services delivery through the involvement of communities. The concept of community involvement in NHM is known as “Community monitoring” for the better management and utilization of health services equally among the common population. Here, the question comes what should be the relationship of political leadership with health policies and how important is this for the weaker section? Again, the local political representative is able to raise their voices strongly and create a social and economic circumstance that directly or indirectly makes a positive effect on health status of locality, especially within the tribal communities.

## Role of Political Leadership in Implementing Health Policies

In a democratic system where the people’s representative elected by the adult citizen with the hope to stand for their issues, raise voice for them, political priority became important. Here, the political leaders should actively pay attention on issues, provide resources, commensurate with the problem and challenges. It is well known that India has a health system with many deficiencies, such as: shortage of human resources, medical equipment, finance, poorly performing and unable to deliver the desired health outcomes. Moreover, the situation has marginally improved over last many years, more specifically, India able to decrease IMR and MMR, burden of tuberculosis and malaria, coverage with vaccination, spending money on primary healthcare services. But, the country with huge population and a sizable population coming under Food Security Act, spending only 1.18% of GDP which is amongst the bottom lowest 20 countries in the world. In the primary health care system, the Indian states only spend 4-5% of their state budget which is against the National Health Policy 2017<sup>3</sup>. There is enough evidence that the country accepted health as their political priority doing good on health outcomes and have better functioning government

<sup>1</sup> Behuria, R. K. (2017), Panchayati Raj in Odisha: Problems and Suggestions, *Odisha Review*, ISSN-0970-8669, p.90.

<sup>2</sup> *Ibid*

<sup>3</sup> Chakraborty, Simonti and Acharya, Nilachala (2021), Mapping Budget Priorities for the Health Sector of Select States of India, *Centre for Budget and Governance Accountability*, CBGA, p.3.

health system. Canada, Germany, UK and Thailand are some of the countries considered health as political priority and sustained thereafter.<sup>4</sup>

Nunes (2023) explore the link between health, security and politics and seeing health more than a medical condition and a set of technical solution. He makes two arguments. Firstly, it argues that 'health' should be approached as a political phenomenon. Secondly, it suggests for health as a security perspective that needs be analyses in political dimensions. The article analyses health as a global concern or a global phenomenon resulting from the complex connectivity of contemporary societies, circulation of people and good and increasing interdependence of national economies. After 'health for all peoples' is an important part of the Constitution of the World Health Organization, health becomes a matter of diplomacy, foreign policy and international politics. It is obvious that health is political as many governmental steps regarding the allocation of appropriate resources depends upon political decision.<sup>5</sup> But the important question is whether 'health' is a primary issue unlike food, house, water, road, electricity etc., the basic necessities of people that need to be election agenda of political parties. Compare to the previous health programmes, Pradhan Mantri Jan Arogya Yojana (PMJAY) was covered in national newspapers and electronic media largely. Along with the other factors, such as religion, caste, region and development agenda, PMJAY represents the increased prominence of health programme in Indian Politics. The Prime Minister of India Shree Narendra Modi often talk about the Ayushman card in his election campaign. Though, the scheme got more media coverage, it has been criticized by the opposition and scholars for less budgetary and legislative agenda. Moreover, it is an initiative of government of India that can affects the Indian health system and provide comprehensive financial protection in the future.<sup>6</sup>

The 2004 parliamentary elections in India played an important role in the process of emergence of maternal health as a political priority. The new government "United Progressive Alliance's" promised to increase public spending on health to 2% to 3% of the Gross Domestic Product by the year 2010. Jat (2013) et al. mentioned the view of a government official that: "Political transition at the national level in the 2004 general election and the United Progressive Alliance's coming to power and including maternal mortality reduction as one of the commitments in the Common Minimum Programme also helped in making maternal health a priority at national and state levels". Prioritising the maternal health, the prime minister of India lunched the NRHM in April 2005, with the objective of reducing MMR. The central government started providing additional funds to the state governments which motivated them to prioritise the issue of maternal and child health as well. Majority of respondent said that the newly Shivraj Sing government seems to be very serious about improving the social and economic indicators of the state including maternal health.<sup>7</sup> Though, maternal health has been one of the components in the national programme since independence of India, has not gained much attention. Various countries have been taken safe motherhood as the political prioritization and present them in their election agenda or manifesto, as India also started focusing on

<sup>4</sup> Laharia, Chandrakant (2019), Has health become a political priority in India, *Insights from the community*, LinkedIn.

<sup>5</sup> Nunes, Joao (2012), Health Politics and Security, *e-cadernos*, CES.

<sup>6</sup> Kalita, Anushka and Croke Kevin (2023), The Politics of Health Policy Agenda Setting in India: The Case of the PMJAY Program, *Health System and Reforms*, ResearchGate, Vol.9, Issue.1, p.2.

<sup>7</sup> Emergence of Maternal Health as Political Priority in Madhya Pradesh, India: a qualitative study

reducing maternal death. The study also highlighted, the centre and state strong role in the provision of health services, even health is a state subject under the distribution of power between central and state government.<sup>8</sup> Here, the role of political leadership limited to making policies, setting agenda whereas the local political leadership and their active participation is really important to make the policy implementation effectively. Again, the Congress Party of India projects 'Chiranjeevi Yojana' as a model for the entire country in the last state election campaigns, and the Biju Janata Dal (BJD) shows its welfare policies, specifically Biju Swasthya Kalyana Yojana (BSKY), during the 2024 assembly and parliamentary elections.

In India, panchayats are responsible for a variety of developmental initiatives such as employment, health, and sanitation, as well as assisting the central and state governments in implementing various policies at the ground zero level as needed. The function of Panchayat Raj Institution (PRI) responds to the needs of the people with the mutual decision/concern of Gram Sabha. However, the constitution of India in the 73rd Amendment empowers the Gram Sabha to make all local-level decisions according to the situation and needs of the people. Increasing people in political participation advocated as a suitable development strategy due to several reasons. The merits of this approach lie in enhancing ownership and responsibility of the community leading to better management of programmes, better prioritisation taking into account local needs and more focused programmes. In the case of health care delivery also, the same holds good. Community involvement in primary health care is expected to bring about the following benefits: enhanced utilization of the existing health services, greater mobilisation of resources, improved health-seeking behaviours and empowerment of the people due to the knowledge gain and being part of the processes. Public participation in health was highlighted in India at different points in time, as early as 1946, in the Bhore Committee report<sup>9</sup> and later in all the national health policies. In 1992, the 73rd and 74th constitutional amendments provided a blueprint for people's participation in the implementation of social sector programmes. In the health sector, it was with the introduction of the National Rural Health Mission 2005 that the importance of community involvement was explicitly outlined. The NRHM, which is renamed as National Health Mission (NHM), envisages ensuring accountability in health services delivery through the involvement of communities. The concept of community involvement in NHM is known as "Community monitoring.

Whereby the community is empowered to take leadership in their health matters. Given the advantages of the local decision-making process in improving service delivery, the NHM spells out decentralisation decision-making involving the Panchayat Raj Institutions at various levels of health care delivery. In this direction, it is recommended that all the health facility planning and monitoring communities involve elected representatives from the PRIs. The mechanism of involvement of PRI members in health is through Village Health Sanitation & Nutrition Committees (VHSNC) at the village level; through planning and monitoring committees or hospital management committees at primary health centres (PHC), community

<sup>8</sup> *Ibid*

<sup>9</sup> Bhore Committee (1946) and its relevance today.

health centres (CHC) and district hospitals (DH). The planning and monitoring committees are also called “Rogi Kalyan Samithi (RKS)”<sup>10</sup> which means patient welfare committee. The primary objective of RKS is to ensure quality health care with people’s participation, accountability, and transparency in the utilisation of allocated funds. The main purpose of these committees is to jointly plan, implement and monitor the health activities at various levels. It is a key inter-sectoral collaboration initiative taken up by the Health Department in partnership with the Panchayat Raj institutions. These committees are democratically constituted bodies that provide a platform for elected representatives and officials of PRIs/ municipalities and health officials to work jointly for the efficient functioning of public health institutions.<sup>11</sup>

PRIs act as the main body of planning, executing and supervising the NRHM programme in the country. Bheenaveni (2007)<sup>12</sup> thinks that the key steps for the success of the NRHM through Panchayats are: (a) Inter-sectoral convergence, (b) community ownership steered through the village level health committees at the Gram Panchayat (GP) level and (c) a strong public and private partnership. These issues necessitate complete reorganisation or reformation at various levels of Panchayats for better regulation of local medical institutions, medical awareness, strengthening health workers and effective ground-level implementation. Experts think that the accomplishment of the NRHM significantly depends on the well-functioning of all three levels of Panchayats with people’s active participation. Also, the selection of health workers and supervision of their work can be effectively done by GPs, which can contribute to the success of NRHM.<sup>13</sup> Some experts have opined that Zilla Panchayats (ZPs) are the prime implementing and monitoring agencies concerning the NRHM at the district level. However, this agency has not been provided the necessary power and autonomy until today. At the Gram Panchayat level also, there must be a provision for enough autonomy to reallocate resources and change activities according to the needs of the respective GPs. As per the current plan of action, the NRHM mandates the progress of suitable village-level health plans. However, this only forms one part of the district-level plans, which in turn decide the nature of grants that are earmarked at the GP level. Hence, the NRHM is often described as a partial decentralisation where more real decentralization at the ground level is required.<sup>14</sup>

Although the NRHM scheme allows greater flexibility in implementing various public health programs, escalating important and timely interventions is a significant task. However, it is generally felt that more discretion and autonomy should be given to Gram Sabhas concerning planning for various health programmes and financial issues. Experts opine that additional grants must be earmarked for GPs for their various extra activities. Here, ASHA (Accredited Social Health Activists) health workers and ANM (auxiliary midwife) workers can play a critical role in improving the use of public funds. They can

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<sup>10</sup> Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Committee is a simple yet effective management structure. This committee, a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the hospital / Community Health Centre / FRUs. RKS / HMS is free to prescribe, generate and use the funds with it as per its best judgement for smooth functioning and maintaining the quality of services.

<sup>11</sup> Rout, Sarit K. and Nallala, Srinivas, (2016), Catalysing the Role of Panchayat Raj Institutions in Health Care Delivery in Odisha, *Odisha Review*, p.18.

<sup>12</sup> Bheenaveni R. (2007), Enhancing services of Panchayati Raj in public health, *Journal of Health Studies*, Vol.3, pp.23–26.

<sup>13</sup> Laveesh B., & Dutta S. (2009). Health infrastructure in rural India, *India Infrastructure Report 2007*, Academia. Edu, pp.265-285.

<sup>14</sup> D., Hari Sankar et al. (2014), National Rural Health Mission reforms in light of decentralised planning in Kerala, India: a realist analysis of data from three witness seminars, *BMC Public Health*, Vol.24:678, p.6.

encourage GPs to use public funds allocated to them for community-based preventive/promotive/rehabilitative health-related activities under the NRHM. But unfortunately, it is not happening at the ground level. Mohanty (2007) has opined that another feature of the NRHM scheme is its bottom-up approach driving the community and Panchayats to participate. Additionally, the formation of various committees within the PRIs like the Health, Sanitation, and Nutrition Committee has helped to deal with various vital health issues focusing on maternal health care, controlling epidemics and immunizations. Since these committees comprise elected members, Self-Help Group (SHG) members, Non-government Organisations (NGOs) and community workers, the chances of being successful will be more. The health committees can sanction required funds for various health-related activities in their jurisdiction.<sup>15</sup>

Although PRI officials make their own decisions on the planning and budgeting of programmes, it seems that they are not in tune with the local requirements. PRI officials do not even consult GPs. According to them, GP members are illiterates and they do not have any capacity to handle any health issue or crisis. Local politics in rural areas affects Government health officials in the decision-making process. The field survey shows that some or other forms of conflict exist between the health department and PRIs. Hence dual responsibilities and controls upset and severely affect the quality of the public healthcare delivery system in rural areas. Health officials should not be under the obligations of the elected representatives of PRIs at any cost while preparing the health plans. The responsibility of PRIs, especially in human resources management, financial management, planning and problem-solving is very vital. PRIs have some sort of control over the lower-level health staff only. In many cases, PHIs cannot go against the wish/desire of the elected representatives. In some cases, some health officials have a nexus with PRI representatives for various personal reasons. It is found that in a few cases, the capacity of the health officials in monitoring and appraisal of various health programs is continuously connected with the added official responsibility and is over-burdened. Health administrators must be given some extra discretionary powers for timely decisions.<sup>16</sup>

Kerala has a successful story of the intervention of local leadership/panchayat Raj in the health sector for better services. Positive Impact of the Role of PRIs in PHIs: The results of our field survey indicate that the system of dual controls and responsibilities yielded good results when elected representatives and officials of Panchayati Raj Institutions and medical officers were on good terms and maintained positive and cordial relationships. There is a substantial improvement in respect of attendance of health officials, availability of medicines, quality of services and quality of infrastructure due to the intervention of PRIs in 2012 compared to 2005. However, when there was a conflict the effectiveness of Panchayati Raj Institutions in Public Health Institutions was adversely affected.<sup>17</sup>

<sup>15</sup> Mohanty S. K. and Kastor A. (2007), Out-of-pocket expenditure and catastrophic health spending on maternal care in public and private health centres in India: A comparative study of pre and post national health mission period, *Health Economics Review*, Vol.7, pp.34–39.

<sup>16</sup> Bossert et al. (2010), Decentralization of Health in the Indian State of West Bengal: Analysis of Decision Space, Institutional capacities and Accountability, *Public Disclosure Authorized*, p.3.

<sup>17</sup> John, Jocab (2012), A Study on Effectiveness of Panchayati Raj Institutions in Health Care System in the State of Kerala, *Kerala Development Society*, Planning Commission, Government of India, p. XV.

Nayyer, Anjali et al. (2021) Monitoring services and accountability is critical for improving change in access to quality health and nutrition services at the community level. Leadership at the grassroots level represents and is directly in contact with the community. In Uttar Pradesh, India, an innovative project improved the capacity of village elected representatives, Gram Pradhans and select community members by establishing a feedback mechanism and linking them to the Members of the legislative assembly from the project district to prioritize health services. This was to enable them to monitor, provide feedback on roadblocks and address gaps leading to improved services for reproductive, maternal, newborn, and child health and nutrition. The pilot intervention showed that when trained, equipped with the requisite skills, and provided a supportive environment, grassroots leaders, can become a potent force of change. We documented how elected leaders can be engaged to work with government officials at various levels to set up monitoring, and redressal mechanisms to improve service delivery and demand. Quantitative and qualitative assessment reveals that this intervention is an important building block in the last-mile service delivery, for health and nutrition programs in India.<sup>18</sup>

The CELD pilot focused on building the capacity of women GPs to understand their role and responsibilities towards advancing health and nutrition services in their villages. The endeavour provided them with an opportunity to overcome deep-seated cultural resistance to catalyse change. Though initially most of the women GPs had a male representative who carried out all the tasks of a Gram Pradhan, the capacity-building efforts under CELD motivated the women GPs to take on important tasks like effective monitoring to improve services themselves. However, the pilot was not able to measure the percentage increase of women GPs who started working independently after capacity building since the baseline data was not available. However, the study shows that 154 (47%) were women GPs of the 330 GPs in the intervention areas, of which 16% worked independently without the support of a male representative. The remarkable increase in women's GP (Gram Pradhan) active participation and taking the lead in monitoring VHND sessions. To measure their performance, CELD observed them for a period of months. Initially, the male members of their family carried out all the tasks of the GS, but after the capacity building under CELD motivated the women GPs, they started monitoring the VHND sessions independently, and towards the end of the project, nearly all regularly participated in the VHSNC meetings. About 79% of women GPs started monitoring the VHND session sites using the checklist adapted from government guidelines, and an 81%-point increase was seen in VHNDs being conducted.<sup>19</sup>

Elected women Gram Pradhan(GP) who independently took on their role as elected representatives and did not have a male proxy. As per norms, 86% of panchayats were providing complete VHND services. A majority of the women GPs steadily demonstrated a decreased dependence on their male representatives. By the end of the project, they relied on the representatives only for help with mobility/transport or completing tasks that required a higher level of literacy. This is reflected in their active participation in important activities; 58% of women GPs worked hands-on to improve health and nutrition services and

<sup>18</sup> Nayyer, Anjali et al. (2021), Improving Community Health and Nutrition Services: Role of Elected Leaders in Monitoring and Improving Service Delivery, *ARC Journal of Public Health and Community medicine*, Vol.6, Issue.2, p.10.

<sup>19</sup> *Ibid*, p.18.

resolve impediments to enhance implementation of schemes, 19% conducted rallies and disseminated key messages related to health and nutrition within the community they served, 29% wrote letters to relevant government officials and authorities on concerns that arose in their panchayats related to health and nutrition program implementation which primarily involved issues related to supplies of essential commodities, medicines etc., human resource gaps and performance, infrastructure for VHNDs, and untied funds disbursements. 25% of women GPs conducted community meetings wherein they highlighted the importance of VHNDs, the need for early registration for ANC and complete ANC, benefits of family planning, full immunization of children, institutional delivery benefits, nutrition-related key messages for newborns, infants, children, pregnant and lactating women etc. A small number of women GP (4%) also made statements in the media and participated on social media platforms to spread awareness about health and nutrition. Some Women GPs were felicitated at a State Level Symposium on RMNCH+A & Nutrition Building a healthier UP, wherein the significant role of female elected representatives in strengthening health services and influencing behavior change at the community level, was specifically highlighted by a Member of Parliament. Figure- 5 shows the overall achievements under the intervention.<sup>20</sup>

This article has focused on the performance of local political leaders in the Bolani gram panchayat that comes under Joda block, one of the tribal-dominated blocks and the majority of PRI seats reserved for the ST population. Before examining the performance and active participation of local political leaders/representatives of Bolani GP in different committees and meetings on important local issues, it is also important to make a critical analysis of Kendujhar politics. Another aspect is mapping the tribal leadership and its impact on the development of the district.

### **Political Participation of Tribal Communities in the Villages of Bolani Gram Panchayat: An Analysis**

To enhance participation in the decision-making process democratisation and empowerment of local administrative bodies are a must, especially among groups that have traditionally been marginalised by local political processes. Many studies from Asia, Africa and Latin America have shown that the democratisation of local political system, such as the introduction of elections, rights of association and participation in public meetings can empower poor and vulnerable communities and enhance their ability to participate in the local decision making and encouraging them to hold public offices. Blair (2000) discussed, that “increased representation offers significant benefit itself. This is how the local political leaders can improve their self-identity and worth, which can help to break down inequality and discrimination that exists in society. Again, the local leadership can get awareness and training for the development activities to run the panchayats effectively and efficiently. However, some important questions are needed to map the local politics, political representation and panchayat raj election of Bolani Gram Panchayat.

Adivasis are denied to participate in the production, transportation and holding of any high post in local mines and factories. The huge labour force required in these areas from the local tribal communities. While

<sup>20</sup> *Ibid*, p.16.

discussing with the elected members of the Gram Panchayat, the majority of them agreed that there has been a consistence dominance of the Gopal community in social, economic and political areas of the Bolani Gram Panchayat. In the villages, where the presence of the Gopal community occupied the maximum wealth compared to the Bhuiyan and Kol communities. Kol has a very small share in terms of wealth distribution as the majority of them have less cultivation land and some of them are also landless. Though, maximum seats in the local body are reserved for the STs (Scheduled Tribes) the influence of the Gopal community in politics is still important to winning elections. Basanti Munda, the current Sarpanch of the panchayat urges that the reservation of STs and their participation in Gram Sabha and Palli Sabha has paved the way for inclusive participation of Adivasis. The political consciousness among them has been improved as compared to the past, they understand the value of their vote and their participation in the political process. The Bhuiyan have a good share of access to land which can at least meet their daily consumption of food but at the same time the very few Kols have a minimum standard of land access and some of them also land less.

Local self-government provides a platform for the local people, particularly the marginalised communities, where they can raise their voice on different issues, express their opinions, and participate in the decision-making process. In tribal communities, women have a specific place in social and economic conditions, but politically, they don't have substantial involvement in local bodies. Even in the traditional tribal administrative system, tribal women didn't get any positions in the decision-making process.<sup>21</sup>

### **Political Deliberation: A comprehensive analysis of the participation of tribal-local political leaders in the Bolani Gram Panchayat**

The concept of political participation in terms of deliberation is an important component of representative democracy. Political representation is meaningless, without deliberation and active participation. The 73rd amendment of the Indian constitution clears the path of conversation, debate, and discussion over the local issues in their way. The constitution of India empowers them to take, active participation in the local village population in education, different projects and micro-projects and employment, forest conservation, and sensitive issues like health. Even if various provisions, can participate in the debates and discussions at the village level. The new regulations grant reservation to marginalised groups to change representative democracy into a participatory democracy. It assumes that participatory democracy, on the other hand, ensures citizens' involvement in local governance and administration. However, the issue of substantive inclusion of marginalised people in the functions of Panchayat Raj Institutions (PRIs) continues to face various challenges in terms of promoting good governance. The study examines the institutional structure, political inclusion or exclusion of tribal communities and their performance during their tenure in developing the socioeconomic condition of Bolani Gram Panchayat, particularly for tribal communities, as well as their contribution to implementing and monitoring "Mother and Child Health Policies", particularly Mamata Scheme in tribal areas.

<sup>21</sup> Prasad, Sachidananda and Ambedkar Sole, Nagendra (2021), Women Participation in Tribal Self Governance-A Critical Analysis of Panchayat Extension to Scheduled Areas of Jharkhand, *BJPA New Series*, Vol.XVIII, No.1, pp.156-157.

The Bolani Gram Panchayat comes under the Joda block, one of the tribal-dominated comprising 70% of the tribal population. However, in the gram panchayat, the Munda's and Bhuinyas are two important tribal communities. Among, these two tribal communities, the majority of Munda families are living in disadvantaged conditions. Further, along with the government initiative, the district mineral fund is also responsible for their development. Mother and child health is an important issue in the tribal community that needs to be discussed deeply. Here the important question is whether the political intervention in the mother and child health brought a better health outcome. The education, political awareness, and socio-economic conditions of the communities relate to each other. Many political theorists and intellectuals considered public deliberation an essential element of a responsive and responsible democracy. It has a long history that flows from the city-state of ancient Greece and most recently from an internet forum and chat room. Before going for a brief analysis of the Concept of public deliberation, it is important to discuss, its relationship with representative democracy. Delli Carpini urges that it is the process through which deliberative democracy functions. He presented the definition of the concept in the most formal sense:<sup>22</sup>

Public deliberation is a discussion, that involves judicious argument, critical listening, and earnest decision-making. Full deliberation includes a careful examination of a problem or issue and the identification of possible solutions. Within a specific policy debate or in the context of an election, deliberation sometimes starts with a given set of solutions, including problem analysis, criteria specification, and evaluation. The group discussion with the tribal women clearly shows their less interest in politics or any kind of political participation. It is the day-to-day responsibility of household activities such as making food and collecting wood and dry leaves from the forest. The majority of them have the responsibility of earning money to run their families; therefore, tribal women's participation in political activities such as attending political meetings and rallies in elections is difficult. The study also found that tribal women between the age group of 45 to 60 are more likely to attended these political activities.

The study reveals that the elder tribal women actively participated in the various meetings of the Gram Panchayat. Because of their relief from the domestic assignment, they are able to enter Panchayat Raj institutions. Tribal women working with the MANREGA projects and other panchayat development projects regularly attend Gram Sabha/Palli Sabha, which helps them become associated with the local village politics. Reeta Nayak claims that numerous tribal women were nominated for PRI elections without getting their permission. Their spouse or brother had previously been involved in politics, but they were unable to run for office in order to meet the women's quota. Women are becoming more interested in Panchayat politics over time, taking part in election campaigns, contests, and other election-related activities. Some villages in the research region, including sections of Dhanurjaypur Haramath, Kiriburu Hill Top, Bolani and Lasarda, are mainly involved in political activities. However, women are still marginalized in rural politics at the gram panchayat level due to the continued dominance of men in this domain. The study covers the influence of tribal PRI leaders on Bolani Gram Panchayat's development in social, economic, infrastructure, and health sectors. Before examining these subjects, it's essential to

<sup>22</sup> Bhuiyan, Dr Dasharathi (2012) "Issues of Exclusion and Inclusion in Decentralised Local Governance Institutions in India", *Odisha Review*, p.72.

understand the demographic composition of each PRI member who was elected in the panchayat elections of 2012 and 2017.

Table-1 Distribution of gram panchayat and ex-gram panchayat members according to age, caste, gender and education

Sl no	Age	Respondent	
		Number (n-35)	Percentage (%)
1	18-34	2	5.71%
2	35-49	20	57.14%
3	50 and above	13	37.14%
Sl no	Education	Number (n-35)	Percentage (%)
1	Illiterate	5	14.28%
2	Primary	17	48.57%
3	Middle	8	22.85%
4	High School	5	14.28%
5	Intermediate	No	0%
6	Graduate and above	No	0%
Sl no	Gender	Number (n-35)	Percentage (%)
1	Female PRI members	19	54.28%
2	Male PRL members	16	45.71%
Sl no	Caste		Percentage (%)
1	General	No	Percentage (%)
2	Other Backward Class	8	22.85%
3	Scheduled Caste	6	17.14%
4	Scheduled Tribe	22	62.85%

Sources: Bolani Gram Panchayat Election Nomination Data 2012 and 2017.

More than half of the respondents (57.14%) are in the 35 to 49 age group, 37.14% are in the 50 or above age group, and only 2 (5.71%) are in the 18-34 age group. Education helps us to understand the different aspects of society and be aware of our rights and duties towards the betterment of society. A political leader needs to have proper knowledge of policies and programs for effective ground implementation, especially in rural, remote villages where local leaders are considered tokens to fill the reserved quotas. In recent years, some Indian states have enacted legislation prescribing minimum educational qualifications for contesting rural self-government bodies. Rajasthan and Haryana among them enacted law for the minimum qualification, especially for contesting Gram Pradhan and Jilla Parishad post of rural local bodies. The Supreme Court of India Civil Original Jurisdiction Writ Petition (Civil) No. 671 of 2015 Rajbala and others Vs State of Haryana case clearly said that the minimum qualification for contesting PRI elections is

constitutional valid. As per the hearing it is necessary for the local bodies to effectively carryout the prescribed functions assigned to the Panchayats. The gram panchayat has the power, authority, and responsibility to levy taxes and use the gram panchayat's finances. Therefore, the Supreme Court of India agreed that the minimal educational qualification for the local political representative is required for their valuable participation in policy formulation and execution.<sup>23</sup>

Among the 35 PRI present members and ex-members, only five (14.28%) completed their high school education, while 17 (48.57%) and 8 (14.28%) completed their primary and upper primary, respectively. There are also 5 (14.28%) members and ex-members of Bolani Gram Panchayat who are illiterate and predominately over the 50. According to the field discussion, most of the seats in the research region are reserved for the tribals and women with educational disadvantage. One key reason why no member pursued higher education is that there are no higher education institutions in the research area. Secondly, a degree college is in the Badbil area, which is 18–25 kilometres away from the villages of Bolani Gram Panchayat, except Bolani Basti, which is 10 kilometres away. Again, suppose someone passes his or her 10th Bord examination and wants to pursue further education. In that case, they face communication problems, such as the need for more public or private transportation options for local people. Third, most persons in the OBC caste groups own trucks, JCBs, and four-wheelers, as well as work in the mining transport industry, and they rarely prioritize further education. However, the unprivileged section, primarily Scheduled Tribes, work as day labourers in the domestic, construction, mining and industrial sectors, leading a hard life. As a result, a lack of financial support for these students significantly limits their ability to continue their studies. Many tribal students left school to assist their families in the villages of Bolani Gram Panchayat.

Women's political representation is critical to achieving democracy and gender equality. This also results in tangible political and economic benefits. According to research, having more women in politics leads to better policy outcomes, less corruption, and less conflict; women leaders promote economic and developmental growth while encouraging more women to enter the labour market. The critical mass theory discussed how the presence of a certain number of women in the governance structure has an important impact on policy change. The theory not only presented women political representatives in politics as the 'critical mass' in terms of their presence but also resulted in substantive policy change for the empowerment of the female population. Therefore, many countries, including India, have adopted gender quotas and women's reservations to address the historical imbalances and social, economic, and cultural barriers linked to political exclusion. It has shown that countries with gender quotas have a higher representation of women in local government than the countries without quotas. There are 88 countries legislating gender quotas for local elections till January 2023. The 73<sup>rd</sup> Constitutional Amendment Act reserved one-third of electoral seats for women in local governance/ Panchayati Raj Institutions (PRIs).<sup>24</sup>

<sup>23</sup> Supreme court: Requirement of Minimum Qualification for Contesting Election is Constitutional, Academia.edu.

<sup>24</sup> Kumar, Sunaina and Ghosh, Ambar K. (2024), Elected Women Representatives in Local Rural Governments in India: Asserting the Impact and Challenges, Observer Research Foundation, ORF, p.3.

To strengthen women's participation in local political bodies, states like Odisha, Karnataka, Madhya Pradesh, Himachal Pradesh, and Rajasthan have introduced mahila (women) Gram Sabha. The Odisha government unanimously introduced the Orissa Panchayat Laws (Amendment) Bill, 2011, in the state assembly, increasing the quota for women from 33% to 50%.

### **Engagement of Panchayat Raj Members in the Development of Primary Education**

Education is an important process of the harmonious development of an individual; the Panchayat Raj Institution is empowered to make decisions concerning the implementation of primary education. Unlike employment, agricultural development, women and child development, health and hygiene, and women's participation in local government; the members play an active role in the activation and implementation of primary education. In this process, the members of PRIs and the local people directly participate to improve the educational status of their community and parents became more concerned about their children's education. The slogan "Sabhiein Padhantu Sabhiein Badhantu" under Sarva Shiksha Abhiyan is possible when the local people are involved in the learning process. It also develops a sense of responsibility among the students towards their community, village development, and management through sustainable development. Primary education is needed because it helps the person to understand the problems, trains them to face the challenges of daily life, and makes it quite easier.

Various committees have been strongly recommended for the decentralization of education that stress the participation of local communities in major management decisions. They realized the inclusive participation of communities, to improve both the quantity and quality of education and make them aware of the significance of education in their children's life. Kothari Commission (1964-66) was suggested for community participation in the educational management of the school. In 1993 the Veerapan Committee recommended the involvement of PRI in the implementation of the District Education Primary Programme (DPEP) on a large scale. The government of India introduced Sarva Shiksha Abhiyan (SSA) all over the country to universalize elementary education and ensure the active involvement of PRI members in monitoring the daily functions of schools. Some of the PRI members in Bolani Gram Panchayat actively participated in daily functions like distribution of mid-day meals, uniforms, books, etc.<sup>25</sup>

Table-2 Role of tribal PRI members relating to infrastructure facilities of school

Sl. No	Items	PRI members Yes Response (n-25)	Percentage (%)
1	Enquire about the availability of physical infrastructure in school	12	48%
2	Participated in developing infrastructure, such as: school buildings, class rooms, Boundary wall etc.	18	72%

<sup>25</sup> Vishal Kumar and Ramakanta Mahalik (2017), Role of Panchayati Raj Institution Members in Managing Elementary Education in Bihar.

3	Raise voice for separate kitchen	13	52%
4	Raise voice for safe drinking water facilities	13	52%
5	Raise voice for separate toilet	17	68%
6	Involve in the process of selecting and purchasing TLMs	2	8%
7	Involve in the process of distributing TLMs	5	20%
8	Monitoring the Mid-Day-Meal, Regularity and punctuality of teachers And students	2	8%

The current study examines the role of tribal PRI members in the operation of primary schools in their areas. Infrastructure development, such as classrooms, boundary walls, kitchens, etc., is a basic component of a school, ensuring a comfortable and safe environment throughout the year. The study found that 48% of respondents (tribal PRI and ex-PRI members) inquired about the availability of physical infrastructure in primary schools, while 70% participated in developing infrastructure such as school buildings, classrooms, boundary walls, etc. Aside from that, a separate kitchen for cooking mid-day meals, sanitation facilities such as separate toilets for boys and girls, and safe drinking water are also the basic requirements of a school. The study also found that 13 (52%) of tribal PRI members advocated for a separate kitchen and safe drinking water. Most tribal PRI members work in school infrastructure construction, with only 5 (20%) and 2 (8%) involved in distributing TLMs and monitoring mid-day meals, respectively. As per the RTE Act 2009, the PRI members should actively participate in elementary education, which is not satisfactory with respect to the villages of Bolani Gram Panchayat. During his term, Pankaj Munda (ex-Sarpanch) stated that a completely new structure for 1-5 classes was sanctioned and constructed at Basecamp (which falls under Dhanurjaypur Haramath village). Another lower primary school opened in Dumurta (Pacheri) village, with the full infrastructure sanctioned and erected three years ago. Coordination between PRI/local political entities and block administration is essential for development work. However, the study found that administrative dominance over the PRI often prevents the local representative from participating actively.

### **Engagement of PRI Members in the Economic Development**

The rural economy is the backbone of Indian society as 60-70% population, lives in the villages of India. At the same time, the village-based economy significantly contributes to the growth of the commercial sector. Most industries, whether it is large or small, depend on agriculture. In India, the government works on three levels; centre, state, and local government (Panchayat Raj institution). Using transforming power to the panchayat raj level, the main aim is to transfer the village, socially and economically as per the needs and aspirations of the village panchayat. The idea of “gram swaraj” of Gandhi was about empowering the

village society by strengthening agriculture, and developing skills and artistic talent in every field so that they became self-sufficient.

Table-3 Performance of tribal PRI members to strengthening agricultural and horticultural development

Sl no	Agricultural activities	Respondent (n-25)	
		Yes response	Percentage
	Raised voice for minor irrigation, water supply and watershed development	18	72%
	Providing seeds to the farmers	6	24%
	Providing fertilizers to the farmers	0	0%
	Providing agricultural instruments	0	0%
	To encourage farmers for agriculture based business	0	0%
	Development of village pond for fisheries	0	0%
	To encourage the tribals for forest based	0	0%
	Informed people about farmers scheme	12	48%

The Integrated Tribal Development Project (ITDP) has emerged as the project administrator that looks after the administration, management, and implementation of schemes and projects for the economic development of tribal people. ITDAs are governed by a Project Level Committee (PLC) chaired by the District Collector with the group comprises local MLAs, MPs, PRI representatives and department officials to ensure effective development projects.<sup>26</sup> Integrated watershed management, PRIs can play a significant role in water conservation. Rainwater collection is another method for increasing water availability and replenishing our groundwater source. Panchayats are the primary planners for MGNREGS. Under the scheme's approved activities, panchayats can construct a wide range of water conservation and harvesting facilities, including diversion weirs, check dams, soak pits, low-land tanks, boulder checks, trenching, and plugging. The panchayat can also manage micro- and minor irrigation projects to promote vegetable cultivation that meets the needs of families while also providing an income source. Therefore, the active involvement of PRI members is important to develop the rural economy, which is based on agricultural growth. About 18 (72%) respondents raised their voices for minor irrigation, water supply, and watershed development, such as ponds, mini kennels, and the river Kala (Kala Nadi), but the administration has completely failed to provide water facilities for agriculture. Pankaj Munda (ex-Sarpanch) stated that at least 1-2 ponds were sanctioned for each village during his tenure for agricultural activities, but, ironically, the

<sup>26</sup> Sustainable Development of Champua Period, during 11<sup>th</sup> plan period, 2007-8 to 2011-12)

maximum number of ponds are either in an unfunctional condition or are polluted by iron dust. Only 6 (24%) of respondents provided seeds to the local farmers, while none of them distributed fertilizer.

The questions, like providing agricultural instruments and fertilisers to the farmers and developing village ponds for fisheries, seem irrelevant in the study areas. The respondents were not involved in these activities, as traditionally, the villages used organic fertilizer for paddy, corn, and millet production. The study found that no PRI members encourage farmers, particularly tribals, for agriculture-based and forest-based businesses. The tribals have been traditionally engaged in collecting forest products such as mahua (maula), kendu, chara, sala patra and kathi (sale leaves and stumps), tolo manji (mahua seeds), jamu, kulchi phula, pitalu, bana kuli (berries), jangal chhatu (forest mushroom), jangal mahu (honey), jhuna, etc. in the local market. For most tribal women and men of middle age, the primary source of earnings is forest-based products in those villages. Despite the fact that the gram panchayat is located in the OTELP cluster region, the administration has made little attempt to develop local agriculture, and it is unable to provide governmental support to ensure agriculture is the primary source of income and profit-making for the local tribal population.<sup>27</sup> However, the ITDA Champua, with the help of “Yatra Guru Grama Urnayana Sangha” (Yatra Guru Village Development Union), started supporting the tribals in producing agricultural products and encouraging business. Recently, the ITDA Champua selected Gamulei village for the project ‘Ginger Cultivation’, which cost about Rs 3,80,000 and targeted five hectares of cultivated area to economically empower the 45 tribal families in the village. They prioritized providing more intensive care to the tribal families for ginger and turmeric cultivation so that these families would become self-sufficient in terms of their economic condition.<sup>28</sup> According to the study, PRI members declined to participate in the execution of agricultural programmes. Even though they are not actively involved in the implementation of agricultural policies at the ground level, 48% of tribal families are aware of the Kalia Yojana.

Basanti Munda is considered a very mature political leader who was elected as the Sarapanch of Bolani Gram Panchayat in 2017. Being a woman and coming from the Munda family (Kolha community), it is obvious that her active participation relating to the implementation of maternal and child care has become so important. Munda urged that she has significantly contributed to the development activities, such as infrastructure development, livelihood improvement, drinking water, etc. Engagement of political leadership in implementing any governmental scheme makes it easy for the people or community to connect with the scheme. According to her, she is working for the whole panchayat rather than for her community. Answering the question on her role towards economic development, particularly for the tribal communities, she said that I have had a great discussion with the Block Development Officer (BDO) of Joda Block to restart the agriculture production in the tribal areas and also make them aware of the kitchen garden. As Pradhan, she further built positive relationships with all stakeholders within and without the Panchayat, including local MLAs, ministers, corporations, etc. She made sure that her activities and

<sup>27</sup> I spoke with various members of the PRI, Bolani gram panchayat about their roles in implementing the programs for tribals economic growth in the study area.

<sup>28</sup> Video documentary on Ginger Cultivation, Village-Gamulei, OTELP Plus, ITDA Champua.

policies didn't alienate those who opposed her by displaying maturity and active engagement in her interactions and using a direct and focused approach to problem-solving. Coming from a poor and marginalized tribal family, has brought people together and demonstrated positive changes in the community and local self-governance. She has severe allegations against the block administration, particularly the current BDO (Block Development Officer), for demanding a percentage of each panchayat's development project. Smt. Munda believes that achieving the content and spirit of the 73<sup>rd</sup> Constitutional Amendment requires a strong political will to empower the Panchayat rather than treating them as passive agents for implementing various programs and plans in a top-down manner. She agrees that there are some initiatives to decentralize by delegating funding and responsibilities to the panchayat.

### Political Engagement of Tribal PRI Members in the Implementation of the “Mamata Scheme”

Decentralisation of institutions has always been a primary factor in the effective implementation of any policy or program. There has been a demand for health sector reforms for decades by making them more decentralized at the local level.

Table- 4 Role of PRI leaders in monitoring and implementing health policies.

Sl no	Improving health and nutrition	Respondent (n-25)	
		Yes	No
1	Regular participation in VHSNCs	17	68%
2	Regular participation in VHNDs	17	68%
3	Raise voice for safe drinking water and sanitization	22	88%
4	Participated in community mobilization for improving mother and child health and nutrition	13	52%
5	Participated in Family Health Awareness Programmes	18	72%
6	Participated in Adolescent Programme	6	24%
7	Supervise and monitor the health care service Providers like ANM, ASHA, AWW, CHO and MO.	10	40%
8	Monitoring Take Home Ration (THR)	7	28%
9	Participated in Nutrition Awareness Programmes	20	80
10	Review every child death/maternal death/neonatal death In the villages and identify action for future	0	0%

At the Gram Panchayat level, Sarpanch (Gram Pradha) has the major responsibility to plan, execute, and monitor health policies and programs.<sup>29</sup> The PRI members have the responsibility of creating awareness about the main aspects of public health, including family planning and child nutrition, among the local population. They are also involved in mother-and-child nutrition under the Integrated Child Development

<sup>29</sup> Bossert, Thomas et al. (2010), Decentralization of Health in the Indian State of West Bengal: Analysis of Decision Space, Institutional capacities and Accountability, *Public Disclosure Authorized*, pp.75-77.

Scheme (ICDS) and midday meals scheme, monitoring and helping the schemes of maternal and child health care (RCH), and controlling diseases like TB, malaria, etc. The Gram Pradhan/Sarpanch is a member of the District Health and Family Welfare Society (BHFWS) and the Rogi Kalyan Samiti (RKS) of the local Public Health Centre (PHM). The local bodies are also monitoring the birth-death register and the daily activities of the ANM and other local health workers for the development of local health status. The ANMs coordinate with the Gram Pradhan in regards to the planning and management of sub-centres. The VHSND framework supports community prevention and development programs through government-sponsored flagship projects, where villagers can communicate with health staff to receive basic services and information. The 73<sup>rd</sup> Amendment Act outlines three main objectives: providing early childhood development and sanitization services at the community level; raising awareness about entitlements and government health and nutrition schemes; and serving as a platform for counselling on health, nutrition, and sanitization practices at the individual, family, and community levels. It offers a variety of services, including antenatal care, immunology, nutrition, family planning, HBV, syphilis, and HIV. The local health workers, such as ASHA, ANM, AWW, and local PRI representatives, are the primary community-level health workers at VHSND.<sup>30</sup>

The study found that 68% of respondents participate in VHSNC and VHND meetings on a regular basis in their respective areas. Drinking water and sanitization is the basic necessities for good health, specifically pregnant women and children are affected lot due to lack of drinking water and sanitization facilities. Drinking water and sanitization are important prerequisites for optimum health; pregnant women and children are particularly vulnerable due to lack of drinking water and sanitization facilities. In addition to the Sarpanch, 22 (88%) PRI members spoke out in Gram Sabha meetings in favour of clean drinking water and sanitization. Gouri Sinku, a 32-year-old word member (Bolani Gram Panchayat), advocated for clean water, claiming that the local population relies on stream water or pipe water provided by the Kiriburu SAIL. She urges that the pipe water is not safe for drinking as, most of the time, various elements such as iron and manganese dust, bugs, and seaweeds come with the water. Therefore, the local population goes to the small streams to collect drinking water. According to her complaint, the drinking water and sanitisation department, Bolani Gram Panchayat, Joda Block, built a tubewell with two water tanks to store water for drinking and other household purposes.

The societies, such as health officials, civil administrators, officers from related departments, PRI members, and representatives of civil society and non-governmental organisations constituted under the State Health Society (SHS), NRHM, are major decision-making bodies on all aspects of health-related policies and programs. It provides a platform for exchange of opinion among different stakeholders to the health sector including planning, budgeting, need assessment, monitoring and programme implementation that decide on local health priorities and suggest remedial measures. Participating in community mobilisation to improve maternal and child health is critical for recognising genuine health issues and

<sup>30</sup> Das, Namrata (2021), Role of Gram Panchayat to Ensure Health Care and Sanitization to All, *State Institute for Rural Development and Panchayat Raj PR & DW Department*, Government of Odisha.

taking necessary steps by the local health professional; therefore, the involvement of political leaders from that particular community helps a lot in that sense. In this study, 13 (52%) respondents participated in community mobilisation to promote mother and child health and nutrition in Bolani GP's tribal communities over the last ten years.

About 18 (72%) tribal PRI members participated in the family health awareness programmes while only 6 (24%) respondents participated in the Adolescent Health Day<sup>31</sup> (AHD). Peer educators, ASHAs, ANMs, AWWs and PRI members help to implement step-by-step tasks for organizing the AHD. The ANM has the primary responsibility to conduct AHD meetings in every village. She ensures consumables (IFA, albendazole, sanitary napkins, and contraception) arrive at the site before the AHD starts. Ensure all required tools, medicines, and supplies are available along with the IEC (Information, Education and Communication) booklet. Peer educators (male or female) visit all households in the village and make a list of all adolescents who have specific needs, e.g., RTI/STI, menstrual hygiene, malnutrition, contraceptive needs, etc. Discuss with the other stakeholders the objectives and process of AHD, as well as mobilize the group to reach out to all the adolescents about attending ADH. The PE also encourages adolescents to address issues with care providers in a comfortable setting, as it is widely known that many are still unable to do so, particularly in remote village regions where they confront a variety of issues such as early pregnancy, menstrual disorders, undernutrition, and so on.<sup>32</sup>

Another crucial player is ASHA workers, who work with Pes, ANM, AWW, and FNGO (if present) and ensure that all adolescents attend the ADH. Aside from that, AWWs help ASHA and PEs and mobilize all adolescents and other stakeholders in the community to attend ADH and make AWC available for meeting with all of the necessary amenities, such as clean AWC, privacy for health check-ups, and safe drinking water. The 73<sup>rd</sup> Amendment Act empowers PRI members to administer and oversee programs at the local level. AHD invites all Gaon Kalyan Samiti (GKS) members to exhibit their support to the meeting. However, if AWC is not available in the village, then the word member of this particular area provides a common place for organising the meeting, communicating, and providing essential amenities such as clean drinking water and privacy for health check-up.<sup>33</sup> Rohini Munda, a tribal PRI member, frequently worked to create awareness about family planning and facilitate contact between local medical experts and communities. Munda urges that, due to her and the other local stakeholders' efforts in the last 1-2 years, we arrange Kishori Balika Karyakram (KBK or AHD) in our village. It is irony that still 40% of PRI members from tribal villages supervise and monitor health-care service providers such as ANM, ASHA, AWW, CHO and MO. Only 28% of them monitoring Take Home Ration (THR) while no one review the

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<sup>31</sup> Adolescent Health Day (AHD) is a crucial part of the Rogi Kalyan Samiti Karyakarm (RKS) program's community-based initiatives. It has four main objectives: Improve adolescent health awareness of nutrition, sexual and reproductive health, mental health, injuries, and violence (e.g., GBV, substance abuse, and NCD). Improve preventive and promotional interventions of nutrition, sexual and reproductive health and mental health among the adolescent girls.

<sup>32</sup> Operational Guideline Adolescent Health Day: Odisha, p.7

<sup>33</sup> *Ibid*, p.8.

maternal and child death and neonatal death. But it is also true that 80% participated in Nutrition Awareness Programmes.

Dayamani Munda was born in Dhanurjaypur Haramath village in Kendujhar district. She belongs to the Kolha tribe, one of the numerical strength indigenous communities in the state. She has been working as a domestic help and NREGA worker from the age of 12-13. She passed class 7 from the Dhanurjoypur U.G, M.E School. Apart from her Munda dialects, Dayamani is also communicated in Odiya and Hindi. In 2018, she was chosen as a panchayat member of the Bolani Gram Panchayat to assist her community and bring their concerns to the Gram Sabha and other panchayat sessions. Birth control is a crucial step in improving the health of both women and children. The majority of women in the community are experiencing miscarriages, which can lead to health concerns; so, by government recommendations, the VHND meeting decided to do birth control operations during the rainy season. She spoke out the decision, requesting that it be moved to the winter seasons because indigenous women will have difficulty conducting their labour during rainy months. The local health workers and some administrative officials were dissatisfied with her argument, but finally she was able to postpone birth control operations. Caste discrimination is a very prevalent and unpleasant truth in Indian society, where Dalits and Adivasis have historically faced humiliation; nevertheless, it is paradoxical that the Adivasis even face discrimination by the Dalits. She complained that the local health workers talked more in the sessions while she usually got less chance for participation and raised local issues. She mentioned that during the discussions, several of the local health workers resists her while speaking with the block-level officers, notably a Scheduled Caste (SC) ASHA worker who said, "Nai Chhuan mate" (Don't touch) in a meeting.<sup>34</sup>

## Conclusion

Panchayat Raj Institutions (PRIs) members play a crucial role in implementing policies and programmes at the local level. It is important because they are closest to the people and can effectively raise awareness, mobilise resources as needed, and ensure accountability. In case of maternal and child health services, the PRI is mostly involved in planning and monitoring Village Health Sanitisation and Nutrition Committees (VHSNCs), mobilising the communities, and ensuring access to services among the beneficiaries. Here, most tribal PRI members have participated in infrastructure development, whereas, few of them raised their voices for better nutrition, family planning, and the overall maternal and child health. Though some PRI members from the Kolha community have experienced caste discrimination at various meetings, they strongly agree or disagree with the proposal of the local administration on women's health-related issues. The study clearly shows that degradation of agricultural productivity, especially paddy and corn production, creates a situation of food shortage among the local tribal families. Again, other employment sources are not sufficient to fulfil their basic requirements. Hence, the study argues for the active participation of the tribal PRI members to raise awareness about food security, nutrition, and make them

<sup>34</sup> Dayamani Munda said that the health worker told her not to touch them and to stay away from them in the sense of untouchability as they belong to the Kolha community.

understand how it is important for good health. They should be aware people about the government assistance for local agriculture and horticulture to overcome the household financial deficiency.

## References

Behuria, R. K. (2017), Panchayati Raj in Odisha: Problems and Suggestions, Odisha Review, ISSN-0970-8669.

Bheenaveni R. (2007), Enhancing services of Panchayati Raj in public health, Journal of Health Studies, Vol.3.

Bhore Committee (1946) and its relevance today.

Bhuiyan, Dr Dasharathi (2012) "Issues of Exclusion and Inclusion in Decentralised Local Governance Institutions in India", Odisha Review.

Bossert et al. (2010), Decentralization of Health in the Indian State of West Bengal: Analysis of Decision Space, Institutional capacities and Accountability, Public Disclosure Authorized.

Bossert, Thomas et al. (2010), Decentralization of Health in the Indian State of West Bengal: Analysis of Decision Space, Institutional capacities and Accountability, Public Disclosure Authorized.

Chakraborty, Simonti and Acharya, Nilachala (2021), Mapping Budget Priorities for the Health Sector of Select States of India, Centre for Budget and Governance Accountability, CBGA.

D., Hari Sankar et al. (2014), National Rural Health Mission reforms in light of decentralised planning in Kerala, India: a realist analysis of data from three witness seminars, BMC Public Health, Vol.24:678.

Das, Namrata (2021), Role of Gram Panchayat to Ensure Health Care and Sanitization to All, State Institute for Rural Development and Panchayat Raj PR & DW Department, Government of Odisha.

Emergence of Maternal Health as Political Priority in Madhya Pradesh, India: a qualitative study

John, Jocab (2012), A Study on Effectiveness of Panchayati Raj Institutions in Health Care System in the State of Kerala, Kerala Development Society, Planning Commission, Government of India, XV.

Kalita, Anushka and Croke Kevin (2023), The Politics of Health Policy Agenda Setting in India: The Case of the PMJAY Program, Health System and Reforms, ResearchGate, Vol.9, Issue.1.

Kumar, Sunaina and Ghosh, Ambar K. (2024), Elected Women Representatives in Local Rural Governments in India: Asserting the Impact and Challenges, Observer Research Foundation, ORF.

Laharia, Chandrakant (2019), Has health become a political priority in India, Insights from the community, LinkedIn.

Laveesh B., & Dutta S. (2009). Health infrastructure in rural India, India Infrastructure Report 2007, Academia. Edu.

Mohanty S. K. and Kastor A. (2007), Out-of-pocket expenditure and catastrophic health spending on maternal care in public and private health centres in India: A comparative study of pre and post national health mission period, Health Economics Review, Vol.7.

Nayer, Anjali et al. (2021), Improving Community Health and Nutrition Services: Role of Elected Leaders in Monitoring and Improving Service Delivery, ARC Journal of Public Health and Community medicine, Vol.6, Issue.2.

Nunes, Joao (2012), Health Politics and Security, e-cadernos, CES.

Operational Guideline Adolescent Health Day: Odisha.

Prasad, Sachidananda and Ambedkar Sole, Nagendra (2021), Women Participation in Tribal Self Governance-A Critical Analysis of Panchayat Extension to Scheduled Areas of Jharkhand, BJPA New Series, Vol.XVIII, No.1.

Rout, Sarit K. and Nallala, Srinivas, (2016), Catalysing the Role of Panchayat Raj Institutions in Health Care Delivery in Odisha, Odisha Review.

Supreme court: Requirement of Minimum Qualification for Contesting Election is Constitutional, Academia.edu.

Sustainable Development of Champua Period, during 11<sup>th</sup> plan period, 2007-8 to 2011-12)

Video documentary on Ginger Cultivation, Village-Gamulei, OTELP Plus, ITDA Champua.

Vishal Kumar and Ramakanta Mahalik (2017), Role of Panchayati Raj Institution Members in Managing Elementary Education in Bihar.